September 2021

VOTE PRO-LIFE VIRGINIA

GLENN YOUNGKIN for Governor

WINSOME SEARS for Lieutenant Governor

JASON MIYARES for Attorney General

ELECTION DAY: TUESDAY, NOVEMBER 2ND

national RIGHT TO LIFE NEWS
Congress will tackle several pieces of important abortion-related legislation this fall

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

With Congress slated to return from recess soon, the month of September will be particularly busy on the pro-life front. While there will be action on the annual spending bill, and a separate 3.5 trillion dollar social spending reconciliation bill, pro-abortion Speaker Pelosi (D-Cal.) has also announced that the House will vote on the sweeping “Women’s Health Protection Act.”

Annual Appropriations
Work has resumed on appropriations bills to fund the government for Fiscal Year 2022, and the ongoing fight to save the Hyde Amendment to prevent taxpayer-funded abortion continues. During the last week of July, by a vote of 219 to 208, the House of Representatives passed H.R. 4502 that includes spending for Labor, Health and Human Services (LHHS). H.R. 4502 removes the longstanding Hyde Amendment which bans federal funding of domestic abortions.

Pro-Life Advocates See Major Opportunity in upcoming Virginia Races

By Karen Cross, National Right to Life Political Director

All the eyes of the political world are on the Commonwealth of Virginia which has its state elections in just 53 days. In a state that has trended toward Democrats in recent cycles, Republican candidates are running virtually even in key races for Governor, Lieutenant Governor, and Attorney General.

In 2016, Hillary Clinton carried the state by 5 points with Virginia Senator Tim Kaine as her running mate. In 2018, three pro-abortion Democrats flipped U.S. House seats, defeating three incumbent pro-life Republicans. Four years later, Joe Biden won Virginia by 10 points on his way to becoming President.

Democrats currently hold majorities in the Virginia House of Delegates and the state Senate. A casual observer could easily conclude that the Democrats should have the 2021 elections in the bag. However, in fact, the competition is intense. In the race for Virginia Governor, the latest poll of likely voters, conducted by The Trafalgar Group, found pro-abortion Democrat Terry McAuliffe with just a .03% lead (46.6%) over pro-life Republican Glenn Youngkin (46.3%). Trafalgar’s chief pollster Robert Cahaly told Townhall, “This has the making of a perfect storm for Republicans, with the national Democratic label being a little tarnished.” Pro-abortion Democrat Terry McAuliffe served as Virginia Governor from 2014-2018 and now he is seeking another go at the job. Throughout his term, McAuliffe embraced the most
Editorials

Some reporters wake up to the leading role women play in the pro-life movement

We’ve often written about the media “bubble,” how so many reporters are so disconnected that when they meet pro-lifers in the flesh, it’s like an anthropologist discovering a new tribe in New Guinea. But, as the saying goes, don’t look a gift horse in the mouth, even if it has a gap or two in its teeth (in this metaphor, mixing error with truth).

Enter a story from, of all places, the Washington Post with this incredible headline/sub-headline:

In Texas and beyond, conservative Republican women are helping lead the fight to restrict abortion: Democrats like to say Republicans are waging a ‘war on women.’ That erases the conservative Republican women working to ban abortion.

Right from the get-go, “erases” is the perfect choice of words. When you start from the premise that the only women who count in the abortion discussion are those who are Democrats or write for their legion of media allies, well, golly gee, you have “erased” pro-life women.

But what happens if, by chance, you open your eyes? This is what Rebecca J. Kreitzer, Abigail A. Matthews, and Emily U. Schilling did. And, with virtually no exceptions, “conservative” is synonymous with pro-life.

Their opening paragraph sets the tenor of their coverage. (Ignore the writers’ use of the slanted “restrictive/restricting” wording):

Last week, the Supreme Court allowed the most restrictive abortion bill in the country to go into effect since Roe v. Wade codified abortion as a constitutional right.

See “Women,” page 29

Biden Administration sues Texas in an attempt to block Heartbeat law

As we were putting the final touches on the September edition of National Right to Life News, we learned of two new inter-related developments.

First, as expected, the Biden Justice Department sued the state of Texas to try to block SB8. We all saw this coming. The pro-abortion Biden-Harris Administration is relentless.

Second, the Department of Justice case against Texas has been assigned to none other than pro-abortion Judge Lee Yeakel. Again, no surprise. We’ve written about Judge Yeakel’s relentless string of pro-abortion rulings on many occasions. He’s a natural.

The dust from the Supreme Court’s September 1st decision to deny the request of pro-abortion litigants to block enforcement of the Texas Heartbeat Act will not settle for months and months to come. That, of course, does not stop anyone—especially pro-abortionists—from predicting electoral calamity for passing Senate Bill 8 which prohibits elective abortions after the preborn child’s heartbeat is detectable.

There were 57,275 abortions performed in Texas in 2019, according to the Texas Department of Health and Human Services. Pro-abortionists assert the impact will be to curtail at least 85% of abortions performed in the Lone Star State.

Let’s discuss five followup items, extrapolating from not only what the media is saying but also in light of the congratulatory statement from National Right to Life and stories we’ve written for NRL News Today.

#1. In responding to the request to stop enforcement of SB 8, the Supreme Court did not rule on the law’s constitutionality. “[W]e cannot say the applicants have met their burden to prevail in an injunction or stay application,” five justices wrote. “In reaching this conclusion, we stress that we do not purport to resolve definitively any jurisdictional or substantive claim in the applicants’ lawsuit.” They added, referring to the pro-abortion challengers, “Their application also presents complex and novel antecedent procedural questions on which they have not carried their burden.”

#2. As you would expect, pro-abortion President Biden—whose approval ratings are racing downward from the 50’s to the higher
Texas law provides new opportunity to open eyes

What a victory in Texas! We don’t know how long the new law will be in effect, but babies are being saved by SB8!

The abortion industry is shaken, and extremely angry, because they can’t kill babies. The Biden-Harris administration, threatening to use the full force of the Department of Justice, is determined to stop this life-saving measure, acting as the abortion industry’s private law firm.

Along with saving babies, we have seen this law, and the new environment surrounding it, bring out the worst and the best in society.

Richard Hanania, president of a group called The Center for the Study of Partisanship and Ideology, tweeted, “You can’t screen for Down syndrome before about 10 weeks, and something like 80% of Down syndrome fetuses are aborted. If red states ban abortion, we could see a world where they have five times as many children with Down syndrome, and similar numbers for other disabilities.”

When challenged, he claimed that he didn’t say having more people with Down syndrome was bad—but that those challenging him were jumping to conclusions. I think an honest assessment would say that he bemoans a world where more babies with Down syndrome and “other disabilities” are allowed to be born, if similar laws are enacted elsewhere.

Awfully harsh, and that came out on the first day the law went into effect.

Whoopi Goldberg, pro-abortion actress and co-host of “The View,” defended her right as a Christian parent to make decisions for her kids, which implies she gets to decide if or when she has grandchildren.

Many in the media are lamenting how this will impact low-income women and women of color. Meaning exactly what? That not enough babies of low-income women or women of color are killed? What a strange way to show compassion.

In response to the decision of the Supreme Court not to put SB8 on hold, there are renewed calls for the Biden-Harris administration to lead the charge to expand the number of justices on the Supreme Court; for the Senate to eliminate the filibuster; and for the Senate to pass radical pro-abortion legislation such as the so-called Women’s Health Protection Act.

There were also some unusually nutty comments, saying we only want to “control women.” Naturally, comparing pro-lifers to the Taliban was mandatory.

On the other hand, pro-life people have responded as you and I would expect—with logic and love.

In our current culture, we often hear, “follow the science.” We agree. Pro-lifers continue to share information about the development of unborn children. The science tells us that life begins at conception and that babies, by as early as six weeks, have a heartbeat.

Pro-lifers believe this new opportunity to educate people will open many eyes to the humanity of unborn children. These little ones are not just blobs of tissue until, suddenly at some indeterminate point during pregnancy, they become fully developed human beings.

I have been inspired by those who have shared personal stories and offering to adopt “unwanted” babies.

One woman posted on Twitter: "If you’re a woman in Texas who is unable to schedule an abortion, hear this: I will take your child. Carry him or her to term and I will happily welcome your baby into my home. They’ll have 5 insane siblings, but I promise it will be better than death. So much better."

She added, “I also want to make it clear that any woman who gives me her child can decide how involved she wants to be. If it’s too painful and you’d rather not be present, I totally understand. If you want your baby to know you, I will make sure that happens.”

In response, several others offered to do the same.

People who were adopted as children have spoken up, expressing gratitude for being raised in a family that loved them. Parents of adopted children thanked the unknown birth moms for their strength in giving up a child so that a new family could have the joy of raising a child.

Another woman shared her very personal, very raw, story, explaining how she had two children at a young age and faced many difficult circumstances. But this strong woman has gotten through it and ended her story bluntly with “Don’t tell me my life would have been easier if I murdered them.”

When the pregnancy is unexpected, or when the mother is going through tough times, we know that having the baby is not easy. But that doesn’t mean taking the life of an innocent, preborn child is the right thing to do.

I certainly hope and pray that the Texas law stands, and that babies continue to be saved. But even if it is eventually overturned, we will have had a slight peek at how babies can be saved in a post-Roe country would be like.

We can learn from it, and be encouraged by it, knowing that our efforts are bringing us closer to that day when all unborn babies are protected.

I believe—I know—we’re up to the challenge!
Tell Congress: We want to keep the Hyde Amendment!

This just may be the most important thing you do today. Please go to prolifepetition.com and read the message, then sign the petition and get as many others to do the same. Thank you for being a part of saving lives.
Never forgetting the lessons that 9/11 taught us—the irreplaceable nature and priceless value of each human life

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

Never forget. Never forget that it was a gorgeous sunny September morning, filled with promise and possibility. Never forget the co-worker who urged us to turn on the television amid a report that a plane had flown into New York’s storied World Trade Center. Never forget the horror of seeing a second plane ram the skyscraper, and the sinking feeling that this was no accident.

Never forget the brave first responders, who raced into the Twin Towers in a valiant effort to save their fellow countrymen. Never forget a third plane crashing into the Pentagon in Washington, D.C. Never forget the sudden worry that in addition to the loss of life, what landmark might be next—and whether the tragedy would deepen even wider.

Never forget the passenger heroes of Flight 93, who gave their lives to thwart another terror attack. Their plane went down in a field in Pennsylvania, and now a memorial stands in fitting tribute to them.

Never forget the frantic calls to family members to find out how they were dealing with the catastrophic loss of nearly 3,000 lives. Never forget the sober reading each year of the names of the people who perished on that fateful day.

Never forget the lessons that 9/11 taught us—the irreplaceable nature of each human being, and the priceless value of each human life.
Pro-life Gov. Noem “steps into the breach” in anticipation of the Biden Administration facilitating the delivery of chemical abortion pills through the mail

By Dave Andrusko

With the Food and Drug Administration firmly under control of the pro-abortion Biden-Harris administration, it is widely expected the FDA will convert the temporary relaxation of the requirement that women have an in-person visit before undergoing a chemical abortion into a permanent change.

That’s why the executive order issued Tuesday by pro-life South Dakota Gov. Governor Kristi Noem is so important.

Executive Order 2021-12 “directs the South Dakota Department of Health to establish rules preventing telemedicine abortions in South Dakota,” according to the governor’s office. “The executive order also restricts chemical abortions in the state.”

Gov. Noem “plans to work with the South Dakota legislature to pass legislation that makes these and other protocols permanent in the 2022 legislative session.”

Noem accused the Biden Administration of “continuing to overstep its authority and suppress legislatures that are standing up for the unborn to pass strong pro-life laws.” As one example, she said “They are working right now to make it easier to end the life of an unborn child via telemedicine abortion. That is not going to happen in South Dakota.”

The Associated Press explained that South Dakota already has rules “that abortion-inducing drugs can only be prescribed or dispensed by a state-licensed physician after an in-person examination.”

While “South Dakota law already places that requirement on doctors,” Stephen Groves reported, “the Republican governor’s order was made in anticipation that the Food and Drug Administration later this year will allow abortion telemedicine, or mail service; Prevents abortion-inducing drugs from being dispensed or provided in schools or on state grounds; and

requirements on emergency room complications related to chemical abortion.

Grove of the AP nicely summarized key components of the executive order:

Noem’s order blocks the drugs from being delivered through the mail or other delivery services and outlaws the drugs from being provided in schools or on state property. It also requires licenses for any clinics that only prescribe medicine for abortions and require more stringent reporting on medicine-induced abortions and any health complications related to them.

That latter point is extremely important. A huge selling point for chemical [“medication”] abortions is their alleged safety, which is flatly not true.

Ian Fury, the communications director for Gov. Noem, told KELOLAND News that “the order is a response to President Joe Biden.”

Alluding to the REMS (Risk Evaluation and Mitigation Strategy), Fury said, “The Biden administration has signaled an intent to do away with that protocol permanently, as the EO (executive order) explains. Thus, the EO is stepping into the breach to preserve what was the status quo – no chemical abortion by mail/telemedicine.”
On September 1st, a Texas law designed to protect unborn children and their mothers from the tragedy of abortion went into effect at midnight. SB8 is designed to protect unborn children whose hearts have begun to beat, babies who feel pain, and to prevent gruesome and horrific dismemberment abortions.

