



National RIGHT TO LIFE NEWS

March 2024



National RIGHT TO LIFE

Protecting Life in America Since 1968.



New Logo

New Website

Same Mission:

Protecting Life

National Right to Life Unveils New Logo and Updated Website, NRLC Remains True to its Continuing Mission: Protecting Innocent Human Life

By Laura Echevarria, Director of Communications and Press Secretary

Founded in 1968, National Right to Life is the nation's oldest and largest pro-life organization with affiliates in all 50 states and the District of Columbia. National Right to Life (NRLC) was first called the "flagship of the pro-life movement" by the late Congressman Henry Hyde (R-Ill.) and continues to hold that distinction today.

With the June 2022 Supreme Court decision in *Dobbs*, National Right to Life's work expanded considerably. No longer limited by the constraints under *Roe v. Wade*, National Right to Life's affiliates have been working to pass or



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defend protective legislation through state legislatures all across the country.

Recognizing the growing needs in the post-*Dobbs* era, National Right to Life has unveiled a new logo and an updated website.

The original National Right to Life logo, two circles and a flame, represented the organization for over 50 years. It was long understood that the flame in the original logo stood for life and the circles represented abortion and euthanasia.

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NY Times poll finds Trump up by five points, leading in seven pivotal swing states and with Hispanics voters

By Dave Andrusko

The elections are not exactly right around the corner—it's 244 days until November 5th—but that only means that plenty of Americans have plenty of time to absorb months of political news. And a *New York Times*/Sienna poll released over the weekend gave them plenty of grist for the mill.

Writing for *Forbes*, James Farrell reports, "A new *New York Times*/Siena College poll released Saturday has former President Donald Trump leading President Joe Biden 48% to 43%, representing the largest lead that Trump has ever held in either a *New York Times*/Siena or *New York Times*/CBS poll since he launched his first presidential campaign in 2015."

Shane Goldmacher, writing about the survey of 980 registered voters for the *Times*, noted "Only one in four voters think the country is moving in the right direction."

More than twice as many voters believe Mr. Biden's policies have personally hurt them as believe his policies have helped them. A majority of voters think the economy is in poor condition. And the share of voters who strongly disapprove of Mr. Biden's handling of

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*Pro-life former President Donald Trump
Photo: Gage Skidmore*

Editorials

Connecticut Democrats pushing to eliminate conscience clauses, eye a possible constitutional amendment to enshrine abortion

“Healthcare professionals should not be treated as mere vending machines, leaving them unable to maintain and be guided by their sincerely-held beliefs within their scope of practice. All healthcare professionals and students should be able to practice their specialty and simultaneously have the right to conscientiously object to certain procedures, training, or medical decisions.” -- Ashley Leenerts, Texas Right to Life

Pro-abortionists leave no stone unturned in their ceaseless campaign to multiply the number of dead babies. Even when they control all the local levers of power—principally the state houses and the governor—that just encourages them to attack the last lines of defense: conscience

clauses and the state constitution..

On February 29, the *Connecticut Mirror's* Jenna Carlesso reported on “CT proposal would ban religious objections to reproductive care.” She begins

Reproductive rights advocates are eyeing a change in state law that would no longer allow medical providers to deny a patient reproductive health care based on a religious or conscientious objection.

The proposal is one of several outlined recently by the legislature’s Reproductive Rights Caucus and Reproductive Equity Now, an advocacy organization.

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Supreme Court will hear challenge to Idaho’s Defense of Life Act by pro-abortion Biden administration

On April 24, the Supreme Court will hear the attempt by the pro-abortion Biden administration to defend the indefensible: its use of the federal Emergency Medical Treatment and Labor Act as a lever to force emergency-room doctors to perform abortions in clear violation of Idaho’s Defense of Life Act.

After the Supreme Court agreed to hear the case, Idaho Attorney General Raúl Labrador said, “We are very pleased and encouraged by the Supreme Court’s decision.” The federal government “has been wrong from day one,” Labrador added. “Federal law does not

preempt Idaho’s Defense of Life Act. In fact, EMTALA and Idaho’s law share the same goal: to save the lives of all women and their unborn children. The Supreme Court’s decision is a big step in stopping the administration’s lawless overreach. The people of Idaho have spoken with clarity on the issue of life.”

National Right to Life filed an amicus brief, strongly defended the proper use of EMTALA:

The Emergency Medical Treatment and Labor Act (EMTALA) sets a minimum requirement for emergency medical

treatment, instead of establishing a uniform, national standard of care. EMTALA, which is part of the Medicare regime, does not confer an inherent right to emergency medical care but instead imposes conditions for hospitals to provide such care. The Department of Health and Human Services (HHS) lacks the authority to interpret EMTALA as prescribing abortion as a national standard of care. The legislative

history of EMTALA underscores its limited scope and deference to state regulation, and Congress has historically rejected efforts to expand EMTALA’s reach beyond its original anti-dumping purpose.

EMTALA, established by the pro-life Reagan Administration in 1986, is “a federal Medicare statute meant to protect access to emergency treatment regardless

See *Supreme*, Page 36

From the President Carol Tobias

Challenges Ahead



The Alabama Supreme Court has thrown a highly controversial decision into the middle of what is likely to be the most consequential election of our time.

Ruling on a case about human embryos accidentally destroyed in a lab, the court declared that human lives created through in vitro fertilization (IVF) are children “without exception... based on developmental stage, physical location, or any other ancillary characteristics.”

Basing its decision on an 1872 statute that addressed the wrongful death of minors, the court ruled that couples whose children were destroyed in the lab accident could sue for the death of their unborn children. The court determined that the law “includes unborn children who are not located *in utero* at the time they are killed.”

That decision sent the abortion industry and its allies in the media and the Democrat party into a tailspin. Assertions were thrown around declaring that IVF would now become illegal, or that this was a natural result of the U.S. Supreme Court overturning *Roe v Wade*.

The *Associated Press* wrote, “White House press secretary Karine Jean-Pierre, said the Alabama decision reflected the consequences of the Supreme Court overturning *Roe v Wade* and blamed Republican elected officials from [sic] blocking access to reproductive and emergency care to women.” Jean-Pierre called on Congress to “restore the protections of *Roe v Wade* in federal law for all women in every state.”

Writing about the Alabama court decision, an article in VOX claims that “even birth

control is under threat.” In a story titled, “The anti-abortion playbook for restricting birth control,” the author acknowledges that “there’s no proposed legislation on the table to ban it,” but then goes on to say that “contraception... could one day disappear.”

The right-to-life movement has been very clear for many years—destroying embryos in the IVF process is wrong. We encourage embryo adoption, also known as snowflake adoption—allowing other couples to adopt frozen embryos. We support ethical regulation of an unregulated industry for the benefit of the parents and the child. And we will continue



to educate about the value of each and every human life.

But a sober evaluation of reality makes very clear we are staring at a very steep cliff. Our country is debating life and death for children in the womb, with many states and candidates in the Democrat party wanting the right to kill preborn children up to the moment of birth. Many candidates are willing to legalize

late abortions which result in the painful dismemberment of an unborn child.

Our focus must remain on exposing that extreme, radical position which is rejected by the public at large.

We can expect that any and every story that touches on abortion, if unfavorable to the pro-life movement, will be highly publicized by the Biden White House as its re-election campaign flounders. Despite voter concerns about inflation and rising prices, immigration, and wars in Ukraine and Israel, the only issue Democrats will talk about is abortion.

The Biden administration posted a meme on social media with pictures of members of Congress who had co-sponsored a bill declaring that life begins at conception. The intent is to paint the candidates as being opposed to IVF which, in some polls, has public approval around 85%. State and local Democrat parties picked up the message and used it to focus on U.S. Representatives in their local area.

One of Biden’s guests for the 2024 State of the Union address is a woman from Texas who was not able to obtain an abortion in Texas as state law allows abortion only in situations where the mother’s life is in jeopardy or if she would face a serious injury because of her pregnancy. Her situation will be thoroughly exploited by Biden.

I fully expect this kind of onslaught throughout the year. Joe Biden is in trouble in the polls; if he goes down to defeat, he may very well take down many Democrat candidates with him. Democrats are going to do whatever they can to keep abortion in the public eye, believing that will save them from utter defeat in November.

It is up to us to make sure their pending defeat becomes reality.

The heartwarming story of a newborn left at firehouse with a handwritten “I love you” note who is adopted by couple who had fostered 17 children and adopted two

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

It’s the type of story that could serve as the inspiration for a script for a movie.

A mother surrenders her newborn child at a fire station in Louisville, including a handwritten note with the poignant message, “I love you.”

A couple who had fostered 17 children and adopted two wait in anxious anticipation for the phone call that would set the stage for them to welcome this child into their home.

A little more than three pounds when he was discovered, the baby boy lived in the NICU for a number of weeks before the couple were able to take him in.

In the *Washington Post* report on the case, Chris and Brittany Tyler express their profound gratitude for Baby Samuel. “I can’t even really put words behind how exciting it was,” Chris is quoted as saying.

Samuel will be two years old in May and enjoys a loving relationship with his two elder brothers, eight-

year-old Judah and five-year-old Calvin.

“When we first brought him home, they were

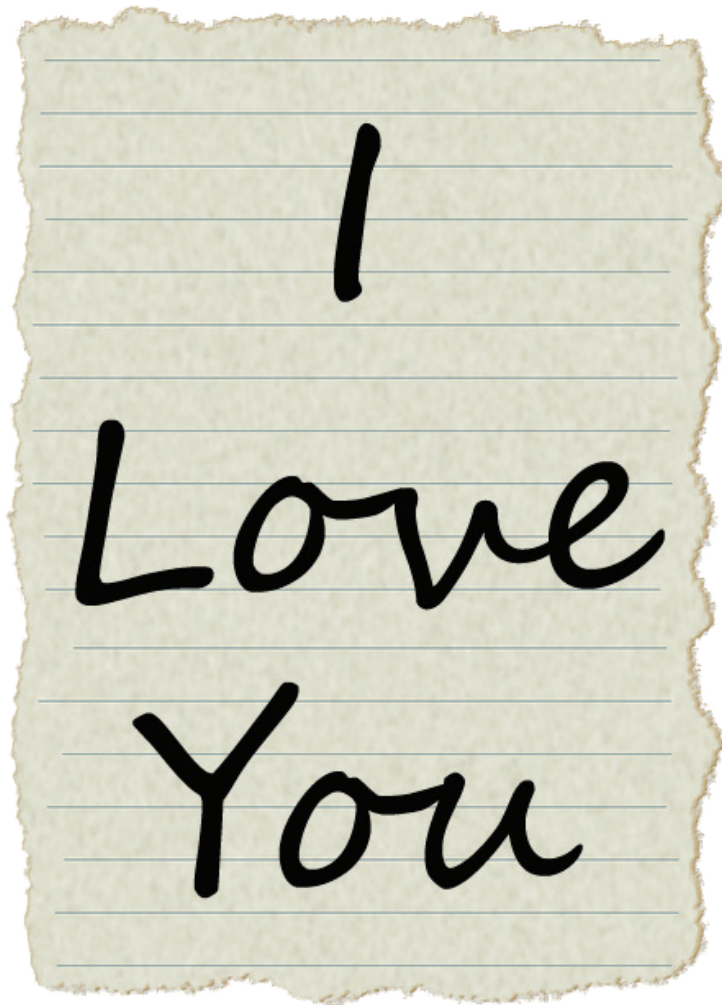
new baby home. They were like, ‘Can we keep this one?’”

In Kentucky, when a

of worship, the procedure for ending parental rights starts following a period of 30 days. After that time had elapsed, the Tylers knew that the baby boy would have a forever home with them. Meanwhile, Baby Samuel will soon have a sister—a medically fragile child whom the Tylers are also adopting.

“If we can help even one person, then we’re going to continue to share our story,” Brittany told WDRB, a Louisville station.

The story shows that, in the midst of difficulty and pain, beautiful things can happen. One mother’s decision had a ripple effect, which has led to the formation of a new family—one born not of blood, but of the heart. The Tylers will be forever grateful for that mother who gave life to their adopted son and surrendered that boy in a safe environment where he could get the care he needed. It’s the ultimate happy ending.



so excited,” Brittany is quoted as saying. “It’s really special to bring a newborn is surrendered in a fire station, police station, hospital, or place

National Right to Life Files Brief to Strike Down Biden's Abortion Mandate in Hospital Emergency Rooms

WASHINGTON, D.C. – On Wednesday, the National Right to Life Committee (NRLC) filed a friend of the court brief asking the U.S. Supreme Court to strike down the Biden administration's mandate that federal law creates a right to abortion on demand throughout all fifty states in hospital emergency rooms. The brief supports Idaho's pro-life law, Defense of Life Act.

"Biden's abortion mandate has no basis in law. The federal law regulating emergency rooms was done to protect patients, not to create a right to abortion on demand," said James Bopp, Jr., general counsel for NRLC and lead counsel on NRLC's brief. "Biden's abortion mandate guts the ability for states like Idaho to protect unborn life by mandating abortion on demand in emergency rooms. The High Court needs to reject Biden's abortion mandate."

The Biden administration is trying to force all hospital emergency rooms to provide abortion on demand. Biden has used a federal emergency care law, which was meant to prevent patient dumping without stabilization, to mandate that hospitals must provide elective abortion services. The Ninth Circuit agreed that the Biden administration could compel all hospitals to perform abortions in their emergency rooms.

Idaho sued because Biden's mandate overrides their state's Defense of Life Act by forcing hospitals to provide abortion on demand, contrary to that state's law. The Supreme Court has agreed to take up the case and decide whether Biden's abortion mandate is constitutional. This case will determine if states can enact protective laws without clashes with the federal emergency care law.

"The Biden Administration is using EMTALA as a cudgel to force pro-life states into providing abortions," said Carol Tobias, president of National Right to Life. "This is just another example of how

this administration is doing everything in its power to appease pro-abortion groups by promoting unlimited abortions."

NRLC's brief argues that Biden's abortion mandate under the Emergency Medical Treatment and Active Labor Act (EMTALA)



is contrary to that federal law which was only meant to protect emergency room patients from being dumped and does not mandate that the hospital provide medical care that is contrary to state law.

The U.S. Supreme Court docket for *Moyle and Idaho* (Nos. 23-726 and 23-727) is available at www.supremecourt.gov/docket/docket_files/html/public/23-726.html, and the NRLC brief is available on the docket at www.supremecourt.gov/DocketPDF/23/23-726/301631/20240227172259691_NRLC%20Idaho%20Brief%20of%20Amicus%20Curiae.pdf

Geline Williams, long-time chair for the board of National Right to Right and former mayor of Richmond, Virginia, turned 100 on February 27

General Assembly of Virginia issues a resolution commending Mrs. Williams

By Laura Echevarria, Director of Communications and Press Secretary

The Honorable Geline B. Williams, former mayor of Richmond, Virginia, and the former board chair for National Right to Life, turned 100 on February 27.

During her lifetime, mankind has moved from silent films to video-on-demand; from the creation of Bell Laboratories to modern smartphones; from the first rocket propelled by rocket fuel to putting man on the moon and the development of the International Space Station; from the Ford Model A car (the successor to the Model T) to creation of hybrid and electric cars.

Sadly, also during her lifetime, society moved from protecting children from abortion to creating a “right” to abortion throughout all nine months of pregnancy through the U.S. Supreme Court’s rulings in *Roe v. Wade* and *Doe v. Bolton*. Roe was the law of the land until the 2022 Supreme Court decision in *Dobbs*.

