July 2020

babies are such a nice way to make people!  

D. Harold
The Presidential candidates’ stands on Life could not be more different

By Karen Cross, National Right to Life Political Director

We are three and one-half months away from deciding who will lead our country for the next four years. President Trump is the pro-life incumbent. In June, pro-abortion Joe Biden finally garnered enough delegates to win the Democrat nomination for president. How well do you know their positions on the life issues? Let their own words be our guide.

By way of background, here are two representative statements. In June, Joe Biden issued this statement in response to the June Medical Services vs. Russo Supreme Court case. In a 5-4 decision, the High Court struck down a Louisiana law requiring that abortionists have admitting privileges at a hospital within 30 miles of where they perform abortions. Biden said

Women’s health care rights have been under attack as states across the country have passed extreme laws restricting women’s constitutional right to choice under any circumstance. Today, the U.S. Supreme Court reaffirmed that states cannot put in place laws that unduly burden a women’s right to make her own health care decisions with her doctor.

But let’s be clear: Republicans in state legislatures will stop at nothing to get rid of Roe — and we have to be just as strong in our defense of it. They are trying to get

![Pro-life President Donald Trump](image1)
![Pro-abortion former Vice President Joe Biden](image2)

Supreme Court victory protects the right of the Little Sisters of the Poor “to serve the elderly without violating our faith.”

By Dave Andrusko

On July 8, the Supreme Court gave freedom of religion and conscience a vigorous and much-needed boost when it ruled 7-2 that the Little Sisters of the Poor are not bound by a mandate, issued by HHS under a provision of ObamaCare that would force them to provide health insurance coverage for products and procedures they find morally unacceptable.

At issue was a new rule issued by HHS in 2017 which protected religious non-profits, including the Little Sisters of the Poor. A number of states sued and, as we reported, in 2019 the Third Circuit Court of Appeals placed a nationwide injunction on HHS’s new conscience protection rule. The Trump Administration appealed as did the Little Sisters of the Poor, who were defended by The Becket Fund for Religious Liberty.

![Nuns from the Little Sisters of the Poor in front of the United States Supreme Court](image3)

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Editorials

Joe Biden’s unbridled abortion extremism

Karl Rove wrote an interesting piece for the Wall Street Journal last Friday under the arresting headline “Democrats Are Making Unforced Errors.”

None of the examples he cites directly relate to our issues, but the point he is making is loud, clear, accurate, and wholly applicable to us.

Pro-abortion former Vice President Joe Biden is a dreadful candidate, or, as Mr. Rove put in more delicately in his conclusion, “[T]he 77-year-old isn’t an imposing political talent—this will become clearer as the campaign unfolds—and he and his compatriots regularly provide ammunition for Republican attacks.”

Biden is the titular head of a party that is monomanically pro-abortion. In their desire to appease the Planned Parenthoods and NARALs of this world, they have come unhinged. A green light for abortion through birth and flashing amber for infanticide. If that weren’t enough, they are committed to picking your pocket to pay for elective abortions by removing all traces of the Hyde Amendment.

Would that make a difference? Prior to the Hyde Amendment, as NRLC testified, “[B]y 1976, the federal Medicaid program was paying for about 300,000 elective abortions annually, and the number was escalating rapidly.”

The truth is because Mr. Biden is having such a hard time sounding even marginally coherent, just how radical his proposals actually are get lost in the shuffle. In other words, sometimes it’s hard to take him seriously.

When it comes to abortion and religious freedom that would be fatal. Here are two examples.

First, he naturally bashed the Supreme Court for recognizing the Little Sisters of the Poor’s right of conscience and religious freedom. That must not stand, he intoned. That’s the Party line and no—no—deviation would be allowed, even if Biden were so inclined. (No evidence he is.)

Second, a colleague passed along the “Biden-Sanders Unity Task Force” document. Here’s much of what it says about abortion.

Out in our neck of the woods—Northern Virginia—for years one of the premier preachers has been a delightful, gently provocative man by the name of Lon Solomon. In 2017, Pastor Solomon retired as lead pastor from his prestigious church after 37 years. He now leads a radio ministry that remains challenging and a must-listen-to on the way to your own church.

Why in the world, you might be asking yourself, do I mention him in a post where I am reflecting on the Supreme Court’s bone-headed June 29 decision in June Medical Services, L.L.C. v. Russo?

#1. The irony is hard to miss. Associate Justice Stephen Breyer wrote the decision for the four-member plurality but his name was rarely mentioned. All eyes were fixed on Chief Justice John Roberts whose concurring opinion provided the crucial 5th vote to gut Act 620.

I leave it to much closer and more astute Court watchers than I am to provide a motive. But the “So what” here is, at this stage, after 15 years as Chief Justice, Justice Roberts has sent unmistakable signals about his position on abortion.

#2. Both of President Trump’s appointments—Justices Neil Gorsuch and Brett Kavanaugh—dissented. Justice Gorsuch’s

Now that the Supreme Court has missed a golden opportunity to return some semblance of sanity to the abortion issue, what do we do?

Out in our neck of the woods—Northern Virginia—for years one of the premier preachers has been a delightful, gently provocative man by the name of Lon Solomon. In 2017, Pastor Solomon retired as lead pastor from his prestigious church after 37 years. He now leads a radio ministry that remains challenging and a must-listen-to on the way to your own church.

Why in the world, you might be asking yourself, do I mention him in a post where I am reflecting on the Supreme Court’s bone-headed June 29 decision in June Medical Services, L.L.C. v. Russo?

Let me offer a few “So whats” following the 5-4 decision in June Medical Services, L.L.C. v. Russo.

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The privilege of helping to choose our Government

We just celebrated the 244th birthday of the United States. Because of the pandemic and related restrictions, many Americans were unable to celebrate with the festivities and fireworks as they have in previous years.

A cursory thought might be, “I missed the fun of gathering with family and friends.” But maybe the limits placed on July 4 activities, along with the violent protests we have witnessed, will generate deeper reflection. Do we yearn for a renewal of, and a deeper appreciation for, the ideals upon which our country was founded? Although the answer might not be obvious to some, I believe the answer is yes!

Different holidays engender different emotions. For me, the Fourth of July — Independence Day — brings forth pride in my country. The United States was founded on principles of individual rights and freedoms, with the first right being the right to Life.

Are we perfect? No. So long as nations are comprised of mere mortals, no nation will be. And we continue to work toward the standards set by those great early leaders. Since our founding, it is no accident that people from all over the world have come here, looking for freedom and opportunity.

As President Donald J Trump stated during his July 3 speech, at Mt. Rushmore, “We believe in equal opportunity, equal justice, and equal treatment for citizens of every race, background, religion, and creed. Every child, of every color — born and unborn — is made in the holy image of God”

But keeping a country, and a government, which guarantees individual freedom and rights is no easy matter. Ultimately, it depends on involvement by the people themselves.

In his Thoughts on Government, John Adams, our second President, wrote, “It has been the will of Heaven that we should be thrown into existence at a period when the greatest philosophers and law-givers would have wished to live... a period when a coincidence of circumstances without example has afforded to thirteen colonies at once an opportunity of beginning government anew from the foundation and building as they choose. How few of the human race have ever had an opportunity of choosing a system of government for themselves and their children? How few have ever had anything more of choice in government than in climate?”

Our challenge isn’t to establish a new form of government. As has been the case since July 4, 1776, it is to renew and protect what President Lincoln described as “the last best hope of earth.”

As citizens of a free nation, we are blessed to be able to work within the most wonderful system of government ever devised to elect men and women who believe unborn children should be protected; who believe that the lives of the elderly and the medically disabled have value and merit legal protection, not because of who they are, but just because they are.

In order to do that, though, pro-lifers have to work hard. Pro-lifers have 112 days to help elect those men and women who respect and who will protect innocent human life.

So what should you and I be doing between now and November 3?

*Make sure you are registered to vote! If you are not, or if you have moved or changed your name since the last election, you need to register (or re-register with updated information). An easy way to get started is to visit NRLVictoryFund.org.

*Ask your pro-life relatives, friends, and neighbors if they are registered to vote. Not all, but most states have a deadline for registration about 30 days before the election. That means we have a little over two months to get people registered.

*Reach out to friends and family members and get them involved to help educate and motivate other voters. NRLC has candidate information that can, and should, be shared with others. You can read President Trump’s record on Life and get information about candidates under “Endorsements” and “Resources” at NRLVictoryFund.org.

*There is absolutely nothing wrong with encouraging single-issue voting when that issue is Life! Life is the first right, the most fundamental right, the right without which all other rights are meaningless. We need people to understand that, of all the issues that we debate as a nation, none is more important than protecting innocent, vulnerable human life.

*And as always, pray. Pray for pro-life President Trump — for wisdom when making decisions, for strength to withstand the many attacks, and for determination as he continues to fight for the innocent little ones.

Pray for pro-life candidates and their campaigns at all levels of government — federal, state, and local. Having men and women who respect human life in any office is good for humankind.

Pray for voters that they would make the correct decisions as they enter the voting booth.

John Adams asked, “How few of the human race have ever had an opportunity of choosing a system of government for themselves and their children?”

We have the opportunity to choose a system of government for ourselves and our children. We need every pro-lifer to be active before, and voting in, November. I think John Adams would be disappointed if we weren’t.
The battle for control of the United States Senate is overlooked by many during a presidential election year but make no mistake about it – a pro-life Senate majority is absolutely essential to the goal of passing laws that protect unborn children and their mothers, and stopping pro-abortion legislation such as the Hyde Amendment.

Here is an overview of the current Senate battleground map.

**Alabama**

Pro-abortion incumbent Sen. Doug Jones (D) narrowly won a special election in 2017. Since being sworn into office, Jones voted against the Pain-Capable Unborn Child Protection Act and the No Taxpayer Funding for Abortion Act. With his opposition to these priority pro-life bills, Jones has taken a stance in favor of late abortions and using your tax dollars to fund abortions. That is a far cry from the moderate image he tried to cultivate during his campaign. Additionally, Jones voted against the confirmation of Brett Kavanaugh to the U.S. Supreme Court.

Pro-life Republicans Jeff Sessions and Tommy Tuberville will face off in a primary runoff election on Tuesday, July 14th. Regardless of who emerges victorious, there will be a clear contrast with Jones. Both candidates have been vocal in their support for the right to life.

**Arizona**

Pro-life Senator Martha McSally (R) was appointed to the U.S. Senate following the passing of Sen. John McCain. Her 100% pro-life rating in the Senate earned her the endorsement of National Right to Life. She voted in favor of the Pain-Capable Unborn Child Protection Act, the No Taxpayer Funding for Abortion Act, and the No Taxpayer Funding for Abortion Survivors Protection Act, and both of President Trump’s nominees to the U.S. Supreme Court – Justices Gorsuch and Kavanaugh. McSally faces former astronaut Democrat Mark Kelly, husband of pro-abortion former Rep. Gabby Giffords. Kelly has voiced his support for the current policy of abortion on demand as imposed by Roe v. Wade. “Women have the right to choose, and I’m going to stand up to defend that right,” stated Kelly. Planned Parenthood, the nation’s largest abortion provider, and NARAL Pro-Choice America are both supporting Kelly. “Planned Parenthood advocacy and political organizations are going all-in. We’re investing deeply to engage voters, and we’re going to help elect Mark Kelly to the U.S. Senate,” said the abortion provider in their announcement.

President Trump carried Arizona by four points over Hillary Clinton in 2016 but many election experts believe the state will be a key battleground in 2020.

**Colorado**

Pro-life Senator Cory Gardner (R) faces a challenge from former Governor and failed presidential candidate John Hickenlooper (D). Gardner has maintained a 100% pro-life rating during his term in the Senate, voting in favor of the Pain-Capable Unborn Child Protection Act, the No Taxpayer Funding for Abortion Act, the Born-Alive Abortion Survivors Protection Act, and both of President Trump’s nominees to the U.S. Supreme Court – Justices Gorsuch and Kavanaugh. He is endorsed by National Right to Life and has earned National Right to Life’s endorsement.

By contrast, Hickenlooper has been an ally to Planned Parenthood, the nation’s largest abortion provider, and called for the repeal of the pro-life Hyde Amendment. “I look at the word pro-life and think of a woman’s right to control what happens to her body as being inalienable,” Hickenlooper told Sen. Perdue has a 100% pro-life rating from National Right to Life and has earned National Right to Life’s endorsement. Perdue, who has served since 2015, voted in favor of the Pain-Capable Unborn Child Protection Act, the No Taxpayer Funding for Abortion Act, and has been backed by Planned Parenthood.

See “Senate,” page 31
Gallup finds ever-increasing pro-life advantage among voters who base their vote solely on a candidate’s position on abortion

By Dave Andrusko

Gallup’s headline for its July 7 analysis is accurate—“One in Four Americans Consider Abortion a Key Voting Issue”—and reinforces what we already know: people look to a candidate’s position on whether they support annihilating unborn children when they are determining whom they will vote for.

And to Megan Brenan’s and Gallup’s credit, right in the subhead you read the key takeaways:

- 24% say candidate must share abortion views; 25% say not a major issue
- 30% of pro-life, 19% of pro-choice adults say abortion is threshold issue.

By “threshold issue,” Gallup means that the individual would “vote only for a candidate who shares their views on abortion.” Single-issue voting on abortion is alive and well.

Indeed, far from fading as a litmus test, the percentage of Americans who consider abortion a threshold issue is on an upward swing. Brenan writes [underlining mine]

Gallup has periodically tracked Americans’ views of the importance of abortion in their vote choice since 1996. Last year’s 29% reading for those who say a candidate must share their views on abortion to win their support was the highest on record.

Before that, from 1996 to 2016, the annual average was 18%.

The latest findings, from Gallup’s annual Values and Beliefs poll conducted May 1-13, show the continuation of a trend seen since 2001 whereby issue voters when it comes to abortion. …

Examining one of the chart below, you see that four years ago, 23% of pro-lifers voted single-issue to 17% of pro-choicers—a gap of 6 points.

Not only has the overall pool of single-issue voters increased, so, too, has the pro-life advantage.

In 2019, the margin was nine points–35% to 26%.

In 2020, the net advantage jumped to 11 points: 30% to 19%!

Six points, to nine points, to 11 points.

One other consideration about the same phenomenon.

Brenan hones in on this staple of public opinion. While “Americans’ overall attitudes about abortion have been mostly stable in the past decade, with roughly equal percentages considering the percentage of self-identified pro-lifers and self-identified pro-choicers has almost exactly the same. But consider…

In 1996, 56% self-identified as pro-choice to only 37% who self-identified as pro-life. As recently as 2015, 50% identified as pro-choice to 44% who identified as pro-life, according to Gallup.

In 2020, 48% self-describe themselves as pro-choice while 46% self-identify as pro-life. The average over the past decade has been exactly even: 47% each.

Well done, grassroots pro-lifers.
We are All Born Pro-Life

By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

Her spirited bounce down the path to our display got my attention. Her wispy curls pulled into a ponytail and ample rosy cheeks melted my heart. As she got closer to us and saw the treasure that awaited, her big brown eyes twinkled. I was completely enchanted. She picked up the fetal model and her delight became palpable.

She first raised the baby in the air, marveling at it. She then imparted a gentle kiss.

Cradling the 30-week fetus in her arms, she listened as her mother softly whispered that this is what mommies grow in their bellies, a beautiful precious human life.

She’s only three years old, but she instinctively knows a truth that many adults and our world at large have long forgotten. She knew this truth even before her mother spoke a word. Life is precious. It is a gift to be celebrated and cherished. And protected.

She needed no prompting. Her affection was genuine and unlimited. Loving this baby came so naturally, even to a toddler.

She was the very last person with whom I interacted at Creation Music Fest, where we had shown the humanity of the preborn to thousands of people with our fetal model display, witnessing their fascination with life within the womb and their sadness at how disposable it has become. Our table was steadily busy for three days, and we had many productive and informative exchanges with passersby.

This sweet little girl was the last to visit before we closed up. How perfectly profound, as she left me with a beautiful truth to take home and ponder.

We are all born pro-life.

Show a small child a fetal model or a picture of an ultrasound and ask him or her what it is. Do the same with an older child.

They readily identify a baby, a living human being in its earliest form of development.

It is so clearly self-evident to those who have not had the world un-teach this to them. It is so clearly self-evident because it is nature’s beautiful plan, and the most innocent among us honor what is natural.

Abortion is the most un-natural thing in the world. And it violates what all of us, especially children, know to be right, true, and good.

We are all born pro-life, but some allow themselves to be corrupted by a confused world, becoming defenders and promoters of abortion. I think of this little girl and wonder how did these people get so very far away from a self-evident truth, one that is written on our very hearts?

Is it doubt, fear, desperation, misguided compassion, greed, rationalization, de-humanization or a combination of these that steal this basic truth from them? I don’t know the answer. What I do know is life begins at conception. Life is precious. Life is to be treated with dignity and protected from harm.

Even a 3 year old knows that. May she never allow the world to un-teach her that fundamental truth.
Some thoughts after a big victory for religious freedom and freedom of conscience

By Dave Andrusko

NRL News Today wrote a lengthy analysis of the victory for religious freedom and the right of conscience the same day the Supreme Court delivered its 7-2 decision.

HHS Secretary Alex Azar could not have been more accurate when he said, “It is a shame that nuns ever had to go to the Supreme Court to ensure they can care for the elderly poor without violating their consciences, but thanks to their courageous advocacy and the leadership of President Trump, they – and all Americans of faith – have now triumphed.”