“Hopefully, this law will begin saving the lives of tens of thousands of Texas babies and we look forward to the day that babies’ lives will be spared across America,” said Carol Tobias, president of National Right to Life (NRLC).

Tobias continued, “We applaud the efforts of our affiliate, Texas Right to Life, and pro-life Texans who have been devoted to providing a voice for the voiceless. We praise all of our state affiliates who have diligently and tirelessly worked with state legislators to protect unborn babies by passing laws that protect children whose hearts have begun to beat, babies who feel pain, and to prohibit an abortionist from dismembering a living unborn child limb-by-limb from her mother’s womb. It also comes just weeks before the U.S. Supreme Court is set to hear arguments on a Mississippi law that protects unborn children after 15-weeks gestation.

“Pro-life efforts in the state legislatures over the past three decades have saved millions of lives,” Tobias said. “National Right to Life joins with pro-lifers across the nation in applauding the efforts of state legislators to enact protective pro-life laws that save lives from coast to coast.”

National Right to Life’s Department of State Legislation was formed in 1989 partially in response to the Supreme Court decision in Webster v. Reproductive Health Services. That case upheld a comprehensive Missouri law, heralded by NRLC affiliate, Missouri Right to Life, that prohibited the use of public facilities or personnel for abortions and required abortionists to determine the viability of the unborn child after 20 weeks. Since then, NRLC’s Department of State Legislation has effectively worked with our state affiliates and state legislatures to see hundreds of laws passed that have saved millions of lives.
When Human Life Begins Is Not a Matter of ‘Belief’

By Wesley J. Smith

President Joe Biden made an irrational statement the other day about when human life begins, saying at a press conference:

I respect those who believe life begins at the moment of conception. I don’t agree, but I respect that. I’m not going to impose that on people.

Except this is not a question of “belief,” but one of biological fact. It’s a question about which science—rather than politics or ideology—has long known the answer. Indeed, embryology text books are clear on that point. For example (my emphasis):

Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (or spermatozoon) from a male. (p. 2); … but the embryo begins to develop as soon as the oocyte is fertilized. (p. 2); … Human development begins at fertilization, the process during which a male gamete or sperm … unites with a female gamete or oocyte … to form a single cell. This highly specialized, totipotent cell marks the beginning of each of us as a unique individual. -- Keith Moore and T.V.N. Persaud, The Developing Human: Clinically Oriented Embryology (6th ed.) p. 18

Here’s another useful quote from another embryology textbook:

Although life is a continuous process, fertilization…is a critical landmark because, under ordinary circumstances, a new, genetically distinct human organism is formed… -- Ronan O’Rahilly and Fabiola Muller, Human Embryology & Teratology, 3rd ed.

“A genetically distinct organism” is a technical way of saying that “a human life begins at conception” (when that organism is a member of the species Homo sapiens).

In other words, Joe Biden’s life began when he came into being after conception as a one-celled human being—whether he “believes” it or not.

Besides, at what other point could a new human life begin? … Life can’t begin when the mother decides that she wants the gestating child. Because that is not a biological event. And it can’t be at birth, because a fetus is clearly alive before that, and so asserting transforms the biological question into one of geography, of abortion. But proper moral analysis about such issues must begin with the best understanding of the scientific facts that apply thereto. Otherwise, we are left with nothing but feelings, irrationality, and naked ideological assertions—which make actual debate impossible.

But of course, that is the point of Biden’s statement.

Editor’s note. Wesley’s great columns appear at National Review Online and are reposted with permission.
The blessings when acts of selflessness and kindness are extended to women in need of accompaniment on their pregnancy journey

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

It is always heartening to see people reach out to pregnant women, offering them loving support and encouragement when they face challenging circumstances.

While scrolling through a social media newsfeed, I came upon yet another example of individuals engaging in acts of selflessness and kindness on behalf of a woman in need of accompaniment on her pregnancy journey.

The woman had been considering abortion, but, thanks to the support offered to her, chose life for her preborn child.

A life saved…an entire branch of a family tree allowed to flourish.

All because of the generosity of spirit of some unsung heroes.

A dedicated team is planning a baby shower for this mother and her precious child, and pledges to strive to meet any particular needs she might have. The care and compassion offered to this woman are truly inspiring, and speak to the love that each pregnant woman and child want and deserve.

Certainly, there will be challenges along the way to the day of this unrepeatable baby’s birth. But with the circle of caring surrounding her, this woman has a support network she might not have dreamed possible.

This is just one of the many, many stories that are replicated each day across our beloved country. They do not make the evening news, but they are of great significance. They demonstrate the kindness and decency of people committed to helping others, of those who are casting light in the darkness.

May we follow their example, bringing hope to pregnant women who may feel as if they are struggling alone, with no one to turn to.

Through the strength of community, may each pregnant woman be empowered to make life-affirming decisions for herself and her beloved child.
Imagine “savoring” the deaths of 67 unborn babies in just 17 hours

By Dave Andrusko

It’s at moments like these that the chasm between pro-lifers and pro-abortionists is most vividly revealed.

I am not talking about the over-the-top reaction to the Supreme Court’s rejection of the pro-abortionists’ request to stop the Texas Heartbeat Act in its track. What else would you expect? Any chink in the armor means some—maybe thousands—of babies will escape the abortionist’s scalpel, curette, scissors, or forceps.

Instead I am referring to the frenzy of killing that took place inside one Texas abortion clinic before SB 8 took effect. And the pride and sense of satisfaction the staff took in meeting “impossible” goals.

The headline begins “67 abortions in 17 hours.”

Over the years I’ve read many disturbing accounts. But in its race to the bottom, this story, written by Chabeli Carrazana, may be at the top of the list.

Whole Woman’s Health in Fort Worth is described as “one of the largest abortion care clinics in the state.” Carrazana’s account reads like the evacuation of Dunkirk in reverse. Instead of saving lives in order to fight another day, it’s a mad dash to kill, kill, and kill some more.

Instead of leaving no one behind, the goal was to leave no unwanted baby left alive.

Marva Sadler, the director of clinical services, addresses the “team” — eight people total between the techs and the front office staff, the doctor and three staff members from a nearby clinic they brought in to help— and tells them to take a breath:

“We are not the bad guys here,” she told them. “We are doing everything right and we’re going to help everybody that we can. If there’s someone that we can’t help, it’s not our fault.”

By “help,” Sadler means snuffing out an unborn child’s life—as many as possible as efficiently as possible. They had to because they’d established some mighty big goals. “They needed to perform eight abortions an hour with only one doctor on duty, an octogenarian who had been working since 7 a.m. everyone they were legally allowed to treat. In 17 hours, they performed 67 abortion procedures. They’d seen 60 people who had taken medication to abort at home to confirm that — yes, the process was complete, and they wouldn’t be left in limbo.

Can you believe the dedication? Chabeli Carrazana continues

“It felt impossible.”

But, not to worry. The killing machine is at its best when time is short.

Just before SB 8 took effect, at 11:56 p.m., the doctor walked out of his last procedure. Clinic workers got to everyone they were legally allowed to treat. In 17 hours, they performed 67 abortion procedures. They’d seen 60 people who had taken medication to abort at home to confirm that — yes, the process was complete, and they wouldn’t be left in limbo.

Can you believe the dedication? Chabeli Carrazana continues

For a moment they were able to savor it.

Sadler looked at the doctor and told him physicians half his age wouldn’t have been able to do what he did. Even if he only had performed one abortion, it would have been a victory, she said.

“Savor”? Savor what?

Even if the elderly abortionist had been able to annihilate only one baby, “it would have been a victory.”

A victory for whom and for what?

All of this was exhausting work. And, starting the following day, the “team” wouldn’t be able to “care” for women:

Sadler knew she would have to go out and say something uplifting to her team, even as she knew this would be a day where she would have to deny people care.

The subhead for the story reads, “At Whole Woman’s Health in Fort Worth, it was a race to perform as many abortions as possible until midnight, when a new Texas ban on the procedure became law.”

Imagine going home and “savoring” being a party to having helped obliterated the lives of 67 babies in 17 hours.

The chasm just grows wider and wider, deeper and deeper.
Minnesota Citizens Concerned for Life Leadership Camp returns, trains pro-life youth

Scott Fischbach, Executive Director, Minnesota Citizens Concerned for Life

Minnesota Citizens Concerned for Life’s pro-life camp for high school students returned this summer. Life Leadership Camp, which had been canceled last year because of the pandemic, took place Aug. 8-11 at Camp Koronis in Paynesville, Minnesota.

About 25 students came to learn about abortion, prenatal development, assisted suicide, making the case for life, and more. They heard from guest speakers, engaged in group activities, and had a lot of fun.

Life Leadership Camp is designed to equip young people to make a pro-life difference in their schools and communities—and to be the pro-life leaders of tomorrow.

“The talks were super helpful and I learned a lot. ... This has definitely strengthened my pro-life stance,” wrote one student afterward.

“I really feel my pro-life journey has started a new chapter in my life,” wrote another, who emphasized the impact of “hearing the stories of the speakers and learning more about myself.”

Life Leadership Camp is one of numerous MCCL and National Right to Life programs that train young people in the pro-life movement. They include MCCL’s Student Day at the Capitol, the Pro-Life Oratory and Essay Contests, the National Right to Life Academy, and more.
President Biden’s rant against Texas’ pro-life law reveals the real Joe Biden

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

Joe Biden seems determined to cement his place in U.S. history as the Abortion President. Not second or third, but the most pro-abortion President ever.

So much for his claims of representing Scranton, Pennsylvania values. (He is forever playing up his “blue collar” roots in Scranton, although he only lived there until he was eleven.)

Or the Catholic faith.

Or the “little guy.”

In reaction to the U.S. Supreme Court decision to allow a Texas pro-life law to stand while lower courts examine the measure, Biden unleashed this tyrannical tweet:

“I am launching a whole-of-government effort to respond to this decision—looking specifically to HHS and DOJ [Department of Justice] to see what steps the federal government can take to insulate those in Texas from this law and ensure access to safe and legal abortions as protected by Roe.”

In this outrageous diatribe, Biden demonstrated quite clearly that he is intent not only on protecting the tragic U.S. Supreme Court decision Roe v. Wade but embedding abortion more deeply into American culture. America’s preborn baby girls and boys and their mothers are on their own.

In fact, the abortion apologist-in-chief wants to codify Roe, making it a matter of federal law. (Pro-abortion Speaker of the House Nancy Pelosi announced today that when the House reconvenes, she will bring up “Congresswoman Judy Chu’s Women’s Health Protection Act to enshrine into law reproductiave health care for all women across America.”)

Biden is beholden to the titans of the abortion industry, which promoted his Presidential campaign. He has become their dream President, trying to bail them out with taxpayer-funded subsidies.

He has certainly come a long, long way from his hometown of Scranton, which was once proclaimed the pro-life capital of the U.S.

As Biden’s approval numbers continue to sink (along with the even worse approval numbers for Vice President Kamala Harris), clearly a growing number of voters who helped to propel Biden to the White House are expressing a case of “buyer’s remorse.” The Chief Executive has made extremist abortion positions his top agenda items in his fledging administration which does not sit well with the overwhelming majority of Americans. Rather than “Build Back Better” his campaign slogan should have been “Abortions Anytime for Any Reason During All Nine Months of Pregnancy.”

In turning a blind eye and a deaf ear to the suffering of preborn children and their mothers in the process, the Biden Administration has fully embraced the most radical elements of pro-abortion political philosophy.
When the “mainstream media” stumbles and concedes life does begin at conception

By Laura Echevarria, NRL Director of Communications and Press Secretary

With a few exceptions, the mainstream media tends to follow the “rules” laid out for them by pro-abortion groups. NARAL, for example, routinely provides media “guides” to reporters. NARAL outlines how journalists should cover the abortion issue—stipulating everything from what kind of stories reporters should cover to the approved terminology (by them) they should use.

But, not surprisingly, when publications and journalists dutifully abide by the rules pro-abortion groups lay out for what to say and what not to say, it can cause coverage in other areas to jump out as out of sync with the accepted narrative.

Case in point, on September 8th, the New York Times ran an article called, “From Cradle to Grave, Democrats Move to Expand Social Safety Net.” The subheading of the article read, “The $3.5 trillion social policy bill that lawmakers begin drafting this week would touch virtually every American, at every point in life, from conception to old age.” [emphasis mine]

But it’s not just the headline editor who wrote this. The article includes the following language [italics are mine]:

When congressional committees meet this week to begin formally drafting Democrats’ ambitious social policy plan, they will be undertaking the most significant expansion of the nation’s safety net since the war on poverty in the 1960s, devising legislation that would touch virtually every American’s life, from conception to aged infirmity.

And this sentence farther down:

To grasp the intended measure’s scope, consider a life, from conception to death.

What’s so scary about saying that life begins at conception in stories about abortion? It’s because groups such as NARAL, EMILY’s List, and Planned Parenthood demand journalists follow their lead.

But the recommendation regarding the use of terms such as embryo, fetus, unborn baby, or unborn child is very telling. The AP Stylebook steps journalists through the landmines of using such terms, admitting that context is everything. (This is a long excerpt but very much worth reading.)