Geline and her husband, Alex, worked to protect preborn babies early on by founding National Right to Life’s oldest affiliate, the Virginia Society for Human Life in 1967 and providing stability and guidance to the early pro-life movement. Later they provided leadership for a rapidly growing movement, and for over three decades, Geline served as chairman of the board for National Right to Life.

In recognition of her life and work, on February 15, 2024, the General Assembly of Virginia issued a resolution commending Geline B. Williams:

WHEREAS, Geline Bowman Williams, a lifelong resident of

Richmond and a dedicated civic leader with a servant’s soul, celebrates her 100th birthday on February 27, 2024; and

WHEREAS, a graduate of St. Catherine’s School, Geline Williams attended Goucher

Williams worked tirelessly on behalf of her constituents, coordinating with local, state, and federal officials to ensure the construction of a flood wall that continues to protect businesses and residents today; and



The Honorable Geline B. Williams

College, then raised five children with her late husband, Alexander; and

WHEREAS, an active and engaged citizen, Geline Williams has devoted her life to serving people in need in communities throughout the Commonwealth; and

WHEREAS, devoted to the well-being and prosperity of her hometown, Geline Williams served four terms on the Richmond City Council; she was appointed as mayor from 1988 to 1990 and was only the second woman in city history to hold the office; and

WHEREAS, during her tenure in local government, Geline

the Virginia Society for Human Life, the oldest state-level pro-life organization in the nation; and

WHEREAS, for over three decades, Geline Williams served as the board chair of the National Right to Life Committee, providing strong and stable leadership; and

WHEREAS, a member of Saint Bridget Catholic Church, Geline Williams has been an active leader for generations in the Roman Catholic community, serving as president of the Richmond Diocesan Council of Catholic Women and on the board of directors of the McMahon Parater Foundation for Education; and

WHEREAS, in recognition of her long and exceptional service to religious and civic life, in 1985, Geline Williams was honored by Pope John Paul II with the Benemerenti Medal, the highest papal honor awarded to a Catholic layperson; and

WHEREAS, over the course of her long and fruitful life, Geline Williams has sought to serve Christ by serving her brothers and sisters throughout Richmond, the Commonwealth, and the nation; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the General Assembly hereby commend Geline Bowman Williams on the occasion of her 100th birthday; and, be it

RESOLVED FURTHER, That the Clerk of the Senate prepare a copy of this resolution for presentation to Geline Bowman Williams as an expression of the General Assembly’s admiration, congratulations, and appreciation for her lifetime of selfless service to the residents of the Commonwealth.

Winning Back the U.S. Senate from Extreme Pro-Abortion Democrats

By National Right to Life Political Action Department

Republicans need to net just one seat to bring the composition of the U.S. Senate back to 50-50. In that scenario, the tiebreaker is the Vice President. This adds even more importance to the race for the White House in 2024. However, if Republicans can net two or more seats, they will retake Senate control regardless of who wins the presidential race. Here is an updated look at the Senate seats most likely to flip in 2024:

West Virginia: Incumbent Democratic Senator Joe Manchin opted not to run for re-election, leaving one of the reddest states in the country with an open Senate seat in 2024. (Joe Biden did not crack 30% of the vote in West Virginia in 2020.) Current Governor Jim Justice and Congressman Alex Mooney, both of whom have strong pro-life records, are duking it out in the Republican primary. Without a formidable Democrat like Manchin running, the GOP nominee is expected to cruise to an easy win in November, giving the GOP its first flip of the 2024 cycle.

Montana: Pro-abortion Senator Jon Tester (D) is running for re-election in a state that Trump carried by a 16-point margin in 2020. However, in both the 2012 and 2018 cycles, Tester demonstrated that he could win over voters besides fellow Democrats. In 2024, his re-election will hinge upon winning over a sizable number of Trump voters.

Despite Tester's attempts to portray himself as a moderate, voters should not forget his extreme pro-abortion record. Tester holds a 0% record on National Right to Life's legislative scorecard. He supports a policy of unlimited abortion for any reason until birth, and he has voted on numerous

occasions to use taxpayer dollars to fund abortions. Running for the Republican nomination are Tim Sheehy, a federal contractor and ex-Navy seal, and Brad Johnson, the former Montana Secretary of State.

Ohio: Pro-abortion Senator Sherrod Brown (D) is in a tough fight as he tries to win re-election to the seat he has held since 2007. Once known as the ultimate bellwether state, Ohio has shifted toward Republicans in recent cycles. Trump carried the state by nearly nine points in 2016 and 2020 and Republican Senator JD Vance won his Senate seat by a six-point margin in 2022.

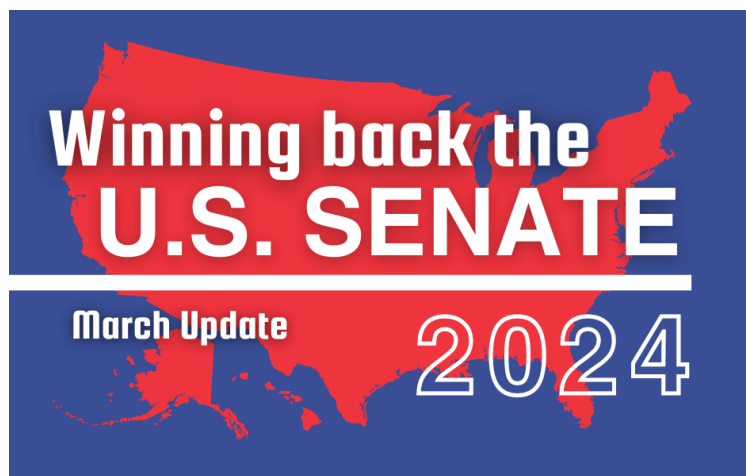
Challenging Brown are Secretary of State Frank LaRose, entrepreneur Bernie Moreno, and State Senator Matt Dolan. An Emerson College poll of registered voters released in February found Brown in a dead heat against any of the Republican challengers.

Nevada: Pro-abortion Senator Jacky Rosen (D) is running for re-election in a state that has seen nail-biter elections in recent cycles. The Senate race in Nevada was the closest Senate race of the 2022 cycle. While Democrats eked out a win in that race, the Republican gubernatorial candidate Joe Lombardo successfully unseated incumbent Democratic Governor Steve Sisolak. In 2020, Joe Biden carried Nevada by a margin of just 2.4%. In short, Nevada is very much in play in 2024. A recent Emerson College poll found GOP frontrunner Sam Brown running neck-and-neck with Rosen.

Arizona: Pro-abortion Senator Kyrsten Sinema, an Independent who caucuses with the Democrats, has not confirmed whether she intends to seek re-election. If she does decide to run, she will find herself in a three-way race.

Democrats have largely coalesced behind pro-abortion Congressman Ruben Gallego as their candidate. Former television anchor and 2022 gubernatorial candidate

endorsement in the race from EMILY's List, a pro-abortion fundraising giant that backs Democratic women who support unlimited abortion for any reason



Kari Lake is the frontrunner for the Republican nomination.

While Sinema and Gallego support a policy of unlimited abortion for any reason and the use of taxpayer dollars to fund abortions, Lake supports protections for unborn children and their mothers and opposes taxpayer funding of abortion. Polling shows Sinema's presence in the race would likely benefit Gallego. According to most public polls, Republicans have a better shot at winning the seat in a head-to-head matchup against Gallego rather than a three-way contest with Sinema.

Michigan: Pro-abortion Democratic Senator Debbie Stabenow's retirement leaves open a Senate seat in one of the most competitive battleground states. The odds-on favorite for the Democratic nomination is pro-abortion Congresswoman Elissa Slotkin. She received an early

endorsement in the race from EMILY's List, a pro-abortion fundraising giant that backs Democratic women who support unlimited abortion for any reason

until birth. Also running is Hill Harper, an actor known for his roles on shows like *CSI-NY* and *The Good Doctor*. Meanwhile, on the Republican side, there is a crowded field. Candidates include former Congressman Mike Rogers, physician Dr. Sherry O'Donnell, former Congressman Peter Meijer, and former Congressman Justin Amash. James Craig, the former chief of the Detroit Police Department, is also weighing a bid. Polls show Rogers, the current GOP frontrunner, tied with Slotkin.

Wisconsin: Pro-abortion Democratic Senator Tammy Baldwin is running for re-election in a battleground state that may ultimately determine the outcome of the presidential race. With a concentrated focus on Wisconsin

National Right to Life Releases Eleventh Annual Report: The State of Abortion in the United States

WASHINGTON — On February 22, National Right to Life released “The State of Abortion in the United States, 2024.” The eleventh annual edition summarizes key legislative developments on the state and federal level in the first year following the U.S. Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization*, which overturned *Roe v. Wade*.

The report notes that the annual number of abortions was on the increase in the years leading up to *Dobbs*, largely due to a highly intensified promotion of the abortion pill. However, more recent numbers appear to show that as many as 89,000 preborn children have been saved since *Dobbs* due to new protective state laws.

In addition, the report contains an in-depth look at the ongoing extra-constitutional campaign to jam the long-expired Equal Rights Amendment (ERA) into the U.S. Constitution, and explains the sweeping impact that the ERA could have on abortion law—a potential impact once denied but now loudly proclaimed by prominent pro-abortion advocates.

“Since the Supreme Court’s decision in *Dobbs*, the state of abortion in the United States has changed dramatically as many states have enacted laws to protect unborn children and their mothers from the tragedy of abortion,” said Carol Tobias, president of National Right to Life.

Key highlights from the report include:

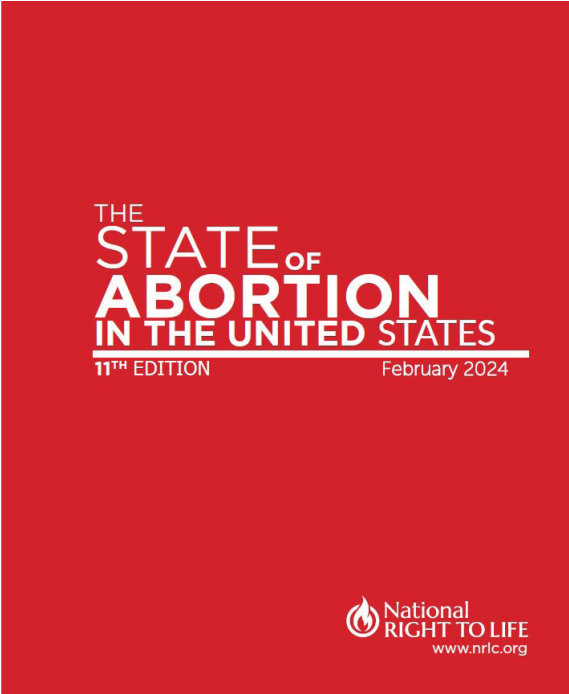
Abortion data through 2020 released by both the U.S. Centers for Disease Control and Prevention (CDC) and the Guttmacher Institute show a rise in abortion with most abortions done using chemical abortion – a method that puts women at increased risk.

Based on data from the CDC and the Guttmacher Institute, National Right to Life now estimates that 65,464,760 abortions have been performed in the United States since 1973.

In the months following *Dobbs*, several states moved to enact laws designed to provide maximum protections from abortion to unborn children and their mothers. However, according to the National Right to Life Department of State Legislation, as examined in the report, 26 states and the District of Columbia have guaranteed a right to abortion by court decision, constitutional amendment, or state legislative statute.

Tobias continued, “Pro-life education and legislative efforts are making an impact on our culture and in the lives of women facing unexpected pregnancies. But there is still much to do to help women and their preborn children.”

The report is available from the National Right to Life Communications Department here: www.nrlc.org/wp-content/uploads/StateofAbortion2024.pdf

The image shows the cover of the report. It has a solid red background. The title 'THE STATE OF ABORTION IN THE UNITED STATES' is written in white, with 'OF' in smaller letters between 'STATE' and 'ABORTION'. Below the title, '11TH EDITION' is on the left and 'February 2024' is on the right. At the bottom right, there is a logo for National Right to Life with the website 'www.nrlc.org' below it.

THE
STATE OF
ABORTION
IN THE UNITED STATES
11TH EDITION February 2024

 National
RIGHT TO LIFE
www.nrlc.org

CVS, Walgreens to Begin Filling Abortion Pill Prescriptions

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

After threatening for over a year, Walgreens and CVS, two of the nation's top pharmacy chains, are slated to begin filling prescriptions for mifepristone at selected stores in selected states sometime in the next few weeks, the chains announced Friday, March 1st.

Walgreens said it would start dispensing abortion pills from stores in New York, Pennsylvania, Massachusetts, California, and Illinois within a week. CVS said its stores in Massachusetts and Rhode Island would be selling the pills before the end of March.

Eventually, the chains say they plan to extend sales to other states where abortion pills are legal, though which states meet this qualification for CVS and Walgreens is unclear at this point.

It is clearly not legal in some states where full protections are in place for unborn children. But what about states where there is a heartbeat law or some law which limits abortion to a certain number of weeks? What about states where mifepristone—the “abortion pill”—is legal, but prescription is limited to physicians and pills must be picked up in person?

Finally, what about states where abortion may be legal under certain circumstances, but state Attorneys General have declared that the shipping and delivery of such pills in the state is prohibited by the federal Comstock Law which forbids the mailing or transport of abortifacients?

Clearly, they are going forward in those states where abortion has been welcomed or encouraged.

Still, some other details are still working themselves out. Some confusion exists as to whether

or when these chains will begin offering mifepristone at all or just some of its stores.

According to the *Wall Street Journal* (3/1/24) both chains said that they intended to offer the pills at all company pharmacies in states where it is allowed. CVS said it means to offer mifepristone at all its stores where legal within the next 45 days. Walgreens made a similar commitment as to availability but did not give a hard time frame.

Other statements by the retailers seem to imply that the pills will only be distributed from certain chain stores in a given area. A statement from Walgreens on the company website speaks as if those stores will be limited and their locations will not be generally identified.

Certified medical providers will be able to direct patients to locations to pick up their prescriptions. But in the interests of pharmacist and patient safety, we will not disclose the number of sites per state nor identify the pharmacies that are dispensing.

(If “all” company stores in a given state were dispensing these pills, identifying the involved stores would simply be a matter of seeing the company sign over the door.)

From a purely economic standpoint, it might not make much sense to have to set up a special prescriber database and train pharmacists at every location in order to be able to meet full FDA certification standards. The difficulty and expense involved there is believed to be one of the reasons it took both CVS and

Walgreens so long to qualify for the necessary certification.

In addition to filling out a “Pharmacy Agreement Form,” pharmacists handing mifepristone prescriptions have to review

the pills dangerous for her.

It would appear that this also would entail assuring that the woman has access to emergency help in situations where the pills do not work or might bring about



prescribing information, verify prescriptions come from certified prescribers whose “Prescriber Agreement Forms” are on file, and confirm with the prescriber that the drug is appropriate for the patient.

Essentially this means that the pharmacist needs to certify that he or she understands how the pills work, that they are given to women who are no more than 10 weeks past their last menstrual period (LMP) and have been checked for ectopic pregnancy (mifepristone’s effective drops and complications increase the farther along a woman’s pregnancy; the pills do not work in circumstances of ectopic pregnancy) and has no other conditions that could make

uncontrolled bleeding. Only after all these conditions are met is the pharmacist allowed to dispense mifepristone.

Unless they have been hired and trained specifically and exclusively to handle mifepristone orders – which seems extremely unlikely given the relatively small numbers of patients per store¹– this is in addition to whatever other tasks the pharmacist has. Both Walgreens and CVS have recently been in the news lately over labor troubles involving stressed, overworked employees.