On July 8, the justices concluded that the Little Sisters of the Poor are not bound by a mandate, issued by HHS under a provision of ObamaCare, that would force them to provide health insurance coverage for products and procedures they find morally unacceptable.

To be clear, the two very liberal justices who joined in had plenty of caveats (they agreed with the results, but not with the five-member majority’s reasoning), and it is clear they are itching for a rematch once the lower courts look again at the 2017 HHS rule that was at the heart of the case.

Let’s look at a few of the comments of those who were decidedly not happy.

We needn’t dally over Planned Parenthood’s response. “I’m furious,” said Planned Parenthood CEO Alexis McGill Johnson, adding that she thinks the “Supreme Court decision is just plain wrong.”

“It upholds the administration’s horrible rules that allow employers and universities to push their religious or moral beliefs on employees and students…”

NPR took that non-recognition one major step further. Writing for Newsbusters, Joseph Vazquez explained that their name never made it into Nina Totenberg’s account.

“Public radio hid that the left was trying to force a religious order to violate its faith,” he wrote. Totenberg “provided hardly any historical background on the case,” he went on.

“She made no mention of the Little Sisters of the Poor, or that it was a group of Catholic nuns who were being bullied by state powers. ….In fact, Totenberg didn’t even mention the name of the case itself. That would have brought up the nuns.”

Worth considering is that it is not just Justices Kagan and Breyer who are counting down the days until a lower court will tell the High Court what these two (and the two dissenters) want to hear: that the HHS exemptions for the Little Sisters and other religious non-profits were “arbitrary and capricious.”

The same people who want pro-lifers and/or people of faith to roll over when a decision they disapprove of comes down can’t wait to run back to court to “prove” that the decision was an aberration—just “politics” by the Trump Administration.

Meanwhile, on ABC’s World News Tonight, anchor David Muir teed up correspondent Terry Moran by noting, “this was a big win for religious conservatives and the President” (as if it was the only win they had all session).

Agreeing that it was “a huge win,” Moran noted that the Trump-era regulations that spurred the court case allowed employers who had religious objections to opt-out of providing coverage. But he seemed to huff about employers opting out over “just moral objections to providing that kind of coverage.”
Five Ways to Tell if a Study is Just More Pseudoscientific Pro-Abortion Propaganda

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

It seems to occur every month or so. Take your pick because the list seems endless.

The media touts the latest abortion study purporting to show that chemical abortions cannot be reversed; that women can have an abortion safely with pills bought off the Internet; that there are no serious physical or psychological consequences for women who undergo multiple abortions; that aborting women are better off socially and economically; that abortion laws have no impact on the incidence of abortion; that abortion funding decreases abortion, etc., etc.

It’s hard to keep up every article they publish in the medical journals. Our opponents may not be pro-life, but they are prolific. As soon as you plump down $35 for a copy of their latest study (it’s either that or something like a $700 a year subscription), there’s a new one appearing in another journal by another team of abortionists trying to shore up their corner of the lucrative abortion business.

Most of these “studies” look super-scientific, written by teams of researchers from some of the nation’s top research institutions. They are full of data charts and graphs, heavy with citations, published in some of the nation’s top journals.

But if you look closely, study those charts, follow those citations, learn how to read between the lines, do some critical analysis and apply basic logic and common sense, you may find that their claims and conclusions don’t always withstand scrutiny. Sometimes, read carefully enough, you’ll see they even prove the opposite of what they claim!

Though covering what looks like a broad range of topics, a lot of these are by the same handful of authors. They use some of the same questionable methods, make the same mistakes, and jump to the same unwarranted conclusions over and over again.

How can you tell if this is just pro-abortion spin? Here are a few of the more common faults of these pseudoscientific “studies.”

It comes from the usual suspects

Look at the studies on abortion that appear in the major medical journals and you’ll see a lot of the same names over and over – Daniel Grossman, Beverly Winikoff, Elizabeth Raymond, Diana Greene Foster, Rebecca Gomperts, Mitchell Creinin, David Grimes, etc. These are not disinterested academicians. They are researchers who are intent on “proving” that abortion is safe and beneficial and abortionists who keep pushing the envelope to win approval of more self-managed—“Do-It-Yourself”—abortions.

And those “researchers” tend to be connected to the same institutions. They include Planned Parenthood, the Guttmacher Institute, Gynuity, or the University of California-San Francisco (UCSF) (“America’s Abortion Academy”) and one of its abortion dedicated institutes – the Bixby Center or Advancing New Standards in Reproductive Health (ANSIRH).

Add to this that a lot of these studies are funded by foundations and billionaires that have been bankrolling the abortion industry for years. The list includes George Soros and the Open Society Institute, the Bill Gates and Melinda Gates Foundation, the David and Lucille Packard Foundation, the William and Flora Hewlett Foundation, and of course Warren Buffet, the Susan Thompson Buffett Foundation and all the sub-entities that serve as pass-throughs such as the New Venture Fund, the Hopewell Fund, and others. Their impact is enormous.

The media (and then later, the Supreme Court) made a lot of the reports issued by Daniel Grossman and the Texas Policy Evaluation Project (TxPEP). They claimed that Texas laws on abortion and abortion funding closed abortion clinics, increased travel distance and wait times, and pushed many women to consider self-induced abortions. This, despite the fact that demand for abortion had been declining and clinics had been closing for years before the state passed HB2, the law then being considered by the courts.

Testimony provided by Daniel Grossman on travel distances and clinic closures was cited repeatedly by the majority in Whole Women’s Health v Hellerstedt (2016), the decision that struck down Texas clinic and abortion safety standards.

Money from TxPEP came from the Susan T Buffett Foundation, which is also a big funder for UCSF, one of Daniel Grossman’s other employers. Grossman is now the Director for ANSIRH, the institutional home of the infamous “Turnaway” Study, responsible for some three dozen studies so far. As you read in NRL News Today, the Turnaway studies claimed that women receiving abortions are economically, socially, psychologically, and physically better off than those “denied” abortions.

Many of the studies now being touted for telemedical or largely do-it-yourself (DIY) chemical [“medication”] abortions come from an organization called Gynuity. Gynuity promises that abortion pills can be ordered over the Internet, that an online consult is sufficient, that ultrasounds and physical examinations (critical to determining gestational age and ruling out ectopic pregnancy) are not needed, and that Rh testing to ensure the survival of subsequent children is unnecessary.

Gynuity is hardly an objective scientific research institute. Created and headed by Beverly Winikoff, one of the activists responsible for bringing RU-486 (mifepristone) to the United States, “Gynuity Health Project has been at the forefront of efforts to increase women’s access to medical abortion in settings throughout the world” since its founding in 2004.

The point is simple. The studies produced and publicized by these experts are hardly the objective findings of disinterested neutral scientists. Rather they are the carefully
Senate confirms Trump’s 200th appointment, cementing his impact on federal judiciary

By Dave Andrusko

Under the category promises made, promises kept, on June 24, the Senate confirmed pro-life President Donald Trump’s 200th judicial appointment.

*Newsweek*, no fan of the President, began its account

President Donald Trump’s impact on the U.S. court system was cemented on Wednesday after his 200th judicial appointment was confirmed by the Senate.

The Senate confirmed Cory Wilson, a state court judge in Mississippi, to serve on the Fifth Circuit Court of Appeals in a 52-48 vote.

“No modern president has had this level of impact on the composition of the federal courts,” said Jonathan Turley, a constitutional law professor at George Washington University. “This is a master footprint for any president on the judiciary.”

When Mr. Trump was running for the presidency, he made a number of commitments to the Pro-Life Movement. Retain the life-saving Hyde Amendment and defund Planned Parenthood as long as they continue to perform abortions, and reallocate their funding to community health centers that provide comprehensive health care for women, to name just two.

But at the top of the list for pro-lifers was his promise to nominate men and women to the federal courts who understand and abide by the principle of judicial restraint and nominate only pro-life candidates to the Supreme Court.

Referring to circuit court vacancies, Pro-Life Senator Majority Leader Mitch McConnell (R-Ky.) said, “There will not be a single court vacancy anywhere in the nation for the first time in at least 40 years.” Sen. McConnell added, “Our work with the administration to renew our federal courts is not a partisan or political victory. It’s a victory for the rule of law and for the Constitution itself.”

*Newsweek’s* Alexandra Hutzler observed, “Overall, Trump has appointed more than one-fifth of the entire judiciary.”
A supportive and caring program that transforms the life of pregnant women who are uncertain and alone

Real Alternatives, Inc. has served more than 320,000 pregnant women and their families

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

A woman is pregnant and alone, not knowing where to turn for help in a moment of crisis. She hears about Pennsylvania’s Pregnancy and Parenting Support program, and her life is transformed.

“They’re very supportive and they help you with whatever you need,” she says. “They really are there.”

The breakthrough Pennsylvania program is celebrating an important milestone—its 25th anniversary. Now administered by Real Alternatives, Inc., the program has served more than 320,000 pregnant women and their families with compassion, steadfastness, and love.

As one counselor put it, the women who come to the program “believe that when they walk through our doors that they are not going to be judged. That it is confidential and they can come in and get the help they need.”

The help the Pennsylvania program provides is truly impressive—everything from counseling to shelter, parenting classes to food and furniture. And the success stories are remarkable—women completing their GEDs and launching college careers, all as a result of the support of caring counselors who accompany the women through their pregnancies.

As columnist Michelle Malkin stated, “Real Alternatives counselors and volunteers are ‘true agents of hope and change’ . . . This army of compassion has succeeded against enormous odds . . . and their success is being replicated across the country.”

The landmark Pennsylvania program has often been described as a “government program that really works.” The program, which has become a model for the rest of the nation, has an inspiring mission: to “empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.”

The program’s measurable outcomes are impressive, including:

- enhanced physical and emotional support for women
- improved parenting
- lower health and Medicaid costs because of high pre-natal and pediatric care rates and increased immunization rates for children.

Deena Burnett, who lost her husband Tom when terrorists attacked his airplane on 9/11/2001, once noted, “I’m certain that the little things you do every day you do every day have a greater impact than you may realize. You have the opportunity to make an incredible difference in the life of everyone you meet. In a word, to be a hero. When learning about the difference that your work makes, I was reminded how one life, one life saved can make an incredible difference.”

With two-and-a-half decades of service to the women of Pennsylvania, the program has shone a brilliant light into the darkness of uncertainty for mothers throughout the Keystone State. Its dedicated counselors have provided help and hope at a critical juncture in women’s lives. Throughout its history, the program has garnered broad, bipartisan support in the corridors of the state Capitol.

The late Governor Robert Casey, Sr., who was instrumental in launching the Pennsylvania program, said of the project, “Our business is to fight the poison of hopelessness with love.”
In spite of the impact of the Covid-19 enforced shutdown, significant gains for the pro-life movement in the 2020 state legislative session

By Ingrid Duran, Director of State Legislation

Even during a pandemic, the pro-life voice is still present in the 2020 state legislative session. When I last wrote, I was skeptical that pro-life bills would move, much less be enacted, since almost every state had moved into a mandatory shutdown.

So color me very pleasantly surprised that the results are otherwise!

It is no secret that pro-life laws save lives, which is why our opposition habitually challenge common sense laws such as parental involvement and any law designed to inform and empower women by proving vital information. This is also the reason why pro-abortionists vehemently oppose legislation that keeps the unborn baby in the debate. They employ medical jargon to keep women in the dark about their baby’s ability to experience pain or the truth of what occurs during hideous dismemberment abortions.

Florida’s pro-life Gov. Ron DeSantis recently signed a parental consent law. Under this new legislation, abortion facilities must secure the consent of the parent or guardian of Florida minors under the age of 18. Parental involvement laws have demonstrated their positive impacts by lowering the abortion rate and teenage pregnancy rate and have held overwhelming public support in polling data.

Iowa’s pro-life Gov. Kim Reynolds signed a bill providing that an abortion-vulnerable woman wait at least 24 hours after an initial appointment. At that appointment, the woman would be given the opportunity to view an ultrasound scan of her baby.

Why waiting periods? So as to provide women seeking abortions some time to reflect after they’ve received their state informed consent materials. These materials typically include information on the developing unborn baby, resource centers for pregnant mothers, risks associated with abortion, and alternatives to abortion.

Previously, Iowa enacted a 72 hour waiting period but it was blocked and ultimately struck down by the Iowa Supreme Court in 2018. Thus it was not surprising that after Gov. Reynolds signed this bill into law, it was immediately challenged in court. However, there has been a major turnover on the state’s highest court.

Two states passed laws preventing discriminatory abortions of unborn children due to their sex, race, or if the unborn child has a Down syndrome diagnosis or potential diagnosis for Down syndrome. A poll conducted earlier this year found “65% of Americans, including 50% of those who identify as pro-choice, oppose abortion because of the possibility an unborn child may have Down syndrome.”

Mississippi’s Governor Tate Reeves signed their Life Equality Act into law earlier this month. The law bans abortion because of the baby’s race, sex, disability, or genetic makeup.

Tennessee’s antidiscrimination Measure was part of Gov. Bill Lee’s omnibus abortion bill. It also included an early abortion ban. If that is not upheld, the measure automatically enacts

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Michigan has a unique citizen-generated legislation. Provided the petitions are validated, the Michigan Legislature will have 40 days to consider the dismemberment ban, which after successful majority votes will become law without pro-abortion Governor Gretchen Whitmer’s signature. Initiated legislation that isn’t passed into law is placed on the general election ballot for a public vote. Until the Bureau of Elections reaches a decision, we will not know if Michiganders will see this question on the ballot.

In Louisiana, there is a Love Life Amendment to amend the Louisiana Constitution. If passed, it states that there is no right to abortion or taxpayer funding of abortion in the state constitution.

In Colorado, Initiative 120 will be on the November 3 ballot. Initiative 120 bans abortion after 22 weeks of pregnancy (“20 weeks fetal age”), a point in the developing unborn baby’s life where she is capable of feeling the intense pain of being aborted.

Lastly, pro-life Missouri Gov. Mike Parsons signed a bill recently allocating over $6 million dollars to their Alternatives to Abortion program. These programs are essential for mothers looking for resources when they are facing challenging times in their lives so they can choose life.

Clearly, in spite of the impact of the Covid-19 enforced shutdown, there were some significant gains for the pro-life movement in the 2020 state legislative session.
Pro-life Florida Gov. DeSantis signs Florida parental consent bill

By Dave Andrusko

On June 30, Florida Gov. Ron DeSantis (R) signed SB 404 which requires teenagers under the age of 18 to obtain permission from their parents or legal guardian before having an abortion.

The measure had solid support in the legislature. The House vote on HB 265 was 75 to 43. The Senate passed the companion bill (SB 404) on a vote of 23-17.

It was a long and arduous battle stretching back decades. In 1989, the Florida Supreme Court struck down a law that required parental consent. Undeterred, pro-lifers have pushed for years to re-establish a parental voice in the abortion decision of their minor daughters.

As NRL News Today reported, Gov. DeSanctis, in his Second State of the State address delivered in January, said, “I hope that the Legislature will send me this session the parental consent bill that last year was passed by the House but not by the Senate.”

A similar bill passed in the House last year but died in the Senate.

Since he became governor, Gov. DeSanctis has replaced three justices on the state’s highest court—Justices Barbara Pariente, Fred Lewis and Peggy Quince—who had reached the mandatory retirement age of 70. They were replaced by Barbara Lagoa, Robert Luck, and Carlos Muniz.

Florida Right to Life President Lynda Bell said, “This was a hard fought victory that was years in the making. Florida families and minor girls in Florida will now be protected in law. Special thanks to the bill’s sponsors, State Rep. Erin Grall and State Sen. Kelli Stargel. This legislation puts the family back into the conversation concerning their underage girls.”

She added, “While we (the pro life community) believe it to be unthinkable that a minor child can undergo an elective surgical procedure without a parent’s permission, pro-abortion organizations fought with zeal to stop this common sense legislation.

“Let’s look at areas where parental permission is required regarding children. An underage child must have permission to get their ears pierced, get a tattoo, take an aspirin, or go on a field trip with their school. Logically, it is absurd that a child can be ushered off to an abortion clinic with no parental permission! In fact, abortion is the only elective surgical procedure that can be done without a parent’s permission.”

Bell, who is also chairman of the National Right to Life Board of Directors, noted that current polling has shown a clear and overwhelming bipartisan support for “Parental Consent.” Even among those who consider themselves “pro-choice,” 73% of Floridians believe in and support this legislation.

Senate bill sponsor Sen. Kelli Stargel, said her legislation is “not a pro-choice or pro-life bill,” adding, “This is about whether or not you’re going to have adults involved in difficult decisions with children.”

House sponsor, Rep. Erin Grall, rebutted pro-abortion assertions that “it is unfair for male-dominated legislative bodies to impose laws on women and girls,” according to the Palm Beach Post.

“No one group of people, gender of people owns this issue,” she said. “There is, consistently, an acknowledgement that what we are talking about is a child. And here, what we are talking about is a child who is carrying a child.”
President Trump Signs Historic Executive Order to help foster and adoptive parents

*Will bolster foster care and adoption agencies which have been deeply affected by the pandemic*

By Dave Andrusko

On June 24, the same day the Senate confirmed President Trump’s 200th judicial appointment, the President signed what was accurately described as a “Historic Child Welfare Executive Order” to help foster and adoptive parents.