While the terms are essentially interchangeable in many common uses, each has become politicized by the abortion debate even in uses not involving abortion. Anti-abortion advocates say fetus devalues human life; abortion rights supporters argue unborn child or baby equates termination of pregnancy with murder by emphasizing the fetus’ humanity.

Write clearly and sensitively, using any of the terms when appropriate.

Fetus, which refers to the stage of human development from the eighth week of pregnancy to birth, is preferred in many cases, including almost all scientific and medical uses:

The virus can be disastrous to a fetus. The lawsuit alleges harm to a fetus that prosecutors claim was viable. The research was conducted on fetal tissue.

In scientific uses referring to the first seven weeks of human development after conception, use embryo.

The context or tone of the story can allow for unborn baby or child in cases where fetus could seem clinical or cold: Weiss said her love for her unborn baby was the strongest feeling she had ever felt. The expectant mother lost her baby in the seventh month of pregnancy.

NARAL’s most recent media guide, issued in 2020, comments on the impact journalists have on the abortion issue: “Journalists and media outlets play a critical role in shaping the debate around abortion.”

And it’s true, they do play a critical role. This is why pro-abortion groups insist on having the edge in how stories are covered.

International Planned Parenthood issued its own media guide with a list of terms to use and not to use with a (so-called) justification for each term. For example, they argue that using terms such as female feticide, gendercide, and abort disabled children should not be used.

See “Concedes,” page 17
South Carolina Planned Parenthood Centers Commit 57 Percent of all abortions in 2020

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

COLUMBIA, S.C. -- The latest abortion statistics for South Carolina show that Planned Parenthood killed the majority of unborn babies who died from abortion in 2020.

Of the 5,468 abortions that occurred in South Carolina, Planned Parenthood in Columbia, S.C., reported performing 1,681, while Planned Parenthood in Charleston, S.C., aborted 1,478 babies. Together these two Planned Parenthood performed nearly 57 percent of all the abortions occurring in South Carolina in 2020.

Abortions occurring in South Carolina have increased for two years in a row corresponding with Planned Parenthood opening a second abortion facility in South Carolina.

There are three free-standing abortion businesses in which the majority of the abortions occur according to the South Carolina Department of Health and Environmental Control (DHEC) which regulates abortion and keeps abortion data.

Even worse news is that while African-Americans make up 28 percent of the Palmetto State’s population, 48 percent of the total number of abortions in 2020 were unborn black babies, according to the annual DHEC abortion report.

While this is discouraging news, we also know from the DHEC data, that the work of South Carolina Citizens for Life and the pro-life community of pregnancy care centers and moral educators including pastors, elected officials, health care providers, lawyers, and teachers have saved more than 200,000 babies’ lives since 1988 when the number of abortions occurring in South Carolina peaked. (see the accompanying graph).

While we mourn the loss of all children whose lives are lost to the grim horror of abortion, we will continue the lifesaving battles in the legislatures, the courts, and the political process to restore the right to life of our unborn brothers and sisters.

As St. Paul says in Galatians 6:9, “Let us not become weary in doing good, for at the proper time, we will reap a harvest if we do not give up.”

Abortion Reported to DHEC
Occurring in South Carolina by Facility and Race in 2020

<table>
<thead>
<tr>
<th>Facility Name</th>
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<th>Black</th>
<th>Other</th>
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213 House Members have signed a discharge petition to bring to a vote legislation requiring abortion survivors to receive no less medical care than any other baby born at the same age

By Dave Andrusko

WASHINGTON—One by one. On August 25, when newly elected pro-life Rep. Jake Ellzey (R-TX) signed the Born-Alive Abortion Survivors Protection Act discharge petition, it raised to 213 the number of the number of House Members who have joined forces to attempt to bring this anti-infanticide measure to the House floor for a vote. The goal is 218 (see below).

For a complete list of the signers, see clerk.house.gov/DischargePetition/20210414?CongressNum=117

While pro-abortion Democrats insist such legislation is unnecessary or repetitive, in truth, there is no federally mandated mechanism to punish abortionists who indulge in what is clearly passive infanticide—death by omission.

Let’s go through the process of forcing a House vote.

What is a discharge petition? It’s a way around hostile committees. If 218 signatures are secured, the legislation—in this case H.R. 619—would be brought directly to the floor for a vote. At that juncture, Democrats would bob and weave, distort and misrepresent, but there would be a real debate over how abortion survivors should be treated (or, if you are a Democrat, not treated).

Or, why is the Born-Alive Abortion Survivors Protection Act even needed? Pro-abortion Democrats insist the 2002 Born-Alive Infant Protection Act suffices. But it doesn’t—and, of course, they know that. There is no enforcement provision! That is, there is no federal law governing the actions of abortionists who deny care to babies who survive abortions. Abortion survivors are left to the tender mercies of the guy who just tried to kill them.

Or, is there a reason to believe a discharge petition is even needed in the first place? We have written about this on many occasions, usually quoting pro-life Members of the House of Representative.

Here’s just one voice—but a very important one: House Minority Leader Kevin McCarthy (R-CA). He described the Born-Alive Abortion Survivors Protection Act as “legislation that would have ensured that every child who survives an abortion is transported to a hospital and administered the same medical care any other baby would receive.”

McCarthy added, “If there is one thing Republicans and Democrats should be able to agree on it is that, once born, every baby deserves protection and has a right to live.” However, “tragically, this isn’t the case.”

McCarthy concluded, correctly, “Killing a baby that was born alive is infanticide, there’s no other way to put it. What Democrats are supporting is unconscionable.”
The “best” case for life versus the “best” case for abortion. It’s not even close.

By Dave Andrusko

As part of my job, I do my best to tackle pro-abortion dishonesty. Of course, since there are a gazillion of them and only one of me, the best I can do is tackle an admittedly small but representative sample, not only of flat-out lies, but also examples of their fondness for dissembling, deceiving, and duping the public.

Occasionally, I come upon a close to fair representations of both sides of the abortion debate, even if the writer presses her thumb on the scale in favor of the pro-abortion side. An example would be Caitlin Flanagan’s post in the Atlantic a while back: “The Dishonesty of the Abortion Debate: Why we need to face the two perspectives, just what she covered all the arguments from the other side” which I re-read this morning.

In her 3,323 word essay, Ms. Flanagan makes no bones about coming down on the side of “choice.” That’s not the question. Does she, in fact, offer the strongest argument both from the “pro-choice” side and from the pro-life side? Let’s see, bearing in mind she was not writing a piece that covered all the arguments from both perspectives, just what she considered the strongest.

When making the “best” case for “choice,” Flanagan goes right for the gut, appreciating that can be a very effective block to any consideration about the fate of the child or of trying to find better solutions for mother and child.

So it doesn’t matter that the abortion techniques Flanagan writes about in enormous and gruesome detail are a thing of the past. Or that even Planned Parenthood conceded, as far back at 1960, that 9 out of 10 illegal abortions were done by licensed doctors: “[T]hey are physicians, trained as such…Abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians,” to quote Dr. Mary Calderone, a former medical director for Planned Parenthood.

Flanagan writes about them because of their shock value and because they are to serve the bedrock argument for pro-abortionists—Women have always had abortions and always will—so go away pro-lifers.

But what makes Flanagan’s essay so powerful is that she really does offer the best argument for life—ultrasounds/sonograms—and uses her own pregnancy experience as powerfully supporting evidence.

Here are a series of quotes. The first one sets the stage:

These sonograms are so richly detailed that many expectant mothers pay to have one made in a shopping-mall studio, much in the spirit in which they might bring the baby to a portrait studio. They are one thing and one thing only: baby pictures. Had they been available when I was pregnant, I would definitely have wanted one. When you’re pregnant, you are desperate to make contact. You know he’s real because of the changes in your own body; eventually you start to feel his. The first kicks are startling and exciting, but even once they progress so far that you can see an actual foot glancing across your belly and then disappearing again, he’s still a mystery, still engaged in his private work, floating in the aquatic chamber within you, more in touch with the forces that brought him here than with life as it is lived on the other side.

Then

The argument for abortion requires many words. The argument against it doesn’t take even a single word.

For a long time, these images made me anxious. They are proof that what grows within a pregnant woman’s body is a human being, living and unfolding according to a timetable that has existed as long as we have. Obviously, it would take a profound act of violence to remove him from his quiet world and destroy him.

So what has Flanagan done? From the pro-abortion perspective, she has made concessions to reality that cannot—cannot—be made.

First, there is a baby inside every pregnant woman. Second, left to follow the laws of fetal development, this “human being” will be born in 40 weeks unless there is “a profound act of violence to remove him from his quiet world and destroy him.”

But these two acknowledgements of the truth are not as devastating to the “pro-choice” position as a third: the undeniable, recognizable humanity of the unborn child as early as the 12th week (it’s actually sooner but that’s something for another day). This “baby,” this “human being” is “one of us.”

Flanagan tells us she was “comforted” when a friend told

See “Best,” page 36
Pro-life Pa. Legislators want thorough probe of University of Pittsburgh’s research practices

To investigate whether Pitt may be using body parts from babies whose hearts are still beating

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

A group of Pennsylvania state Senators plan to introduce a bill which would launch a thorough investigation into the University of Pittsburgh’s controversial research practices. The push for legislation follows allegations raised by the Center for Medical Progress and Judicial Watch that the university may be using body parts from babies whose hearts are still beating. The co-sponsorship memo, authored by Republican state Senators Michele Brooks, Scott Hutchinson, Scott Martin, and Judy Ward, lays out a plan for a probe into both the funding and the conduct of the university’s research practices.

The memo states:

“We plan to introduce legislation in the near future to investigate reports that the University of Pittsburgh is harvesting body parts from live and aborted babies for their use in research. “Our legislation will call on the state Auditor General to review the University’s use of state-appropriated and grant funds and identify whether any of those funds are being utilized for this research. The audit will be provided to the General Assembly and formally reported on the Auditor General’s commonwealth website.

“The bill will also require the Attorney General to investigate the research practices and research projects undergone by University faculty, staff, and students in the last decade. This investigation will result in the reporting of findings to include any processes, procedures, policies, and practices undertaken to conduct research utilizing live fetal or aborted remains.”

Pitt’s research practices gained notoriety following allegations that the university was grafting scalps from aborted human babies onto mice. The grotesque nature of the alleged experiments has led to an outcry among some public officials and policymakers.

In addition, thousands of people have signed the Pennsylvania Pro-Life Federation’s online petition urging the university not to perform any such experimentation. To sign the petition go to https://www. paprolife.org/petition.

If you live in Pennsylvania, you can also conveniently send a message to your state Senator urging him or her to support the bill calling for an investigation of Pitt. To send a message now go to https://oneclickpolitics. global.ssl.fastly.net/messages/edit?promo_id=13892

When the “mainstream media” stumbles and concedes life does begin at conception

From page 13

Why? Because, “The suffix ‘-cide’ denotes ‘murder’ which is not appropriate when describing abortion; murder is only committed against people. And both the right to life and discrimination on grounds of sex or disability apply only after birth.”

It’s dizzying to contemplate the mental gymnastics required to think in this convoluted manner. It would be difficult to exaggerate the influence these pro-abortion groups have in the media. As we have covered in stories in National Right to Life News Today, more than ever, most journalists today live and work in liberal, pro-abortion enclaves, meaning that they don’t meet pro-lifers unless working on a story.

Reporters are so insulated from pro-life people they write about it’s always astonishing to see a major news outlet print a story that uses terminology the way it should be used. And the fact that it caught the attention of pro-lifers also tells you how rare such honesty is.
Editor’s note. This appeared last week on the blog of The Human Life Review and is reposted with permission.

As I went through the paperwork, I was aware of a familiar hollow feeling in my chest. It was the one I had when my older son was diagnosed with autism.

This past March, while the world was still in COVID-crisis mode, my husband and I were in a crisis of our own. We had applied for guardianship of our son Peter, who has mild to moderate autism and had just turned 18. We felt an urgency to secure it as quickly as possible, because if he became sick with COVID and were hospitalized without guardianship, we could find our ability to direct his care severely limited.

But when we received the documents from our attorney, stipulating in black and white that my husband and I would be, technically, adversaries of our son in the guardianship court case, I felt a flash of that soul-deep anguish I had felt at Peter’s diagnosis. His limitations, both personal and social, were spelled out in the paperwork. I cried.

I was taken back to December 2005 and the moment when the developmental pediatrician first spoke the words, “Your son has autism.” At first, I couldn’t breathe. It was probably only a few seconds, but it felt much longer. And then, suddenly, I was sucking in great gulps of air as I tried to control my distress and tell the doctor the story of our son. I began by recalling that while I was pregnant with Peter in late 2002, a marker for Down syndrome had showed up in a routine ultrasound.

I was sent to a perinatologist for follow-up and a more thorough screening, but I got in an argument with him because he insisted that I have an amniocentesis. When I said I didn’t want one, the doctor—who had seen me for all of five minutes—persisted, arguing that “some couples like to terminate the pregnancy.” His words made me angry. I told him that we would be keeping our son no matter what and that I was refusing to have an amniocentesis. As he was leaving the room, his parting words were, “Well, you have a 25-percent chance of having a child with Down syndrome.”