What is interesting is what both pharmacy chains said they would not be doing. Though

More Post-*Dobbs* Abortion Numbers – Telabortions on the Rise

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

Tracking abortions since *Dobbs* has been difficult not just because of all the usual challenges – e.g., it normally takes years to collect and process the data, some states are usually more forthcoming than others – but also because the decision gave different states and key abortion industry players the incentive to either downplay or play up state numbers.

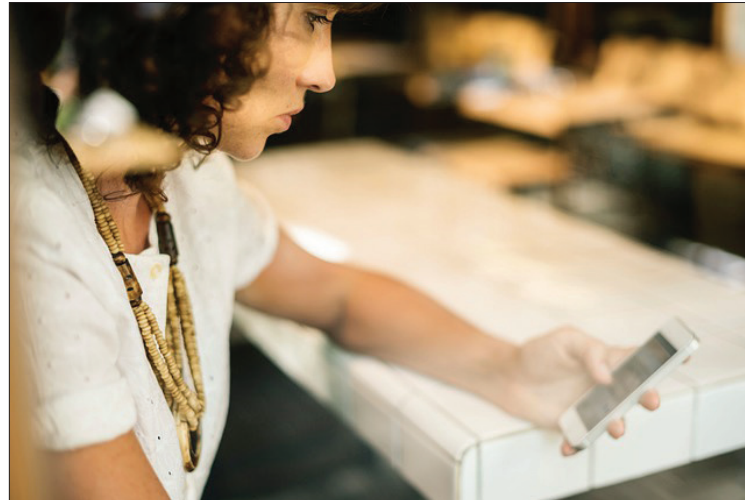
Keep that in mind while reading the latest “We Count” report from the Society of Family Planning (SFP) that came out February 24, 2024 [<https://societyfp.org/research/wecount>]. SFP has been conducting monthly surveys of its membership since April of 2022 to get an idea of state trends since *Dobbs*.

The latest report added abortion data for July 2023 through September of 2023 to previous counts that began in April of 2022, two months before *Dobbs* appeared but shortly after leaks of the decision began to circulate. Immediate results showed a big drop off in the number of monthly abortions, particularly in those states which protected unborn children or otherwise limited abortion but with abortion picking up in more abortion-friendly states as time went on.

So though initial figures showed that there was a net drop of just over 25,000 for 2022, a lot of that difference was made up for in 2023. Many women, aided by industry “travel agents,” sought their abortions in neighboring states prepped to handle the overflow.

SFP shows monthly totals peaking at 95,600 in March of 2023 after dropping as low as 77,250 in November of

2022. Numbers for the most recent three months covered by the report are down, though. The average was just under 85,000 a month, with the highest number



of abortions being August of 2023 with 88,620 and the lowest being September 2023 with 81,150.

The New York Times suggests that this means that the overall number of monthly abortions is “slightly higher” than it was just before *Dobbs*, but this fails to consider some of the larger trendlines and some of the context for these numbers.

Increased Telabortions Part of the Mix

One new element in this count is the specific inclusion of “telehealth” or “telabortions.” Here a woman orders abortions pills from a virtual clinic after a short online, smartphone, or text messaging interview and has them shipped to her home. It is unclear how many of these were included in past counts, but this latest report shows about 14,000 of these a month after being between 6,000 and 8,000 for most of the previous twelve months.

According to SFP, this would

make telehealth responsible for about one out of every six abortions performed in the United States. These have been growing in the U.S., especially

laws.” These are laws passed by abortion friendly states attempting to “shield” abortion pill providers there from criminal prosecution or civil liability in other states where that provision is not legal.

The constitutionality of such measures has not been established yet. Many think it probably violates “full faith and credit” clause found in Article IV, Section I of the U.S. Constitution, requiring that state courts respect the laws and judgments of courts from other states.

Following Trends

Given the different caveats and SFP’s ways of presenting and finessing the data (e.g., “imputing” data for missing clinics in some states, as well as counting telehealth abortions for states that limit abortions on a national but not state level), it is hard to nail down hard trends. SFP says that there were cumulatively 120,930 fewer abortions after *Dobbs* in states which “banned” abortions and 24,640 than there would have been if pre-*Dobbs* trends had persisted.

Some of that would be made up by women getting abortion pills by telehealth and being added to national totals or traveling to get abortions in other states and being counted there. But, taken together, SFP’s national data -- combining numbers from states protecting abortion with those protecting unborn children -- appears to point to a small, but overall national drop.

And if the last three months covered by the report (July 2023 – September 2023) are any

South Dakota Right to Life assists the passage of a first of its kind ‘Med Ed Bill’

HB1224 will create a public video and materials bringing clarification to South Dakota’s abortion laws.

By Dale Bartscher, South Dakota Right to Life Executive Director

Pierre, SD – For several months, leading up to this year’s 99th South Dakota Legislative Session (January 9 – March 7), a dedicated Pro-Life Team had meetings including House Bill 1224 – The Medical Education Bill (otherwise known as the ‘Med Ed Bill’). Following the *Dobbs* decision



been meeting and strategizing possible legislation to be introduced. South Dakota Right to Life helped organize these ‘Pro-Life Legislative Summits’ held in various locations across the state. Several pro-life bills were fashioned from these

and the activation of South Dakota’s “trigger” law, some medical professionals have claimed there is confusion about what our abortion laws will allow in the saving of a mother’s life. Thus, HB1224 will ask the South Dakota Department of Health,

in partnership with the Attorney General’s Office and medical experts, to create a video to further clarify what doctors can do to save the life of a mother when she’s experiencing a dangerous pregnancy and how that fits into the state’s trigger law.

This video, and accompanying materials, will point out that doctors can provide life-saving treatment to mothers just as they did before the trigger law took effect.

This first of its kind bill has passed both the South Dakota House and Senate in a bi-partisan fashion. Only nine of the 103 legislators voting on this bill voted ‘no’. HB1224 now heads to Gov. Kristi Noem’s desk where it is anticipated that she will sign

it into law.

Passage of HB1224 was only possible due to the significant collaboration of several state and national organizations such as South Dakota Right to Life, National Right to Life Committee, the Family Voice Action, Concerned Women for America, and SBA Pro-Life America. Other proponents included Governor Kristi Noem’s Unborn Person’s Advocate, South Dakota Dept. of Health’s Secretary, South Dakota Attorney General’s Office and the bill’s two Prime Sponsors – Representative Taylor Rehfeldt and Senator Erin Tobin.

The statement runs true in South Dakota, “We are stronger and better together!”

More Post-*Dobbs* Abortion Numbers – Telabortions on the Rise

From Page 10

indication of future trends, the trend is now moving down again after a brief swell earlier in the year.

The Guttmacher Institute recently released its own monthly count covering the first ten months of 2023. That showed similar, though slightly higher monthly figures. Both point to a robust abortion industry continuing to push the shipping of abortion pills and spending heavily on patient travel to other states.

But Guttmacher, too, showed what appears to be a drop in the

later months of 2023. Perhaps that signaled that abortion travel funds are drying up or that abortion pill sales have dwindled or gone further underground.

Where things stand

The bottom line, according to SFP, is that

In the 15 months after Dobbs, more than 100,000 fewer abortions were provided in states that banned abortion totally or banned at 6-weeks gestation.

People in states with abortion bans or severe restrictions were forced to delay their abortions, to travel to another state, to obtain care from a provider in a shield law state, to self-manage their abortions, or to continue a pregnancy they did not want.

While their spin is very self-serving to the abortion industry, the facts remain. States where unborn children and their mothers

are legally protected have seen a large drop in the number of abortions. Some of this is made up for by women ordering abortion pills online or traveling to neighboring states and getting abortions there.

But the sky has not fallen, the world has not come apart, as many abortion advocates have predicted would follow the defeat of *Roe*. The report shows many moms decided to stay home and give birth to their children.

And that’s good news.

“All trimester” clinic aborts up to 34 weeks, no medical indication required.

By Monica Snyder, Executive Director, Secular Pro-Life

The *New Yorker* article “A Safe Haven For Late Abortions” combines the photography of Maggie Shannon with the writing of Margaret Talbot to give a closer look at the abortions performed at Partners in Abortion Care, an all trimester clinic in College Park, Maryland.

(There is no need for a graphic image warning for this article. The photographs focus on the patients and providers, and do not include depictions of the fetuses who are aborted.)

Talbot explains that Morgan Nuzzo (nurse-midwife) and Diane Horvath (OBGYN) had long wanted to open an abortion clinic that performs abortions at all trimesters of pregnancy. They co-founded Partners in Abortion Care, which provides abortions up until 34 weeks. A typical pregnancy lasts about 40 weeks, so 34 weeks is between 7.5 and 8 months into the pregnancy.

This *New Yorker* article serves as a succinct response to several common misperceptions many moderate pro-choicers have regarding later abortion.

“Abortion ‘up until birth’ isn’t a thing.”

Pro-lifers claim abortion activists want abortion available “up until birth.” This statement is true in the sense that many abortion activists believe there should be no gestational limits on abortion, but more controversial in the sense that few pro-choice people are actually comfortable with or would morally accept abortions very late in pregnancy. Yes, they don’t want the government regulating abortion, but generally they don’t believe people seek abortions very late in pregnancy anyway. They think the “up until birth” argument is at best moot and at worst a bad faith red herring.

And yet:

Every week, potential

clients have to be turned away because their pregnancies have advanced beyond the clinic’s cutoff of thirty-four weeks. -- *Margaret Talbot, A Safe Haven For Late Abortions, New Yorker*

People do seek abortion very late in pregnancy, even past 34 weeks gestation.

Of course, 34 weeks gestation is not a full term pregnancy. Births before 37 weeks are considered preterm. It’s reasonable to hear “up until birth” as in “throughout the full 40 weeks of pregnancy.” This article does not suggest anyone seeking an abortion at 40 weeks (to my knowledge, no article does).

But it’s also reasonable to point out that abortions of viable fetuses — including fetuses into the third trimester — are legally sought, and do legally happen, specifically in the states with lax abortion laws. Abortion regulation (or lack thereof) matters.

“Third trimester abortion is not happening. It’s called ‘having a baby.’”

There is a lot of debate over how the word “abortion” is defined (and by whom). One increasingly popular pro-choice assertion is that abortion means only “termination of pregnancy,” and does not have to entail fetal death. In this framing, a “third trimester abortion” is just termination of pregnancy via preterm delivery with the intent and result of a live newborn. (See tweet examples: “Third trimester abortions don’t exist. It’s called BIRTH.”)

This framing is incorrect. Abortion after viability is not preterm delivery of a live child. Abortion providers ensure fetal death prior to removing the fetus from the woman. They sometimes do so by transecting the umbilical

cord, but more often by injecting poison into the fetal heart or amniotic fluid.

Abortion providers who perform later abortions have been frank about this aspect before, and



the *New Yorker* article confirms the same:

“We induce demise,” Horvath, the ob-gyn, says. “This idea that people are delivering live fetuses—it just does not happen.” -- *Margaret Talbot, A Safe Haven For Late Abortions, New Yorker*

“Later abortions happen because the woman’s life is in danger or the fetus has some kind of fatal anomaly.”

Probably the most common pro-choice misperception regarding later abortion is that these abortions are all or nearly all due to dire medical circumstances (either the woman’s life is in danger or the fetus has a fatal anomaly).

We know with certainty that later abortions are not all for medical emergencies. In fact, while there isn’t a great deal of quantifiable data on the subject, what evidence we can gather suggests that abortions after 21

weeks are usually not for fetal or maternal health concerns.

The *New Yorker* article profiles such a case: a woman Talbot calls “Amanda” gets an abortion at 32 weeks because she didn’t realize she was pregnant until 30 weeks.

One woman Shannon photographed, a thirty-six-year-old whom I’ll call Amanda, was seven months along when she came to the clinic. Several years earlier, Amanda had been given a diagnosis of polycystic ovary syndrome, and doctors had told her that the condition made it very unlikely that she could conceive without in-vitro fertilization. Because of the aftereffects of recent weight-loss surgery—nausea when she felt too full—she didn’t even consider that she might be pregnant until almost thirty weeks. When a home test came back positive, Amanda was floored. -- *Margaret Talbot, A Safe Haven For Late Abortions, New Yorker*

The article goes on to explain it took Amanda two weeks to make all necessary arrangements to get to the clinic, indicating she aborted her child at 32 weeks. Note that if a child is delivered alive at 32 weeks, he or she has a 95% chance of surviving.

If you oppose gestational limits on abortion because you have believed (1) no one aborts viable fetuses, much less aborts into the third trimester, (2) “abortion” that late in pregnancy is just labor induction resulting in live birth, and/or (3) abortions late in pregnancy are only happening for the most dire of medical emergencies...

Please reconsider.

The “Abortion to Save the Life of the Mother” Scam

Creating a loophole with the “Life of the Mother” exception.

By Sarah Terzo

Mainstream media outlets are full of stories about pregnant people whose lives are endangered by their pregnancy and who need an abortion. But sometimes, abortion to save the life of the mother is a scam.

Pro-Lifers and Abortions to Save the Life of the Mother

Individual cases vary, and there are indeed times when a pregnant person’s life can be endangered by a pregnancy. In many of these cases, premature delivery instead of abortion is an option, even when the child is too premature to survive. Directly killing the baby by dismemberment isn’t a requirement. *Live Action News* discusses how a premature delivery, even when a child has no chance of survival, is different from an abortion.

The media often casts pro-lifers as the bad guys when we require confirmation of a life-endangering pregnancy or put ground rules in place for abortions to save a woman’s life. But there is a very good reason pro-lifers want (and need) to do this.

Pro-abortion activists are trying to create a loophole. They want to give one doctor, the abortionist, the authority, with no oversight, to claim that an abortion endangers the pregnant person’s life. You need to know some history to understand why this is so problematic.

Public Opinion of Doctors Before Roe

Before *Roe*, there was far more support for legalizing abortion among doctors than among laypeople. In a 1968 poll, 86.9% of doctors were in favor of liberalizing abortion laws, including 94.6% of psychiatrists.¹ In 1965, 89% of psychiatrists said they would recommend abortion if the mother’s emotional health was endangered by the pregnancy.²

A Loophole in the Law

Therefore, many doctors were committed to giving women

abortions on request. Yet abortions could only be done legally to save the mother’s life. So, doctors created a loophole. If a woman threatened suicide because of her pregnancy, then this meant her life was in danger. Thus, an abortion could comply with the law.

Dr. Allan Guttmacher, who would become the director of Planned Parenthood, stated in 1958:

At Mount Sinai, our rules are specific. The law says that one may abort to save the life of the mother, and therefore we insist that suicidal intent must be present in the psychiatric patient in order to validate the abortion.³

These women were often carefully coached on what to say.

Statistics on Abortion “to Save the Life of the Mother”

From 1952 to 1955 there were 57 abortions committed at Mount Sinai Hospital, and 47.3% were on healthy mothers, done on grounds of averting suicide.⁴ From 1951 to 1953, 37.8% of abortions committed in New York City were done for this reason. This was up from only 8.2% in 1943.⁵ Between 1960-1962, it was 61%.⁶ In 1943, in Buffalo, New York, only 10% of abortions were justified by the risk of suicide. By 1963, this percentage had increased to 80%⁷, and the overall number of abortions increased considerably.

Sometimes, the pregnant person simply told the abortionist that she was suicidal. In other cases, the abortionist enlisted a psychiatrist accomplice who met with the woman and certified that she was suicidal. He would write a letter or fill out some paperwork, and the abortion would be done.