The order seeks to strengthen child welfare programs to help children and families in difficult circumstances. It aims both to promote safe homes so children do not need to enter the foster system and to encourage adoption for the foster children who cannot safely return to their birth parents.

“Our number one goal is to help our children and youth by making improvements to our child welfare system, and I’m incredibly grateful to President Trump for taking this monumental action today,” said the Administration for Children and Families (ACF) Assistant Secretary Lynn Johnson. “These strong actions support vulnerable children and youth nationwide by advancing measures to reduce child abuse and neglect, encouraging family preservation, and strengthening adoption and other forms of permanency for America’s kids.”

“President Trump’s executive order demonstrates how his administration has prioritized placing each of America’s foster kids with the loving, permanent family they deserve,” added U.S. Department of Health and Human Services (HHS) Secretary Alex Azar. “Since the President took office, we have focused on promoting adoption unlike any previous administration, and we’ve begun to see results.”

The President’s Executive Order comes at a pivotal time. As the Associated Press’ David Crary noted, “It comes as child-protection agencies across the U.S. struggle with effects related to the coronavirus pandemic.”

“White House senior advisor Kellyanne Conway told reporters on Wednesday that the order would aim to bolster foster care and adoption agencies which have been affected by the pandemic.”

According to HHS, currently, there are approximately 430,000 children in the foster care system. Of those 430,000 children, there are nearly 124,000 children in foster care who have a plan for adoption, but have not yet achieved the permanency of a forever family. Each year, close to 20,000 youth age out of care without the support of a loving, permanent family. Many of these young men and women will experience higher rates of homelessness, incarceration, and unemployment after they leave foster care. Through three key reforms to the child welfare system outlined in the Executive Order, this Administration is standing up for vulnerable children and families, pursuing child safety, as well as permanency and child and family well-being.

The Executive Order offers “three key reforms that will strengthen the child welfare system and promote permanency for children in the foster care system nationwide.”

- **The first reform** aims at creating robust partnerships between state agencies and public, private, faith-based and community organizations.
- **The second reform** seeks to improve resources provided to caregivers and those in care.
- **The third reform** would improve federal oversight over key statutory child welfare requirements.

Pro-life advocates hailed the Executive Order. Thomas Glessner, president of The National Institute of Family and Life Advocates (NIFLA), said, “We cannot talk about the end of abortion in America without mentioning adoption as a solution.”
The new Gallup poll on abortion and the November 3 elections

By Dave Andrusko

On page 5 we posted an analysis of the latest survey on abortion conducted by Gallup. At “Gallup finds ever-increasing pro-life advantage among voters who base their vote solely on a candidate’s position on abortion,” I wrote about the advantage pro-life President Donald Trump enjoys over pro-abortion Joe Biden because 30% of pro-lifers will vote only for a pro-life candidate as opposed to 19% of pro-abortion voters who will vote only for a pro-abortion candidate.

In this story, we examine the implications for the November 3 elections.

It’s not necessary to state the obvious. President Trump was in excellent position to win a second term until the pandemic hit. Now, it’s a much tougher fight to win. However, if you are like me—and I suspect most pro-lifers are—that only makes an eventual win all the sweeter. A few thoughts.

*In any election, the caliber of your opposition is a major component. Aided by a compliant media, former Vice President Biden has been able to escape virtually any scrutiny. Even with that cushion, what is his favorability/unfavorability status?

If you use the rule of thumb of tossing out the most favorable for Biden (Fox News) and the least favorable (CNBC), of the other three polls conducted principally in May you find Biden at -2 [Economist/YouGov]; -4 [Quinnipiac]; and another -4 [Politico/Morning Consult]. Biden’s vulnerability, once he must actually face political combat, is considerable.

*As we all know, the election will be decided on a handful of swing states. Put aside what I believe is an absolute truism—the race will inevitably grow tighter for reasons we’ll discuss below—the current numbers be discouraged and/or blame President Trump—while the other half cynically hopes to persuade pro-lifers that they ought to be discouraged and/or blame President Trump. Which

*Mr. Biden is buoyed by not having to be responsible for anything—other than criticizing—let alone responding to a global pandemic, and is uplifted by a press corps that ignores all the signs he is not up to being President. Politically, he is also the beneficiary of an economy hamstrung by the quarantine.

But the quarantine is ever so gradually being relaxed. There are roughly 3 and 1/2 months for winds to once again fill the sails of the greatest economy on the face of the earth. With greater prosperity, the public’s outlook on the future, always a significant variable, will markedly improve.

To return to where we started, there is a huge difference in the number of Americans who will vote based on a candidate’s pro-life position over the number who will pull the lever for a candidate because he or she is pro-abortion—the greatest differential ever.

Mark my words, don’t listen to the naysayers. Listen to your head and your heart and help our Movement carry the day for life over death.
Another staff meltdown at a Planned Parenthood affiliate

By Dave Andrusko

On June 23, when we wrote about the canning of the CEO of Planned Parenthood of Greater New York, PPFA's largest affiliate, the lengthy list of angry particulars included abusive behavior, racism, and financial mismanagement. Tucked away was what might have been the coup de grâce for CEO Laura McQuade: the comments of Elise Higgins, a former lobbyist in Kansas for Planned Parenthood Great Plains [PPGP], which McQuade had headed before moving East.

Higgins said “that concerns the New York affiliate is raising about McQuade’s behavior are identical to those the staff experienced here.”

“There was a massive amount of staff turnover during Laura’s tenure,” Higgins said. “Laura frequently yelled at staff both in private and in meetings with their peers and belittled and ridiculed.

“The way that displeasure was voiced created a culture of fear.”

Lo and behold another story about internal chaos at PPFA popped up last week—and it was at Planned Parenthood Great Plains, the very same affiliate that McQuade had left in 2018.

This time the staff charges—at least as compiled in a story written by KCUR’s Dan Margolies—did not include “systematic racism.” Rather in a story about massive buyouts, we read about “chaos” and a “toxic work culture” and deep resentment over “pay inequities.”

The reader has to work her way through the excuses—the effect of the pandemic, which, while probably true came after and on top of all the other pre-existing problems. Here are just a handful of the grievances Margolies heard from staff.

**“At a tense ‘town hall’ meeting via Zoom conference call in late June, employees sharply questioned PPGP President and CEO Brandon Hill about the moves and criticized pay disparities within the organization. . .**

**Discontent at the organization had already been brewing before the pandemic. An employee satisfaction survey taken last year revealed widespread unhappiness among rank-and-file employees, who complained of a lack of transparency, pay inequities and a top-heavy management structure. . .**

Luz Ortiz, who worked as a PPGP educator in a satellite office in Kansas City, Kansas, said the separation offers to employees were driven as much by the results of the employee satisfaction survey as by the pandemic.

“I kind of feel like they were just trying to get rid of all the external affairs people because we have been very vocal about how unsatisfied we have been,” Ortiz said.

[Rachel] Ulanowski recalled a time when Hill, addressing employees complaints that they were overworked, underpaid and under a great deal of stress, said that “everyone just needs to be sedated.”

**Turnover has been enormous. “The organization has experienced a high rate of employee turnover – as many as half its nearly 150 employees left in the past year.” Margolies goes out of his way to say problems didn’t begin when Hill took over in February 2018. That was the point the former lobbyist had made when McQuade was ousted.**

“But Amanda Steele, PPGP’s director of development for two years until she left in September, said she wondered if Hill recognized ‘the chaos unsettled employees.”

See “Meltdown,” page 19
Speaking from the head and the heart, pro-lifers will carry the day for unborn children

By Laura Echevarria, NRL Director of Communications and Press Secretary

Standing in front of the U.S. Supreme Court in early March waiting for the oral arguments in June Medical to conclude, I was struck by the number of young women and men supporting the pro-life movement with encouraging signs and robin’s-egg-blue t-shirts which was the color in support of the state of Louisiana. As you remember that was the case which the justices unfortunately rejected Louisiana’s requirement that abortionists have admitting privileges at a nearby hospital in case of emergencies.

Equally striking were the young women and men at the Court with signs supporting abortion on demand. They were screaming slogans through a portable speaker system that so garbled the messaging it was unintelligible. Symbolic? Still, the intent was clear. The messages on the signs and posters focused on the same tired old pro-abortion slogans centered on a woman’s body—ignoring the unborn child and the pain of so many women who suffer following an abortion.

It’s been my experience where I sit, that in recent years, we have witnessed more and more people engaging in political speech employing less and less logic and reasoning. Too many people, I’m afraid, are easily swayed by emotional arguments, unsound reasoning, a favored professor’s opinion, or the opinion of their roommate’s-cousin’s-uncle’s-best-friend. This is largely the “reasoning” undergirding the pro-abortion movement’s arguments for abortion.

When I was in college, I was on the debate team. I enjoyed the order and structure to debate as well as the challenge of going up against teams across the southeast region. Debate teams heavily rely on documentation and the composition of arguments. When standing in front of a judge who may themselves be a seasoned debater, a law student, or a professor who coaches debaters, you can’t get away with using fallacies or drawing illogical connections and conclusions. However, this is exactly how the pro-abortion movement and its allies work: by using fallacies and illogical connections with bold unashamedness.

On July 7th, Alexandra Desanctis of National Review Online wrote about a New York Times technology reporter, Taylor Lorenz, who had reposted pro-abortion posts on her Instagram page. The posts, written by pro-abortion feminist Liz Plank, were full of misinformation, inaccuracies, and outright lies—yet Lorenz reposted the posts without commentary or even a hint of skepticism, as if they were undisputed facts.

Desanctis also recently wrote about CBS reporter Kate Smith who frequently uses language consistent with pro-abortion propaganda and conducts interviews with pro-abortion groups that glamorize leaders of the abortion industry.

Young men and women graduating with journalism degrees and moving up to larger markets have often been indoctrinated by their pro-abortion professors and campus political groups. Discerning fact from fiction and fallacy is quickly becoming a lost skill. A vast number of colleges are no longer teaching these skills, and no one cares or, if they do, in today’s “cancel culture,” they don’t dare.

More than ever, pro-lifers must speak up, from the head and the heart. Respectfully listen to the opposition—that is common courtesy and essential to reasoned public discussion—but fearlessly stand your ground.

Refuse to be shouted down. Speak out on behalf of the most vulnerable among us: the unborn child, the elderly, and those with disabilities.
Where do the Candidates Stand on Abortion?

For President

Donald Trump

Abortion on Demand
The 1973 Roe v. Wade and Doe v. Bolton U.S. Supreme Court decisions legalized abortion on demand throughout the United States, resulting in more than 61 million abortions.

President Trump has proven his pro-life commitment. As president he has appointed pro-life advocates in his cabinet and administration, restored the “Mexico City Policy,” and he has pledged “to veto any legislation that weakens current pro-life federal policies and laws, or that encourages the destruction of innocent human life.”

Joe Biden supports the current policy of abortion on demand. Joe Biden voted for the Harkin Amendment to endorse Roe v. Wade, which allows abortion for any reason. Joe Biden supports the Democratic platform of unlimited abortion even through birth.

The Pain-Capable Unborn Child Protection Act
The Pain-Capable Unborn Child Protection Act would prohibit abortions after the unborn child is capable of feeling pain from abortion.

In his 2019 State of the Union speech, President Donald Trump called on Congress to “pass legislation to prohibit the late-term abortion of children who can feel pain in the mother’s womb.”

When asked about prohibiting abortions after 20 weeks when the unborn child can feel pain, Joe Biden said, “I’m not going to interfere with that,” which would allow abortion through birth.

Taxpayer Funding of Abortion
President Trump opposes using tax dollars to pay for abortion. His administration issued regulations to ensure Title X funding does not go to facilities that perform or refer for abortions. He also cut off funding for the UNFPA due to their involvement in China’s forced abortion program.

Joe Biden supports using tax dollars to pay for abortion. Joe Biden says he supports elimination of the Hyde Amendment. Joe Biden voted for taxpayer funding of overseas pro-abortion organizations.

Nominations to the U.S. Supreme Court
The fundamental documents of American democracy and freedom, the Constitution and the Declaration of Independence, have given us essential principles to be respected by the courts such as the “unalienable” right to life.

The next president may have the opportunity to appoint one to three justices to the U.S. Supreme Court.

Donald Trump has appointed Neil Gorsuch and Brett Kavanaugh to the U.S. Supreme Court. These appointments are consistent with the belief that federal courts should enforce rights truly based on the text and history of the Constitution.

Joe Biden pledges that his judicial nominees would “support the right of privacy, on which the entire notion of a woman’s right to choose is based.”
The deadly “Quality of Life” ethic

By Wesley J. Smith

Something evil happened recently in Austin. Michael Hickson, a forty-six-year-old African-American man with quadriplegia and a serious brain injury, was refused treatment at St. David’s Hospital South Austin while ill with COVID-19. The hospital withheld his tube-supplied food and water despite the objections of his wife, Melissa—and even though Michael might have survived the illness with the medical care generally provided COVID patients. Michael died on June 11 because his doctors did not believe he had a sufficient “quality of life” to justify curative treatment, and that because of his disabilities, saving his life was “futile.”

Here’s the backstory: In 2017, Michael experienced brain injury after cardiac arrest. He was quadriplegic and had seizures. But he was conscious and, according to Melissa, able to do math calculations and answer trivia questions. Wasn’t his life as precious as everybody else’s? Not according to Michael’s doctors. When Michael became sick with coronavirus, his doctor informed Melissa that treatment would not improve the quality of his life (meaning, he would remain quadriplegic and cognitively disabled if he survived), so the medical team “and the state,” through a court-appointed guardian, had decided all treatment except hospice comfort care should end.

Melissa was unable legally to save her husband’s life by insisting that he receive proper care. Having been appointed Michael’s temporary guardian, she was in a legal struggle with Michael’s sister over his custody, a dispute that predated Michael’s hospitalization. Family Eldercare, a nonprofit agency, had been appointed interim guardian until a final decision could be made about permanent guardianship. Doctors convinced Family Eldercare to approve Michael’s transfer to hospice care even though he was breathing on his own. Michael died of pneumonia after six days on hospice, the withdrawal of artificial nutrition and hydration having no doubt weakened his body’s ability to fight disease. Even without pneumonia, Michael would have soon died of dehydration.

Please note that this wasn’t a case of triage, a sad necessity required by a lack of resources in a time of pandemic emergency. Nor was it a situation of doctor said/wife said. Melissa recorded her conversation with the unnamed physician and posted it on YouTube so we can all hear for ourselves what families in these circumstances too often experience when dealing with the healthcare needs of disabled and elderly patients.

Here’s the substance of the conversation from the YouTube transcript, with my commentary.

**Doctor:** At this point, the decision is, do we want to be extremely aggressive with his care or do we feel like this will be futile? And the big question of futility is one that we always question. The issue is: Will this help him improve the quality of life, will this help him improve anything, will it ultimately change the outcome? And the thought is the answer is no to all of those.

**Melissa:** What would make you say no to all of those?

**Doctor:** We don’t make that decision. However, will it affect his quality, will it improve his quality of life, and the answer is no.

**Melissa:** Why wouldn’t it? Being able to live isn’t improving the quality of life?

**Doctor:** There’s no improvement with being intubated, with a bunch of lines and tubes in your body and being on a ventilator for more than two weeks. Each of our people here have COVID and they are in respiratory failure. They’ve been here for more than two weeks.

A bit later, the doctor says that the decision is not Melissa’s to make.

**Melissa:** So the fact that you are killing someone doesn’t make sense in your mind?

**Doctor:** We don’t think it’s killing. Because I don’t know when or if he will die. But at this point I don’t think it would be humane or
Premature baby who survived COVID  
“is a powerful witness to life”

The celebrated baby boy goes home May 8, two month after delivery, having fought off not just the coronavirus, but also a case of sepsis.

By SPUC—the Society for the Protection of Unborn Children

A baby boy who was born three months prematurely has become the UK’s youngest COVID-19 survivor after beating the virus. The Society for the Protection of Unborn Children has described the baby’s remarkable recovery as “a powerful witness to life”.

“Stories like this show us how strong a baby can be well before birth. Little Emmanuel is a powerful witness to life itself.”

Emmanuel Boateng, from Peckham South London, was born prematurely at just 27 weeks old. After his birth medics noticed Emmanuel was not feeding properly. He was rushed to King’s College hospital in London, where he then tested positive for Coronavirus.

“Praying to God that my little boy was going to be Ok”

Emmanuel’s mother, Evelyn Boateng, was told by medics to leave her tiny baby and go home to quarantine for two weeks.

Mrs. Boateng said: “By then, the cases were just going up and up each and every day… I just stood there watching him and I was like ‘Emmanuel, mummy is leaving you. You are going to be alone but we will always be here in spirit.’

“In that first 24 hours, I was told to prepare for the worst three times. I was on my own in the hospital crying and just praying to God that my little boy was going to OK.”

Joy after two months in hospital

Emmanuel spent almost two months in hospital where he received support from a ventilator to help him breathe and was administered the anti-viral drug, Remdesivir, which is more commonly used to treat patients with Ebola.

After almost two months in hospital, Emmanuel made a remarkable recovery. The tiny baby managed to fight off both the Coronavirus and sepsis. He is the youngest COVID-19 survivor in the United Kingdom.

Mrs. Boateng said that she felt a great sense of joy when she returned to the hospital to be reunited with Emmanuel.

“A happy story among all the deaths at King’s.”