He wasn’t telling me anything I didn’t already know—I had a 25-percent chance of having a child with Down syndrome based on my age alone. He said it to show that science was on his side and to scare me into agreeing to the amnio, which just made me angrier. But it also made me sympathetic toward women who feel compelled to consent to extensive prenatal testing only to be pressured into having an abortion if their unborn child is diagnosed with a disability.

Instead of getting the amnio, I saw a different specialist who ordered additional ultrasounds to check for any other markers or health issues that could require Peter to have surgery after birth. The doctor was astonished at Peter’s size—he weighed four pounds while most babies at 26 weeks weigh a little less than two pounds. She eventually concluded that the marker for Down syndrome was probably related to how big Peter was at such an early stage of pregnancy. After two months, we were told that he did not have Down syndrome.

Now I had just been told that he had autism. As I recounted the story about the Down’s marker to Peter’s pediatrician, I wanted her to know—and I guess I needed to say the words out loud—that we would fight for our son. We had before and we would again.

All children are miracles, but my husband and I were told we would have trouble having them—if we were able to conceive at all. Our daughter was born on our fifth wedding anniversary; two years later I suffered a miscarriage. Becoming pregnant with Peter two years after that was no less of a miracle than the birth of our daughter. After concluding that we would be blessed with only two children, our youngest was a surprise, arriving seventeen months after his older brother.

I have never regretted for a moment having children with special needs (our younger son was diagnosed with autism about six months after Peter) but I know the world can be cruel—espousing acceptance of people with disabilities on the one hand while on the other pushing to “eliminate” disabilities by pressuring abortion on the expectant parents of children who don’t pass the sonogram or genetic test.

Not surprisingly, in a December 2020 article in The Atlantic, the chief scientific officer of Genomic Prediction, a New Jersey company that screens embryos for IVF treatments, said that the one test customers continually ask about is for autism. Such a test doesn’t exist—not yet. Scientists have identified several genes that can indicate a probability of an autism diagnosis but so far, no test can reliably pinpoint it in utero.

I feel a special affinity with people who learn an unborn child has Down syndrome. These children are often targeted for abortion, with doomsayers like the perinatologist I saw pointing to all the negatives that await prospective parents. Children with autism likewise will be targeted as soon as the science makes it possible.

For all the problems it can solve and all the wonders it can create, science has a dark side, manifest in the quest to identify—and discard—those who are not “normal.” As science advances, our society retreats from extending true, lifelong (from conception through natural death) compassion to those with disabilities.
Women Must Not be Misled by Orchestrated Campaign Declaring Abortion Pills “Safe”

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

Any lay person looking at recent headlines could be forgiven if they thought that new objective scientific studies had recently determined that chemical abortions, even with drugs obtained by telemedicine rather than distributed in person, are absolutely safe and effective.

However, those who know these drugs, who have used these drugs, and who know who it is behind this public relations campaign, know different.

Despite the full scale media blitz by abortion pill advocates and a corresponding push for action by pro-abortion members of congress, the fact still remains that these drugs are dangerous and come with significant risks not just for unborn children but for their mothers.

Modest government safeguards won’t protect unborn children from harm, but they could save a few women’s lives and help keep some of the thousands of them from rushing to their local emergency room to deal with incomplete abortions, uncontrolled bleeding, virulent bacterial infections, or ruptured ectopic pregnancies.

Why safety assurances from abortion pill advocates aren’t reliable or even defensible

Abortion pill advocates clearly believe that if they can call the abortion pill “safe” enough times, then people will just believe that it is so. But the reality and the record are stubborn and resistant to spin.

To begin with, you can’t call a drug safe that has been associated with the death of at least two dozen patients and has put thousands in the hospital. And those are not up to date numbers, only what has been made public.

You can’t call a drug effective that fails 2-7% of the time.

It can’t be acceptable to mail women pills that, even when they work, put women through excruciating pain and cause copious bleeding. All this and more without dealing with the consequences of an incomplete abortion on their own, perhaps hundreds of miles from the nearest qualified medical help.

That is not safe.

The FDA says that “About 2 to 7 out of 100 women taking Mifeprax will need a surgical procedure because the pregnancy did not completely pass from the uterus or to stop bleeding.” This is, of course, a percentage generated under the ideal conditions of trial where patients were more closely screened and monitored.

What about out in the field?

Prescribers have given the pills to women weeks past the recommended cutoff date, when effectiveness is known to fall. And the number of incomplete abortions is certain to rise when women ordering these pills are not professionally screened and their pregnancies are not ultrasonically dated.

Even if this were true—and, as we shall see, there are reasons to believe this may be wildly overinflated—it would still mean thousands of women bleeding.” This is, of course, a percentage generated under the ideal conditions of trial where patients were more closely screened and monitored.

Too high a failure rate to be safe

Those pushing unrestricted telemedical abortion give their assurances that abortion pills work up to 98% of the time. By “work,” they mean killing the baby and the baby’s body being flushed out of a woman.

Even if this were true—and, as we shall see, there are reasons to believe this may be wildly overinflated—it would still mean thousands of women bleeding.” This is, of course, a percentage generated under the ideal conditions of trial where patients were more closely screened and monitored.

Too complicated of a process to be managed safely without supervision.

Used correctly, the abortion pill process involves not one, but at least two sets of pills—mifepristone and misoprostol. They are taken over a period of multiple days and the process involves women going through several stages of an extended, harrowing process and then assessing and dealing with the consequences.

See “Misled,” page 40
Save the Date

JUNE 24-25, 2022

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Pro-Life Advocates See Major Opportunity in upcoming Virginia Races

From page 1

radical elements of the abortion lobby’s agenda. He sided with the profit-driven abortion industry and left thousands of unborn Virginians and their mothers at risk.

McAuliffe supported controversial legislation that would have expanded abortion “brick wall” to “any and all” attempts to protect the unborn.

It should come as no surprise that McAuliffe is supported by the political arm of Planned Parenthood, the nation’s largest chain of abortion clinics. McAuliffe supports using taxpayer dollars to pay for abortions, and he even vetoed legislation as governor that would have prevented taxpayer dollars from funding abortion clinics.

By contrast, Republican candidate Glenn Youngkin is pro-life and supports legislation to protect unborn children. Youngkin has stated his opposition to McAuliffe’s extreme position of abortion on demand for any reason at any point during pregnancy and his support for taxpayer funding of abortion. In a letter to pro-life advocates, Youngkin stated, “As the next Governor of Virginia, I will proudly stand up for the unborn and their mothers. I believe life begins at conception. My views are formed not only by my faith, but by science as well.”

Youngkin is endorsed by National Right to Life and the NRL Virginia state affiliate, the Virginia Society for Human Life (VSHL).

For Attorney General, Jason Miyares, a member of the House of Delegates and a former prosecutor, faces incumbent Mark Herring, who has used the Attorney General’s office as a roadblock to pro-life progress.

As the margins narrow, it is vital that every pro-life Virginian make their voices heard in the elections. Pro-life victories are not possible without our votes!

Early voting begins September 17th and Election Day is November 2nd. https://www.elections.virginia.gov/casting-a-ballot/calendars-schedules/upcoming-elections.html

An additional resource to share with your pro-life family, friends, and church community is this comparison flyer. (https://www.nrlc.org/uploads/records/VA-GovComparison.pdf)

Voters deserve to know where the candidates stand on this important issue!
Memorials & Tributes

You, your family, and your friends may remember a deceased loved one by making a memorial contribution to National Right to Life. This memorial gift is a fitting way to remember a lifetime of love for the unborn at the time of death. Your contribution can also be made to commemorate birthdays, new arrivals, anniversaries, Mother’s Day, Father’s Day, or any other special occasion. An acknowledgment card in your name will be sent to the family or person you designate. The contribution amount remains confidential.

In Memory of

Joan P. Allgaier
Michael Allgaier

John Angeliu
Roberta Angeliu
Stephen & Beverlyann Stieler

Zach Cassidy
Connie and Daniel Cashill

Lorraine Dour
Natalie Beyer
Vicky & Joe Miller

Paul Dunkin
Timothy & Pamela Frey
Rose Lymanstall
Nancy Schink

Lois Haas
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Muriel Hansen
Earl Roed

Francis J. McManus
Ironia Elementary School
Mark Picillo

Brian Smith
Luis Alvarez
John & Jaime McIghee
Rocco Santorsola
Atlantic Southern Paving & Sealcoating

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Shirley Baumann &
Jerry Haynes
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Fred O’Connor
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Wayne Wolfe

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Your address___________________________________________________________________

Name/Address for acknowledgment card___________________________________________

Memorials & Tributes

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amount $___________

Make your check payable to National Right to Life Committee and return with this form to:

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1446 Duke Street | Alexandria, Virginia 22314
A “Swiftian” Solution to Unwanted Children, Then and Now

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

What to do about the vast number of poor, starving children? That was the question that Jonathan Swift, best known for writing *Gulliver's Travels*, answered in his 1729 essay *A Modest Proposal*.

In response to the poverty that crippled Ireland at the time, Swift offered a win-win proposition. Having been told that “a young healthy child well nursed is at a year old a most delicious, nourishing, and wholesome food, whether stewed, roasted, baked, or boiled...” Swift recommended that children “at a year old be offered in sale to the persons of quality and fortune” for their consumption.

In this way, “the constant breeders will be rid of the charge of maintaining them after the first year.” The population of the Irish poor would be kept in check, the appetites of the English rich satisfied, and the well-being of the ruling elite preserved.

Even Swift’s contemporaries recognized that the piece was, of course, satirical. He did not want to kill poor children and feed them to the rich. Swift’s point in proposing such a ridiculous notion was to highlight the failure of politicians to address the very real problems of the Irish.

Yet, Swift’s sinister solution has taken root in our modern culture, albeit in a less conspicuous, but no less distasteful, form. While we are not killing one year olds to feed to the wealthiest tragically intact fetal hearts from a child 18-24 weeks gestation sold for $595. Half of a pre-natal liver for $350. A thymus for $500. Lives of unwanted babies are ended and their much wanted body parts commodified.

In an even more ghoulish turn, there are allegations that the hearts of babies may still be beating at the time of organ harvesting. Grant applications from the University of Pittsburgh to the National Institute of Health reference “ischemia.” Judicial Watch, which obtained 252 pages of records under a Freedom of Information lawsuit, reported later in the proposal, Pitt states that it records the “warm ischemic time on our samples and take steps to keep it at a minimum to ensure the highest quality biological specimens.” [The “warm ischemic time” refers to the amount of time an organ remains at body temperature after blood supply has been cut off. Warm ischemic time differs from cold ischemic time which refers to amount of time the organ is chilled. Pitt’s statement suggests the time between the abortion and collection is minimal.]

The implication is that some babies may be born alive and killed by dissection. In this way, pristine tissue and intact organs, the coveted “gold standard,” are obtained for research.

Utilitarianism at its best. Or at its worst. Babies are being killed for the “sin of unwantedness” and their body parts collected and sold to the highest bidder. And sometimes those babies might be alive when they are cut open.

We would not do this to puppies (rightfully so), but we will do it to the unwanted child. And then justify it because it is, after all, in the name of science.

What a Swiftian notion! Eliminate the undesirables, and in the process, utilize them for the betterment of the born. What was once a work of satire has materialized into a real-life horror story.

Shame on us if we let this continue. We must stop this cannibalization of the most innocent and vulnerable. If we are to truly progress as a society, we must use ethically-obtained tissue for future medical research, not feed our babies to the scientific elites.
The Pro-Life Movement gives up on no one. We seek to win them over to the cause of life

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

In the news whirlwind that Texas’ protective pro-life law has created, it can be a good time to take stock and contemplate how legal abortion on demand was foisted on an unsuspecting American public many decades ago.

One of the prime architects of the pro-abortion movement was Dr. Bernard Nathanson, a co-founder of NARAL. Nathanson was a relentless abortion advocate, and, back in the day, he lied (as Robert George put it) “relentlessly and spectacularly,” knowingly inflating the number of women who died from illegal abortions.

As Nathanson himself later admitted in his 1979 book Aborting America, “In NARAL we generally emphasized the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always ‘5,000 to 10,000 deaths a year.’ I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it.”

Nathanson continued, “But in the ‘morality’ of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the laws eliminated, and anything within reason that had to be done was permissible.”

A very gradual convert to the pro-life cause, it was the advent of fetoscopy and ultrasound that was fundamental in helping Nathanson to change his views on abortion entirely. Seeing the humanity of the preborn child dramatically altered his mindset. By the end of his life, he was a staunch pro-life advocate, and attempted to undo the massive damage created by the legalization of abortion.

The legacy of legal abortion is tragic—more than 62 million preborn lives ended since the disastrous 1973 U.S. Supreme Court ruling Roe v. Wade. So many people—like Nathanson—have changed their minds on the issue of abortion, once confronted with the startling scientific facts.

Now, more than ever, we need to step up our educational outreach, so that people can see the devastation that Roe has wrought, and realize that mothers and their unborn children will be far better off without it. And, as Nathanson’s pilgrimage illustrates, that includes even those caught up in the abortion industry.