Doctors Admitted to Dishonesty

Many in the medical field openly admitted that these

“consultations” and certifications were a sham.

Two authors writing in 1973 stated:

Some liberal-minded psychiatrists admit



frankly that they sometimes must stretch their definitions of life-threatening mental hazards a bit, because they know that their approval is the only chance a woman may have of obtaining a legal therapeutic abortion.⁸

They quoted Dr. Leon Eisenberg of Harvard admitting, “I write letters recommending abortion that are frankly fraudulent because I am satisfied to be used so that someone may obtain what our society otherwise would deny to her.”⁹

These weren’t pro-life authors. In their book, they compared abortion to “removing a wart from the side of the nose.”¹⁰

Dr. Pietro Castelnuovo Tedesco, associate professor of psychiatry at UCLA, said in 1972:

[P]sychiatrists would testify that a woman would probably commit suicide if she didn’t get an abortion ... We were fudging on behalf of the patient for humanitarian reasons. It may have been for a good cause, but it was still fudging on psychiatric standards

and on scientific truthfulness.¹¹

In the documentary *Voices of Choice* produced by Physicians for Reproductive Choice and

Health, abortionist Dr. Mildred Hanson described how she coached women who appeared before committees at hospitals for permission to get abortions before *Roe*:

We had a system put into motion so we could almost assure the patient that the process would go forward. I would coach her that she must convince the psychiatrist that she was indeed suicidal. How when she crossed a bridge she would think, “I’m just going to crawl over the top and jump over.”

Is that unethical to coach a person? Is that lying? Maybe ... But when you are between a rock and a hard place you do what you have to do.

A Doctor Gives Pregnant Women Advice

Dr. Robert E Hall wrote *A Doctor’s Guide to Having an Abortion* in 1971. Hall wrote the book for pregnant women, as a guide on how to get abortions.

Democrat cuts Sen. Kennedy off while he highlights horror of abortion: “Do you support abortion up to the moment of birth?”

WASHINGTON – On February 28, a Democrat cut off Sen. John Kennedy (R-La), a member of the Senate Budget Committee, in a hearing as he defended life and highlighted the horrors of abortion.

Myers: “I’m sorry. I don’t really understand . . . I’m not here to talk about ethics, assignment of personhood. That’s not my role.”

Kennedy: “Well, but you said you agreed with the chairman’s statement that, ‘Reproductive

and the District of Columbia, and the loon wing of the Democratic Party supports abortion up to the moment of birth. So, do you support that or are oppose it?”

. . .

Kennedy: “It’s real simple: You either support abortion for a healthy mother and baby up to the moment of birth, or you don’t—and I don’t think it’s a difficult question.”

. . .

Kennedy: “This is a baby at 21 weeks, okay? The baby can feel pain, right?”

Ford: “Yes.”

Kennedy: “And the baby’s pretty developed, right?”

Ford: “Yes.”

Kennedy: “And, do you know the name of the procedure that the doctor would use to abort that baby at 21 weeks? . . . It’s called dilation and evacuation, is that right?”

Ford: “As far as I understand it.”

Kennedy: “Yeah, and, first, the doctor would dilate the cervix, and then the doctor would take what’s called [a sopher] clamp. It’s really a pair of pliers with sharp teeth on the end, and, without giving the baby any pain medication, the doctor would go through the vagina, through the uterus, and start tearing the baby apart, is that right?”

Ford: “As far as I understand the procedure.”

Kennedy: “And [the doctor] might start with the legs and pull them out, and the arms and pull them out, right? And then she might go for the heart or the spine and just pull the baby out piece by piece. Is that right? Without giving the baby pain medication?”

Ford: “That’s what I understand the procedure to be.”

Kennedy: “Okay, but then you’ve got to get the head out. The baby’s dead. Maybe not. Maybe it’s still in pain, but then you’ve got to get the head out, and—even with the cervix dilated—you’ve got to get the head out, which is hard. So, then the doctor would go in and use those pliers to crush the baby’s head. Is that right?”

Ford: “As far as I know.”

Kennedy: “And then she’d pull the head out, the crushed skull out, right?”

Whitehouse: “Senator Kennedy, your time has expired here . . .”

Kennedy: “Well, you gave the others plenty of time, Mr. Chairman.”

Whitehouse: “Just letting you know your time’s expired. [We have] other senators waiting.”

Kennedy: “Well, [I] was waiting when you were letting others—I’m sorry you don’t want to hear about what happens in an actual abortion, but [I thought] that was what we were here to talk about.”

Whitehouse: “No one else has gone over. Some of the witnesses went a little bit long, but on both sides.”

Kennedy: “I thought we were here about protecting mothers and killing babies.”

Whitehouse: “I’m going to turn to Senator Stabenow.”

Kennedy: “Well, I’m sorry you don’t want to hear it.”

View full remarks at <https://www.kennedy.senate.gov/public/2024/2/democrat-cuts-kennedy-off-while-he-highlights-horror-of-abortion-do-you-support-abortion-up-to-the-moment-of-birth>.



*Pro-life Sen. John Kennedy
Youtube video clip.*

Sen. Sheldon Whitehouse (D-R.I.) chaired the committee.

Key remarks from Kennedy’s exchange with Caitlin Myers and Leilah Zahedi-Spung, whom committee Democrats brought as witnesses, are below. Kennedy also questioned Leslie Ford, a witness for Republicans.

Kennedy: “My good friend Senator Whitehouse said, I want to quote, ‘Reproductive justice is economic justice.’ Close quote. Do you agree with that?”

Myers: “I might, as an economist, use the word ‘rights,’ but yeah, I do agree with that.”

Kennedy: “Okay, that’s not true for the baby, is it?”

Myers: “Well, first of all, I would refer to a ‘fetus,’ not a ‘baby.’”

Kennedy: “Well, a ‘fetus’—I refer to it as a ‘baby’—that’s not true for the baby, is it?”

. . .

justice is economic justice.’ There is no economic justice for the baby because the baby’s dead, right?”

Myers: “I don’t really know how to answer your question.”

Kennedy: “Well, is the baby dead or alive?”

. . .

Myers: “The fetus would be dead after an abortion.”

Kennedy: “All right. If the if the mother is healthy and the baby is healthy, do you support abortion up to the moment of birth?”

Myers: “You know, I think that’s a really hard question to answer because that just doesn’t happen. You’re asking me about something that simply doesn’t happen—”

Kennedy: “Well, actually, I will tell you, it’s legal in Vermont, New Jersey, Oregon, Colorado, New Mexico, Alaska

The Magnificence of Human Development - Supporting Baby Olivia

Frankfort, KY- Kentucky Right to Life (KRL) firmly supports HB 346 sponsored by Representative Nancy Tate, aimed at enriching the educational curriculum in Kentucky schools with informative biology and human development videos, such as the acclaimed “Baby Olivia” [www.youtube.com/watch?v=S-IQOooYAs8].

The proposed legislation simply seeks to augment current sex education standards in Kentucky schools.

By incorporating visually engaging options like “Baby Olivia,” a modern animation presents a dynamic journey through fetal development, complementing the static images of textbooks or those depicted in the 1965 Life Magazine photo essay “Drama of Life Before Birth” with fluid motion and interactive elements. In 1965, “Drama of Life Before Birth” in Life magazine provided a detailed representation of embryological development, sparking wonder and intrigue. (Sadly, wonder and how did they achieve the 1965 amazing photos, later lead to the truth, that the photographer had removed live developing unborn babies at various stages to capture the photo essay.)

“In a world where science and technology continually push the boundaries of human understanding, it’s essential to celebrate the magnificence of biological processes, especially those surrounding human development,” stated Addia Wuchner, a registered nurse and Executive Director at Kentucky Right to Life. “Baby

Olivia, an animated portrayal of fetal development, stands as a beacon of biological education for all age groups, providing an understanding of gestational age and embryological milestones.”

“We’ve come a long way,” says Wuchner. “Today, most parents

explore fetal anatomy, detect potential issues, and ensure a safe and healthy pregnancy journey, and well-being of both the mother and her unborn child.

“Baby Olivia” embodies the spirit of scientific inquiry and ethical responsibility,

“But these alarms are akin to a ‘flat earth myth,’” says Wuchner, “and arise from the divergence between those who embrace abortion and the ‘right to choose’ narrative, and a life-affirming culture upholding the ‘right to life’ from conception.



first meet their child through a spectacular video image and their child’s personal photo journey via fetal ultrasound. This technology not only aids in pregnancy, confirming gestational age and fetal heartbeat, and expected due date, but also serves as an educational resource.”

“Human development is an awe-inspiring journey, and today’s state-of-the-art technology are vital tools that provide a window into that world,” Wuchner continues. “With state-of-the-art technology, specialists can

fostering a deeper appreciation for the marvels of human life. Developed by Live Action, this animation offers students a captivating journey through fetal development, enhancing traditional classroom instruction.”

However, amidst scientific progress, challenges persist in the perception of fetal development. Similar tensions to those of 1965 surround representations of human development, with responses to “Baby Olivia” reflecting fear and radical concerns akin to past criticisms.

It is essential to confront these challenges and foster a culture valuing and protecting every stage of human existence.”

Kentucky Right to Life urges legislators to swiftly pass this vital legislation, ensuring comprehensive education reflecting the beauty and complexity of human development. Together, we can empower the next generation to embrace the magnificence of each individual’s unique and inspiring journey, beginning with conception.

22 states, dozens of groups support Idaho's pro-life law

Broad support comes from friend-of-the-court briefs filed with US Supreme Court

By Alliance Defending Freedom

Twenty-two states, 121 members of Congress, doctors, and a broad coalition of policy and advocacy groups filed friend-of-the-court briefs with the U.S. Supreme Court in support of Idaho's law that protects the lives of women and their unborn children, preventing doctors from performing abortions unless necessary to save the life of the mother or in cases of rape or incest.

The Office of the Idaho Attorney General, with the assistance of seasoned Supreme Court litigators from Alliance Defending Freedom and Cooper & Kirk, filed its opening brief with the high court, asking it to prevent the Biden administration from rewriting federal law to override Idaho's Defense of Life Act.

"Idaho's law is perfectly consistent with EMTALA, which provides explicit protections for 'unborn children' in four separate places. The Biden administration has no business rewriting federal law to override Idaho's law and force doctors to perform abortions," said Idaho Attorney General Raúl Labrador. "We are grateful for the many amicus briefs asking the Supreme Court to end the administration's unlawful overreach and respect the people's decision to protect life."

"The Biden administration has no authority to override Idaho's law and force emergency room doctors to perform abortions. There is no conflict between Idaho's Defense of Life Act and EMTALA," said ADF Senior Counsel John Bursch, vice president of appellate advocacy. "Both Idaho's law and EMTALA seek to protect the lives of women

and their unborn children. The Supreme Court should uphold Idaho's law and ensure that emergency room doctors are not forced to end lives."

In August 2022, the Biden administration sued Idaho, claiming that it could use the federal Emergency Medical Treatment and Active Labor Act

Idaho to continue to protect the lives of women and their unborn children as the litigation continues, and agreed to hear the case on April 24.

In the brief led by the state of Indiana and joined by 21 other states, they explain how, "if accepted, the United States' position would permit the

"An induced abortion intends to end pre-born life; emergency care intends to save it," the brief filed by the American Association of Pro-Life Obstetricians and Gynecologists explains. "EMTALA requires the latter, not the former. By definition, measures taken to save the mother, the preborn



to preempt Idaho's protections for life and force emergency room doctors to perform abortions that are unlawful in Idaho. But there is no conflict between EMTALA and Idaho's law as both seek to save lives and neither requires abortions to be performed.

After a lower court upheld the Biden administration's attempt to rewrite EMTALA and prevented Idaho from enforcing its law, the Supreme Court stayed that erroneous decision, allowing

Executive Branch to seek decrees overriding all manner of state laws and fundamentally transform the relationships among citizens, their States, and the United States... Amici States have a profound interest in the rejection of that position to preserve the federalist structure, their power to regulate for the welfare of their citizens, and state laws adopted by citizens' elected representatives to protect unborn children from intentional destruction."

child, or both are not considered 'abortions' in either common or medical parlance.... Moreover, the suggestion of an EMTALA-driven provider shortage is inconsistent with available statistics. The overwhelming majority of obstetricians in the United States do not perform abortions. Sky-is-falling news reports about obstetricians fleeing States that enforce pro-life laws have no connection to statistical reality."

Attorney General Bailey Files Suit Against Planned Parenthood for Trafficking Children Out-of-State to Obtain Abortions Without Parental Consent

JEFFERSON CITY, Mo. – Last Thursday, Missouri Attorney General Andrew Bailey filed suit against Planned Parenthood Great Plains for trafficking minors out of state to obtain abortions without parental consent. He is seeking a court order to block the clinic from subjecting children to such treatment.

“This is the beginning of the end for Planned Parenthood in the State of Missouri. What they conceal and conspire to do in the dark of night has now been uncovered. I am filing suit to ensure it never happens again,” said Attorney General Bailey. “As a father who held my daughter in my arms for the single hour of her life before she died, I know firsthand how important it is to protect life. Our children are the future. It is time to eradicate Planned Parenthood once and for all to end this pattern of abhorrent, unethical, and illegal behavior.”

General Bailey’s lawsuit is the culmination of a multi-year campaign to drive Planned

Parenthood from the State of Missouri because of its flagrant and intentional refusal to comply with state law. In the suit, Attorney General Bailey lays out Planned



*Missouri Attorney General
Andrew Bailey*

Parenthood’s pattern of statutory violations:

- In 2018, following at least a half-decade of health-code violations, Planned Parenthood’s facility in Columbia was shut down after staff admitted to having

used moldy abortion equipment on women for months.

- Also in 2018, Planned Parenthood physicians conceded in open court that, for at least 15 years, the organization failed to comply with state law requiring physicians performing abortions to file reports when women experience medical complications from abortions.
- In 2020, the Administrative Hearing Commission determined that even though Missouri law at the time required that the same physician who performs an abortion be the one to notify the woman of the risks of abortion, physicians at Planned Parenthood were not doing so.

recent unlawful behavior was captured in an investigative video, when Planned Parenthood staff admitted they traffic minors across state lines to perform abortions without parental consent. Worse, they admit doing this “every day, every day, every day.”

The investigation revealed that Planned Parenthood removes minors from school using altered doctors’ notes, transports them into Kansas for abortions, and then quickly returns them—all to avoid the legal requirement to obtain parental consent.

It is against the law in Missouri to intentionally cause, aid, or assist a minor to obtain an abortion without parental consent in another state. § 188.250, RSMo. Attorney General Bailey is seeking injunctive relief.

Further investigation into Planned Parenthood is ongoing.

The lawsuit can be viewed here [<https://ago.mo.gov/wp-content/uploads/2024-2-29-Missouri-v.-Planned-Parenthood-Petition-for-Injunctive-Relief.pdf>].

Planned Parenthood’s most

Safe Haven Baby Boxes installs 200th box in U.S.; more than six babies surrendered so far this year

By Gayle Irwin

In early February, Safe Haven Baby Boxes celebrated the 200th installation of a baby box, helping birth parents to keep their infants safe and keeping them anonymous.

“That’s huge,” said Monica Kelsey, the organization’s executive director.

Kelsey attended the “blessing” of the box, which was installed in the community of Roswell, N.M. Just a day prior, an infant was relinquished in a Safe Haven Baby Box (SHBB) in Belen, another community in the state. Roswell marks the sixth SHBB in New Mexico.

Already this year, SHBB staff have assisted more than a half-dozen birth parents surrender their babies safely.