Emmanuel was discharged from hospital and returned home to enjoy life with his family on May 8th, the same date he was due to be born.

Staff from King’s College hospital lined the ward upon Emmanuel’s departure to clap him goodbye.

Mrs. Boateng added: “It is something I will never forget. There was an enormous sense of relief that this was a happy story among all the deaths at King’s.”

Another staff meltdown at a Planned Parenthood affiliate

From page 13

and toxicity that manifested itself at PPGP.”

These two revealing scenarios are independent of what has been written about for the past few years, beginning with when the national office ejected its new President after less than a year. Her “fault”? Leana Wen demonstrated insufficient tunnel vision. She actually thought Planned Parenthood was in the business of providing real health services for women, not promoting abortion at all costs.

Then there was the 2019 piece written by Margaret Brady which asked, “Why Are So Many Employees Leaving Planned Parenthood?” The reasons again included an obsession with the bottom line and less than sterile working conditions. Speaking on condition of anonymity, ex-employees at one clinic talked of clinic managers that wanted to use plastic drinking cups for urine samples and had stopped providing doctors with sterile gloves. The staffers said they’d also been told to start charging women extra for IV sedation during abortions. The higher price would mean some patients either had to postpone their abortions to save up more money (resulting in a more costly termination later in pregnancy) or suffer through without sedation.

In 2018, PPFA was accused of mistreating pregnant employees!

This is just the tip of the iceberg. Remember this the next time PPFA tout’s its “concern” for women.
these laws appealed to the Supreme Court in the hope that Trump’s justices will vote to overturn Roe v. Wade. It’s wrong. It’s pernicious. And, we have to stop it. As President, I will codify Roe v. Wade and my Justice Department will do everything in its power to stop the rash of state laws that so blatantly violate a woman’s protected, constitutional right to choose.

By contrast, Trump campaign spokeswoman Ali Pardo said, “States should have the ability to regulate medical procedures, including abortions, to protect the health and safety of their citizens. Instead, five unelected Supreme Court Justices decided to insert their political agenda in place of democratically determined policies.” President Trump spoke at the 2020 March for Life (the first President ever to attend in person) and said this (in part):

All of us here today understand an eternal truth: Every child is a precious and sacred gift from God. Together, we must protect, cherish, and defend the dignity and sanctity of every human life.

When we see the image of a baby in the womb, we glimpse the majesty of God’s creation. When we hold a newborn in our arms, we know the endless love that each child brings to a family. When we watch a child grow, we see the splendor that radiates from each human soul. One life changes the world. From my family — and I can tell you, I send love and I send great, great love.

And from the first day in office I’ve taken a historic action to support America’s families and to protect the unborn. And during my first week in office, I reinstated and expanded the Mexico City Policy, and we issued a landmark pro-life rule to govern the use of Title X taxpayer funding.

I notified Congress that I would veto any legislation that weakens pro-life policies or that encourages the destruction of human life.

At the United Nations, I made clear that global bureaucrats have no business attacking the sovereignty of nations that protect innocent life.

Unborn children have never had a stronger defender in the White House. And as the Bible tells us, each person is “wonderfully made.”

The following are quotes indicating President Trump’s and former Vice President Biden’s position on abortion. It represents an overview of what they have done and/or plan to do:

President Trump has proven his pro-life commitment by his actions. As president he has appointed pro-life advocates in his cabinet and administration, restored and then expanded the “Mexico City Policy,” and pledged “to veto any legislation that weakens current pro-life federal policies and laws, or that encourages the destruction of innocent human life.”

Joe Biden supports the current policy of abortion on demand. Joe Biden voted for the Harkin Amendment to endorse Roe v. Wade, which allows abortion for any reason. Joe Biden supports the Democrat platform of unlimited abortion through birth paid for by taxpayers.

Pain-Capable Unborn Child Protection Act

The Pain-Capable Unborn Child Protection Act would prohibit abortions after the unborn child is capable of feeling pain from abortion.

In his 2019 State of the Union speech, President Donald Trump called on Congress to “pass legislation to prohibit the late-term abortion of children who can feel pain in the mother’s womb.”

When asked about prohibiting abortions after 20 weeks when the unborn child can feel pain, Biden said, “I’m not going to interfere with that.” Biden is so extreme he criticized the U.S. Supreme Court majority for upholding the Partial-Birth Abortion Ban Act in 2007. The Act banned a particular horrific abortion “technique.”

Taxpayer Funding of Abortion

President Trump opposes using tax dollars to pay for abortion. His administration issued regulations to ensure Title X funding does not go to facilities that perform or refer for abortions. He also cut off funding for the UNFPA due to their involvement in China’s forced abortion program. The President supports the Hyde Amendment which by cutting off virtually all federal funding of abortion has saved more than two million lives.

Joe Biden supports using tax dollars to pay for abortion. In 2020, Biden flip-flopped on the Hyde Amendment which he now wants abolished. However Biden is consistent on taxpayer funding of overseas pro-abortion organizations: he is all in favor of taxpayer funding of overseas pro-abortion organizations.

Nominations to the U.S. Supreme Court

The fundamental documents of American democracy and freedom, the Constitution and the Declaration of Independence, have given us essential principles such as the “unalienable” right to life which must be respected by the courts. Those principles were violated in Roe v. Wade.

With two justices in their 80s and two in their 70s, the next president may have the opportunity to appoint several justices to the U.S. Supreme Court.

In his first term, President Trump nominated Neil Gorsuch and Brett Kavanaugh to the U.S. Supreme Court. In spite of frenzied pro-abortion opposition, they were confirmed. These appointments are consistent with the President’s belief that federal courts should enforce rights truly based on the text and history of the Constitution.

Biden pledges that his judicial nominees would “support the right of privacy, on which the entire notion of a woman’s right to choose is based.”

The 1973 Roe v. Wade and Doe v. Bolton Supreme Court decisions legalized abortion on demand throughout the United States, resulting in more than 61 million abortions. As we approach November 3, we know that the stakes could not be higher.


Please share this important information.
The Supreme Court’s disastrously wrong decision in June Medical Services, L.L.C. v. Russo

By Dave Andrusko

After plowing through the Supreme Court’s 5-4 decision in June Medical Services, L.L.C. v. Russo, I offered four takeaways at National Right to Life News Today. In this story for our July monthly edition of National Right to Life News, I’d like to build on what I wrote about the thoughtful, fact-based dissents of Justices Clarence Thomas and Samuel Alito.

In this story, I’ll also offer some additional thoughts based on the dissents of President Trump’s two appointees—Justice Neil Gorsuch and Justice Brett Kavanaugh.

By way of review… Justices Thomas and Alito covered an enormous amount of ground, and I could only address some of their numerous insights and critiques.

Since Roe v. Wade “created the right to abortion out of whole cloth, without a shred of support from the Constitution’s text,” Thomas wrote, “Our abortion precedents are grievously wrong and should be overruled. Because we have neither jurisdiction nor constitutional authority to declare Louisiana’s duly enacted law unconstitutional, I respectfully dissent.”

Justice Alito proved beyond a shadow of a doubt that the abortionists’ tale of woe (how they had made attempts to secure admitting privileges in “good faith” but unsuccessfully) was not supported by the record. In truth, they had all the incentive in the world not to secure admitting privileges at a local hospital.

As he put it, “If these doctors had secured privileges, that would have tended to defeat the lawsuit.”

Justice Alito quoted from particularly damning e-mails from “Doe 2” [one of the unnamed abortionists] who “only half-heartedly applied for privileges, did so on the advice of counsel, and calculated that an outright denial would be best for his legal challenge.”

All of this, and much more, illustrated how phony-baloney the assertions of “good faith” efforts actually were.

They help keep us in our constitutionally assigned lane, sure that we are in the business of saying what the law is, not what we wish it to be.

Today’s decision doesn’t just overlook one of these rules. It overlooks one after another. And it does so in case touching on one of the most controversial topics in contemporary politics and law, exactly the context where this Court should be leaning most heavily on the rules of the judicial process. In truth, Roe v. Wade is not even at issue here.

The real question we face concerns our willingness to follow the traditional constraints of the judicial process when a case touching on abortion enters the courtroom.”

Without using the phrase, this is the “Abortion Distortion” that the late Justice Antonin Scalia wrote about so tellingly. In its June decision the Court majority refused to apply the same rules of decision-making that it does in other cases.

Two other quick considerations from Justice Gorsuch’s dissent. First, in 2014 the Louisiana legislature was not singling out the Abortion Industry. Act 620 merely applied to them what already applied to everyone else.

In Act 620, Louisiana’s legislature found that requiring abortion providers to hold admitting privileges at a hospital within 30 miles of the clinic where they perform abortions would serve the public interest by protecting women’s health and safety. Those in today’s

See “Wrong,” page 45
Lone Missouri abortion clinic receives one-year license, state considers whether to appeal administrative hearing judge’s ruling

By Dave Andrusko

On June 25, nearly a month after a state administrative hearing judge ruled that Missouri’s lone abortion provider had demonstrated it meets the requirements for renewal of its license, the Missouri Department of Health and Human Services issued the Planned Parenthood Reproductive Health Services of the St. Louis Region a one-year license through 2021.

“Planned Parenthood has demonstrated that it provides safe and legal abortion care,” Administrative Hearing Commissioner Sreenivasa Rao Dandamudi wrote on May 29. “In over 4,000 abortions provided since 2018, the Department has only identified two causes to deny its license.”

Yamelsie Rodriguez, president and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region, said the new license “still cannot undo the harm that longstanding medically unnecessary policies in our state inflict on patients.”

The battle over the clinic’s license goes back over a year, as after a four-day hearing in October.

The state argued the clinic had failed to address a number of serious deficiencies found by the state during an annual inspection, including botched abortions. Read the following from the Post-Dispatch story and see how the abortion clinic and Dandamudi maneuvered around the obvious:

A March 2019 inspection, for example, found that a woman had undergone an abortion that took five attempts to complete. The health department investigated other instances when women underwent multiple procedures to complete an abortion and found four.

In one of the cases, the patient had to return for a second procedure because, Dandamudi wrote, it was likely she was pregnant with twins and only one had been aborted. Planned Parenthood officials said the other twin might have been missed because the patient was “morbidly obese.”

Susan Klein, Missouri Right to Life Executive Director, placed the abortion clinic’s action in context.

“Over the years, this Planned Parenthood has broken Missouri laws and has put women at risk with their multiple recurring infractions,” she said. “They say they are targeted when the fact is that they are the law breakers. They put women’s safety and health at great risk. In essence, Administrative Commissioner Dandamudi has negated any oversight of the abortion industry.”
The Room that Shouldn’t Exist

By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

P.O.C. Three little letters. Do they mean anything to you? In the eyes of some, that’s all we really are. Products of Conception.

Did you know that there is a special room at every abortion center called the POC lab? It’s where abortion workers literally piece back together an aborted child, reassembling his torso, legs, arms, and head to make sure that the entire baby was suctioned from the mother’s uterus. If every part of the baby is not accounted for, a remaining piece in the mother may cause infection and potentially death.

Former abortion worker turned pro-life activist Abby Johnson says that workers at her clinic would joke that the room was called the Pieces Of Children lab.

How can anyone joke about reassembling a tiny human like a jigsaw puzzle? Or actually do it? Can they not see the clearly human features? Can they not see the life that once was? The life that existed just moments earlier but was violently ended by the flip of a switch? Not if you’ve been schooled in dehumanization.

That is the lesson that the abortion industry teaches. They use the pronoun “it” to refer to a baby in the fetal stage of life rather than “he” or “she.”

They minimize pre-born life as “a clump of cells,” even though ALL of us are really just a “clump of cells.”

They call actual heartbeats “cardiac pulsations.”

It’s a crafted language that transforms a who into a what—and in the process, numbs the conscience to the act of destroying vulnerable life. And to piecing it back together.

In her expose on the abortion industry, The Walls Are Talking, Johnson tells the story of Angie, a woman getting her ninth abortion. Even the jaded staff was dismayed by her carefree attitude and smile. For whatever reason, after the abortion Angie asked to see “it.” Breaking with protocol, a worker retrieved the dish from the POC lab and brought it to Angie.

As she peered into the dish, her smile faded. She did not expect to see a little human put back together. Her little human. Her baby. Suddenly, the truth of abortion became crystal clear to her. The shock sent Angie to her knees and into an inconsolable wail. Abortion workers moved her to another room so she wouldn’t alarm the other women getting abortions.

How many Angies are there, blinded to the humanity of life within, misled by the profit-driven abortion lobby in believing their own child is disposable, and then awakened to the lie? Tragically, too many.

Let eyes be opened and truth be known.

Let’s work for the day when all women are given life-affirming options, and when all life is safe from harm in the sanctuary of the womb.

Let P.O.C. no longer stand for Product of Conception or Pieces of Children, but rather Protection Of Children, born and unborn.
When Megan Hayes was born in 1980, her parents were told they would only have weeks or months with their daughter. Her mother, Sara, told the local news in Oklahoma City, Oklahoma, “When Megan was born, she immediately went to the NICU. I didn’t get to see her at all until the next day, and that was looking through the window.”

She explained that Megan’s medical team did extensive testing and “called us back in and said she’s got trisomy 18 and said just take her home she will probably die within four months.”

Trisomy 18 is a rare, often life-limiting genetic condition. Babies born with Trisomy 18 sometimes have severe congenital heart defects and other issues that can be difficult to address. Sadly, for babies with Trisomy 18 who may be a good candidate for life-saving surgery, parents often have to fight for surgery and babies with Trisomy 18 are wrongly described as “incompatible with life.”

Megan was born with a healthy heart, but her medical team diagnosed other problems and prepared the family to have only a very brief time with their daughter. Megan’s father, Ron, recalls, “Each day you are wondering what’s going to trigger this? What’s going to cause her to die?”

Despite the predictions, Megan continued to grow and meet many milestones. Her mother says, “I think when she lost her first tooth I almost cried.” All these years later, the Hayes continue to find great joy in their daughter’s life. Ron told the news, “It’s a delight. She wakes up every morning happy, smile on her face.” Her mother added, “She’s eager to please.”

Now at age 40, Megan is believed to be the oldest living person with Trisomy 18 in the United States and the second oldest in the world. The Hayes’ story has been an inspiration to families around the world fighting for proper treatment, care, and therapies for their children with Trisomy 18.

Many families who receive a diagnosis of Trisomy 18 before birth are pressured to end their child’s life in abortion as many doctors mistakenly continue to believe that such children are “incompatible with life” or will have “no quality of life.”

Ron assures other parents, “It’s not a death sentence for having a child like this.” Ron and Sara have made advocacy for other Trisomy parents a big part of their life and serve as co-chairs for the Oklahoma Chapter of the Support Organization For Trisomy. Sara says, “These kids really are living, and they are doing these things.”

Megan has no shortage of joy in her life. Her infectious laughter is easily provoked. She enjoys when her mother reads books, watching sports with her dad, and going to church on Sundays. According to the news report, Megan even graduated from high school.

As more parents fight for the lives of their children with Trisomy 18, we will likely see other children with the condition far surpassing doctors’ predictions. In Megan’s case, her medical team has no explanation. Sara says, “The doctors don’t know what to tell us.” The Hayes don’t feel the need for any explanation, accepting that their daughter’s life will never be fully understood. “She’s a miracle, I don’t know how else to explain it,” said Sara.

Although many babies with Trisomy 18 respond to surgery and therapy, some babies with the condition will not have a long life due to the complications that can arise. Even in these cases, the child’s life is no less precious and she or he deserves the opportunity to be born and live as long as naturally possible. Charitable organizations are raising awareness and providing aid to parents in this difficult and heart-breaking position. Hope and healing are possible, and abortion is not the answer.
Supreme Court victory protects the right of the Little Sisters of the Poor “to serve the elderly without violating our faith.”

From page 1

The justices dissolved the nationwide injunction and sent the case back to a lower court. (More about that below.)

The Becket Fund for Religious Liberty aptly summarized the decision:

WASHINGTON – The Supreme Court ruled in favor of the Little Sisters of the Poor 7-2 today, allowing them to continue serving the elderly poor and dying without threat of millions of dollars in fines. In Little Sisters of the Poor v. Commonwealth of Pennsylvania, the Little Sisters made their third trip to the Supreme Court... Today's ruling grants them protection to freely serve the elderly poor without violating their conscience.

While the vote was 7-2, Justice Kagan filed an opinion joined by Justice Breyer which invites further future challenges. As legal scholar Amy Howe wrote, Kagan “agreed with the result that the majority reached, but not with its reasoning.”

[S]he noted that when the cases return to the lower courts, those courts will have to address an issue that neither they nor the Supreme Court have previously reached: Whether the exemptions are “arbitrary and capricious” – that is, the product of reasoned decision-making. And, she suggested, “the exemptions HRSA [Health Resources and Services Administration] and the Departments issued give every appearance of coming up short” because they are too broad. For example, Kagan suggested, “even publicly traded corporations” can “claim a religious exemption,” as can employers “with only moral scruples.”

But that’s for another day. Justices Thomas and Alito, the judicial workhorses in this case, offered powerful arguments why (as Thomas concluded), We hold today that the Departments had the statutory authority to craft that exemption, as well as the contemporaneously issued moral exemption. We further hold that the rules promulgating these exemptions are free from procedural defects. Therefore, we reverse the judgment of the Court of Appeals and remand the cases for further proceedings consistent with this opinion.