As Prof. George so wisely wrote, “Our task is less to defeat our opponents than to win them to the cause of life. To be sure, we must oppose the culture and politics of death resolutely and with a determination to win. But there is no one—no one—whose heart is so hard that he or she cannot be won over” [https://www.thepublicdiscourse.com/2011/02/2806].
Congress will tackle several pieces of important abortion-related legislation this Fall

From page 1

except in cases of rape, incest or to save the life of the mother. The Hyde Amendment has been enacted—with bipartisan support—in various forms from 1976 until FY2021. No Republicans voted in favor of H.R. 4502.

The Senate will need to defend against tax-payer funding of abortion, and more votes are expected prior to the September 30th government funding deadline. It is likely that if no agreement is reached, Congress will work on a short-term continuing resolution to keep the government open. The current appropriations does contain pro-life protections.

**Battle to save the Hyde Amendment**

After Roe v. Wade was handed down in 1973, various federal health programs, including Medicaid, simply started paying for elective abortions. By 1976, the federal Medicaid program was paying for about 300,000 elective abortions annually, and the number was escalating rapidly. An amendment by pro-life Congressman Henry Hyde (R-Ill.) to prevent federal Medicaid funds from paying for abortions was enacted.

The Hyde Amendment is widely recognized as having saved an estimated 2.4 million American lives since it was first adopted in 1976 and has proven to be the greatest domestic abortion-reduction measure ever enacted by Congress. In addition, a November 2020 McLaughlin poll showed that 64.6% oppose tax funding of abortion including 49% of Democrats and 69% of Independents.

Also missing from House appropriations bills was Weldon Amendment language which would protect the conscience rights of medical providers and prevent them from being forced to participate in an abortion.

It is critical to continue to contact your members of Congress to urge them to retain Hyde and other provisions that prevent tax-payer funded abortion. Our action alert is available here: https://cqcengage.com/nrl/action

### 3.5 Trillion Dollar Reconciliation Social Spending Bill

Congress is also working on a massive $3.5 trillion social spending plan using the reconciliation process. The threshold under this process is 51 votes and thus is not subject to a filibuster.

To start the reconciliation process, the House and Senate must agree on a budget resolution that includes “reconciliation directives” for specified committees. On August 11, 2021, the Senate passed a budget resolution that included an amendment offered by Senator James Lankford (R-Ok.) to apply the Hyde Amendment and the Weldon Amendment (providing conscience protections for persons who do not want to participate in abortions). The Lankford Amendment was added by a vote of 50-49, with one pro-life senator absent.

While non-binding, the effect of the Lankford Amendment is to show majority support in the Senate for the Hyde Amendment as the process continues. The House of Representatives must agree to the budget resolution before the actual budget can move forward. If passed by the House, the budget resolution will unlock a massive reconciliation bill which Democrats intend to use this fall to bypass the filibuster.

National Right to Life will continue to monitor the package for pro-life concerns related to the expansion of Obamacare and other health programs that fund elective abortion.

**Women’s Health Protection Act**

In response to Texas SB 8 which permits civil remedies against performing abortions after a heartbeat can be detected, Speaker Nancy Pelosi (D-Cal.) announced the house will vote on the radical Women’s Health Protection Act (WHPA). The WHPA is designed to remove legal protections for unborn children on both the federal and state level.

Over 100 pro-abortion organizations support the Women’s Health Protection Act, because it would expand abortion on demand and remove or nullify protective pro-life laws at both the federal and state level.

“The so-called ‘Women’s Health Protection Act’ does nothing to protect women or their unborn children,” said Carol Tobias, president of National Right to Life. “Calling it the ‘Abortion Without Limits Until Birth Act’ would be more in line with what this legislation actually is. It is a gift to pro-abortion groups and their allies, a wish list of proposals not supported by the public.”

Among the protective laws that the bill would nullify:

- *Requirements to provide women seeking abortion with specific information on their unborn child and on alternatives to abortion;*
- *Laws providing reflection periods (waiting periods);*
- *Laws allowing medical professionals to opt-out of providing abortions;*
- *Laws limiting the performance of abortions to licensed physicians;*
- *Bans on elective abortion after 20 weeks when an unborn child is capable of feeling pain;*
- *Bans on the use of abortion as a method of sex selection. These anti-sex selection laws generally have broad public support in the states in which they are enacted, including support from substantial majorities of women. The bill would also invalidate most previously enacted federal limits on abortion. That would include federal conscience protection laws and most, if not all, limits on government funding of abortion. National Right to Life strongly opposes this sweeping legislation. National Right to Life will continue to closely monitor these legislative efforts. More on taxpayer funding of abortion can be found at www.nrlc.org/hyde*
The pro-abortion response to SB 8 smells of pure panic

By Dave Andrusko

This is one of those hopefully helpful posts that brings together a number of related items to make some important points.

#1. It would be, and it is, impossible to exaggerate how over the top, Doomsday Clock-esque the reaction has been to the Supreme Court’s unwillingness to stop Texas’ Heartbeat law in its tracks. The justices have not ruled on SB 8, saying only they would not grant the pro-abortionists’ request for injunctive relief to block enforcement. That was enough, as the saying goes, for critics to go ballistic.

Pro-abortion stalwarts President Biden and House Speaker Pelosi have vowed to roll out the tanks, or at least mobile units. Elie Mystal, editor-at-large of the far left The Nation, says “The Biden administration could actually send mobile abortion units to the Lone Star State to circumvent the new restrictions.”

“Mobile abortion clinics”? Yup.

The usual suspects, the Abortion Industry, using one of their top go-to outlets, Politico, would have you believe this is a chance to take the infamous advice of Rahm Emanuel: “Never let a serious crisis go to waste.”

Anita Kumar and Christopher Cadelago write Texas’ abortion law adds to the growing number of issues Biden is being pushed to prioritize, including reforming police departments, rewriting immigration laws and raising the federal minimum wage. They’re all issues he promised to tackle with speed.

And it’s raising the pressure on him to support a fundamental restructuring of the other two branches of government, including eliminating the Senate filibuster and expanding the Supreme Court. [Underlining added.]

#2. The advice (freely given) is that the more outlandish and disruptive the proposal—and eliminating the Senate filibuster and expanding the Supreme Court surely qualify—the better off Democrats, in general, President Biden, in particular, will be. Why?

Because, they say, it would allow Democrats to enact an agenda that, while out of step with public opinion, would afford them considerable gains longer term. Which overlaps with what they see as a rescue proposal for a floundering President Biden.

Biden at 41% approval versus 55% disapproval.

“The mood of the nation is dark,” writes Liz Peek. “You can see it in the University of Michigan consumer confidence index, which plunged to 70.3 in August, down 11.0 points from July. That’s down to levels not seen since the Great Recession.”

#3. President Biden’s approval ratings are dropping like a rock for all the reasons we need not rehearse here. Biden’s average approval rating (as compiled by Real Clear Politics of seven polls taken over the last week) is a dismal 45.3%. A Suffolk University Poll taken for USA Today had Biden at 41% approval versus 55% disapproval.

“One-fifth of Joe Biden’s voters regret voting for the president, according to a Zogby Analytics poll conducted in early August,” Rebecca Downs. Paul Bedard highlighted the poll in his Washington Secrets column for The Washington Examiner. Worse for Biden is that ‘many more voters might be expressing regret if Biden and company do not score a victory soon,’ according to pollster Jonathan Zogby. Seventy-six percent did not regret their vote, and 4 percent were unsure.”

That, of course does not dissuade them in the slightest. Just the opposite. They double down and double down again.

The pro-abortion, ultra-Left answer is a classic example of Einstein’s definition of insanity: “doing the same thing over and over and expecting different results.” Send in mobile abortion units, unilaterally expand the number of Supreme Court justices, end the filibuster, pass federal legislation that will lower the hammer on state legislatures that enact pro-life laws—for starters.

Proponents would have you believe such extremism is a sign of strength and vigor. To anyone else, it smells of panic—raw, unadulterated panic.
Back to School and Already Facing a Writing Assignment?

*Use materials from the National Right to Life Educational Trust Fund to write a good pro-Life research paper*

By Randall K. O’Bannon, Ph.D. and Joseph Landrum

Editor’s note. You’ll find this back-to-school advice for students who are preparing those first assignments of the term invaluable, whether you are yourself in that situation or are a pro-lifer looking to present the best case from our side.

Mark Twain once said, “The secret of getting ahead is getting started.” If you’re pro-life and you want to write a paper on some aspect of the abortion issue, this is surely good advice. But that begs the question — how do you get started and what signposts do you need to observe?

We suggest you begin by accessing the National Right to Life Educational Trust Fund. The Trust Fund conducts first-rate research, digs through newspapers and government reports and medical journals, and assembles it all in an easily accessible, easy to understand format.

Most importantly, any and all readers can rely on our accuracy. You can find our materials on the NRLC web page: www.nrlc.org. The factsheets, which are indispensable, can be found at www.nrlc.org/factsheets/.

You can also read some of our many stories on the latest activities of the abortion industry and their most recent scientific research in the National Right to Life News and NRL News Today at www.nationalrighttolifenews.org. Search for the Trust Fund author or your topic of interest to make sure you’re up to date on the latest happenings.

Of course, you’ll still have the responsibility to write the paper, watch your grammar, and turn in your paper in a timely fashion. But the factsheets and brochures from the Trust Fund will provide you with the kind of accurate information and well-researched arguments you need to prepare a top-notch paper.

Here’s some practical advice and examples of materials available from the Trust Fund and suggestions how to think through the way you assemble your paper.

Some Hints on Choosing a Topic

*Deep or Wide?* Do you want to give your reader a general background on the topic or do you want to write on one aspect of the debate in depth?

If you choose to go general, you’ll basically just be introducing the topic and outlining some of its broad ramifications. But you can still show why the issue is important and address some of the most salient facts—such as the number of abortions, the reasons why women have abortions, who has abortions, the profits that drive the abortion industry, and a sense of the humanity of the fetus. Trust Fund factsheets like “The Basics” and “Abortion Statistics” are great resources here.

*Lifetime has many facets.* If you decide you want to look at the abortion issue in depth, there are many possible topic areas on which the Trust Fund has done extensive research.

Do you want to focus on the humanity of the unborn child? The full color, fully documented “a baby’s first months” brochure will give you the facts you need to make a compelling case.

Want to consider other aspects of the life issues? You can study stem cells, partial-birth abortion, to name just two. Or look at “Abortion’s Economic Impact” or “Abortion’s Impact on Minorities.”

*Focus, Focus.* If you’re not careful, your topic on, say, stem cell research will overlap into fetal pain and next thing you know you’re discussing abortion in the Roman Empire. Once you decide on a topic, make sure you don’t stray into other side arguments, however interesting and important they may be.

Doing Your Research

*Whom can you trust?* Information on the Internet is plentiful but not always reliable. Make sure some scientific journal, medical text, respected research institute, or established news outlet ultimately backs up your source.

Factsheets and other Trust Fund materials such as “Abortion: Some Medical Facts” which can be found on our web page, are well footnoted from solid original sources you can feel comfortable citing.

Articles by the Trust Fund appearing in the National Right to Life News and NRL News Today often examine the latest research or promotional campaigns on telemedical abortion, the impact of abortion legislation, trends in clinic closings, etc. That analysis and those insights can help you make cogent observations about claims being made in the popular press.

*Write it down.* When you find some information relevant to the topic you’ve chosen, write down exactly what your source says and fully document the original source. That means saying no more but no less than what the source says. Indicate...
the author, the name of the article, the publication, the date, and any further publication data (e.g., journal volume and number, name of editor, etc.).

If you cite Roe v. Wade or any of the other Supreme Court abortion cases, make sure you characterize these correctly by checking the Trust Fund’s “Supreme Court Decisions: Abortion Factsheet” [http://www.nrlc.org/uploads/factsheets/FS05SupremeCourt.pdf].

*See what the other side says.
The Trust Fund’s “Abortion Reasons & Arguments” factsheet [http://www.nrlc.org/uploads/factsheets/FS08Reasons.pdf] offers responses to the most relevant arguments of the other side. Sometimes those on the other side will even give you information that will help you make your case. For instance, the strongest material on the Trust Fund’s factsheet on Planned Parenthood exposing the organization’s abortion agenda comes from PPFA itself.

*Speaking of Planned Parenthood, did you know that the “largest abortion provider” performed 354,871 abortions between October 1, 2018 and September 30, 2019? Or that it was an all-time record for the organization? If you have conflicting sets of data, get the sources for each one and see which one holds up best. In that way, you dramatically lessen its persuasiveness. Follow standard rules of grammar so that subjects and verbs agree, sentences don’t run on, proper nouns are capitalized, etc. Check your spelling. And—very important—have someone else read your paper or read it out loud to see if any phrases or sentences are jarring or confusing.

*Know your audience.
Quotes from Scripture, Pope John Paul II’s “Gospel of Life,” etc. may fit nicely into your paper if you are encouraging people of faith to take up the pro-life cause. In a public school, however, it may be more effective to argue the pro-life cause from a human rights or civil rights perspective. While not everyone recognizes the same religious authority, your teachers will take note of data, get the sources for each one and see which one holds up best. But they can also be good to set up and introduce a topic, but unless you can show they are representative of a broader experience shared by many others, it’s just one person’s individual experience and irrelevant to your presentation.