The first surrender of 2024 took place inside a baby box in Georgetown Township, Ind., located near the Kentucky border. This was also the first surrender at that fire station after the box was installed in 2022.

“They had not had a surrender in that baby box yet, and it was the very first surrender for Georgetown,” Kelsey said. “We’re very thankful that the birth parent trusted the Georgetown fire department and Safe Haven Baby Boxes to keep this child safe. The process worked exactly as it was designed to.”

Kelsey and the crew from the firehouse at which the baby box was installed held a press conference in January to announce the surrender.

The need for safe haven laws and boxes

Other surrenders occurred in another Indiana community, in Orlando, Fla., in Ohio, in Texas, and in South Carolina, Kelsey said. One of these happened

inside a baby box, while the other five were direct hand-offs, Kelsey said, which means the birthparent placed the infant into the arms of a first responder or hospital worker.

“Some of these locations where these babies are being surrendered do have baby boxes,” Kelsey said. “Our goal though is always to get these babies into the hands of first responders first, but if they won’t, we let these parents know how to use a baby box.”

Helping birthparents who feel they cannot care for their child is part of the SHBB program. Every state has a Safe Haven law, but states vary on the location of where a baby can be left and the timeframe that a birthparent has to seek that help.

The Charlotte Lozier Institute reported in December 2021, “Each state establishes its own criteria under its Safe Haven law, but every state specifies valid locations and age cutoffs for infant relinquishment.”

Birthparents who seek to safely relinquish their child through Safe Haven laws often contact SHBB, where they will be educated on state laws and given locations for anonymous relinquishment. However, there is no pressure to surrender the child.

“We’re going to give [birthparents] resources that are good for [them],” Kelsey said. “We’re not going to tell you what to do.”

Education about SHBB is an integral part of the program, and one way Kelsey and her team have discovered to bring awareness and the educational component to women and men is through TikTok.

“We hear from a lot of these parents after they surrender, some of them before, and a lot of them are seeing us on TikTok,” she

said. “We have almost a million followers on TikTok.”

A board member suggested using that platform and though she was hesitant at first, Kelsey discovered that’s a good way to get the word out about SHBB.

“The very first video I did had 27 million hits on it,” she said. “Since then, one of our videos has

an impact, she said. For example, in Indiana where the organization is located used to see an average of two abandoned, dead infants each year, according to Kelsey. After SHBB started, “we’ve not had a dead infant in our state,” she said.

“I truly believe that the babies destined for trash cans and



over 51 million views on it. So, the education piece is really the social media aspect. We have to be where these moms and these dads are, and right now, that’s where they’re at. Wherever they are, we’re going to be there.”

‘Turning the tide’ on infant abandonment and death

Founded in 2015, SHBB now has boxes installed in 15 different states. More are scheduled to be installed this year. Kelsey longs to see every state have at least one, and her long-term goal is to “end of infant abandonment.”

Last year, a record number of baby box surrenders, 17, took place across the country, Kelsey said.

Education and anonymity are key, she added.

The efforts of SHBB have made

dumpsters are being placed in our boxes,” said Kelsey. “I think it’s turning the tide. I think these women understand we’re going to keep them safe as long as they keep their baby safe. They know we have their backs.”

She added, “That’s the beauty of the baby box – it provides that anonymity women have been asking for.”

Birthparents who want to explore their options after their child is born, or who want to learn more about Safe Haven Baby Boxes, are encouraged to call or text the organization at 1-866-99BABY1. They will be connected to a licensed counselor.

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

Parliament to vote on lowering abortion time limit after cross-party group of 25 MPs introduce amendment to Criminal Justice Bill

By Right to Life UK

Members of Parliament [MPs] will be given the opportunity to vote on lowering the abortion time limit in an historic vote that is expected to take place next month.

A cross-party group of 25 MPs has tabled [introduced] a landmark amendment to the Government's flagship Criminal Justice Bill ahead of Report Stage, that would lower the abortion time limit from 24 to 22 weeks in line with advances in medical science.

The group of MPs behind the amendment is led by Caroline Ansell and includes former health minister Maggie Throup, ex-shadow cabinet Labour minister MP Rachael Maskell, ex-shadow Labour minister Marie Rimmer, ex-Cabinet Minister Sir Jacob Rees-Mogg and Miriam Cates.

A 24-week abortion limit is now beyond the point when many babies survive, double that of the most common time limit among European Union countries and represents a contradiction at the heart of our abortion law.

Caroline Ansell MP, who is leading the group of 25 MPs who have tabled the amendment, said: "The increase in survival rates for babies born at 22 and 23 weeks gestation is one of medical science's great success stories in recent years. More and more babies born at these ages are able to survive thanks to the hard work of neonatal teams".

"As in 1990, when our laws were last changed to reflect similar increases in survival rates, it is time our abortion time limit was updated. Our current time limit is an outlier compared with our European neighbors and my hope is this amendment will command widespread support

across the House," she concluded.

Time to lower the abortion limit from 24 to 22 weeks

Originally set at 28 weeks, the abortion limit was lowered in 1990 to 24 weeks gestation. Improved survival rates for extremely premature babies between 24 and 28 weeks was one of the key considerations that motivated this change.



By the same logic, and informed by the improved survival rates for babies born at 22 and 23 weeks gestation, MPs are now calling for the abortion time limit to be updated.

In the decade to 2019 alone, the survival rate for extremely premature babies born at 23 weeks doubled, prompting new guidance from the *British Association of Perinatal Medicine (BAPM)* that enables doctors to intervene to save premature babies from 22 weeks gestation.

Research published in November 2023 by academics at the University of Leicester and Imperial College London indicates that a significant number of babies born at 22 and 23 weeks gestation can now survive outside the womb. According to this research, there were a total of 261 babies born alive at 22 and 23 weeks, before the abortion limit,

who survived to discharge from hospital in 2020 and 2021.

However, according to the Government abortion statistics in 2021 alone, 755 'ground C' abortions were performed when the baby was at 22 or 23 weeks gestation. (Ground C is the statutory ground under which the vast majority of abortions are permitted and there is currently a 24-week time limit for abortions



performed under this statutory ground.)

This leaves a real contradiction in British law. In one room of a hospital, doctors could be working to save a baby born alive at 23 weeks whilst, in another room of that same hospital, a doctor could perform an abortion that would end the life of a baby at the same age.

The UK abortion law is out of step with the majority of European Union countries

Our 24-week time limit is also out of step with the majority of European Union countries, where the most common time limit for abortion on demand or on broad social grounds is 12 weeks.

Countries with 12-week limits for abortion on demand or on broad social grounds include Germany, Italy and Belgium as well as the more "liberal" Nordic countries

Denmark and Finland. Even Sweden has a time limit for abortion on demand or on broad social grounds that is much lower than the United Kingdom at 18 weeks.

Lowering the abortion time limit is supported by a large majority of the British public. Polling undertaken by Savanta ComRes shows that 60% of the general population and 70% of women support a reduction in the time limit to 20 weeks or below.

Mischa a mum from Surrey who have birth to daughter Amaya at just 23 weeks and five days said: "Our beautiful Amaya was born at 23 weeks and 5 days. She'll be turning 3 years old in the summer and has come such a long way. She's the most expressive baby and it is so fun to see what silly face she may pull next, always showing her emotions!"

"She is such a waterbaby and adores her swimming lessons. I'll never forget bringing her home for the first time and as I opened the ambulance door, the whole family was there cheering and clapping to welcome home my baby. She has brought so much light to so many lives".

"It's not easy to raise our premature baby. Every day was a fight; she has been fighting so hard. But we wouldn't change it for the world. My little one was born at 23 weeks – why does she get to live while a 24-week baby in the womb could still be aborted?"

Texas attorney gets light sentence for trying to abort his preborn baby seven times

By Leslie Wolfgang

The first person charged with felony assault to induce abortion in Harris County, Texas, has struck a plea deal and has been sentenced with only six months (180 days) jail time and 10 years probation.

Mason Herring, a solo legal practitioner who practiced law in New Mexico and Texas, attempted several times to surreptitiously cause the death of his preborn child. He poisoned his wife's water and sports drink with misoprostol, an agent often used to induce abortion. When his wife grew suspicious of the cloudy water, he persevered and encouraged her to "stay hydrated," even refusing to leave until she finished his concoction.

According to a February 8, 2024 article by the *New York Times*, Herring "pleaded guilty to injury of a child and assault of

a pregnant [woman] as part of a plea agreement."

Catherine Herring, the suspect's wife, became suspicious when her husband took out the trash.



Mason Herring

She stated in her complaint that it was "out of character for" him, because "he does not do chores around the house...." When she investigated what was in the trash,

she found empty Cyrux packages in the bin.

According to the *New York Times*, "The main ingredient in Cyrux is misoprostol, which is used for abortions in some countries." The United States is one of those countries and the abortion pill regimen (which consists of two drugs – mifepristone and misoprostol) accounts for over half of U.S. abortions, according to 2022 statistics. Misoprostol is the second drug in this regimen to complete a chemical abortion.

According to the Abortion Pill Reversal Network, "over 4,000 babies have been saved through abortion pill reversal" which consists of the administration of progesterone in an effort to out-compete the mechanism of mifepristone, the first drug in the abortion pill regimen. However,

the abortion industry is hastily developing a "single drug" strategy to induce abortion in case mifepristone is restricted.

Remarkably, the Herrings' daughter, Josephine, survived but was born prematurely and with developmental delays. She is 18 months old now, and experts predict her father will lose his law license for attempting to end her life while she was still in the womb.

"I do not believe that 180 days is justice for attempting to kill your child seven separate times," Catherine Herring stated. She says she plans to use the experience of being pressured and drugged to cause an abortion to "support and advocate for victims of domestic violence."

Editor's note. This appeared at Live Action News and reposted with permission.

Parliament to vote on lowering abortion time limit

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"The UK abortion law is out of date with medical science – my daughter is living proof of that. She's a baby, just like others in the womb at 22 or 23 weeks. We hope to see this law changed to bring it in line with modern science so babies in the womb, the same age as my little fighter when she was born, are treated the same".

Professor John Wyatt, Professor of Ethics and Perinatology at University College London and Emeritus Professor of Neonatal Paediatrics, Ethics & Perinatology at University College London, who worked as a neonatologist for almost 30 years, said medical advances allowing the survival of babies born at 22 or 23 weeks put politicians in the same position as the 1990s when they backed reducing the limit from 28 to 24 weeks.

He told The Telegraph "I have first hand experience that on the one hand we are able to keep babies alive from 22 to 23 weeks gestation and many of them survive and live normal and healthy lives, yet at the same time the current abortion act allows abortion to be carried out effectively at maternal request at 24 weeks gestation".

Little Fighters campaign launched

This morning Right To Life UK launched the *Little Fighters* campaign to help build support throughout the country for this important law change.

Right To Life UK has kicked off the *Little Fighters* campaign by distributing a very large number of postcards for people to send to their MPs asking them to vote in support of the 22-week limit amendment.

They are encouraging the public to visit the campaign website at www.littlefighters.org.uk/go to

find out more about the campaign and order their free postcards to send on to MPs.

Johnson's extreme self-abortion up to birth amendment

Ansell's amendment comes at the same time as an extreme abortion amendment by Labour MP Diana Johnson which intends to remove offences that make it illegal for a woman to perform her own abortion at any point right through to birth.

Johnson's amendment does not outline circumstances in which it would continue to be an offence for a woman to perform her own abortion – the changes to the law would apply throughout all nine months of pregnancy and would not exclude sex-selective abortions.

Right To Life UK spokesperson, Catherine Robinson, said

"The UK abortion time limit is double the average among EU countries, which is 12

weeks gestation, a point in pregnancy when the NHS website describes the unborn baby as 'fully formed'.

"At the moment, a baby at 22 or 23 weeks gestation could be born prematurely and have a dedicated medical team provide expert care to try to save his or her life, while another baby at the same age could have their life deliberately ended by abortion in the same hospital at the same time. This is a contradiction in UK law.

"Polling demonstrates widespread public support for a time limit reduction, with support for this reduction strongest among women".

California wants to deter women from seeking to save the lives of their babies

By Danielle White

California has taken yet another alarming stride toward backing women into unwanted abortions, this time with a lawsuit that aims to shut down the option of abortion pill reversal. This life-saving process offers an option for women who wish to exercise their fundamental right to carry their pregnancies to term, even after initially choosing to begin the chemical abortion process.

On Sept. 21, 2023, California Attorney General Rob Bonta sued Heartbeat International and its affiliate RealOptions, alleging that they had engaged in “false or misleading statements” and “unlawful, unfair, and fraudulent business practices” by offering women the option of APR. The lawsuit seeks to deal a devastating blow to the Abortion Pill Rescue Network, a ministry of Heartbeat, which educates women on the APR process and connects them to this life-saving treatment if they so desire. The lawsuit also aims to stop RealOptions clinics from providing information about APR.

Every woman deserves to know the truth about her options, and she does not forfeit that right simply because she started the chemical abortion process. Bonta clearly disagrees with this viewpoint, and he is wielding his power to try to silence Heartbeat’s life-saving message and intimidate its affiliates.

Bonta consistently has expressed disdain for life-affirming pregnancy centers and the hope they provide to women. From issuing a “consumer alert warning” to disparaging pregnancy help organizations, the attorney general opposes those offering life-affirming support to pregnant women. In this, he is aligned with pro-abortion allies, including Planned Parenthood and Reproductive Justice for All, formerly NARAL, by labeling

any speech that challenges the pro-abortion narrative as “untrue” and “deceptive” and seeking to stifle it under the guise of government oversight.

The irony, of course, is that

a crucial hormone necessary for a pregnancy to thrive, and the very hormone that mifepristone seeks to cut off. Progesterone is FDA-approved for miscarriages and pre-term birth and has been used

advocates of life-affirming, compassionate options and to withhold critical life-saving information from women. If Bonta succeeds in punishing Heartbeat for uttering words



California’s own complaint accusing Heartbeat of false and deceptive speech is chock-full of false and deceptive accusations. ...

The timing of this complaint is crucial, as chemical abortions now account for well over half of all abortions in the United States. More than 75% of women reaching out to the Abortion Pill Rescue Network do so within 24 hours of taking the first abortion pill, highlighting the urgency of providing truthful information about options.

Following Bonta’s lawsuit announcement, Heartbeat’s network experienced a threefold increase in women seeking APR services.

Abortion pill reversal involves the administration of progesterone,

safely with pregnant women and their babies since the 1950s. To date, statistics show more than 5,000 women have had successful abortion pill reversals, and that number grows higher each day.

But Bonta demands that Heartbeat abandon its God-given duty to serve women who immediately regret their initial chemical abortion decision, cease and desist from sharing true and accurate information about APR, and be subject to crippling civil penalties that could number in the millions.

Let me be clear: This lawsuit is a serious threat not only to APR but to the pregnancy help movement at large and, most importantly, to the millions of women it serves.

The lawsuit is an intentional move to intimidate and silence

with which he disagrees, merely by labeling them “deceptive” or “misleading,” the message to pregnancy centers across California and in other states with officials who are hostile to their ministries will be very clear: “We will use the levers of government to punish you for speaking your disfavored message.”

This is not a battle that Heartbeat wanted, but it is one that we must and will fight on behalf of the many women desperately seeking a last chance to choose life.

Editor’s Note: Danielle M. White, Esq., has served as legal counsel for Heartbeat International since 2015. This excerpt is from a column that was originally published at the Washington Examiner.