In his concurring opinion (joined by Justice Gorsuch), Justice Alito warned the case in a different form would back before the High Court:

We now send these cases back to the lower courts, where the Commonwealth of Pennsylvania and the State of New Jersey are all but certain to pursue their argument that the current rule is flawed on yet another ground, namely, that it is arbitrary and capricious and thus violates the APA. This will prolong the legal battle in which the Little Sisters have now been engaged for seven years—even though during all this time no employee of the Little Sisters has come forward with an objection to the Little Sisters’ conduct. I understand the Court’s desire to decide no more than is strictly necessary, but under the circumstances here, I would decide one additional question: whether the Court of Appeals erred in holding that the Religious Freedom Restoration Act (RFRA) does not compel the religious exemption granted by the current rule. If RFRA requires this exemption, the Departments did not act in an arbitrary and capricious manner in granting it.

Alito added
And in my judgment, RFRA compels an exemption for the Little Sisters and any other employer with a similar objection...

For her part, Justice Ginsburg was (not to put too fine a point on it) bitter. In her dissent (which Justice Sotomayor joined), she wrote
In accommodating claims of religious freedom, this Court has taken a balanced approach, one that does not allow the religious beliefs of some to overwhelm the rights and interests of others who do not share those beliefs. Today for the first time, the Court casts totally aside countervailing rights and interests in its zeal to secure religious rights to the nth degree.

Perhaps to Justice Ginsburg this modest accommodation to religious freedom smacks of zealotry, but not to the rest of us. Let me close with two quotes.

The first is from Mother Loraine Marie Maguire of the Little Sisters of the Poor, who said, “We are overjoyed that, once again, the Supreme Court has protected our right to serve the elderly without violating our faith.”

The second is from Mark Rienzi, president of Becket. “America deserves better than petty governments harassing nuns. The Court did the right thing by protecting the Little Sisters from an unnecessary mandate that would have gutted their ministry.”
The respective responses to the Supreme Court’s June Medical Services, L.L.C. v. Russo decision from the pro-life Trump Administration and the eager-to-please-the-abortion-establishment Joe Biden came as no surprise. One laments that the High Court could not accept even the very modest—but very necessary—requirement that abortionists have admitting privileges at a hospital within 30 minutes of where they are annihilating unborn child—the other celebrates the 5-4 decision and promises more of the same if he gets to choose future Supreme Court justices.

Kudos to Newsweek’s Elizabeth Crisp for assembling them.

“States should have the ability to regulate medical procedures, including abortions, to protect the health and safety of their citizens. Instead, five unelected Supreme Court Justices decided to insert their political agenda in place of democratically determined policies,” Trump campaign spokeswoman Ali Pardo said.

“This case underscores the importance of re-electing President Trump, who has a record of appointing conservative judges, rather than Joe Biden, who will appoint radical, activist judges who will legislate from the courts,” the statement said.

White House Press secretary Kayleigh McEnany said

“Instead of valuing fundamental democratic principles, unelected justices have intruded on the sovereign prerogatives of State governments by imposing their own policy preference in favor of abortion to override legitimate abortion safety regulations.”

How about pro-abortion former Vice President Biden? Let’s break his statement into three parts and see what he is saying in each.

“Women’s health care rights have been under attack as states across the country have passed extreme laws restricting women’s constitutional right to choice under any circumstance. Today, the U.S. Supreme Court reaffirmed that states cannot put in place laws that unduly burden a women’s right to make her own health care decisions with her doctor,” Biden said in a statement.

“Unduly burden a women’s right to make her own health care decisions with her doctor.” Really? Many abortionists fly in to abort dozens and dozens of babies in a single day. Do they even know the women’s names? Have they ever spoken to them? Is it “unduly burdening” the right to abort to ensure that if there are complications, the abortionist can be admitted at the local hospital to see what’s he done wrong?

“But let’s be clear: Republicans in state legislatures will stop at nothing to get rid of Roe—and we have to be just as strong in our defense of it. They are trying to get these laws appealed to the Supreme Court in the hope that Trump’s justices will vote to overturn Roe v. Wade, Biden continued.

I’m just speculating here, but when pro-abortion activists were using the courts to bypass state legislatures to win an abortion on demand will do everything in its power to stop the rash of state laws that so blatantly violate a woman’s protected, constitutional right to choose,” he said.

“Codify[ing] Roe v. Wade” is AbortionSpeak for obliterating any and all limitations as well as joyfully picking the public’s pockets to pay for elective abortions. Using the Justice Department is another idea that is gaining currency in the other rings of the fringiest pro-abortion circles. Who knows what that means specifically, but the gist is clear: use the unlimited resources of the federal government to harass duly elected legislators who pass laws a President Biden would want trampled.

Still another illustration of what is on the line come November 3.
Deep fissures exposed in pro-abortion movement over exclusion and racism

By Dave Andrusko

As an outsider, I can only read about the inner turmoil within what pro-abortionists like to call “the reproductive rights movement.” But it’s real and, according to Renee Bracey Sherman, writing in Rewire News, women of color have long complained to the overwhelmingly White leadership about exclusion and racism.

The immediate spur for new attention to old grievances was, of course, the removal of Laura McQuade, who is white, as CEO of Planned Parenthood of Greater New York, PPFA’s largest affiliate. Her board, which initially stood by her, wilted under a torrent of red-hot criticism, including charges of abusive behavior, racism, and financial mismanagement.

Among the fiery comments made in an “Open Letter,” was that PPFA was founded by Margaret Sanger, whom over 300 current and former staffers labeled “a racist, white woman.”

We wrote about that twice and then about a New York Times story, the subhead of which read, “Some Gen Z and millennial women expressed mixed feelings about the fight over abortion rights, viewing it as important but less urgent than other social justice causes.”

The interviewees were young “progressive” Black and brown women who explained to Emma Goldberg of the New York Times (as Sherman writes) “why the fight for abortion access does or does not speak to them.”

We pick up here on Sherman’s scorching denunciation of the White leadership of the Abortion Establishment.

“The New York Times piece was only the latest in a litany of critiques Black and brown people have offered the reproductive rights movement over the past few weeks,” she writes. “Last month the Daily Beast published a series of reports describing how young Black and brown women were pushed out of leadership at the National Organization for Women (NOW) and experienced racism within the group’s ranks.”

It’s a long piece running under the headline “Black and Brown Critique Is a Gift. Will White Abortion Advocates Listen?” and is very much worth reading. Let me offer just one more quote from Sherman:

Reproductive rights organizations cannot continue to depend on and point to reproductive justice organizations’ work to absolve them of their archaic framework, as their presence, dripping in whiteness, looms large and refuses to make space for Black and brown people to see ourselves in this movement that is rightfully ours.

The critique in the New York Times piece cuts sharp, but that’s because it’s an accurate indictment of how our movements have been operating and failing to truly serve Black and brown workers or patients.

In a post written for NRL News Today, I argued it was as if Sherman and people like her are looking through the wrong end of a telescope.

“Abortion access,” the be-all and end-all, is a two-edged sword. To these ‘progressives,’ it’s like a talisman with quasi-mystical powers.

Looked at from a different vantage point, however, women of color already have plenty of access. The result is, given their percentage of women of child-bearing age, they already have wildly disproportionate numbers of abortions.

Should being able to kill even more babies really be seen as a sign of “progress”? 
The Supreme Court dealt a devastating blow to low-income women by siding with the abortion industry

By Sarah Zagorski

When the U.S. Supreme Court struck down Louisiana’s Act 620, the Unsafe Abortion Protection Act, Chief Justice John Roberts concurred with four others in the majority opinion that the law was unconstitutional because it places an undue burden on a woman’s constitutional right to abortion.

Act 620 simply required doctors who perform abortions to have admitting privileges at a local hospital to ensure women receive continuity of care in the event complications arise.

The concept of “undue burden” was introduced in the 1992 Supreme Court Case Planned Parenthood vs. Casey, whereby the court decided that states could put restrictions on abortion as long as they didn’t become a “substantial obstacle” to a woman’s constitutional right to the procedure.

Ever since, national abortion groups have used this standard to block reasonable abortion regulations. In Louisiana, abortion proponents argued that laws such as Act 620 disproportionately affect low-income women. Poor women don’t have the resources to take off work and travel across state to a qualified practitioner, they argue.

But they cleverly forget to mention that it is precisely low-income women who are the ones disproportionately affected by sloppy abortion physicians because these women are the most vulnerable in crisis. I know this to be true based on my own mother’s experience with abortion.

When I was a young girl, my birth mother, an immigrant from Honduras, explained to me that she sought the help of New Orleans abortion physician Dr. Ifeanyi Okpalobi during her pregnancy with me in 1990. She had been referred to him by a friend because his costs were low. She cushioned the truth of her choice to pursue abortion by emphasizing what she knew about him — that he was a cheap doctor who was known for helping poor women like her.

Long after I survived the abortionist’s attempt to leave me for dead following a premature delivery at 26 weeks, I learned the grim truth about his abortion practice. Dr. Okpalobi’s clinic, Gentilly Medical Clinic for Women in New Orleans, was being investigated by the Louisiana Medical Board just a year prior, in 1989, for performing a botched abortion procedure wherein he left the remains of an aborted fetus in a woman’s uterus, leading to several subsequent surgeries.

By the time his clinic was closed, Dr. Okpalobi had left a trail of injured women behind him, as cited in one of the Amicus Curiae filings in the recent Supreme Court case. Many today might argue that my mother’s doctor was an outlier and that women now have better healthcare options when contemplating abortion. That isn’t true — especially not in Louisiana, home to an abortion clinic with an extensive history of injuring women in unsafe abortions.

Most recently, in March 2019, a woman at Delta Clinic of Baton Rouge had to undergo a total hysterectomy simply because the clinic didn’t have IV fluids, a basic medical necessity, on hand. The doctor who performed the abortion was not the doctor who handled the complications. Instead, the woman was treated by emergency room physicians.

This week’s decision by the Supreme Court is no victory for low-income women. Women like my mother are in need of protection from an abortion industry that recognizes their vulnerability can be used for profit. This decision, in fact, will set women back decades, to a time where powerful individuals, such as doctors and judges, wield power over vulnerable populations because no one, not even the highest court in the land, will protect them.

I shudder to think what will happen next with doctors performing abortions with the comfort and approval of the Supreme Court allowing them to practice without common-sense regulations on women in horrendous circumstances: women running from domestic violence, women lacking food for their families, and women who like my mother, simply have no ability to speak for themselves.

Sarah Zagorski is the New Orleans director for Louisiana Right to Life. She was rescued from abortion in 1990 and went on to spend nearly eight years in the Louisiana Foster Care System prior to her adoption at age 9. This story appeared in the Washington Examiner and is reposted with the author’s permission.
Roger Hickson, from being pushed to a life of food and water.

Medical decisions for them should be of sufficient quality, the ethic is deadly. When doctors fail to recognize life itself as a good, and only deem as “good” those lives they perceive to be of sufficient quality, the weak and vulnerable are put at material risk.

Finally, our societal attitudes need adjusting. Rather than upholding a quality of life ethic, we should insist that society generally—and medicine specifically—adhere to the sanctity/equality of life ethic, according to which everyone is considered equally valuable and worthy of living and care. This ethic would not force people to endure unimaginable pain; no matter how undeniable the baby matter how late in pregnancy; no matter how frivolous the justification.

Remember that when the media tells us about “good old Joe.”
By Dave Andrusko

To the surprise of absolutely no one, District Court Judge Mitchell Turner has granted Planned Parenthood of the Heartland a temporary injunction preventing enforcement of Iowa’s new law requiring a 24-respite before having an abortion. The informed consent law, signed by pro-life Gov. Kim Reynolds on a Monday afternoon, was put on hold the next day until the lawsuit is settled.

Judge Turner concluded that Planned Parenthood has “established a likelihood of success,” according to Stephen Gruber-Miller of the Des Moines Register, “on its claim that the law was passed unconstitutionally by being added to an unrelated piece of legislation at the last minute.”

The state put up a vigorous defense at the hearing in front of Judge Turner. “Assistant Iowa Attorney General Thomas Ogden, who represented Reynolds, the Iowa Board of Medicine and the state of Iowa, argued that Planned Parenthood has not met the legal threshold to block the law from taking effect while the challenge continues to be argued,” Gruber-Miller reported. “When somebody comes in and asks to block what the Legislature, the elected representatives of the people, have done, they have a high burden that they have to meet in order to convince the court do that,” he said. “And we don’t think that they’ve done that here.”

Ogden also argued Planned Parenthood hadn’t made a strong enough case for why it should be allowed to bring the lawsuit, rather than allowing a woman seeking an abortion to sue directly.

But Judge Turner was unpersuaded, which brought cheers from the Abortion Industry. “We’re glad that patients can seek abortion care without the burden of a state-mandated delay and extra appointment,” Erin Davison-Rippey, Iowa executive director of Planned Parenthood North Central States, said. However Gov. Reynolds hailed the legislature’s commitment to protecting the unborn. “I am proud to stand up for the sanctity of every human life,” she said. “Life is precious, life is sacred, and we can never stop fighting for it. I applaud the Iowa lawmakers who had the courage to stand strong and take action to protect the unborn child.”

The bill passed as the legislative session came to an end in mid-June. The state House vote in favor was 53-42 while the margin in the state Senate was almost exactly two-to-one: 31-16.

This is not the first time Iowa has had a law requiring a waiting period on the books. In 2017, Iowa passed a law requiring that women wait 72 hours before having an abortion, be given the opportunity to view an ultrasound scan, and be provided with information about alternatives.

The following year, the Iowa Supreme Court overturned the law in a decision written by Chief Justice Mark Cady. However there has been considerable turnover in the seven-member Iowa Supreme Court since 2018. “Reynolds, a Republican, has appointed four new justices to the court, replacing two Democrat-appointed justices and two Republican-appointed justices,” according to Sam Sides. “Republican governors have now appointed six of the court’s members.”

In explaining the reasoning behind the 24-hour waiting period, Rep. Shannon Lundgren, the bill’s floor manager, said, “24 hours is not an unreasonable amount of time to think about a decision that impacts more than just one life.”
An overview of the current Senate battleground map

From page 4

Act, the Born-Alive Abortion Survivors Act, and both of President Trump’s Supreme Court nominees, Gorsuch and Kavanaugh.

Perdue faces Jon Ossoff, a pro-abortion Democrat who lost a special election in Georgia’s 6th Congressional district in 2017. Ossoff is backed by Planned Parenthood, the nation’s largest abortion provider.

He noted that he “will only vote to confirm judges who commit to upholding Roe v. Wade.” Ossoff even cited that his motivation to run for Senate was in part to fight back against pro-life efforts in Georgia and nationally.

Due to Georgia’s system, a special election will take place on November 3, 2020, to finish out Sen. Isakson’s term. All candidates, regardless of party, will be placed on the same ballot. If no candidate receives more than 50% of the vote, the top two finishers will advance to a runoff election, which will be held on January 5, 2021.


Rep. Doug Collins has a 100% pro-life score with National Right to Life.

The leading Democrat appears to be pro-abortion Rev. Raphael Warnock. Planned Parenthood, the nation’s largest provider, is supporting Rev. Raphael Warnock, calling him a “dedicated champion” for abortion.

Iowa

One of the U.S. Senate’s most prominent pro-life women is up for re-election in 2020 – Sen. Joni Ernst (R) of Iowa. Ernst has maintained a 100% pro-life rating during her term in the Senate, voting in favor of the Pain-Capable Unborn Child Protection Act, the No Taxpayer Funding for Abortion Act, the Born-Alive Abortion Survivors Protection Act, and both of President Trump’s nominees to the U.S. Supreme Court – Justice Gorsuch and Kavanaugh. She is endorsed by National Right to Life.

Her opponent, Theresa Greenfield (D), attempted to run for Congress in Iowa’s 3rd District in 2018 but was removed from the primary ballot after her campaign manager admitted to forging signatures to meet the quota needed to run. Greenfield is backed by EMILY’s List, a political action committee dedicated to electing Democratic women who support abortion without limits, and NARAL Pro-Choice America. This race is currently rated as Leans Republican.

See “Senate,” page 43
The pro-life movement: a bright, bold, beautiful light in a time of darkness

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

The darkness of these days can seem overwhelming at times. COVID-19 continues to claim thousands of casualties… civil and political unrest haunts our streets… violence claims the lives of innocent children.

And yet, we know from both Scripture and science that darkness cannot overcome light. And that is what the pro-life movement is: a bright, bold, beautiful light for our times.

The pro-life movement provides the light for a pregnant woman struggling through the darkness of difficult economic challenges.

Pro-life advocates provide light and love to the frail elderly who are in danger of being tempted by the lure of assisted suicide or ignored by medical bureaucrats who do not value their lives.

Pro-lifers shed light on the troubling issues of our day, pointing public officials onto a better path which reveres the sanctity of life before all else.

Pro-life women offer the light of truth in a culture which falsely claims that abortion is a freeing experience. These courageous female leaders attest to the undeniable fact that abortion kills preborn babies and harms women in a multitude of life-altering ways.

Pro-life men shine a light on the responsibilities of fatherhood and the indescribable pain men who receive a dire prenatal diagnosis. They can provide support during the most trying circumstances.

Pro-life journalists enlighten us on a daily basis, pointing out the falsehoods of the abortion industry reported as “fact” by compliant media.

Pro-life doctors and nurses light the way for parents experience when their preborn children are aborted.