*Keep your cool.

Never personally attack and avoid hyperbole. Give opposing arguments their due, both because that is being intellectually honest and because it tells your teacher he or she does not need to view your solid counter-evidence with suspicion.

Can we guarantee you’ll get an A+ on your research paper? Sorry, no. A great deal of that is still up to you.

But with brochures, factsheets, and research articles from the National Right to Life Educational Trust Fund, you’ll have the ideas and information you need to address some of the hottest topics in America today. You’ll be better and smarter for it.

And that’s what education is all about.

Dr. O’Bannon is NRL-ETF director of education and research. Joe Landrum was the Trust Fund’s long-time administrative assistant for public information.
Some reporters wake up to the leading role women play in the pro-life movement

From page 2

right. Many in Democratic circles say that men shouldn’t make laws about women’s bodies. That’s part of a broader pattern of overlooking Republican women’s influence in American politics. But in fact, Republican women play a prominent role in restricting abortion.

The article is astonishing. The trio (of female) reporters go through the manner in which Republican women are prominent in enacting and defending protective abortion laws and, in fact, in many-to-most instances are more conservative than Republican men. (None of this is news to pro-lifers. Overwhelmingly, the leadership of our Movement is female.)

Examples from the story? Here are four.

#1. “Republican women elected in the past 20 years are more conservative than their earlier counterparts; at times they’re even more conservative than Republican men. In Congress and in state legislatures, Republican women actively support abortion restrictions and are especially likely to introduce such bills when the ideological distance between Democratic and Republican women grows — a distance that has been growing as the parties, in general, grow more polarized.” Nothing need be added.

#2. Republican women “wrote or co-sponsored more than half of the 32 abortion-restriction bills introduced in the Texas House and 10 of the 15 in the Texas Senate.” And, as is the case at the congressional level, more women are being elected in Texas—and they are overwhelmingly pro-life and having an impact. “First-year Republican woman — and the most conservative woman in the Texas House — Rep. Shelby Slawson introduced the House version of the six-week ban, H.B. 1515.”

At the end of their article, when the Post writers talk about “More states are following Texas’s lead,” the governors of two of the six are women.

#3. “Women lead many interest groups that provide lawmakers with model legislation designed to overturn Roe in the courts.” National Right to Life’s president is Carol Tobias. Ingrid Duran is the most conservative woman in the Texas House — Rep. Shelby Slawson introduced the House version of the six-week ban, H.B. 1515.”

Kreitzer, Matthews, and Schilling then list the names of many federal judges appointed by the pro-life Trump administration and previous pro-life Republican administrations. And

The Post article ends wistfully:

Americans disagree profoundly over whether these policies benefit or harm women. But there’s no mistaking that conservative women join conservative men shaping abortion policy.

To be more precise conservative women long ago joined conservative men in shaping abortion policy. What this article makes clear, for those willing to put aside their biases, is that the role of women in protecting unborn babies will only grow larger whether it be enacting legislation, leading pro-life groups such as National Right to Life, and upholding protective laws in the courts.
Canadian Liberals push abortion policies at the expense of actually helping women

By We Need a Law

Liberals finally released their election platform Wednesday, and for a party that is constantly demonizing the Conservatives for even allowing discussion on things like sex selective abortion, they spill a considerable amount of ink themselves in doing that very thing – discussing abortion.

The 86-page platform, titled “Forward. For Everyone,” includes numerous commitments to expanding so-called “reproductive health” services across the country. The Liberals’ fixation with the targeted killing of pre-born children is so entrenched in their vision for this country that Canadians can safely assume this party under the leadership of Premier Justin Trudeau is pro-only-one-choice: abortion.

While their leadership is having tragic consequences for the 100,000+ pre-born children who are removed from their mother’s wombs every year in Canada, equally concerning is the Liberals antagonistic approach to pregnancy care centres.

It was disappointing to read in the Liberals’ platform that they intend to remove charitable status for centres focusing on helping women facing an unintended pregnancy. These pregnancy care centres are on the frontlines of assisting some of the most vulnerable people in society and regularly help women make informed choices that set them on the path to a better life.

Pregnancy care centres can be found in both large and small cities across the country and are at ground zero for women who experience an unplanned or unwanted pregnancy. These much-needed centres receive no government funding and rely solely on donations from individuals who also care for women and children. They are staffed mainly by volunteers. And the care they offer extends well beyond pregnancy or the moment of birth, miscarriage, or abortion. In very practical ways they come alongside people in need to enable them to transition well into motherhood.

Pregnancy care centres need our support as they provide real help to women facing unplanned pregnancy. Abortion is a bandage solution to many deeper problems faced by women; problems pregnancy care centres meet with real solutions and meaningful options. Rather than taking the aggressive approach that the Liberals have in their election platform, we need party leaders who take a compassionate, clear, and caring stance on supporting vulnerable women who are making important decisions concerning their personal health as well as that of their pre-born child.
You’ve probably heard someone who is pro-choice and supports abortion say that he or she does so because we need to be sympathetic to the challenges a woman in an unplanned pregnancy might be facing. To this person, abortion is the compassionate way out of a tough situation, like a health problem, financial trouble, messy relationship, drug addiction, trying to finish school, or some other perceived inability to care for a child.

Because to this person, forcing someone who’s already struggling to add on another responsibility and raise a child is not loving.

But is ending the life of an innocent baby really loving, or the best we can offer these women?

Is it really, truly compassionate to say to a woman that she can’t rise above her circumstance and choose life for her child? Or is compassion assuring her she can be a mom and raise her child if she wants to, or she can make a loving choice for her child by placing him or her into an adoptive family of her choosing, and helping her do any of these things and more?

Recently, I experienced the absolute joy of hearing from not one, but two abortion pill reversal clients whom I cared for in the past year, stating that they both just had their babies. Both of them shared with me the joy of having their babies and the gratitude in their hearts for helping them with the reversal process.

And both of them, amidst the challenges they faced to choose life, had no regrets in doing so. For both of them, and so many other women around the world, a happy ending from an unplanned pregnancy wasn’t a far-fetched dream, but a very near and possible reality, one that was now presently being lived.

We live in a society that says that in order to support someone, we have to support their choices, and if we don’t, then we’re not being supportive. This isn’t necessarily true. We can love and respect someone without having to agree with or affirm all of their choices.

Imagine if someone you knew was suicidal and was determined to end his or her own life. You care for this person and want to love him or her, so you try to talk this person out of suicide. But let’s say that he or she says to you, “If you truly loved me, you would let me kill myself.” Would you then encourage that person to commit suicide? I surely hope not.

Similarly, when a woman is considering abortion, I surely hope that our society would not simply encourage it. But this is what we see time and time again. Abortion is a well-funded, well-accepted, and well-known “solution to a problem”.

The problem isn’t an unplanned pregnancy. The problem isn’t an unborn baby.

The problem isn’t even the idea that a woman’s dreams and desires for her life might be more difficult to achieve.

The problem is the culture we live in that perpetually tells women that they need access to an abortion in order to be successful, get out of poverty, or have a happy ending.

Why does our culture seem to want more abortions? Are 62 million abortions in the U.S. alone not enough? And that’s just in the U.S.; that doesn’t include the staggering number of abortions in all the other countries in the world where abortion is legal and readily accessible.

Do people really think it’s empowerment, good for women, the better option than either parenting or adoption, necessary in cases of failed contraceptives?

Does our society really think empowerment, freedom, and good health care involves abortions that could lead to mental health issues, substance abuse, and even suicide?

If you want an example of the latter, in his book *The Beginning of the End of Abortion*, Shawn Carney shares a true and tragic story of a young woman who committed suicide years after an abortion as a teenager, despite getting married, having two more kids afterwards, and extensive mental health treatment.

And for those who might even consider themselves as “neutral” when it comes to abortion, don’t you think we can do better for women facing unplanned pregnancies than to pay abortionists and abortion facilities hundreds or even thousands of dollars to end the lives of their unborn children?

Why do these “neutral” people think it’s okay not to say anything at all when it comes to something as serious as life and death, when they would
As many European countries are either legalizing euthanasia or considering legislation to do so, Pope Francis has spoken out against the devaluing of human life, calling it part of a “throwaway culture.”

Catholic News Service reports that the Pope made his remarks during an interview with Carlos Herrera of COPE, which is the radio network owned by the Spanish bishops’ conference. He dismissed the idea that euthanasia and assisted suicide are acts of compassion, saying that “what the church is asking is to help people to die with dignity. This has always been done.” He continued:

What is (deemed) useless is discarded. Old people are disposable material; they are a nuisance. Not all of them, but of course, in the collective subconscious of the throwaway culture, the old, the terminally ill, and unwanted children, too; they are returned to the sender before they are born. This throwaway culture has marked us. And it marks the young and the old. It has a strong influence on one of the tragedies of today’s European culture.

It’s no surprise that the Pope expressed dismay at the current trajectory of European nations. Since the Netherlands first legalized euthanasia and assisted suicide nearly 20 years ago, the number of people requesting to die has skyrocketed. In some countries, it is even legal to euthanize children or those suffering from mental illness.

Spain made headlines earlier this year as it legalized euthanasia for the first time, while others including Italy, Germany, and Malta are currently considering laws that would legalize the practice. The failure to value life extends to the preborn, too, as just this year the European Union launched an attack on countries with pro-life laws, calling abortion a “fundamental right.” The Pope commented on abortion during the interview, saying there is no point at which a preborn child is not a human life.

Any embryology manual given to a student in medical school says that by the third week of conception, sometimes before the mother realizes (that she is pregnant), all the organs in the embryo are already outlined, even the DNA. It is a life, a human life.

Some say, ‘It’s not a person.’ It is a human life! So, in front of a human life, I ask myself two questions: Is it licit to eliminate a human life to solve a problem, is it fair to eliminate a human life to solve a problem? Second question: Is it fair to hire an assassin to solve a problem?”

As the Pope noted, much of Europe is experiencing a “demographic winter” as a result of the diminishing value of life. In a society that routinely kills preborn children in the womb and advocates for the death of the elderly, sick, and suffering, it’s no surprise that the culture is failing to flourish. In order for nations to thrive, life needs to be respected, cared for, and cherished at all ages and stages.

Editors note. This appeared at Live Action News and is reposted with permission.
Biden Administration sues Texas in an attempt to block Heartbeat law

From page 2

40’s to 45.4%—vowed to go nuclear. That offensive would take many forms, as CNN reported:

Biden said he was launching a “whole of government” effort to respond to the law, tasking the Department of Health and Human Services and the Justice Department “to see what steps the Federal Government can take to ensure that women in Texas have access to safe and legal abortions.” He said the effort would be led from within the White House.

As we noted at the beginning, the Department of Justice is going after SB 8, using a hyper-pro-abortion judge as the point of the spear.

Ditto for pro-abortion Speaker of the House Nancy Pelosi (D-Ca.), who vowed “Upon our return, the House will bring up Congresswoman Judy Chu’s Women’s Health Protection Act to enshrine into law reproductive health care for all women across America”—aka “codify Roe.”

#3. In a classic reprise of “Behind every dark storm is a bright rainbow,” the Atlantic’s Elaine Godfrey headlined her story “Is This How Democrats Break Their Midterm Curse?” There is every reason to believe Democrats, the party of abortion, will have a very difficult time holding the U.S. House in the mid-term elections, and they could also lose control of the U.S. Senate. Godfrey’s piece is premised on the hope that the law “may help them [Democrats] gin up voter enthusiasm.”

This is a variation of the zero-sum game. Pro-abortion Democrats will get fired up while (the inference is) pro-life Republicans won’t be motivated to win across the board next year—including in state legislative races.

Nothing could be further from the truth.

#4. As National Right to Life pointed out, passage of SB 8 should be seen in a broader context.

As of late June more than 60 laws protecting unborn children have been passed in state legislatures.

The implementation of SB 8 comes on the heels of the Fifth Circuit U.S. Court of Appeals upholding a Texas state law based on National Right to Life model legislation that prohibits an abortionist from dismembering a living unborn child limb-by-limb from her mother’s womb. It also comes just weeks before the U.S. Supreme Court is set to hear arguments on a Mississippi law that protects unborn children after 15-weeks gestation.

In other words, SB 8 is important, but there is other very significant legislation the justices will be hearing this fall, for example, Mississippi’s Gestational Age Act. In hearing oral arguments this fall on House Bill 1510, the justices said they will address one specific question: “whether all pre-viability prohibitions on elective abortion are unconstitutional”—a hugely important issue.

And #5. Doubling back to President Biden, I was struck by a piece that ran recently in The Hill under the headline “Changing Joe Biden’s mind is no easy task.” Here are two representative and very telling paragraphs:

It takes a lot to convince President Biden he’s wrong. After more than 40 years of public service — in the Senate chamber, the vice presidency and now as president — he is firmly rooted in his beliefs, giving him a stubborn streak and even a temper on occasion, those around him say. …

The heel-digging approach from the top is becoming a hallmark of the Biden era. The president and his closest advisers often stick with an announced strategy, changing it only at the last possible moment if it becomes untenable. That has mostly been the case even amid times of intense press scrutiny and pressure from his own party.