Baby born at 21 weeks weighing same as a can of coke discharged from hospital

By Right to Life UK

The most premature baby ever born and discharged at a hospital in Long Beach, California, has gone home after four and a half months of intensive care.

Baby Marz was born when her mother was only 21 weeks pregnant, weighing just one pound one ounce. She was approximately the same size and weight as a can of soda.

Dr. Peggy Chen, a neonatologist, was the one to step up and deliver, intubate and resuscitate such a micro-preemie.

“Dr. Chen had the mind, skill and courage to deliver and intubate”, said Jamar, Marz’s father. “We are so thankful for Dr. Chen who believed in Marz and got us to where we are today”.

“Modern miracle”

Despite the fact that baby Marz was born so prematurely, the Extremely Low Birth Weight Program at the hospital was able to provide the specialist care that she needed to survive.

Antoine Soliman, the medical director of the neonatal intensive care unit (NICU), said “This baby’s survival is a modern miracle ... We find that babies that are born extremely premature like this, don’t all survive. But because Miller Children’s & Women’s NICU has a Small Baby Center, which has an Extremely Low Birth Weight Program dedicated to providing specialized care to micro-preemies, Marz had an increased likelihood of surviving”.

The Extremely Low Birth Weight Program operates within the Small Baby Center, which provides a warm and dark environment to mimic the mother’s womb and allow babies to grow in more developmentally appropriate surroundings.

Marz’s parents expressed their gratitude for the support they received at the hospital

Baby Marz’s mother Sherrye commented on how grateful they

were for the support of the staff saying they did “more than just caring for our daughter”.

“We weren’t looking for any of this and we truly had a community during such a hard time”.



were for the support of the staff saying they did “more than just caring for our daughter”.

“We weren’t looking for any of this and we truly had a community during such a hard time”.

The hospital staff went to considerable lengths to support the family, including providing ongoing updates on Marz’s progress while her parents mourned a family bereavement, and giving them handmade gifts.

On the day Marz returned home, Sherrye and Jamar were excited to read poems and sing

songs they had written for her. They expressed their desire to give hope to other families.

“Stay focused on what matters most, regardless of how things seem”, said Jamar. “Outcomes are a matter of perspective and it’s critical to have faith”.

Outcomes for babies born at 22 and 23 weeks gestation are improving

Originally set at 28 weeks, the abortion limit in the UK was

lowered in 1990 to 24 weeks gestation in reflection of medical and technological advancements that had resulted in improving survival rates for babies born before 28 weeks gestation.

Since then, however, further medical advancements have meant that survival rates for babies who are born before the 24-week abortion limit have significantly improved, so that babies born below 24 weeks gestation are increasingly able to survive.

There is a clear contradiction

at the heart of our abortion law and current medical practice. On the one hand, the law permits ending the lives of babies at 22 and 23 weeks, and, on the other hand, current medical practice strives to save the lives of many babies born prematurely at 22 or 23 weeks gestation.

The annual abortion statistics for England and Wales in 2021 show that there were 1,054 abortions for babies at 22 and 23 weeks gestation over that year. At the same time, according to a recent study, there were a total of 261 babies born alive at 22 and 23 weeks, before the abortion limit, who survived to discharge from hospital in 2020 and 2021.

This means in the same hospital, on the same day, two babies at the same gestational age (22 or 23 weeks gestation) could have very different fates – one could have his or her life deliberately ended by abortion, and the other could be born prematurely and have a dedicated medical team provide the best care they can to try to save his or her life.

Spokesperson for Right To Life UK, Catherine Robinson, said “Marz’s inspirational story of survival demonstrates how even very premature babies are able to make good progress and return home with their families. With children born at such an early gestation now surviving, it is more crucial than ever that legislators in the UK and across the world re-evaluate their abortion laws.”

Pregnant woman murdered by lover because she wouldn't have an abortion

By Bridget Sielicki

A British man is on trial after authorities say he stabbed and killed his pregnant girlfriend because she wouldn't have an abortion.

Filmon Andmichaen, 31, is said to have brutally murdered 26-year-old Liwam Bereket, who was six-months pregnant with their child. Andmichaen and Bereket were in a relationship, although Andmichaen was married to another woman. Doctors attempted an emergency c-section to save the baby after Bereket's body was found, but the child was stillborn.

During the trial, prosecutor Sandip Patel said that Andmichaen had wanted an abortion so that his wife and children wouldn't discover his affair. Patel called the murder "[a]n act that ended the life of an innocent woman and an unborn child she nourished within her. The facts are as simple as they are gruesome."

He went on:

[Andmichaen] made a chilling decision. He decided that the

So he decided the simple solution to this problem was a permanent one. One of murder.

frequented. They went there to be alone and there he ended her life, and that of his unborn child, having cut her throat with a knife which he had brought with him. He left her grievously injured and alone. She was 26 and six months pregnant.

Homicide is the leading cause of death of pregnant women in the United States — though, as this story suggests, this threat is a global one. Like Bereket, many of these pregnant homicide victims die as a result of domestic violence situations. Recently there appears to have been an uptick in the number of news stories involving pregnant women who are killed because they have refused abortion.

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life growing inside his girlfriend, a new, innocent life they created together, was a complication he was unwilling to accept.

On the evening of August 1 last year the defendant took Liwam, his girlfriend, to a secluded spot they

CVS, Walgreens to Begin Filling Abortion Pill Prescriptions

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allowed by the current Food & Drug Administration (FDA) regulations, neither Walgreens nor CVS said its certified pharmacies would be shipping abortion pills by mail. No reason was given, though perhaps the chains found FDA shipping and tracking requirements (on top of the obligations mentioned above) too onerous or cumbersome. Or that maybe they considered the legal risk of lawsuits from injured or unhappy patients too great.

More than two dozen mifepristone patients have died

in the U.S. since the drug went on the market, and thousands have suffered serious "adverse events" like hemorrhage, infection, or ruptured ectopic pregnancy.

The abortion industry has tried to convince the FDA otherwise, but there is both belief and evidence that the FDA's allowing this new distribution scheme — dropping the requirement that a patient meet her prescriber and be screened in person for gestational age, ectopic pregnancy and other contraindications — will put the

health and lives of many more women at risk.

This latest news is evidence that the abortion industry is plowing ahead, ignoring the dangers in order to open a new market for mifepristone. Caught up in the cause and perhaps blinded by the lure of new profits, CVS and Walgreens have gotten themselves enmeshed in a new controversy that will inevitably ratchet up turmoil at the already troubled pharmacy chains and expose them to significant legal and moral liability.

The friendly neighborhood pharmacy where folks went to pick up drugs to treat or cure disease or illness is now well on its way to becoming a cold, corporate apothecary of death.

¹Even if half a million chemical abortion patients all got their pills from a CVS or Walgreens pharmacy, and patients were evenly distributed among all 18,100 locations, that would give each store less than 28 patients per year, or just over two a month, hardly enough to justify a special hire.

Gov. Youngkin marches for life, *Washington Post* says he does so “despite issue’s political cost”

By Dave Andrusko

The *Washington Post* will casually crush any pro-life Republican but they save their best slings and arrows for elected officials. If they see a bright future for this individual, they will load up their quivers.

For example, pro-life Gov. Glenn Youngkin of Virginia. You’d never know it but the *WaPo*’s Gregory S. Schneider is talking about the same event as is Olivia Gans Turner, president of the Virginia Society for Human Life—Virginia Pro-life Day.

Schneider’s headline tells you exactly where he’s coming from: “Youngkin joins Va. antiabortion march despite issue’s political cost”. This is the second year in a row that Gov. Youngkin joined the marchers.

Schneider gleefully tells us that “Democrats were eager to highlight Youngkin’s opposition to abortion.” Scornfully, Schneider writes of the governor, “He repeated the Republican talking point heard often on the campaign trail that Democrats want to allow abortions past the point of birth.”

Not, you understand, would Democrats ever “advocate abortion after birth — which would amount to infanticide...” Really? They don’t?

A few years ago, during a filmed exchange in a hearing before legislators in Virginia, Kathy Tran, the sponsor of an unlimited abortion bill, admitted under questioning by the then-majority

leader in the House of Delegates, Todd Gilbert, that her bill would allow abortion even when the mother is showing imminent signs of giving birth:

Gilbert: So, where it’s obvious that a woman is about to give birth, she

a decision that the doctor, the physician, and the woman would make.

Gilbert: I understand that. I’m asking if your bill allows that.

Tran: My bill would allow that, yes.



Pro-life Virginia Gov. Glenn Youngkin

has physical signs that she’s about to give birth, would that still be a point at which she could still request an abortion if she was so certified? [pause] She’s dilating?

Tran: Mr. Chairman, you know, that would be

Back to Schneider. Of course, Democrats are not advocating abortion after birth — “which would amount to infanticide,” right? But they “opened themselves up to the charge several years ago when then-Gov. Ralph Northam (D), a pediatric neurologist,

made statements on a radio show about end-of-life care for a baby born with fatal abnormalities.” Pro-lifers, as it were, “pounced” on Northam, the favorite dismissive ploy of reporters from places such as the *Washington Post*.

But what did Northam actually say? He would make medical treatment for babies who survive abortions optional—a decision left entirely to the aborted mother and the abortionist.

Guess what? An abortionist has **zero** incentive to treat that baby. After all the whole point of an abortion is to make the baby dead.

This is not just the position of Democrats in Virginia. You can find equally tender-hearted Democrats in other states who are all too willing to ignore a baby who survives.

How about at the federal level? Recall that Democrats in Congress fiercely fight a bill that would enact an explicit requirement that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” including transportation to a hospital.

What sweethearts.

Congratulations to Gov. Youngkin. It’s wonderful that in a state where pro-abortion Democrats control both chambers, he is willing to unapologetically stand for life.

People suffering with chronic pain need our love and support, not euthanasia

Lana's case highlights that those around us suffering from pain should never, ever, feel most affirmed by the doctors tasked with approving their suicide.

By Jonathan Van Maren

Another day, another awful euthanasia headline from Canada. This time, it comes from *CityNews Vancouver*: “‘Don’t take your health for granted,’ Vancouver Island 26-year-old says preparing for medically assisted death.”

The story opens with a rhetorical question: “If you had unbearable, untreatable pain – where would you end up?” Lana, who kept her last name private, says that the “untreatable pain” caused, in part, by “a malfunctioning immune system,” has led her to the conclusion that euthanasia is the only option for her.

It is impossible to read the details of Lana’s pain without recognizing, as she says, that those of us free of chronic pain should not take it for granted, as we so often do. Her story is an important reminder that many of those around us do suffer daily, and that this suffering often goes without recognition.

But her story, in the context of Canada’s euthanasia regime, demands our attention for another reason, as well – because it provokes an emotional response that is being used to create sympathy for the idea that such people should be granted a lethal injection as a final “solution.” As Lana says: “Maybe there are two or three people in B.C. who have something I do or experience the world like me, and they can see this and think maybe they’re not alone.”

It is essential that those enduring what Lana is experiencing do not feel alone, and that they do feel seen and heard. But surely I’m not the only one who thinks that it would be awful for them to discover that someone else is suffering precisely what they

are suffering – and that they are choosing suicide-by-doctor as a way out.

For someone mustering the courage each day to face more pain; for those whom it takes immense effort merely to stay alive and to choose life, Lana’s story sends them a horrible message – not “I’m here for you,” but “There is a way out. You can die.”

“I felt so lonely for some years with all these symptoms and this progressive dysfunction that no one could address, no one could answer,” Lana said. Last fall, she recounted, her pain “peaked” and she decided to opt for euthanasia. “And from that point just... this is what needs to happen. This isn’t a decision. I can’t take this. It’s unbearable. It’s just gotten worse, and worse, and worse, and it needs to happen.” It must be said: the reason Lana could choose “it” is because the government has created a regime in which Lana can choose to be euthanized by a doctor. This wasn’t just her decision.

CityNews also gave a glimpse of another aspect of the story:

During the assessment process to receive approval for MAiD, Lana says she found an affirmation of her suffering that she hadn’t felt before. ‘That piece of validation can be so important, [after] having spent so much time trying to advocate for yourself in a system that feels like you are on a treadmill with the highest incline.’ It has been years, she says, of people doubting her pain. ‘A big part

of the reason I [am sharing my story], is the loneliness I felt and I do want to include that part – I want people to know

choice she made when all other choices seemed exhausted. I think often of the Winnipeg woman who chose euthanasia after failing to get the help she needed, who



if they are struggling in similar ways, or god [sic] forbid the same way, I see them.’

Lana is echoing a story we’ve now heard dozens of times: someone who desperately tried to get the care she needed from Canada’s broken healthcare system but was worn down and worn out by the barriers she faced. After years attempting to get help “on a treadmill with the highest incline” in which people doubted her pain, she decided to choose euthanasia.

But it is clear that euthanasia was not her first choice – it was the

wrote: “Ultimately... it was a system that took me out.”

Lana’s family asked her to wait until after her 27th birthday to be euthanized, and she agreed. “I am in the process of figuring out how to live with the awareness of my own death, and I will be until the last moment I think,” she said. She has cried a lot; the goodbyes have been very hard.

She “is arranging to have her ashes pressed into vinyl records which will play some of her favourite songs to those she loves,” which is intended to

Problem with the pro-abortion rhetoric—it simply does not match reality

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

An interesting thing happened this week when the Governor of Pennsylvania posted on the social media platform X, formerly known as Twitter.

His post encompassed just three words: “Abortion is healthcare.”

Out of curiosity, I decided to check out the comments below Democrat Governor Josh Shapiro’s post. In the three minutes after this post hit X, he had triggered seven comments—all of them negative.

All of the commentators pointed out the life-ending nature of abortion.

This is the problem with the pro-abortion rhetoric—it simply does not match reality. If you have seen an ultrasound, you know that the unborn child is quite alive. To abort that child is to violently take that baby’s life.



Pregnant women obviously can face health challenges, and those need to be addressed in a life-affirming, compassionate way. But purposefully ending an unborn child’s life is not a healthy outcome.

It really doesn’t matter how many times the Governor of Pennsylvania posts “Abortion is healthcare.” Those with eyes to see and hearts to understand recognize the inescapable fact that abortion is deadly for the unborn child and can have gravely harmful effects upon the mother, who is left to grieve the loss of that unrepeatable life.

I hope and pray there will be a day when the Governor of Pennsylvania posts the truth about abortion—that it is a tragedy which takes one life and wounds another’s soul.

People suffering with chronic pain need our love and support, not euthanasia

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be a loving gesture but sounds unbelievably morbid and grotesque to me. She’s arranged for her organs to be donated, which she is happy about.

“I am unbelievably grateful I have this option because there’s one other outcome if MAiD weren’t available for me, and that’s for me to take this into my own hands and do this alone,” she

told *CityNews*. “Through MAiD I’ve been able to direct my own death, have time with loved ones, to feel validated in my suffering by the assessors.”

Here she is repeating the narrative of Canada’s euthanasia activists; that if Lana could not die at the end of a doctor’s needle, she would die some other way, perhaps messily. This is not the

case – all evidence indicates that one of the reasons for Canada’s skyrocketing euthanasia rates is the fact that it has been medicalized, sanctioned by the government, and framed as healthcare.

In fact, Lana is not “directing her own death,” as she puts it. She is following a script that has been written by our government, which

has decided who is eligible for a lethal injection and who is not. I hope that those who read her story will not take from it what she hopes they will – except for the urgent reminder that those around us suffering from pain should never, ever, feel most affirmed by the doctors tasked with approving their suicide.