Pro-life lawyers shine a beam of hope, illuminating the path forward to overturning the tragic U.S. Supreme Court Roe v. Wade decision.

Pro-life public servants provide light in the White House, the halls of Congress, and the corridors of state Capitols, enacting policies which protect preborn children, their mothers, people with disabilities, and older Americans from harm.

We will, of course, experience legal and political disappointments along the way, as we did Monday with the tragic Supreme Court decision. But the light of the pro-life movement cannot be distinguished and will continue to burn brightly in 2020 and beyond.
On July 1, 2020, pro-life laws that took years to establish in Virginia’s code were ripped away as the new laws passed in the 2020 General Assembly go into effect. Pro-abortion groups will have much to celebrate, but the babies and mothers of Virginia will be left with no protection from the lies they are told by abortionists and the deadly reality of what abortion does to their children.

The right of Virginia women to be given full information before they get an abortion and the chance to view an ultrasound of their living unborn baby will no longer be required in the Commonwealth. Abortionists will not be required to provide to the mother documents from the Department of Health regarding risks of abortion, fetal development, or her legal rights if she is in danger. She will not be given 24 hours to consider this information and make a-life affirming decision for herself and her child; instead the abortionist can legally keep her in the dark and add to the pressure to abort her baby.

As of July 1, nurse practitioners will be allowed to perform abortions. The plan among abortion groups is to be able to do more abortions because many younger doctors do not want to be abortionists. There is a goal of using chemical abortion more and more often even though these methods can lead to heart attack, hemorrhage, and death for the women that take these drugs. Another portion of the new law removes all clinic regulations as well, proving that the current leadership in the General Assembly are committed to paying back campaign debts to Planned Parenthood.

During the debate in the 2020 General Assembly Senator Jen Kiggans (R-Virginia Beach), who currently practices as a nurse practitioner, passionately decried the change in the law that expands who can perform abortions. She rightly pointed out that allowing non-physician providers to perform abortions opens the door to complications with dreadful repercussions.

“As these new laws go into effect today, I reaffirm my position against the harmful expansion of abortion access and stand by my statement that they are not in the best interest of women nor women’s health” — Senator Jen Kiggans

In the House of Delegates, Del. Kathy Byron (R- Bedford/Lynchburg) spoke passionately to the recklessness of removing these longstanding, rational laws. She was in the House of Delegates in 2001 when the original Women’s Right to Know law passed, and she was the patron of the Ultrasound law passed in 2012. “Effectively, the law sacrifices the health, safety, and rights of pregnant women, prioritizing the interests of the abortion industry over those of Virginia women,” she said. “Having sponsored the law that required abortion clinics meet established medical safety standards and the law that guaranteed women the right to see the results of all tests performed on them prior to an abortion, the repeal of these measures is especially disheartening. But, led by a governor who publicly expressed his disregard for life in advocating post-birth abortions, Virginia Democrats have enacted laws that encourage abortions to the detriment of women’s health.” — Delegate Kathy Byron

In 2019, Planned Parenthood, NARAL, and pro-abortion leaders in the General Assembly announced their plans to strip away all of Virginia’s pro-life laws if they got control of the General Assembly. Now that they have it this is just the first step in their radical agenda.

Next year we know they will attack more of our rational life-saving laws, including the Parental Consent law, but the biggest threat of all is the proposed Constitutional Amendment. This so-called reproductive liberty amendment is nothing more that, an unchecked right to abortion. If they are successful, no pro-life law will ever be passed in Virginia again. Please help VSHL stand up and defend the Right to Life. Please forward this email to your pro-life friends and family members, and ask that they sign our petition against the Right-to-Abortion Constitutional Amendment.
Quadriplegic COVID-19 Patient Starved by Texas Doctor because of his Disability

By Texas Right to Life

Michael Hickson, a 46-year-old COVID-19 patient, was starved and left without adequate treatment for his illnesses at St. David’s South Austin Medical Center. His wife, Melissa, says the hospital refused to treat his illnesses because of his disability.

Michael Hickson became quadriplegic due to receiving CPR after he went into sudden cardiac arrest while driving Melissa to work in May 2017. Melissa and their five children stayed by Michael’s side throughout his recovery. He landed back in the hospital in 2020 after contracting COVID-19 and pneumonia from a staff member at his nursing home.

Michael was conscious and alert but could not communicate verbally. He responded to jokes, shook his head, and puckered his lips on a FaceTime call when Melissa requested a kiss. Melissa asked if she could pray with her husband and their children, to which he nodded “yes.”

But the doctor soon told Melissa her husband would be placed in hospice against her will. In a recorded conversation, the St. David’s doctor told another family member were litigating in court who would be Michael’s permanent guardian, a judge named an Austin-area organization called Family Eldercare as temporary guardian over Michael. Family Eldercare granted the doctor’s orders to not treat Michael and instead place him in hospice. Alarmingly, the doctor reiterated the scary reality that she had zero say in whether her husband lived or died. The doctor told Melissa, “but at this point, we are going to do what we feel is best for him along with the state and this is what we decided… this is the decision between the medical community and the state.”

Michael was left without food or treatment for six days despite Melissa’s will to save her husband. He passed away from the untreated illnesses on June 11, 2020.

Now, Melissa and her children grieve their beloved husband and dad. Melissa stated, “I’m struggling to understand how and why this could ever happen. I lost my best friend, my better half, the other half of my heart.” She continued:

I was stripped of my rights as a wife, and left helplessly watching my husband be executed. I now have no husband, a widow at 47. My children left with no father to celebrate Father’s Day. All taken away from us. I have no other words to express how I feel today except hurt, angry, and frustrated.
Abortion Queen Wendy Davis resurfaces as candidate for Congress

By Dave Andrusko

It was late one day when I ran across this tweet. Unfortunately, while I copied it down, I didn’t write down the author and I couldn’t find it again. I believe it came from pro-abortion Sen. Elizabeth Warren. In any event, here’s what it said:

“Seven years ago, we watched as @WendyDavis stood for 13 hours (in those famous pink sneakers) fighting for reproductive freedoms in the Texas Senate. Thank you, Wendy, for always being a fighter. Now, let’s get her to Congress!”

To be honest, I didn’t know that Ms. Davis, a hyper-pro-abortion Democrat, is running for Congress against pro-life Republican Rep. Chip Roy. I will now keep close track.

Fame is fleeting, so how many ordinary people know the story of Davis, who in May 2013 sprang from utter obscurity as a Texas state Senator into national fame? I’m guessing not many.

We do, of course. Let me work backwards from 2018 when the Texas Tribune aired a 13-minute tribute to Davis who’d long since come to be known as “Abortion Queen Wendy Davis.”

By way of context, The Texas Tribune describes itself as follows:

The Texas Tribune is the only member-supported, digital-first, nonpartisan media organization that informs Texans — and engages with them — about public policy, politics, government and statewide issues.

On June 25, 2013 Davis, launched an 11th hour, 13-hour-long filibuster against an omnibus pro-life bill which included provisions to require minimal standards of Texas abortion clinics and a ban on abortions of pain-capable unborn children. Davis, and her pink tennis shoes, became a pro-abortion icon.

It didn’t matter that her filibuster only caused pro-life Gov. Rick Perry to call a second special session at which time SB5 passed comfortably. Davis became a “symbol.”

The assertion of non-partisanship is absurd. It is quite within the Tribune’s right to be (as they are) corporately sponsored by Planned Parenthood or anyone else. But to pretend the Tribune hasn’t a deeply engrained, obvious to the world dedication to abortion and pro-abortion Democrats and a loathing for pro-life Republicans, is an insult to everyone’s intelligence.

The Tribune ran its online video on June 25, 2013—the fifth anniversary of Davis’s famous filibuster of a major piece of pro-life legislation. Here is the background and a few thoughts.

The Tribune’s video does not ignore that the bill became law but revels that in 2016 the Supreme Court subsequently gutted two of its provisions. The pain-capable component was never challenged and is still on the books. The point—the entire point of the tribute to Wendy Davis—is that it supposedly galvanized pro-abortion everywhere. Well, to each his or her own conclusion.

Number One is that there was not a word that Abortion Queen Davis ran for Texas governor the following year. As we wrote at the time, this feminist/pro-abortion “icon” was going to turn Texas politics on its head by winning every female vote in sight, carry 90% of the Hispanic vote, yada, yada, yada. Pro-life Attorney General Greg Abbott would be just an accidental bystander, run over by the Davis bus.

A funny thing happened on the way to the state capitol. Abbott won an overwhelming victory. He carried 59% of the vote to 38.9% for Davis.

Number Two, the video tribute glories in the mini-riot in the galleries by young pro-abortionists which mean that the clock ran out on the legislative session and the bill did not pass (although, as noted above, Gov. Perry called a special session and the bill was quickly passed). This was “Democracy in action,” a forerunner of similar ugly incidents in which pro-lifers and/or conservatives have been silenced.

We had young pro-lifers at the capitol and it was a very, very scary scene.

But while Davis’ crushing defeat to Gov. Abbott rerouted her plans to win higher elective office, it did not derail them. We trust the good folks in Texas will understand who she is and what she stands for.
The Royal College of Obstetricians and Gynaecologists (RCOG) has released new guidelines for healthcare professionals providing abortions during the Coronavirus pandemic. The measures, which include deliberately leaving a dead baby inside a woman, are truly abhorrent, said SPUC’s Alithea Williams.

Kill first, remove later
The guidelines talk about performing feticide – actively killing the baby by lethal injection – and then removing the body later.

If a woman has Covid-19 and her “clinical condition prevents abortion, and she risks exceeding the gestation limit, feticide should be performed in collaboration with local fetal medicine services if necessary, to enable delay in the procedure to evacuate / empty the uterus,” the guidance says.

“Put simply, this means ending the life of the unborn baby in the sixth month of pregnancy, and then leaving the dead body inside the woman for an indeterminate amount of time,” Alithea Williams of the Society for the Protection of Unborn Children said.

“Abortion is legal up to birth for suspected disability and cases when the mother’s life is threatened, so that’s not what we’re talking about here. In order to be concerned about legal limits, the RCOG must be talking about the abortion of a healthy baby to a healthy woman, just before the legal limit of 24 weeks. To be carrying out an abortion this late in pregnancy for clearly non-medical reasons is bad enough, but to deliberately carry out an incomplete abortion, leaving the woman carrying a dead baby for however long? That’s truly abhorrent.”

Making sure the baby is dead
RCOG guidelines on feticide state: “Where a decision to abort a pregnancy after 21 weeks and 6 days of gestation, failure to perform feticide could result in a live birth and survival, which contradicts the intention of the abortion.”

Feticide is carried out through a lethal injection to the baby’s heart.

The RCOG maintains that a foetus cannot feel pain before 24 weeks gestation. However, in a recent study published by the Journal of Medical Ethics, two researchers, one of whom identifies as pro-choice, agreed that unborn babies can feel some kind of pain by 12 weeks.

What will this do to women?
“The psychological affect this could have on a woman is just unimaginable. However, there are other very worrying aspects to this guidance. In particular, lessons are clearly not being learnt from the case of the remote abortion that took place at 28 weeks. On the contrary, the RCOG continues to extol the remote abortion regime. They acknowledge that it is possible that a small number of these medical abortions may have been carried out not in accordance with the law but they sweep this away as being simply an unfortunate inevitable consequence and of no importance. In reality, it is a major flaw within the law.”

She concluded: “It is deeply disturbing that a respected medical body could publish guidance like this. It is clearly more interested in supporting an extreme abortion agenda than in providing real care for women.”
News Pages, Editorial Pages — Who Can Tell the Difference Any More?

By Tim Graham

A friend of ours – let’s just call him a Senior Journalism Official – sent along an essay by Kevin Lerner, a liberal-leaning professor at Marist College. At the website The Conversation, Lerner wrote an article headlined “Journalists believe news and opinion are separate, but readers can’t tell the difference”

There used to be an ideal of objectivity (or at least a disinterested, nonpartisan tone), but there’s a huge blur in today’s media environment:

It is a tenet of American journalism that reporters working for the news sections of newspapers remain entirely independent of the opinion sections. But the divide between news and opinion is not as clear to many readers as journalists believe that it is.

And because American news consumers have become accustomed to the ideal of objectivity in news, the idea that opinions bleed into the news report potentially leads readers to suspect that reporters have a political agenda, which damages their credibility, and that of their news organizations.

The uproar and forced resignation of James Bennet, who ran the op-ed section at The New York Times, underlines the problem. At the time of his resignation, Lerner noted, the Times was publishing 120 opinion pieces a week, some of them (like the controversial op-ed by Sen. Tom Cotton that forced Bennet out) only online.

While the move online allows The New York Times op-ed page to vastly increase its output, it also creates a problem: Opinion stories no longer look clearly different from news stories.

With many readers coming to news sites from social media links, they may not pay attention to the subtle clues that mark a story published by the opinion staff.

Add to this the fact that even readers who go to a paper’s homepage are met with news and opinion stories displayed graphically at the same level, connoting the same level of importance. And reporters share analysis and opinion on Twitter, further confusing readers.

The news sections of the paper also increasingly run stories that contain a level of news analysis that casual readers might not be able to distinguish from what The New York Times designates as opinion.

The problem is broader than that. Everyone in the media criticism biz knows that the news/opinion divide is incredibly blurred by social media — especially Twitter — where journalists share their hot takes on politics on a minute-by-minute basis. It’s also blurred by “objective” reporters constantly turning up on television to state their opinions. I would nominate Washington Post correspondent Philip Rucker, who represents all these trends — the TV gigs, the Twitter takes, and the front-page “news analysis” articles that very much read like opinion pieces.

Lerner concluded: “If news organizations such as The New York Times continue to maintain that a robust opinion section, separate from their news reports, serves to further the public conversation, then those institutions will need to do a better job of explaining to news consumers where – or if – the ‘wall’ between news and opinion exists.”

Editor’s note. This appeared at Newsbusters and is reposted with permission.
Now that the Supreme Court has missed a golden opportunity to return some semblance of sanity to the abortion issue, what do we do?

From page 2

homage to judicial restraint; his wise counsel about the importance of honoring “rules” to “help keep us in our constitutionally assigned lane” should be on the desk of every judge and justice.

#3. Then-candidate Trump made many promises to the pro-life community. As President, he has done his level best to keep them all. None were more significant to single-issue prolifers than his commitment to appointing justices to the Supreme Court who (to borrow from Justice Gorsuch) feel honor bound to stay in their “constitutionally assigned lane” and who are faithful to “the business of saying what the law is, not what we wish it to be.”

If Joe Biden is the next President, the type of women and men he would nominate to the Supreme Court will be as far removed from what we see in Gorsuch and Kavanaugh as the East is from the West.

#4. Especially those of us who’ve been around for decades, we’ve endured variations of this before. The difference today is not in our dedication; that is unswerving. What separates 2020 from 1992 and 2008 is not that the overwhelming bulk of the major media want Biden. They did likewise for Bill Clinton and Barack Obama.

No, the difference is there is no longer even a pretense at feeling a sense of obligation to fair play. The Media Elites have despised Mr. Trump from Day One. They will say and do and write and speak anything and everything to defeat him. Their impact of their assault is multiplied immeasurably by the COVID-19 pandemic.

And finally

#5. In the aftermath of the June Medical decision, a colleague posted Rudyard Kipling’s famous poem, “If” on Facebook. The opening stanza reads as follows:

If you can keep your head when all about you
Are losing theirs and blaming it on you;
If you can trust yourself when all men doubt you,
But make allowance for their doubting too;
If you can wait and not be tired by waiting,
Or, being lied about, don’t deal in lies,
Or, being hated, don’t give way to hating,
And yet don’t look too good, nor talk too wise.

We will do what we can do—and far more in the 112 days leading up to the November 3 elections. That enormous capacity to face down seemingly unbeatable odds is the reason our Movement has grown in the face of opposition that would have pulverized less sturdy people.

And if, as campaigns almost always do, suddenly the race begins to tighten, the hysteria, the attempts at verbal intimidation, the lies will grow increasingly menacing. If the contest that seemingly has the hapless Biden in the driver’s seat turns, then we will see pressure to back off like we have not witnessed in a long, long time.

I said a moment ago that your allegiance to the cause of unborn babies is unswerving. I should have said unswervable. Nothing and no one will stop us from working day and night to prevent the victory of a man who would be the titular head of a party that has morphed into eager advocates of abortion through birth with infanticide open to debate.

So what…are you going to do next to make sure that doesn’t happen?
By Dave Andrusko

I have a small chain of family members with whom I constantly exchange texts and emails. We do that for mutual education, support, and encouragement. I also happen to lead an adult Sunday school class that is finishing up a book by Max Lucado next week titled, “Anxious for nothing.”

In both instances, our go-to passages could be Philippians 4:6-7. Eugene Peterson translate them “Don’t fret or worry. Instead of worrying, pray. Let petitions and praises shape your worries into prayers, letting God know your concerns. Before you know it, a sense of God’s wholeness, everything coming together for good, will come and settle you down. It’s wonderful what happens when Christ displaces worry at the center of your life.”

During one recent class, when we were talking about my favorite topic—how for decades during some of the toughest times, members of this group have been there to support one another—a man brought up Hur. To be honest I drew a blank until he mentioned the context.

It’s Exodus 17. During a battle (one of many) with the Amalekites, the Israelites would prevail only so long as Moses held his hands up. Over time, Moses grew weary and so Aaron and Hur responded by holding his arms until the Israelites were able to prevail.