What about abortion? In 2019 when he flip-flopped from decades of support for the Hyde Amendment to opposition, he positioned his reversal as almost a profile in courage. As President, Biden’s White House front door always swings wide open when the Abortion Lobby comes a’knockin.

What they want from President Biden is what they get.

National Right to Life News Today will continue to keep you up to date on all the latest on pro-life legislation and how the Supreme Court addresses our concerns.
On June 2 of this year, a sex-selective abortion ban bill in Canada failed in a 248-82 vote. Bill C-233, advanced by Cathay Wagantall, a Member of Parliament (MP) in the House of Commons in Canada, would have made it illegal to abort a baby solely based on its sex.

Here we see another instance where most citizens support the bill, but those in the seats of political power do not reflect that of the majority, which they represent.

According to Wagantall, the majority of Canadians supported Bill C-233. So why are their voices not being heard?

So, sex-selective abortions – when a pre-born baby is killed if the child is not the desired sex – are still currently a legal practice in Canada, courtesy of a disturbing margin of Canadian MPs.

This practice can involve targeting boys, however most of the unborn children killed for this reason are females.

Pro-abortion groups claiming that abortion is about women’s rights and protecting their “choice” contradict themselves when it comes to girls targeted through sex-selective abortion.

Opposing this bill is case in point.

For example, Canada’s Status of Women Minister Maryam Monsef stated on Twitter regarding the bill and the issue of sex-selective abortion: “You don’t stand up for baby girls in the womb, equality, or human rights. You don’t represent the majority of Canadian women. You represent 16% of Canadians who are pro-abortion anytime 4 (for) any reason.”

This problem extends beyond Canada.

Wagantall noted the double standard when responding to Monsef on Twitter, saying, “You don’t stand up for baby girls in the womb, equality, or human rights. You don’t represent the majority of Canadian women. You represent 16% of Canadians who are pro-abortion anytime 4 (for) any reason.”

This problem extends beyond Canada.

Another glaring contradiction is the United Nations Population Fund (UNFPA), which purports support for women and girls. However, this pro-abortion giant supports abortion, included the forced abortion and forced sterilization policy in China by the Chinese government. Not unironically, the UNFPA reported in 2020 that an estimated 1.5 million unborn baby girls were killed that year globally through sex-selective abortion – not health issues, incest, rape or financial reasons just preference. Calling this simply, “son preference” achieved via “gender-biased sex selection,” and leaving out the term “abortion,” mind you, the UNFPA conveniently attributes this to discrimination against females, but takes no issue with abortion taking a life of either sex.

Research performed by the Population Research Institute (PRI) showed an estimated 24 million sex-selection abortions were performed globally from 2000 to 2014, according a report from Live Action. What worse way is there to discriminate against females than to allow their lives to be taken in the womb? These numbers are staggering and completely unjustifiable.

The fact is this is a critical issue that will forever alter the future of, not just Canada in the wake of its sex selective abortion ban bill’s failure to pass, but the world.

It is important for bills like the Sex Selective Abortion Act to be advanced and passed to protect all women of all ages, including the pre-born, and protect their right to life. Enough with buying into the pro-abortion political rhetoric and word play.

I think the pro-life group We Need a Law said it well: “Women’s rights cannot include targeting women before they are born. Sex selective abortion is antithetical to Canada’s commitment to equality and needs to be prohibited as an unacceptable practice. Until MP’s have the courage to prohibit this practice, it remains legal and will continue to happen in Canada.”

We must recognize the humanity of all unborn children, but our girls are in need of particular protection. And we must support the pregnancy help organizations all around us who support and serve women facing unplanned pregnancy.

And to further stand up for women’s rights across the world, we must refuse to accept sex-selective abortion across the board.

Editor’s note. This appeared at Live Action News and is reposted with permission.
Man cuts a deal with prosecutors to escape death penalty, agrees to plead guilty to first degree murder in death of girl he thought was pregnant

By Dave Andrusko

Another ugly story of a woman murdered because a boyfriend thought she was pregnant.

Tony Farese, the attorney for Brandon Theesfeld, cut a deal with prosecutors in Oxford, Mississippi. Facing a capital murder charge in the brutal murder of Alexandria ‘Ally’ Kostial, Theesfeld agreed to plead guilty to murder in the first degree.

“Under state law, with the change in plea to a first degree murder charge from capital murder, the death penalty and life in prison without the possibility of parole is removed,” reported Jake Thompson for The Oxford Eagle, “Though, the mandatory sentence for a conviction of first degree murder is life in prison.”

Theeself shot Kostial multiple times on July 20, 2019. The case was at “standstill since with requests for a psychiatric evaluation made by Farese in 2019,” Thompson reported. “Due to the COVID-19 pandemic, trial dates were delayed in Theesfeld’s case.”

The narrative is long and brutal. It began on April 12, 2019, when “Kostial informed Theesfeld she was concerned she might be pregnant and two days later sent him a photo of an inconclusive home pregnancy test,” Thompson reported. “She wanted to get together with Theesfeld and talk in person about the potential pregnancy.”

As he would later do when police were trying to interview him, Theesfeld would agree to meet with Kostial, but would not show up. Over the course of the next few months, he would go online searching for abortifacients and abortion facilities.

As the date of the murder approached, he purchased a Glock model 22 .40 caliber pistol, Thompson reported. On July 17, he searched “for hollow tip ammunition, tactical face masks and how convicted serial killer Ted Bundy lured victims, according to the state’s evidence,” The Oxford Eagle reported.

Also on July 17, Theesfeld texted Kostial about getting together, the first time he had suggested an in-person meeting. In the early hours of July 20, he shot her.

“The morning of July 20, 2019, Kostial’s body was found by deputies with the Lafayette County Sheriff’s Department while on routine patrol in Harmontown near the Buford Ridge area,” according to Thompson. “Two days later, Theesfeld was arrested by officers with the LCSD and Memphis Police Department at a gas station in South Memphis.”

As if it mitigated what Theesfeld had done, his attorney told media members after his client pled guilty, “There was an allegation that (Kostial) was pregnant. The evidence showed she was not pregnant. The autopsy showed that she was not pregnant and there was no evidence that she had been pregnant.”

Farese then added, lamely, “But, that was part of the underlying theme of their relationship.”
About that Roe “precedent”

By Dave Andrusko

As the last (and brief) post of the week, let me refer to a Facebook post from an old friend. For 36 years Richard Doerflinger worked tirelessly for Secretariat of Pro-Life Activities of the U.S. Conference of Catholic Bishops. His breadth of expertise was, and is, breathtaking.

In his post, Doerflinger quoted President Biden who earlier this week (in referring to the Texas Heartbeat law) said, “This extreme Texas law blatantly violates the constitutional right established under Roe v. Wade and upheld as precedent for nearly half a century.”

Richard made a half-dozen salient points. Below are just two:

#1. “Here I will scarcely mention that the operative jurisprudence on the issue is not Roe but Planned Parenthood v. Casey [1992], which dismantled Roe’s trimester system and demoted abortion from a constitutional ‘right’ to a ‘liberty interest’ that government cannot place an “undue burden” on (whatever that means). Roe as precedent is dead and replaced by a 1992 decision, further clarified (modified?) by the partial-birth abortion decision [Gonzales v. Carhart] of 2007.”

This truism is simply omitted, as if the 44 years of abortion jurisprudence between Roe (1973) and Gonzales v. Carhart (2007) doesn’t exist, or, if it does, these court cases don’t matter.

#2. The Hyde Amendment—which has saved over 2 million lives—is a particular target of the Abortion Industry and President Biden. Bearing in mind that Roe was modified by Casey (1992), Doerflinger correctly concludes, “So Hyde, first enacted in 1976, has a MUCH longer tradition behind it than Roe.”

The “best” case for life versus the “best” case for abortion. It’s not even close.

From page 16

her most abortions occur in the first trimester, which is true. But then “it occurred to me to look at one of those images taken at the end of the first trimester. I often wish I hadn’t.”

A picture of a 12-week fetus is a Rorschach test. Some people say that such an image doesn’t trouble them, that the fetus suggests the possibility of a developed baby but is far too removed from one to give them pause. I envy them. When I see that image, I have the opposite reaction. I think: Here is one of us; here is a baby. She has fingers and toes by now, eyelids and ears. She can hiccup—that tiny, chest-quaking motion that all parents know. Most fearfully, she is starting to get a distinct profile, her one and only face emerging. Each of these 12-week fetuses bears its own particular code: this one bound to be good at music; that one destined for a life of impatience, of tap, tap, tapping his pencil on the desk, waiting for recess.

Flanagan is not only saying that the baby “looks” like a baby. She is, by inference, also telling us that each and every one of these babies is unique, a one-of-a-kind, not interchangeable, disposable “fetal material.”

Flanagan doubles back in the very end to give the last word to the “pro-choice” side. But before she does, Flanagan summarizes why she is so unsettled by abortion:

What I can’t face about abortion is the reality of it: that these human beings, the most vulnerable among us, and we have no care for them. How terrible to know that in the space of an hour, a baby could be alive—his heart beating, his kidneys creating the urine that becomes the amniotic fluid of his safe home—and then be dead, his heart stopped, his body soon to be discarded.

Flanagan is making one final acknowledgment of what abortion does and to whom: “the most vulnerable among us” that is literally alive one minute and dead the next, “his heart stopped, his body soon to be discarded.”

I would highly recommend that you read her post for yourself.
Women can achieve their dreams while being a mother – Another mom honored with “Unplanned” Movie Scholarship

By Lisa Bourne

Another mom who chose life while facing an unexpected pregnancy will be empowered to pursue her educational dream through the scholarship inspired by the pro-life movie Unplanned.

The latest Unplanned Movie Scholarship was awarded at the See Life 2021 pro-life gathering in Dallas August 28.

Focus on the Family’s See Life event is an opportunity to showcase pro-life ministries, including pregnancy help centers, and gather life-minded people together. A series of videos centering on pro-life issues concluded at the live Dallas event which featured speakers, pro-life stories, interactive exhibits and experiences, and a worship concert.

Heartbeat International partnered with Focus on the Family for the event along with other national pro-life groups including Care Net and the National Institute of Family and Life Advocates (NIFLA).

Focus on the Family President Jim Daly and Embrace Grace President and co-founder Amy Ford were joined by Heartbeat International President Jor-El Godsey and actress Ashley Bratcher to present the scholarship award from the See Life stage.

The Unplanned Movie scholarship was inspired by Bratcher’s role in the movie Unplanned based upon the story of pro-life activist Abby Johnson. The scholarship, a partnership with Bratcher and Heartbeat International, was established in 2019 to honor women who choose life while facing an unplanned pregnancy and supported through donations.

This Unplanned Movie Scholarship award, the fourth of its kind, was directly funded by Focus on the Family. The latest recipient was a young lady named Dominique from Living Alternatives pregnancy help medical clinic in Tyler, TX.

Ford remarked to Bratcher that it was a genius idea to found the scholarship.

“After doing Unplanned I was getting tons of messages from young girls who were scared to have their babies because they didn’t think they could achieve their dreams or continue with school,” Bratcher responded, saying it seemed like such an easy problem to find a solution to.

“Here’s the thing,” she said, “you can walk on any college campus and say, ‘Where’s Planned Parenthood?’ and they’ll say, ‘It’s down the street to the right.’” You ask where the local pregnancy help center is, and they don’t know.”

“So, part of the reason this scholarship exists is to highlight these pregnancy help centers,” said Bratcher. “And that is why I’ve partnered with Heartbeat International, because they are the hands and the feet all over the world. We want to show women that they can be successful, and they can achieve their dreams being a mother.”

Daly commended the idea behind the scholarship.

“When we heard about this at Focus on the Family, we said, ‘We’ve got to jump into this,’” he said.

Dominique entered the stage with her five-month-old son Dominic.

Bratcher told her, “Dominique, we are so proud of you. You have been working full-time, you have aspirations to work in physical therapy, and you chose life.”

“And we want to support you and walk alongside of you,” Bratcher said. “And so tonight because of the generosity of Focus on the Family and the support of Heartbeat International we’re awarding you a $15,000 scholarship.”

“You can have a baby and your dreams too,” Ford told her. Godsey commented on how conferring the award during the See Life event magnified the joy of a young mother choosing life.

“Normally, the scholarships are given in small, surprise celebrations that bring smiles, often tears of joy, and hope for the education that is often only a dream,” Godsey said. Focus on the Family not only partnered with Heartbeat to make this scholarship possible, but then they share the special See Life 2021 spotlight in front of an arena crowd in person and many times that online.”

“It was quite a celebratory collaboration that continues to fulfill Ashley Bratcher’s vision to help young moms fulfill their education dreams,” he said.

Heartbeat International Grant Program Specialist Sara Littlefield echoed the idea of joy for Dominique receiving the scholarship.

“By encouraging positive choices, we can see families and communities transformed,” Littlefield added. “Thank you to Focus on the Family and Ashley Bratcher for their continued efforts supporting moms who are choosing life while chasing their dreams!”