ACOG Guidance Admits APR Mechanism Works Says Progesterone Administration May Lead to Ongoing Pregnancy

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

Read any popular news story on “abortion pill reversal” or “abortion pill rescue” (APR) and you’ll quickly read that reputable medical experts find it “unfounded,” “unproven,” “potentially dangerous” or even “unsafe” (*ABC News*, 4/20/23). Medical groups like the American College of Obstetricians and Gynecologists (ACOG) are regularly quoted, saying the treatment is “not backed by science” and “unproven and unethical.”

But now guidance issued by these same experts is warning abortionists using mifepristone not to concurrently offer contraceptive shots with progesterone – the hormone administered in APR – because that “may slightly increase the risk of ongoing pregnancy.”

In other words, they’re admitting that there is some evidence the mechanism employed by the administrators of APR works the way it was intended: it helps the baby stay alive and averts the abortion.

Don’t expect a public apology or retraction from the abortion pill’s proponents. But do ask ACOG and other APR detractors how to explain their opposition given this embarrassing admission in their own official guidance.

A History of Denial, Distraction

Though there has since been more extensive testing and more than 5,000 babies born from successful “reversals,” many of these news articles still cite an “advocacy” page (“Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science”) that has been posted on the ACOG webpage since at least 2017.

It keys on a small initial “case series” from 2012 which tracks six women that was used only to

establish plausibility of the APR concept. Four of those six women receiving a progesterone boost went on to successfully give birth.

The ACOG page makes only passing mention of the more extensive follow up case series done in 2018 by George Delgado and colleagues. That study dealt with more than 700 patients and found reversal rates of 64% and 68% with intramuscular and oral progesterone. This virtual omission leaves the impression that claims of APR success depend entirely on the limited evidence of just those six original cases.

It does, however, make prominent reference to a 2020 “study” of APR by Mitchell Creinin, of the abortion pill’s longtime promoters and one of ACOG’s identified experts on mifepristone. It noted that the study was ended early due “safety concerns among the participants.”

What is not mentioned on that ACOG webpage, however, is that there were significant bleeding episodes among three of the twelve study participants, the two most serious cases involving patients who received the placebo rather than the progesterone boost. Though data was limited due to the premature ending of the study, it did confirm that twice as many of those who received the progesterone boost had continuing pregnancies than those who received a placebo.

In other words, Creinin’s evidence, limited though it was, appeared to show, or at least to be consistent with, progesterone safely and success at reversing the effects of mifepristone. What it showed to be dangerous was giving mifepristone and then doing nothing further, just waiting. This is the recommendation Creinin and others (along with the latest ACOG guidance) give for those

women who change their minds and want the pregnancy to go to term.

Nevertheless, you’ll continue to see Creinin and ACOG cited as evidence that APR doesn’t work and is potentially dangerous.

revealing.

Progesterone is the body’s natural pregnancy hormone that helps to prepare and maintain the nutritive uterine lining that welcomes the young embryo. Mifepristone normally blocks the



ACOG Guidance Tells a Different Story

Now, however, while loudly and publicly making these claims about APR’s ineffectiveness, evidence surfaces that official ACOG documents actually offer clear evidence that the medical mechanism of APR is sound and that it does have the effect that proponents of abortion pill reversal have said it does.

In its official Practice Bulletin on “Medication Abortion mifepristone administration may slightly increase the risk of an ongoing pregnancy.” This might not sound like much, but when one understands that DPMA is “depot medroxyprogesterone acetate” (popularly known as Depo-Provera), actually a synthetic form of progesterone—the hormone given chemical abortion patients to stave off their abortions in APR—it is quite

action of progesterone, causing the uterine lining to shed and the developing baby to perish as his or her protective, nutritive environment is destroyed.

APR operates on the theory that flooding the body with extra progesterone gives it a chance to outcompete the mifepristone—to grab more of those progesterone receptor sites, to continue signaling the woman’s body to keep feeding and protecting that child. This statement by ACOG validates that theory, despite everything the organization and its experts have said against it.

Despite being a much smaller dose of the synthetic progesterone, if Depo-Provera is able to have these effects— if ACOG fears it has a significant enough impact

Pro-abortion propaganda skews reasons for maternity care deserts

By Joel Webb

In a recent article from the Michigan Independent, author Rebekah Sager does an excellent job of covering the growing fact that almost 20% of the counties of Michigan are facing a shortage when it comes to maternity care. This number is even larger nationwide, as 32.6% of people of childbearing age live in maternity care deserts.

What is a maternity care desert? March of Dimes defines it as, “A county was classified as a maternity care desert if there were no hospitals providing obstetric care, no birth centers, no OB/GYN and no certified nurse midwives.”

This issue is very real. The county I live and work in has gone from over 4 OB/GYN offices to only 1 in less than a year, which has increased the number of clients seeking services at our pregnancy resource center just to be able to get in to see an out of county OB/GYN.

As mentioned in the article, there are issues in rural areas where there are not enough births to support the staff and services required for maternity units. We also see the continued move of services from being spread out to becoming consolidated in large population centers, leaving many more than 30 minutes away from a hospital where they can give birth.

According to the article, around 50% of births in Michigan are also covered under Medicaid, which pays much less per birth than insurance does, leaving those in the field under financial pressure. These factors combined give us a reasonable explanation as to why these deserts are appearing.

While there certainly is validity to some of these issues, we will look at the larger philosophical reasoning later.

In this article published on

the Michigan Independent website, it is titled “Hospital Maternity Units are Closing Across Michigan.” Much more menacing and misleading is the obviously biased and skewed title as seen in their published version of the paper, where the exact same article is titled “Overturn



of Roe Also Behind Closure of Hospital Maternity Units” (photo included).

This is the continued fear-mongering that we often see from the pro-abortion side, overextending issues and trying to make them fit their narrative.

Since the overturn of *Roe v. Wade* in the *Dobbs v. Jackson* decision, it appears that all healthcare issues are now abortion-related somehow. The argument goes (as made in the article briefly) that anyone working in the realm of women’s health is now afraid to do their jobs as they could be sued or charged with a crime.

This disingenuous argument has been extended by others to stating that pro-life laws do not allow for the treatment of ectopic pregnancies or other situations that require actual medical intervention. For those actually conducting women’s and maternal healthcare there is no fear of running afoul of any law

that bans abortion.

Considering that the CDC has demonstrated that maternal health figures are seemingly improving post-Dobbs overall health of mothers has done the opposite of getting worse despite what pro-abortion advocates insist.

So, what is the actual problem?

Fundamentally, the problem of closing maternity wards and consolidation of OBGYN’s leaving large swaths of the nation as maternity care deserts comes from our culture that does not appreciate or value life. Our society has prioritized comfort and material goods over the gift that life brings.

With young people holding off marriage, and even when they do get married choosing deliberately not to have kid, one of the key building blocks of our society is being ignored. That is, having and raising the next generation.

What would our maternity wards and OBGYNs look like if we were not choosing to put off marriage and kids until later in life? With the birth rate in almost every western nation below the replacement rate, it makes total sense that our services to support births are declining.

If people think “having a kid is too expensive” and that

notion is parroted by everyone else in society, then of course it will discourage people from having children. How is it that this explanation is not at the forefront of our minds, rather than accepting the politically charged accusations against those who wish to protect life.

Our role should be two-fold. First, we must deconstruct the destructive arguments of pro-abortion propaganda that places the responsibility on those wishing to preserve life. Even seemingly well researched academic studies are beginning to be rescinded due to an obvious pro-abortion bias. We know that as we move farther from the overturn of *Roe v. Wade*, the political pressure will become stronger to fold against proven science such as ‘abortion pill reversal’, and advocacy for the true impacts that abortion has on both women and men which are all hidden by Planned Parenthood and other advocates so they can keep making money.

Secondly, in every way possible, we should move our mindset and actions in a way that encourages couples if they are able to have children. Whatever economic cost people associate with child-bearing and rearing is nothing in comparison to the joy that they bring in life. And more importantly the essential nature of raising the next generation of people who will continue the mission for life.

Editor’s note. Joel Webb works at a Pregnancy Resource Center in South-Eastern Michigan as an operations manager. He is also on pastoral staff at a local church while pursuing his Master’s Degree in Theological Studies from Northeastern Seminary in Rochester NY. This appeared at Pregnancy Help News and is reposted with permission.

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.

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Jack Fennema; Leo and Audrey Celeste; Lillian and Amelia
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March 2024

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Censorship Through Retractions, The Abortion Industry's Latest Move to Silence Science

By Genevieve Plaster

Scientific research, once a safe haven for facts and inquiry, is the latest victim of cancel culture after an academic publishing company, Sage, retracted three research studies that do not fit a pro-abortion political narrative.

The most prominent of these studies considered whether women who have induced abortions are more likely to end up in the emergency room. To answer this timely question, a team of credentialed doctors and researchers carefully examined and analyzed state Medicaid claims data. The results are staggering. The study found that the rate of abortion-related emergency room visits among Medicaid-eligible women who underwent the abortion drug regimen increased over 500 percent from 2002-2015.

Recognizing the significance of these findings, the authors submitted the study to Sage. In their submission, the study authors disclosed their organizational affiliations and willingly submitted to Sage's protocol of a double-anonymized review of their work, meaning that neither the authors nor the reviewers knew each other's identities – only Sage knew.

After multiple peer reviewers, selected by Sage, approved the study, Sage agreed to publish the findings of the study in November 2021. For over a year-and-a-half, the study contributed to productive discourse surrounding the health of women and the question of safety with abortion drugs. During that time, the study did not face a single challenge

from members of the medical community, nor was it flagged for concern.

That all changed in April of last year, after the study was cited by a federal judge in *Alliance for Hippocratic Medicine v. Food and Drug Administration*, a case which



looks at the safety of the abortion drug mifepristone. Tellingly that same month, a then-anonymous individual complained to Sage about representation of data in the article and supposed author conflict of interest.

That complaint sparked eight months of back-and-forth between Sage and the study authors, in which every single critique about the research was directly refuted. Despite this good-faith effort by the researchers, this month Sage retracted the emergency room study and two other studies by the same lead author. The retraction occurred just a week after the United States Supreme Court scheduled oral arguments in *Alliance for Hippocratic Medicine v. Food and Drug Administration*.

Sage's retraction notice cites the researchers' affiliations with the Charlotte Lozier Institute and other pro-life organizations as a conflict of interest, a main reason for the retraction, despite the fact that these affiliations were clearly and repeatedly mentioned

abortion researchers to the same requirements as those affiliated with the Charlotte Lozier Institute is a double standard that is not only contributing to the downward spiral in the scientific community but is harming the public's ability to have open and honest discourse on a number of vital topics, including abortion drugs.

Scientific research and publications must be grounded in science, not driven by ideology. If the academic elite is allowed to make decisions based on the politics of the day, we risk suppressing and censoring information that is imperative for women's health and safety. We also risk alienating credentialed and reasoned scientists, academics and researchers who cannot freely conduct scholarly work for fear of being canceled.

At the Charlotte Lozier Institute, we pride ourselves on our commitment to scientific inquiry. We refuse to have decades of excellent work by our staff and scholars canceled and the contributions of top doctors and scientists demeaned by others advancing a pro-abortion narrative. We will continue the fight to stop the politicization of the scientific community and to put an end to censorship through retractions.

Regardless of your stance on abortion, we should all agree that the assault on science must end.

Editor's note: Genevieve Plaster writes for the Charlotte Lozier Institute. This appeared at Townhall.

Sage's failure to hold pro-

Woman details husband's horrific attempts to abort his child – and how he got caught

By Cassy Fiano-Chesser

Earlier this month, Texas lawyer Mason Herring was sentenced to just six months in prison after trying to force his wife into an abortion without her knowledge or consent.

Catherine Herring told *The Daily Beast* that she and Mason had been separated, but were trying to work on their marriage when she became pregnant with their third child. A counselor had encouraged them to spend spring break together, which they had done — but Mason began behaving suspiciously. He served her breakfast in bed, but it included a tall glass of water that he kept pressuring her to drink.

“He starts urging me, like, ‘Chug it, I need to go,’ and he kind of had anger in his voice,” she said. “All of a sudden I was like, ‘Something weird is going on.’ And that’s when I looked down into the cup and saw that the water wasn’t clear.”

Mason had been putting misoprostol into his wife’s drinks, hoping it would cause an abortion.

Soon after he left for work, she became violently ill and went to the hospital. She was bleeding heavily, and her urine sample was “almost black,” leading her to fear she had been poisoned. She called her mother to the hospital to stay with her, but didn’t tell her what she feared: that her husband had done this to her.

“I just wanted desperately to be wrong,” Catherine said. “I wanted there to be another explanation, because this is your husband who you love and adore and have children with. But my instinct was, ‘Something’s wrong, I need to protect myself.’ And I just need to make sure he doesn’t know I’m onto him. Because I really felt like that was the only way I could collect evidence.”

Once she got home, Mason continued trying to give her drinks, still with the powdery substance in them. She kept them, and brought them to a private investigator for testing. While waiting for the results, she found a blister pack of Cyrux — a generic

version of misoprostol — in the trash, and cameras inside the house caught him putting a white powder into her drinks. Catherine

believe that 180 days is justice for attempting to kill your child seven separate times,” she said in her victim impact statement.



then went to the police, and eventually, Mason was arrested.

He was charged with felony assault to induce abortion, to which he pled guilty. Catherine tried to push against the plea deal, but was rebuffed, and she also harshly criticized the light sentence he was given. “I do not

Catherine’s child thankfully survived, although she was born premature, uses a feeding tube to eat, and requires multiple therapies. “She is a special needs child,” Catherine said. “Every day is a struggle for her. This impacts us on a daily basis, even now.”

National Right to Life Unveils New Logo and Updated Website

From Page 1

The new logo, a single circle with a flame, retains the meaning of the original logo but has been refreshed for a new era for National Right to Life. With the changed logo, NRLC remains true to its continuing mission: protecting innocent human life.

“The new logo is streamlined,” stated Carol Tobias, president of National Right. “The flame is the respect for life and our passion for our mission. The circle is the continuum of life. Together, these elements will take us forward into a new era.”

National Right to Life’s website has also undergone a redesign as well. Constructed to help visitors find information and facts about the life issues promptly and easily, it can be found at www.nrlc.org.

The new website draws on the colors found in the updated logo and contains all the key elements found on the old website but with an easy-to-navigate structure. Visitors to the site can find the latest issues

of NRL News or the most recent press releases, as well as updates on state and federal legislation.

A robust search engine on the website lets visitors search for specific issues and there are plans to add additional information to the site. If you are interested in donating to National Right to

Life, you will find donating to be fast and secure.

“We are excited to have these new tools available as we focus on the changing legislative landscape,” said Tobias. “We hope that individuals, state affiliates, and local chapters will find the resources they need on our

website quickly and effortlessly.”

She concluded, “As we look forward, our new logo retains the elements that represent National Right to Life and our mission but leans into the future as we continue our work to protect all innocent human life from fertilization to natural death.”



Winning Back the U.S. Senate from Extreme Pro-Abortion Democrats

From Page 7

from both parties (Republicans will hold their convention in Milwaukee in July), the Wisconsin Senate race will definitely be one to watch. In 2022, Republican Senator Ron Johnson won re-election in Wisconsin by just a 1% margin. Given the partisan breakdown of the state, the 2024 Senate race could be just as close.

The Republican frontrunner is businessman Eric Hovde, who also ran for the seat in 2012. Hovde announced his Senate bid by jumping into an icy Lake Mendota to prove his Wisconsin cred.