I mention that today for two reasons. First, as we have discussed many times, there is considerable array of very powerful forces arrayed against pro-life President Donald Trump. To be absolutely clear, I am not likening or comparing President Trump to Moses. I’ve never done that with any President or with members of Congress some of whom I’ve personally known for 30 years. Nor am I comparing his opponents to the Amalekites. I am making a different comparison.

I am comparing you and me to Hur. Of course we will not physically lift up the President’s arm over the next 134 days. But we can (and we must) lift him up by our prayers.

I can’t help but be bitterly amused when, after non-stop abuse that stretches back to before he was elected, President Trump responds in anger, it’s taken by the Trump-hating media as a sign of weakness. The same men and women who could not stand 10 minutes of snark are so eager to pass judgement on someone who never goes 10 seconds without being subjected to vicious partisan attack.

Talk about an astonishing lack of self-awareness.

Frankly, I am amazed that President Trump routinely weathers what I couldn’t tolerate for a day. He’s tough. Second, I never, ever pass judgement on another man’s or woman’s faith. That would not cross my mind.

All they need to is read the first few paragraphs in Orr’s story and realize that Biden’s old boss—pro-abortion President Barack Obama—did the same thing prior to his first election. And people were eager to be taken in.

As for all of President Obama’s reassuring words, he never did a thing to further religious liberty and judicial restraint and not be taken in by Biden’s “weekly call with faith leaders” or a reference in an op-ed to Pope Francis’ second encyclical “Laudato Si.”

People of all faiths will make their choice for President in 3 ½ month.

When you think of Mr. Biden and particularly the manner of people who would surround him, it ought to give you pause to reflect.

As will be the case with all Americans, we can hope that fair-minded Evangelicals and Catholics will look at what President Trump has done on behalf of unborn children and religious liberty and judicial restraint and not be taken in by President Trump’s support in these communities may lessen come Election Day.

Consider that POLITICO recently ran a piece about proabortion former Vice President Joe Biden’s initial outreach to Evangelicals and (to a lesser extent in Gabby Orr’s story) to Catholics. The sources quoted all but chortle that President Trump’s support in these communities may lessen come Election Day.

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“We Have to Do Everything We Can to Get Trump Out of Office,” Planned Parenthood President says. Election a matter of “life and death”

By Katie Yoder

The nation’s largest abortion provider regularly claims that it provides “life-saving” services while highlighting “pro-life” abortionists. But as it continues toying with double entendres, Planned Parenthood’s language appears less as a mere coincidence and more as a blatant mockery of the pro-life movement.

The latest example came on June 15, when Planned Parenthood Action Fund, the abortion giant’s political arm, announced its endorsement of presumptive Democratic presidential nominee Joe Biden as he challenges President Trump in the upcoming election. According to Planned Parenthood’s acting president, the November election will be a matter of “life and death.”

Speaking with NPR, Alexis McGill Johnson used the phrase despite the pro-life stance that every abortion spells death — by intentionally destroying an innocent life.

“This is literally a life and death election,” McGill Johnson insisted. “We felt like we can’t endure another four years of Trump; we have to do everything we can to get him out of office.”

In a video publicizing the endorsement, McGill Johnson added that Americans rely on her organization “to build their lives and pursue their dreams.”

Never mind that Planned Parenthood crushes the lives of hundreds of thousands of unborn babies in abortion each year.

According to its 2018—2019 annual report, Planned Parenthood provided 345,672 abortions in just one year while also receiving $616.8 million in taxpayer funding, or “Government Health Services Reimbursements & Grants.”

But McGill Johnson’s wording isn’t new for Planned Parenthood. Before the 2016 presidential election, Cecile Richards, then president of Planned Parenthood, recommended that Americans “vote like your life depends on it!”

At the same time, Planned Parenthood asks Americans to refrain from using “pro-life” terminology. The organization recommends that Americans call abortion supporters “Pro-Reproductive Rights” instead of “Pro-Choice” and describe those who challenge abortion as “Anti-Abortion” instead of “Pro-Life.”

“Generally, people who identify as pro-choice believe that everyone has the basic human right to decide when and whether to have children,” a representative named Miriam summarized to teens in October. “People who oppose abortion often call themselves pro-life,” even though the “only life many of them are concerned with is the life of the fertilized egg, embryo, or fetus.”

Still, she added, “‘Pro-choice’ and ‘pro-life’ labels don’t reflect the complexity of how most people actually think and feel about abortion.”

But Miriam got it wrong: The pro-life movement cares for mother and unborn baby alike — each as a human person with inherent dignity and worth. And, well, even her own organization doesn’t shy away from “pro-life” — even if to mock.

“No sure how a president” who “Wants to impose a gag rule & attack our health care,” among other things, “is ‘pro-

While promoting various issues and campaigns, Planned Parenthood takes the opportunity to highlight children, families and even the unborn.

In April, Chantal Bonitto, the inclusive philanthropy director at Planned Parenthood and Planned Parenthood Action, wrote that “To all who are expecting a child — especially Black women and other women of color — I wish you strength and resilience during these trying times.”

In 2015, Planned Parenthood caused a stir when it cited Hillary Clinton and tweeted that “Every child deserves the opportunity to live up to their God given potential” with the hashtag “blacklivesmatter.”

Planned Parenthood is right that every life is precious, regardless of skin color or immigration status. But, they forget to add, each life should also be cherished regardless of whether he or she is born or unborn.

Language is a powerful persuader, but it can’t change the truth.

Editor’s note. This appeared at Town Hall.
Spreading myths and lies about pro-lifers and about the reality of abortion

By Dave Andrusko

“These sorts of falsehoods coming from abortion supporters are perhaps the best evidence of the strength of the pro-life argument. It is far easier to spread myths and lies about pro-lifers, dismissing us as crazy religious zealots, than to confront the possibility that our argument is true and that abortion is unjust killing”—Alexandra DeSanctis, National Review Online.

Interesting sometimes how reading two articles back-to-back (one from a pro-lifer, the other from a veteran pro-abortion scribe) can provide mutually reinforcing insights.

The above quote comes from a post written by the talented Ms. DeSanctis. She is much more polite than I am in critiquing the Instagram musings of New York Times reporter Taylor Lorenz whose beat is “Internet culture.”

DeSanctis lays out a few of Ms. Lorenz’s latest pro-abortion fantasies. DeSanctis writes, “Lorenz shared several posts from pro-abortion feminist Liz Plank, all of which contained inaccurate and intentionally vague assertions about the nefarious pro-life movement.”

Judging by the quotes, Plank is wrong factually about as thoroughly as you could be and, as is typical with pro-abortionists, she essentially argues the pro-life movement was birthed in hell and nurtured by Satan. I exaggerate but only slightly.

There are pro-abortion scholars whose interpretations and conclusions I thoroughly disagree with but whose research is worth reading. Plank assuredly does not fall into the latter category.

DeSanctis’ point, as illustrated by the opening quote and summarized in the following passage, is

Utter falsehoods like those crafted by Plank and spread by Lorenz serve a key purpose of the abortion-rights supporter: to ignore or deny, by any means necessary, the sincerity of the pro-life movement, so as not to have to grapple with the heart of our argument.

Speaking of the heart of our argument and what should I run across next? “The study that deems most anti-abortion arguments.” Written for the New Yorker by Margaret Talbot, it is 100% uncritical, even celebratory, piece on the [in]famous “Turnaway Study.”

We—particularly Dr. Randall K. O’Bannon, NRL Director of Education & Research—have critiqued this study over and over and over again. It will not die. The team at University of California -San Francisco (UCSF) that first put it together and published the results in 2007, recycles the same misleading data year after year after year.

It purports to tell us the differing experiences of those women who had their abortions and those who were “turned away” (hence the title) most often because the baby was so far along. Or, as Dr. O’Bannon put it, originally, it was “a five-year-long study that was supposed to be designed to determine the social, psychological, and economic consequences of having an abortion versus being ‘denied’ an abortion in some cases because the pregnancy was so advanced.”

The latest iteration came out last February. Dr. O’Bannon, unlike Ms. Talbot, closely examined where the study came up short (practically everywhere). To take just one example, in some earlier published studies, they did tell us what happened to women who went on to have their babies. But in the study from earlier this year, these women were conspicuously absent.

Here’s a long excerpt from Dr. O’Bannon’s February analysis but it checks the hub of the many shortcomings.

The larger original study sample included some women who planned to have abortions but were unable to get them because they were too far along, because staff were not trained or equipped to do later abortions, or for other reasons. So why were none of them included in this study?

The authors say “we exclude the Turnaway group because we could not assess emotions about the abortion or whether abortion was the right decision among women who did not have abortion.”

They do not report the data here, but it is highly significant that elsewhere they admit that they did, in fact, ask these other women about the rightness of their decision after they were “denied” their abortion.

When they did, what did they find? Within a week after their “denial,” even before the baby was actually born, 35% of those women who were no longer willing to say that having the abortion would have been the right decision.

If attitudes could change this quickly and dramatically among women who (one must remember) were previously just as committed to having an abortion as the others in the study who did, it tells us that belief in abortion’s “rightness” is not inherent in the circumstance.
Former abortion workers debunk Planned Parenthood’s abortion pill propaganda

By Sarah Terzo

And Then There Were None abortion worker ministry held a webcast in which former abortion workers Sue Thayer, Annette Lancaster, Mayra Rodriguez, and Lisa Searle described their experiences with the abortion pill.

Facilitator Brandy Meeks played a video from Planned Parenthood, which stated:

In the United States, abortion is a safe and legal way to end a pregnancy. … For most people, the abortion pill process takes about five hours. But it may take up to 24 hours to be totally finished…. You can go back to work or school the next day if you feel up to it.

Thayer remarked in response, “I don’t remember anybody ever feeling good after five hours, or 24 hours, or even by the next day. It was quite contrary to that.”

Meeks then asked the gathering of former abortion workers to raise their hands if they had ever seen a woman complete the abortion process and feel well enough to go out after 24 hours. None of the workers raised their hands.

Lancaster countered Planned Parenthood’s claim that the abortion pill is safe, saying, “It’s not safe. If I can share, I don’t remember anybody ever feeling good after five hours of bleeding. Now we’re talking almost 4 weeks after she started the pill process… and she was still bleeding. She ended up in the emergency room, to find out that she had been perforated. So now we’re going to five weeks.

So, this patient’s abortion by pill took five weeks of her life.

Rodriguez also said that in her facility, the abortion pill failed at a higher rate than Planned Parenthood acknowledges and official statistics claim. She claimed about 30% of women who took the abortion pill failed to abort and had to have a surgical abortion.

Searle, who was in charge of answering women’s calls after hours, explained how her facility told women not to go to the ER. Rodriguez remarked in response, “This isn’t right. Something’s wrong. I’m bleeding profusely. I should go to the ER. This is not right.” And we would encourage them not to do that. And the reason for that, we would tell them, “If you go to the ER, you’re going to have a surgical abortion. That’s how they’re going to fix this. And that’s the reason why you took the pill. Because you didn’t want to have surgery.”

We were encouraged to tell women not to go to the ER. …[M]any of these women would call and say, just like Annette said, “This isn’t right. Somewhat’s wrong. I’m bleeding profusely. I should go to the ER. This is not right.” And we would encourage them not to do that. And the reason for that, we would tell them, “If you go to the ER, you’re going to have a surgical abortion. That’s how they’re going to fix this. And that’s the reason why you took the pill. Because you didn’t want to have surgery.”

We were taught to tell them, “Expect the worst possible bleeding, the worst possible cramping.” But then when they would call and say, “This was worse than you said it was going to be,” we still encouraged them not to go to the ER.

One reason for this, Annette Lancaster said, was that their abortionists at Planned Parenthood didn’t have admitting privileges:

Part of the reason was, for our facility, that the providers didn’t have privileges at the local hospitals. So even if we did encourage patients to go to the ER, they would be seeing a totally different provider who had no idea what was going on, didn’t know the procedure, didn’t know that they had an abortion….

[T]he provider who performed the abortion didn’t have any admitting privileges to the hospital anyway.

Rodriguez said abortionists at her facility didn’t have admitting privileges either. She, too, believes this is a reason why women were told not to go to the ER. Rodriguez also mentioned another problem with prescribing abortion pills through telemedicine:

One of the reasons they’re pushing telemedicine or tele-abortion… is to help women who have no access to healthcare in a rural area, where it’s really hard for them to get to health clinic, to a hospital. But then at the same time, you are telling these women to take a pill that could take them to the emergency room, and they don’t have access... an emergency service right away, and that’s why you’re pushing this to her, knowing that if she has an allergic reaction, if she bleeds too much, anything can happen to her, and she won’t have any access to an emergency service….

[W]hen you have a person living in the mountains… she takes the pill and then it will take, literally, hours before an ambulance can get to her, she could die.

All of these former abortion workers said women’s lives and safety were endangered by the abortion pill.

Editor’s note. This appeared at Live Action News and is reposted with permission.
An overview of the current Senate battleground map

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Kansas
The top candidates in the August 4, Republican primary are Congressman Roger Marshall and former Secretary of State Kris Kobach, both of whom are pro-life.
National Right to Life and Kansans for Life have endorsed Congressman Roger Marshall in the U.S. Senate race in Kansas. As a member of Congress, Dr. Marshall voted pro-life 20 out of 20 times. He co-sponsored and voted for multiple pro-life bills, including the Pain-Capable Unborn Child Protection Act and the Born-Alive Abortion Survivors Protection Act.

“As a pro-life obstetrician/gynecologist, Dr. Marshall knows the value of each human life and has an exemplary record showing his leadership on this issue,” said Carol Tobias, president of National Right to Life.

The winner of the Republican primary will likely face Barbara Bollier (D), a pro-abortion Kansas state senator, who voted against multiple pro-life bills including a state-level version of the Pain-Capable Unborn Child Protection Act and a bill to provide pregnant women with information about abortion pill reversal. She is backed by Planned Parenthood and NARAL Pro-Choice America.

“Senator McConnell has an exemplary 100% pro-life voting record throughout his senate term. He has provided extraordinary pro-life leadership in the U.S. Senate and throughout his career,” said Carol Tobias, president of National Right to Life, in McConnell’s endorsement announcement.

In addition to his 100% pro-life voting record, McConnell has masterfully shepherded countless judicial nominees through the Senate, leaving a legacy that will impact the country for years to come.

Sen. McConnell faces pro-abortion Democrat Amy McGrath, a well-funded former fighter pilot and failed Congressional candidate who raised $17.4 million between April and June of this year. Despite being an adept fundraiser, McGrath nearly lost the Democratic primary after a series of missteps and the late surge of progressive candidate Charles Booker. McGrath voiced support for the confirmation of Brett Kavanaugh to the Supreme Court only to reverse her position later the same day.

McGrath put her abortion extremism on full display in a 2018 interview on WVLK. “You don’t think there should be any limitations at all on abortion?” asked host Larry Glover. “I don’t think government should be involved in making a decision on a woman’s body,” McGrath said.

“So you think a woman on the way to the hospital to give birth could decide to abort it instead?” Glover said. “I don’t think the government should be involved in a woman’s right to choose what is happening to her body,” McGrath said.

Michigan
In 2016, Donald Trump shocked political experts when he carried the state of Michigan. Now with Trump back at the top of the ticket, pro-life Senate candidate John James (R) is running against pro-abortion incumbent Sen. Gary Peters (D). Peters holds a 0% rating from National Right to Life. He voted against bills to protect unborn children after 20 weeks, a point by which they can feel pain, and a bill to ensure babies born alive during abortions are afforded proper medical care.

John James is endorsed by National Right to Life and Right to Life of Michigan.

Montana
In a clear pro-life versus pro-abortion matchup, Sen. Steve Daines (R) will face off
An overview of the current Senate battleground map

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against former governor and failed Democrat presidential candidate Steve Bullock in Montana. Sen. Daines holds a 100% rating from National Right to Life, having voted for key pro-life legislation like the Pain-Capable Unborn Child Protection Act, the No Taxpayer Funding for Abortion Act, and the Born-Alive Abortion Survivors Protection Act. He also voted to confirm both of President Trump’s Supreme Court nominees. Daines is endorsed by National Right to Life.

In 2019, Steve Bullock told CNN that he believes that life begins when an unborn baby is able to survive outside the womb. But still does not believe those children deserve to be protected under law. "I would say that life begins at viability, but either way it's not up to people like me to be making these decisions." And yet when those very decisions came to his desk as governor, he did make a decision: he chose to veto. He twice vetoed a bill to protect unborn babies after 20 weeks, a point by which they can feel pain. Bullock even vetoed a bill that would have required babies born alive during an abortion to receive proper medical care.

North Carolina

In the Tar Heel State, pro-life Sen. Thom Tillis (R) is up for reelection. Tillis has earned a 100% rating from National Right to Life in his time in the Senate. In voting for the Pain-Capable Unborn Child Protection Act and the Born-Alive Abortion Survivors Protection Act, Tillis said, “It is truly heartbreaking that there are politicians in the United States who believe that babies who survive failed abortions should not receive the proper medical attention necessary to keep them alive. Today, I voted in support of commonsense legislation to protect unborn children at 20 weeks after fertilization and to ensure that newborns have the care they need and deserve. While Democrats continue to stake out extreme positions, I will never stop fighting for the sanctity of life.” National Right to Life has endorsed Thom Tillis.