Editor’s note: Heartbeat International manages Pregnancy Help News where this appeared. Reposted with permission.
Mexico’s Supreme Court decriminalizes abortion in Northern State of Coahuila

By Dave Andrusko

With ten of the 11 justices participating, Mexico’s Supreme Court (the Supreme Court of Justice of Mexico) unanimously decriminalized abortion in the Northern state of Coahuila. Prior to Tuesday’s decision, elective abortion up until 12 weeks was legal in only three states—Hidalgo, Oaxaca, and Veracruz—and in Mexico City.

While Tuesday’s decision will immediately affect only Coahuila, the Associated Press reported that “it establishes a historic precedent and ‘obligatory criteria for all of the country’s judges,’ compelling them to act the same way in similar cases, said court President Arturo Zaldívar.”

“It is a watershed moment in the history of rights of all women and pregnant people, especially the most vulnerable,” Zaldívar said.

The legal challenge began in 2018. In a story written prior to the decision, EFE noted, “The Supreme Court’s ruling would only invalidate that section of Coahuila’s criminal code, but if eight of the 11 justices vote to uphold the legal challenge they would set a precedent that would obligate judges nationwide to hand down similar rulings.” That is what occurred Tuesday.

Bishop Alfonso Gerardo Miranda Guardiola, Auxiliary Bishop of Monterrey and general secretary of the Mexican bishops’ conference, “charged that the court intends a series of violations’ against human life by opening the doors to abortion throughout the country, while saying a Mass at the Mexican bishops’ Ongoing Formation Week,” David Ramos reported for the Catholic News Agency.

The National Front for the Family [FNF], in a statement sent to ACI Prensa, said “today Mexico is dressed in mourning.”

The FNF continued, “[T]he reforms in favor of the right to life that have a legal basis, recognized nationally and internationally and are protected in national treaties, conventions, and norms, such as the Universal Declaration of Human Rights, the Convention American Convention on Human Rights, the Convention on the Rights of the Child, and the Political Constitution of the United Mexican States itself.”

Opponents and supporters of the decision alike agreed that abortion would not be immediately available nationwide. Paula Avila-Guillén, the executive director of pro-abortion Women’s Equality Center, told NBC News “there will be two ways abortion will be decriminalized throughout the country.

“One is the case-by-case path, in which individuals and organizations sue in the Supreme Court,” she said. “But there is also a proactive option: that the states change their laws to match the judicial decision.”

However, Marcial Padilla said that “abortion does not solve any of the woman’s problems”, but rather “leaves her alone and makes her the mother of a dead child.” Ramos wrote that Padilla also said that “we will also have to begin to identify strategies to find what protection we can give our children before they are born.”
Montana Attorney General asks court to dismiss Planned Parenthood challenges to four pro-life laws

By Dave Andrusko

On August 16, NRL News Today reported that a tweet from Planned Parenthood of Montana promised, “So, we’re suing Governor Greg Gianforte.” And so they did -- in September in a lawsuit filed in Yellowstone District Court -- targeting four laws passed in this latest legislative session. Holly Michels of the Helena Independent Record summarized them, writing:

“HB 136, HB 171, HB 140, and HB 229 are scheduled to take effect October 1. “The state asked Tuesday for the court to reject Planned Parenthood’s request to block the laws before they take effect, saying the laws will ‘help minimize the medical risks’ during pregnancy,” the Associated Press reported. ADF Senior Counsel Denise Harle, who is defending the state, said in a statement, “Because the regulations at issue protect women from the very people who are suing against these laws, Planned Parenthood has no basis for asking the court to halt what the legislature had every prerogative to pass.”

Each of the laws passed the Montana legislature overwhelmingly. Under the category of elections-do-make-a-difference, they were signed into law by pro-life Governor Greg Gianforte, the first Republican governor in 16 years.

Planned Parenthood was unable to challenge the referendum on the Montana Born-Alive Infant Protection Act which will take place in 2022. If passed by the voters, it would “require health care providers to take ‘all medically appropriate and reasonable actions to preserve the life and health’ of any child born as the result of natural, induced or cesarean labor or an abortion,” Michels reported.

As we reported at the time, Gov. Gianforte said “Today we’re taking action to protect the most vulnerable amongst us, the unborn — we are celebrating life.”

He also said, according to an earlier story by Michels, “There were many who served in this building before us who champion the unborn, people who worked hard to advance the cause of life. ….Unfortunately, their efforts were vetoed. But not today.”

More specifically, House Bill 136—the Montana Pain-Capable Unborn Child Protection Act—bans abortions performed on pain-capable unborn children who are 20 weeks gestation age. House Bill 140 offers the opportunity for abortion-minded women to view an ultrasound of their unborn child.

HB171 requires informed consent for a woman undergoing chemical (or “medication”) abortions and have an in-person visit. It also prohibits women from accessing medication abortion through the mail and through telehealth. In addition (according to Planned Parenthood of Montana’s lawsuit), “H.B. 229, would prohibit any insurance plan that provides coverage for abortion from being offered on the Affordable Care Act exchange.”

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Women Must Not be Misled by Orchestrated Campaign Declaring Abortion Pills “Safe”

From page 19

Things can go wrong at any point, particularly if instructions are not followed, but the possibility of failure or serious complications is present for any woman choosing to go the chemical route.

This is why the FDA originally had a complex protocol, with multiple medical contact points. Even after years of experience and some loosening of prescribed regimen, the FDA kept in place REMS safety regulations.

Risk Evaluation and Mitigation Strategy regulations require, among other things, that mifepristone still only be dispensed in clinics, hospitals and medical offices under the supervision of specially certified prescribers who can assure that patients know and understand the conditions under which the pill can be used safely.

That means that the FDA wants patients to actually meet their prescriber or his or her designated clinician directly; that the prescriber takes responsibility for dating and locating the pregnancy in the uterus, for ensuring that the patient knows about the process and the risks, and that he or she can make sure that they patient can have access to specialized medical intervention, such as surgery or transfusion, in the case of incomplete abortion or severe bleeding.

Prescribers have to certify that they can do this and patients have to sign documents that they have been informed of these conditions and risks.

Some of that information could conceivably be shared by a phone or computer consult. However the counseling or screening might not be as thorough as it would be in an in person session. In particular, a woman consulting on line could not have her pregnancy dated or located ultrasonically, factors that could significantly her risk of complication or failure.

There are too many ways for a chemical abortion to easily go badly wrong for a “self-managed” abortion with minimal contact with a responsible physician to be “safe.”

Far worse yet, when the pandemic hit, abortion advocates sought to use the crisis as an opportunity to push for telemedical abortion. They took the FDA to court to suspend regulations on abortion pills that required clinicians to dispense pills directly only from hospitals, clinics, or medical offices.

The Supreme Court backed the FDA’s authority to regulate the drug while President Trump was still in office. However when the pro-abortion Biden administration took over, the FDA changed its tune, suspending those regulations for the duration of the pandemic and promising to review the policy for the longer term.

Too many lost patients to be safe

Outcomes from recent studies claiming to demonstrate the safety and efficacy of telemedica abortion suffer from deficits similar to those of earlier studies. While there may not be enormously high numbers of failures or complications among the patients they track, along the way they lose track of too many women and unjustifiably assume that these missing women’s experiences are comparable.

For example, in the August 24, 2021 JAMA Network Open study of “Telehealth Medication Abortions” touted by Ms. Magazine (8/26/21), Ushma Upadhyay and other colleagues from the University of California San Francisco (UCSF) reported that 95% of the patients with “outcome data” had complete abortions “without intervention.”

But this was of the 110 patients whose outcome was known. Researchers did not know what the outcome was for 18 other patients, and had actually lost track of another 13 patients who received “abortion care” from the telemedical abortion service. Considered as part of the entire group of women who received abortion pills by mail, researchers could only document 71% “successfully” aborting. Only some of these were confirmed by testing and others required additional “medical intervention” to complete their abortions.

Upadhyay and the UCSF team recorded no “major adverse events” (complications) and no cases of ectopic pregnancy. However, like the efficacy results, this was only among women for whom they knew the outcome. This offers little assurance of the chemical method’s efficacy or safety. It seems more likely that women who received their pills by mail and never visited the prescriber’s office would take their problems to their local emergency room or their own personal doctor rather than calling back the telemedicine service.

Claims that chemical abortions come without risks are inconsistent with years of experience to the contrary. In addition to dozens of deaths associated with the drug, there are thousands of cases of hemorrhage, infection, and ruptured ectopic pregnancies. These may just the tip of the iceberg, those “adverse events” that clinics were not able to manage and got reported to the FDA.

A 2015 study of emergency room admissions by Upadhyay found mifepristone had a complication rate of 5.19%, considerably higher than what is generally reported and higher than that reported for surgical abortions.

Pills that provoke complications in at least one out of every twenty women who use them are hardly safe and certainly not safe enough to send to women who have not been adequately screened or counseled as to their risks.

A drug directly responsible for hundreds of thousands of deaths each year can’t be “safe”

The deaths and injuries suffered by women taking mifepristone are no small matter, yet it cannot be overlooked that we are discussing the safety of a drug which is responsible for the death of human being every time it works.

A drug that kills hundreds of thousands of otherwise healthy babies can hardly be called safe. In fact, a drug that cures no disease, saves no person, but kills so many and endangers so many other lives, shouldn’t really be considered “medicine” or “medication” at all.

See “Misled,” page 41
Women Must Not be Misled by Orchestrated Campaign Declaring Abortion Pills “Safe”

From page 40

The FDA’s job is to test and approve drugs which heal, which cure, which treat debilitating conditions, or somehow ease or enhance human functioning. But pregnancy is not an injury, not an illness, but a natural healthy stage of adult female life and human reproduction.

Drugs that kill more lives than they save are inherently unsafe.

Drugs that kill babies and harm women aren’t “safe.”

Given what we know about mifepristone and its pitiful record, those who try to convince us this drug is “safe” and can be ordered by women over the internet and used in their homes clearly have something different in mind than the rest of us.

Even when it “works,” this drug puts women through a harrowing ordeal of painful cramping and gushing blood than may last days. That isn’t safe.

These pills don’t work for a large number of women, leaving them stranded, bleeding, in some sort of torturous medical limbo (is her child still alive and still savable? Is the abortion partially complete? Is she still bleeding?), maybe a hundred miles or more from the nearest emergency room. That isn’t safe.

Trials and studies claiming high efficacy and safety rates notoriously lose track of high numbers of patients who take the first drug and disappear before taking the second drug or confirming the abortion’s completion. Researchers assume most of these women safely abort or simply leave them out of their calculations, but it seems more likely those women go where they believe they’ll get the best and most immediate treatment rather than the distant clinic or online pharmacy which sold her the pills. That isn’t safe.

When researchers who have spent years promoting abortion tell us these abortion pills are “safe,” they obviously mean something different than what the rest of us mean. They mean only that they’re able to kill most of the babies they mean to kill without doing any immediate visible harm to most of their mothers.

The trauma of a mother encountering her own aborted child, forever seared into her memory, does not concern them.

A certain number of maternal losses is acceptable to them, as are thousands of serious complications. It’s okay with them if women endure horrible cramps, or bleed for days, so long as they successfully abort those babies. It’s okay if they lose track of thousands of women, not knowing if they ended up in the ER or the morgue, so long as it isn’t traced back to them.

Trying to pass off a pill that destroys so many lives and puts so many others at risk as “safe” is not just irresponsible. It is dangerous.
certainly do something for someone who is suicidal?
Why do women travel to late-term abortion facilities? Do they not realize the grueling process of late-term abortion procedures, the fact that not all prenatal diagnoses are even accurate, and that these third-trimester children can survive outside the womb with adequate medical care?
Has society really become so blind to the scientific fact that human life begins in the womb, at conception, and needs to be protected?
Has society really decided that women (including adolescent girls) don’t need to know the true depths of the devastating realities of abortion and the disappointment and dissatisfaction it brings along with the deaths of their sons and daughters?
That is not loving. Hiding these facts is not compassionate, nor is it telling the truth.
Just as there is nothing normal or natural about encouraging suicide, there is nothing normal or natural about encouraging abortion.
My friends, we all have a choice: to choose to encourage life for both mothers and their children, or to choose to encourage death to these mothers’ children, which would be the death of irreplaceable parts of these mothers’ hearts and lives. We cannot be neutral in this area or simply step back and say to a woman, “I support you to do whatever you want.”
Sure, that is a choice you could make, but it is one that neither empowers nor encourages a woman to make a life-affirming decision for both herself and her child.
This is a decision that involves life and death.
Just like with suicide, if we don’t step in and intervene with someone who is suicidal, the staggering statistics tragically show us what happens. We will lose a suicidal person if we leave him or her to his or her own devices.
Similarly, we will lose an unborn baby (let me remind you, a human being) if we leave his or her mother to her own devices, when what she needs to hear is that she can still fulfill her dreams without having to sacrifice her child. She doesn’t need an abortion that can lead to severe mental health problems, harmful substance abuse, or the tragic loss of her life by suicide.
So let us do better together. Let us make the choice of encouraging life, for every woman, every child, every time. Because this choice of life does not lead to the death of dreams. This choice of life leads to the light and hope of true, pure, and inexplicable joy – which we want for everyone.

Editor’s note: This appeared at Pregnancy Help News and is reposted with permission.