Tillis faces pro-abortion former state representative Cal Cunningham (D) who is backed by NARAL Pro-Choice America. “In the Senate, I will always defend Roe v. Wade, unlike Senator Tillis who just a few months ago asked the Supreme Court to revisit and potentially overturn it,” said Cunningham. In addition to NARAL, Cunningham has the support of Planned Parenthood. In their press release, they noted, “Defeating Senator Thom Tillis is especially urgent, given his leading role in attacks on abortion rights and Planned Parenthood funding in the Senate.”

As always, North Carolina will be a nail-biter. Defending Sen. Tillis may be the difference between a pro-life or a pro-abortion majority in the U.S. Senate.

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It is less a considered, informed, personal moral judgment about or evaluation of the abortion decision and perhaps more about the human tendency to try to accept or adjust to whatever circumstances (or choices) life brings.

Thus, this study tells us nothing about the objective “rightness” or wrongness of abortion or even the subjective “rightness” or wrongness for a woman’s situation. Women can live with being “denied” an abortion—and so can their children—and be happy about the outcome.

Again, this was just from women’s initial reaction to being told they could not have an abortion before the baby was born. From other “Turnaway” reports, we know that after the birth, 86% of those women “denied” abortions were living with the baby, 59% perceived their relationships as good or very good, and nearly half (48%) had full-time jobs.

These are pretty remarkable outcomes, given what the UCSF researchers tell us about the demographics of this sample. Most of these women were not upper or middle-class women with ideal social or economic prospects, but younger, poorer women likely facing many obstacles. These are considerably more positive consequences than the UCSF team would have led us to believe were likely or even possible for those women “denied” abortions.

Whether, as do Plank and Lorenz, pro-abortionists sink to smearing pro-lifers, or, as do the folks at UCSF (in cahoots with Ms. Talbot) you pretend that you have some awe-inspiring, settle-all-issues research, in either case, the case for abortion continues to fall flat on its face,
The Supreme Court’s disastrously wrong decision in June Medical Services, L.L.C. v. Russo

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majority never bother to say so, but it turns out that Act 620’s admitting privileges requirement for abortion providers tracks longstanding state laws governing physicians who perform relatively low-risk procedures like colonoscopies, Lasik eye surgeries, and steroid injections at ambulatory surgical centers. In fact, the Louisiana legislature passed Act 620 only after extensive hearings at which experts detailed how the Act would promote safer abortion treatment—by providing “a more thorough evaluation mechanism of physician competency,” pro-moting “continuity of care” following abortion, enhancing inter-physician communication, and preventing patient abandonment.

Yes, to Lasik eye surgery, no to abortion. Figure that out.

Second, Justice Gorsuch talked about what a ‘static’ view the majority had of abortion business in Louisiana:

Today’s decision also appears to assume that, if Louisiana’s law took effect, not a single hospital would amend its rules to permit abortion providers easier access to admitting privileges; no clinic would choose to relocate closer to a hospital that offers admitting privileges rather than permanently close its doors; the prospect of significant unmet demand would not prompt a single Louisiana doctor with established admitting privileges to begin performing abortions; and unmet demand would not induce even one out-of-state abortion provider to relocate to Louisiana.

All these assumptions are open to question.

Everything about the majority opinion is “open to question.” Since the “Unsafe Abortion Protection Act” was never allowed to take effect, the impact, if it had, is sheer speculation. Speculation that just happened to track the protests of the Abortion Industry right down to the last jot and title.

Back in 2018, as Newsweek’s Jenni Fink explained “The Supreme Court temporarily blocked the law so it could review the case in 2019.”

Since the law hasn’t gone into effect, she wrote, parties argue[d] their cases based on predictions of whether the doctors in question could obtain admitting privileges. In 2019, Kavanaugh wrote in a dissenting opinion that a 45-day transition period could resolve the question before the new law was applied and the “factual uncertainties presented in the stay application.”

Justice Kavanaugh essentially reiterated that point in his dissent.

“As JUSTICE ALITO thoroughly and carefully explains, the factual record at this stage of plaintiffs’ facial, pre-enforcement challenge does not adequately demonstrate that the three relevant doctors (Does 2, 5, and 6) cannot obtain admitting privileges or, therefore, that any of the three Louisiana abortion clinics would close as a result of the admitting-privileges law. I expressed the same concern about the incomplete factual record more than a year ago during the stay proceedings, and the factual record has not changed since then. In short, I agree with JUSTICE ALITO that the Court should remand the case for a new trial and additional factfinding under the appropriate legal standards.”

Taken together, the four dissenters—Justices Thomas, Alito, Gorsuch, and Kavanaugh—respectfully but pointedly laid out the many and varied deficiencies of the majority’s argument, starting with the dangerously mistaken premise that the issues raised in June Medical Services, L.L.C. v. Russo had already been addressed and resolved in the 2016 Whole Woman’s Health v. Hellerstedt decision.

Justice Alito, tongue firmly planted in cheek, explained what the two decisions did have in common:

The majority bills today’s decision as a facsimile of Whole Woman’s Health v. Hellerstedt, and it’s true they have something in common. In both, the abortion right recognized in this Court’s decisions is used like a bulldozer to flatten legal rules that stand in the way.

Some abortionists may have cleaner sheets than Gosnell, and better sterilized equipment and better trained accomplices, but what they do — what Gosnell did — kill babies and hurt women — is the same.

- Rep. Chris Smith

Have we learned the lessons of the Gosnell tragedy?
Just when we all needed a glimmer of hope and a boost in optimism, they delivered. They are the students who entered our annual pro-life essay and oratory contests and they are an impressive lot.

As a former English teacher, I think I have some pretty high standards. These kids met them! With eloquence and conviction, they took on tough topics, articulated strong arguments for life, and exposed the lies of the culture of death.

Lydia, for example, doesn’t buy into faux feminism that offers abortion as a tool of empowerment. She beautifully proclaims, “Pregnancy isn’t a hindrance to equality, it is something that makes women special. The ability to conceive is a wonderful gift that women should use to honor and glorify God.”

Alyssa says nature supports this miraculous gift of life, explaining how the release of the “love hormone” oxytocin bonds mother and father with child. This beautiful, natural bond is horribly violated by the act of infanticide. “Protecting the lives of the innocent from infanticide...should be one of our most prioritized goals today.”

Even animals realize that a baby, and an unborn one at that, is part of the family,” penned Helena, a passionate and wise eighth grader. “They understand that the baby isn’t some impediment, or something they can get rid of... If animals can understand that, then why can’t we?”

Gwen urges us to heed the silent crying of the babies. “It is our job to protect them, to speak for their rights.”

Camryn, in just seventh grade, wrote about the high percentage of abortion centers in minority neighborhoods. “No matter what the crisis is, abortion is never the answer...Society needs to stop this tragedy and help mothers, especially minority mothers.”

Clare spoke up for those whose abilities may be different but not less. “Unborn babies with disabilities can also live good lives. But we must give them a chance at life so they can show the world that they are not a hardship; they are a gift.”

LJ warned that, “Giving a person less value because they are in the beginning stages of life is the ultimate exploitation of our youth,” while Elise urged being pro-information to help others “appreciate the greatest art: the creation of a human being.”

Abigail points out the travesty of babies created in laboratories to be destroyed for research. “In short, lives are created with the complete understanding that the majority of those lives will be taken soon thereafter,” treating life not as a gift, but as disposable property.

Emily recognizes this destruction of life to be in conflict with our civil rights, citing the “guarantee of life” under the 14th amendment. She writes, “The legalization of abortion not only violates the unborn child’s right to life but also strips them of their ‘due process of law’.”

Alluding to the current crisis, Nathalia says, “If there is one thing this pandemic has taught us, it is to honor the value of life.”

In a time of great turmoil, Thomas reminds us of who we are and what we must do. “The United States is called the land of the free and the home of the brave. Yet, we allow abortion, an attack on the helpless...Let us turn the minds and hearts of this country back to those great principles of truth, protection of the innocent and freedom for all.”

May the passion and wisdom of these young people inspire in all of us a renewed commitment to defend and protect all human life.
crafted, highly selective, slanted and spun data manipulations of well placed, well-funded abortion activists.

They are smart, they are often highly technical, and they often appear in some of the nation’s most prestigious journals (often refereed by colleagues and supporters). That doesn’t change the fact that they are still the highly processed propaganda of activists with abortion agendas and must be viewed with an extremely critical eye.

Selective Sampling

If you wanted to opinions on the moral character of cats in your community, you’d get quite different results by checking with the mice than you would with the cats. Yet these abortion advocates consistently ask their questions of people somehow already inclined to agree with the views of those researchers.

Consider one of the celebrated observations of the highly touted Turnaway study. Diane Greene Foster and her UCSF colleagues asserted in one of the first initial reports that women “denied” abortions reported higher levels of regret and anger, and lower levels of “relief” and happiness than their aborting counterparts. But who were the women in this sample?

All of the women in this study were selected from the waiting rooms of some of America’s prominent abortion clinics. This was not some random sample, but women who had already bought the sales pitch and were committed to having abortions.

Their agreeing to participate in the survey and to stay in touch for a number of years was already an indicator that, unlike many other women, they were not in any way embarrassed or ambivalent or still processing doubts or concerns about their abortion decision.

When Greene Foster and her colleagues assert that, one week out, 97% of aborting women felt they made the right decision and that 65% of those “denied” abortions still wished they had been able to obtain them, it reveals more about the bias of the study than it does about women’s ultimate post-abortion reactions.

Given the timing and the makeup of the initial sample, the reported results are hardly remarkable. These women who did not abort were dealing with the immediate frustration of having their wishes denied and were having to come to terms with a future they thought they had safely set aside.

Their reactions, given their initial commitments, were quite understandable. Even so, note that they had not yet, from the data given at that point, actually experienced the joy of having met their child.

That’s why the timing of the survey matters. Once the child was born, only one in eight were still saying they still wished they could have had the abortion. Five years out, the figure was only 4%.

Not surprisingly, if your sample is comprised women who are already sold on and organizing their life plans around the fairy tale peddled by the abortion industry (that abortion will solve their problems), and you strategically ask them right when all their plans seem to be failing apart, you’ll get the sort of results that appear to support your pro-abortion presuppositions—and women having abortions are better off than those who considered aborting but didn’t.

But you’ll get quite different results if you check with other women who may have listened to the still, small voice inside them or even, a few years later, with abortion-minded women who had their babies anyway.

Lots of forgotten women

Look at nearly any large study of aborting women and you’ll notice one common feature—lots of women are “lost to follow-up.”

Any long term study inevitably deals with the disappearance of test subjects as people move, break contact, lose interest. However, this appears to be a particularly egregious problem for abortion studies. They lose track of large numbers of patients precisely when and where the tracking of patients is the critical concern of the study.

For example, a 2019 study of 5,952 webcam (telemedical) abortions in four western states by researchers from Planned Parenthood, ANSIRH, and the UCSF Bixby Center concluded these abortions were about as safe as those chemical abortions where a woman met with the clinic in person.

There are a number of problems with this study, but here’s the largest. The researchers arrived at this conclusion even while losing track of a quarter of the clinic patients and nearly 40% of those telemedicine patients!

On paper, ongoing pregnancy and follow up surgical aspiration rates (for abortion, bleeding) along with ER visits for “major adverse events” were considerably lower for the telemedical abortions. But it was difficult to consider these data credible. What legitimate medical reason could account for an ongoing pregnancy rate among telemedical patients that is less than a third of that for women visiting the clinic?

Researchers realize that high numbers of patients lost to follow up are a problem and admit that these women may have simply sought help elsewhere. But they fail to acknowledge how seriously this threatens to undermine their conclusion about telemedica abortion’s relative safety.

Given the opportunity to avoid returning to the clinic or avoiding it altogether, many women will do just that. They do not have a legitimate doctor-patient relationship with the abortionist, who may have only interacted with for a few minutes, nor do they necessarily have confidence in their skills to handle an emergency. Simpler, easier, and perhaps more comfortable to rely on one’s own personal doctor or even the traumained emergency physicians at the ER.

Researchers know these claims of abortion’s safety are questionable when so many women fail to return for follow up, so some have attempted to supplement this with data from area Emergency Departments or ERs.

Daniel Grossman, one of the authors of the four-state study above, did an earlier study in Iowa in 2017. That study compared 8,765 telemecical abortions with 10,405 chemical abortions involving a clinical visit. He concluded that complications or “adverse events” were rare with chemical abortion and that telemecical abortions were “non-inferior” [not worse than] in-person chemical abortions with regard to those complications.

While generally relying on data collected by clinicians at

See “Five,” page 48
Five Ways to Tell if a Study is Just More Pseudoscientific Pro-Abortion Propaganda

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Planned Parenthood managing both types of abortions, Grossman also attempted to validate that data by surveying the 119 emergency departments in the state. However sensible the impulse, the actual process was largely unproductive and unrevealing as barely a third of those departments responded.

Most of those that did respond didn’t recall seeing any chemical abortion patients with complications. Even this observation, however, depended on the person responding to the letter recalling the incident, being on shift at the time of the incident or being informed of it. And, of course, a woman had to be willing to identify herself as someone who had taken the abortion pill.

We know that women may not be inclined to share such details with doctors, but the situation is much worse than that. Some promoters of the abortion pill have flatly told women that they don’t need to inform medical personnel because those personnel won’t be able to tell the difference between that and miscarriage. If so, whatever ER directors or staff report may not be all that informative.

If women having a bad experience with chemical abortion are more likely to seek help elsewhere than to return to the clinic that sold them the pills, or if they simply prefer a location that is closer with round the clock emergency specialists, then claims of safety, satisfaction, and efficacy won’t mean much when a study shows large numbers of patients lost to follow up.

Downplaying and disregarding data they don’t like

In 2018 George Delgado published his study showing that a chemical abortion could be reversed in up to 68% of cases if the woman had taken only mifepristone -- the first drug of the two drug chemical abortion cocktail -- and been administered oral doses of progesterone instead of the second drug misoprostol normally used to finish the abortion. In response, noted abortion researcher Mitchell Creinin announced that he would conduct a “proper” scientific trial to rebut the myth.

He kicked off what was supposed to be a trial of at least 40 women in December of 2018. Women who were 44 to 63 days pregnant who had taken mifepristone would then be given other pills to see if their abortions could be reversed. Half would receive progesterone, the other half placebos.

In a dramatic announcement, Creinin halted the trial early, after treating just twelve patients. Why? “Safety problems.” Three of the 12 women he treated had bleeding so severe that they had to be transported to the hospital for treatment.

Creinin said he “did not expect women to bleed like this” and that he stopped the study because he “couldn’t continue to enrol women and put them at the same kind of risk.” Though he considered the findings “inconclusive” given the study’s truncation, he said that preliminary findings suggested that the commonly accepted abortion reversal regimen could have serious health consequences (The Cut, 12/16/19).

The results were limited, and the bleeding problems of at least two of those women were particularly serious, but a data table eventually released along with Creinin’s study actually appeared to show progesterone working to reverse chemical abortions with limited complications.

Ten women remained after two patients quit the study early and had surgical abortions. Three of the remaining ten had the aforementioned bleeding problems. Two of those were in fact patients who received the placebo rather than the progesterone. The bleeding of the woman who had received the progesterone stopped within three hours of her arrival at the emergency room, with no further treatment required.

Note that four of the patients who received the progesterone boosts still had “continuing pregnancies at the two week point.” Just two of placebo patients were still pregnant at that point.

The press willingly interpreted Creinin’s results as if he showed that abortion pill reversal was dangerous. But, in fact, what the data actually seemed to show was that reversal with progesterone often worked. If there was a cautionary message in the results, it was that failing to offer progesterone after the mifepristone appeared to lead to severe bleeding.

This wasn’t the message reported in the press. The actual results didn’t fit the media and pro-abortion narrative and somehow got lost in the shuffle.

Measuring success in dead babies

One of the more obvious yet most often overlooked disqualifying features of a pseudo-scientific abortion study is simply that it measures the success of a given treatment or method in terms of whether one of its patients – the unborn baby – dies.

Is a new surgical technique effective? Does a new chemical abortifacient work? Can women have DIY abortions at home with drugs bought over the Internet?

As long as at least 93% of the unborn babies involved lose their lives without a considerable portion of injuries or deaths among their mothers, their considered scientific opinion is “yes.” Abortion researchers obtain those results and deem the drug or the method or the technique “safe” and “effective” and a new way of killing an unborn child is hailed in the medical journals and in the press.

That this is such an obvious and flagrant violation of medical ethics – which is supposed to be devoted to the preservation, not destruction of human life – never seems to cross their minds. Their callous disregard for the child’s humanity is clear even in the clinical language they use – fertilized egg, conceptus, embryo, fetus, POCL (product of conception).

Most of the time, the baby is not even mentioned, only whether or not the “contents of the uterus” are “emptied” and the abortion is “complete.”

Though ostensibly done for the sake of the mother, or “the woman,” the callousness extends to her as well. Any negative emotional reaction on her part to the abortion is delegitimized and any risk to her own wellbeing is minimized.

She is asked to accept the indignity of surgical abortion, the pain and bleeding of chemical abortion. Sometimes she is asked to donate her baby’s dead body to the greater good of “science.”

If a certain number of women bleed to death from a punctured uterus, or die from a rare infection, or die from a cancer triggered by their abortions, as far as they are concerned, so be it.

So long as most of the babies die and most of the mothers survive, the study is considered a “success.”