Pennsylvania: Democratic Senator Bob Casey, Jr. is facing the most serious challenge of his Senate career from Republican businessman Dave McCormick. Casey first won the seat in 2006 and two subsequent re-election bids as a self-styled “pro-life Democrat,” capitalizing on the legacy of his father, the late Gov. Bob Casey, Sr. Unfortunately, over the years, Casey capitulated to pro-abortion forces within the Democratic Party.

This culminated in his 2023 vote in favor of the so-called *Women’s Health Protection Act*,

which, if enacted, would enshrine unlimited abortion in federal law and eliminate virtually all state-level protections for unborn children and their mothers, including many of the protections his father had signed into law as Governor of Pennsylvania. While Casey holds a polling advantage, McCormick has proven himself to be an adept fundraiser. Some pundits have speculated that the Pennsylvania Senate race could become the most expensive Senate race of the 2024 cycle.

Maryland: Not usually found on lists of competitive Senate

racers, traditionally blue Maryland is in play in 2024 following the entrance of popular former Governor Larry Hogan (R) into the race. The seat had been held by pro-abortion Democratic Senator Ben Cardin, who announced his retirement last year. Pro-abortion Congressman David Trone and county executive Angela Alsobrooks, who is backed by EMILY’s List, are competing for the Democratic nomination. Early polls show Hogan running even or within striking range against either Trone or Alsobrooks.

NY Times poll finds Trump up by five points, leading in seven pivotal swing states and with Hispanics voters

From Page 1

his job has reached 47 percent, higher than in Times/Siena polls at any point in his presidency.

And in an ominous development for President Biden, Goldmacher added that “the poll offers an array of warning signs for the president about weaknesses within the Democratic coalition, including among women, Black and Latino voters.”

For example, in 2020, Biden carried 72% of working class voters of color who did not attend college. The latest *New York Times*/Sienna survey showed Biden leading Trump only slightly in this category with 47% support.

In a telltale sign of weakness, Biden trails Trump 46% to 40% among Hispanics.

Notably, in spite of a constant stream of stories about Republicans’ internal divisions, so far it is “Mr. Trump who has better unified his party.” James Lynch writes, “A whopping 97 percent of registered voters who selected Trump in 2020 will do so again, a higher total than the 83 percent who will vote for Biden after doing so four years ago.” He added, “Notably, 10 percent of Biden’s supporters four years ago are now committed to Trump.”

Both the *New York Times*/Sienna poll and a poll conducted by Bloomberg News/Morning Consult poll found former President Trump leading in all seven battleground states — Arizona, Georgia, Pennsylvania, Michigan, North Carolina, Nevada and Wisconsin — likely to decide the 2024 presidential election. The Bloomberg News/Morning Consult found Biden trailing by an average of five points.

What else? Former President Trump, who is 77, is closing in on President Biden among younger voters. As Erica Pandey of *Axios* reported, in their survey “Biden got 52% to Trump’s 48% in a new *Axios*-Generation Lab survey of voters between the ages of 18 and 34.”

Why does that matter?

Gen Z and millennial voters were key to Biden’s 2020 victory, turning out in huge numbers and favoring him by 20 points in 2020, per a Pew Research Center analysis.

And there is this fascinating development. “NBC News Poll Suggests Growing Fondness for Trump Presidency Among Americans,” writes Jacob Miller.

As the United States braces for another potential face-off between Joe Biden and Donald Trump in the upcoming presidential election, a surprising trend has emerged: Americans are increasingly looking back on Trump’s tenure with a sense of nostalgia. A recent NBC News poll revealed that 40% of voters surveyed now say Trump’s presidency was better than they expected, a notable shift from previous sentiments expressed while he was in office.

What about President Biden? How did he fare in the survey that “was conducted among 1,000 registered voters between January 26 and 30”?

Only 14% of those polled believe Biden has exceeded expectations, while a considerable 42% feel his presidency has fallen short.

But the numbers are actually worse. *Newsweek*’s Ewan Palmer writes

Donald Trump has a higher approval rating among young adults than any other age demographic, according to a poll.

A Harvard CAPS-Harris survey of more than 2,000 registered

voters showed that 57 percent approved of the job the Republican did as president, with 41 percent saying they disapproved.

When the results are broken down further, they show that almost two-thirds (64 percent) of voters in Generation Z—or those aged 18 to 24—approved of Trump’s job as president. The age range of this demographic means some respondents were children during Trump’s time in office, 2017 to 2021. ...

A separate poll released Monday by *Axios*-Generation Lab also showed that Biden is only slightly favored over Trump by voters between ages 18 and 34, with 52 percent choosing the president and 48 percent choosing Trump.

Sudiksha Kochi of *USA Today* does her best to minimize Trump’s inroads into the Black Community. She writes that “in 2016, Trump received the support of 8% of Black voters, according to exit polls. That support increased to 12 in 2020.” Kochi concluded he is “nowhere close to earning a majority of the Black vote.”

But elsewhere in her column, she admits, almost as an aside, **However, Patrick Murray, director of the polling institute at Monmouth University, said that some polls show Trump’s support among Black voters has steadily increased from 12% depending on the methodology used and the margin of error. Most polls show that number anywhere between 15% and 20%. [underlining is mine.]**

One other column, this one

by Stuart Rothenberg. He summarizes many of the key metrics we’ve talked about before.

Biden’s job approval sits at an unimpressive 38 percent among adults in Gallup polling and 37 percent among registered voters in NBC polling. His job approval ratings on five “key issues,” according to the Gallup Poll’s Megan Brennan, are as bad or worse.

Biden’s approval on the economy stands at 36 percent, while his handling of the Ukraine situation is at 40 percent. Only 28 percent approve of his handling of immigration, 33 percent approve of his handling of foreign affairs and 30 percent approve of his handling of the Middle East.

Independents, a crucial swing group he needs to win in the fall, give Biden lower scores on overall job approval and on key issues.

Only 3 of 10 independents approved of Biden’s handling of the economy.

We’ll leave the final word to the *New York Times*’s Goldmacher:

Mr. Biden has marched through the early nominating states with only nominal opposition. But the poll showed that Democrats remain deeply divided about the prospect of Mr. Biden, the 81-year-old chief executive, leading the party again. About as many Democratic primary voters said Mr. Biden should not be the nominee in 2024 as said he should be — with opposition strongest among voters younger than 45 years old.

Pro-Life ‘Make More Babies’ Billboard Lands in Atlanta, Georgia

By Tierin-Rose Mandelburg

Everylife diapers, a pro-life diaper brand, just launched its second billboard campaign. Their first was in New York City, just before the national March for Life. Recently the billboard hit the streets of Atlanta, Georgia.

The 100-foot sign plays a digital ad that Everylife crafted, where the brand squashes the typical leftist talking point that abortion helps with population control. The billboard also features a tweet from X CEO Elon Musk from September where he wrote, “Having children is saving the world,” hence the “Make More Babies” slogan the brand regularly utilizes.

In January, when Everylife first used Musk’s tweet on a billboard, the tech giant CEO noted that while he didn’t have anything to do with getting the billboard up, he did endorse the message that it put out.

To accompany the two-day Atlanta campaign, Everylife is hosting a diaper drive where the company will give away nearly 20,000 free diapers to families who need them in the area.

“We’re excited to bring this movement to Atlanta and we’re looking forward to meeting EveryLife moms, dads, and babies in person,” said Sarah Gabel

March for Life on Thursday to, again, amplify the message that life is sacred, has innate value and is something to celebrate!

In response to the campaign,

encouraged everyone to attend the Georgia March for Life.

Others posted things like, “this is wonderful,” “nice,” and “AMAZING!”



Seifert, co-founder and president of EveryLife. “Together, we’re amplifying a movement that champions the creation of life and the values that make families strong.”

Following the launch, Everylife plans to take part in the Georgia

users and groups on X were thrilled that Everylife is continuing its messaging and campaign to fight for all life.

The Georgia Life Alliance, a pro-life group, said that the ad and Everylife’s commitment to life was “*fire emoji*” and

It really is great to see a brand so boldly stand up and fight for the lives of the unborn. Kudos Everylife!

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

ACOG Guidance Admits APR Mechanism Works

From Page 27

on continuing pregnancy as to merit a warning in its official guidance to doctors on chemical abortion—then they are essentially admitting that there is evidence that a progesterone boost has the effect that APR advocates say it does.

The simple truth is that ACOG is entirely unwarranted in claiming that APR is “unproven” or “unfounded” when their own guidance provides evidence that the process works as advertised.

Now there may be room for further study or research. For example, they could investigate whether or why or to what extent a stronger, more direct progesterone boost works better than a milder synthetic version such as that found in Depo-Provera. But they can no longer pass APR as unscientific “junk science” from outside the medical mainstream.

It works, and ACOG’s official guidance seems to agree, despite its earlier complaints.

Bias of ACOG and its “Experts” Becomes Apparent

This admission becomes all the more remarkable when one reads at the beginning of ACOG’s Practice Bulletin Number 225 that “This Practice Bulletin was developed jointly

by the Committee on Practice Bulletins—Gynecology and the Society of Family Planning in collaboration with Mitchell D. Creinin, MD, and Daniel A. Grossman, MD.”

Creinin you’ve already heard of. He is one of the chief “debunkers” of abortion pill rescue, the abortionist who was supposed to have proven that APR didn’t work and was dangerous, though his own evidence pointed to the contrary.

Here Creinin is at it again, extolling the virtues of mifepristone. Despite his own admissions in the guidance mentioned above, he still asserting in that same document that “There is no evidence that treatment with progesterone after taking mifepristone increases the likelihood of the pregnancy continuing.”

Worse yet, Creinin continues to recommend that, instead of the progesterone boost his own research shows to be safe and effective, “In the very rare case that patients change their mind about having an abortion after taking mifepristone and want to continue the pregnancy, they should be monitored expectantly.” This is the advice that resulted in two of his patients having emergency surgery!

Daniel Grossman, the other co-author of the ACOG guidance piece on mifepristone, has also been frequently quoted as an expert on chemical abortion and abortion pill reversal. Grossman repeatedly touts mifepristone’s safety. He has published critiques of APR, declaring the treatment “experimental and unproven” (*New England Journal of Medicine*, October 18, 2018) shortly after Delgado published his latest case series showing hundreds of successful reversals.

With both of their names on the guidance document, both are responsible for clearly contradictory and concurrent claims that progesterone doesn’t work to prevent chemical abortion AND that small doses of synthetic progesterone “may slightly increase the risk of an ongoing pregnancy.”

Both can’t be true.

The only thing that both of these observations have in common is that both pose threats to the image and reputation of mifepristone and chemical abortion. Creinin’s and Grossman’s mission, officially shared by ACOG, is clearly not primarily to protect women’s health or even their right or ability to make their own reproductive choices. Rather it is to defend and promote the safety and efficacy

(and sales) of chemical abortion.

Anything that gets in the way of a successful chemical abortion will be viewed as a threat to be opposed or undermined.

A discerning doctor would note this contradiction and be somewhat wary of the advice or assurances they give. Perhaps chemical abortion isn’t as safe or easy as these “experts” and the abortion industry allies would have people believe.

There may be reasons other than scientific rigor behind why they publish and promote studies by fellow abortionists but neglect to share information which shows chemical abortion considerably more dangerous and substantially less effective than claimed by their colleagues.

For solid scientific data that Creinin, Grossman, ACOG, and even the FDA commonly ignore, see the NRLC fact sheet “Mifepristone Safety & Efficacy,” at <https://www.nrlc.org/uploads/factsheets/RUSafetyEfficacyFS.pdf>

There is solid evidence that Abortion Pill Reversal works. If you, like Creinin, Grossman, and ACOG can’t trust your own published guidance, maybe you should just take note of the more than 5,000 babies born as a result of APR.



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Supreme Court will hear challenge to Idaho's Defense of Life Act by pro-abortion Biden administration

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of a patient's ability to pay." Among the vulnerable patients "were pregnant mothers in labor," as Ashley Leenerts of Texas Right to Life, explained. "They would receive essential care for themselves and their preborn children."

But when the U.S. sued the State of Idaho, they claimed that EMTALA overrode Idaho's pro-life law and "requires emergency departments to treat and stabilize any patient, and that doctors there could conclude an abortion is necessary to do so," Michael Macagnone wrote for *The Hill*.

Judge B. Lynn Winmill of the U.S. District Court for the District of Idaho "sided with the Biden administration and blocked implementation of

the state law, finding that it violated the federal Emergency Medical Treatment and Labor

Act," Macagnone wrote.

"A three-judge panel of the U.S. Court of Appeals for the 9th Circuit initially ruled in favor of the law, but the full court later

paused the law while the case played out. The Supreme Court order puts on hold the lower court

rulings and sets a timeline for oral arguments to April."

"Hospitals—especially emergency rooms—are centers for preserving life. The

government has no business transforming them into abortion clinics," said Alliance Defending Freedom (ADF) Senior Counsel Erin Hawley, vice president of the Center for Life and Regulatory Practice. ADF is assisting the Idaho Attorney General's office.

"Emergency room physicians can, and do, treat ectopic pregnancies and other life-threatening conditions," she added. "But elective abortion is not life-saving care—it ends the life of the unborn child—and the government has no authority to override Idaho's law barring these procedures. We urge the Supreme Court to halt the lower court's injunction and allow Idaho emergency rooms to fulfill their primary function—saving lives."



Connecticut Democrats pushing to eliminate conscience clauses, eye a possible constitutional amendment to enshrine abortion

“To combat these refusal laws in the state, Connecticut can act to ensure health care institutions, such as religiously affiliated hospitals, do not prohibit providers from providing medically accurate information regarding a patient’s health status, counseling, and referrals for care that may not align with an institution’s moral or religious beliefs,” officials from Reproductive Equity Now wrote in a memo that includes their legislative priorities.

Connecticut is home to Trinity Health which operates Saint Francis Hospital in Hartford, Johnson Memorial Hospital in Stafford, and Saint Mary’s Hospital in Waterbury, all of which are Catholic. Not surprisingly, some see the proposal as an “assault” on Catholic health care providers.

Chris Healy, who is the executive director of the Connecticut Catholic Conference, said the bishops would “vigorously oppose” the change in right to refuse laws.

“It is morally obtuse and unconstitutional to require a health care provider to perform an abortion or any medical procedure that conflicts with their religious rights as well as the religious tenets of the provider,” he told Carlesso. “There are plenty of options available to women, but the abortion lobby can’t control their extremism and want to dictate to people of faith. Catholic hospitals are the targets, and we will vigorously oppose it to protect the religious rights of dedicated health care workers.”

Pro-abortionists are on a roll. Squelching conscience rights is just one portion of a much larger

agenda. Carlesso writes

Reproductive rights advocates have also recommended expanding access to fertility care, shielding doctors who prescribe medication abortion through telehealth to out-of-state residents and increasing the Medicaid reimbursement rate for abortion services.

They are calling for \$3 million more a year to boost the Medicaid reimbursement rate, which they say has not been increased since 2008. Advocates are also seeking another \$300,000 annually to “equalize” the Medicaid rate for family planning, so doctors who provide care in clinics can make the same as private practice gynecology and obstetrics physicians.

Meanwhile, pro-abortionists are

also pushing for a constitutional amendment to enshrine abortion into the state constitution. Even though Connecticut has virtually no protection for unborn children, proponents of the change billed it as needed preemptive measure.

Senate majority leader Bob Duff told the *Hartford Courant* “Through this constitutional amendment, we will not only be protecting abortion rights from a swing in control of the General Assembly, but also so many other fundamental freedoms and rights that Connecticut residents expect”.

Healy said the amendment is unnecessary because the legislature has already codified *Roe v. Wade* into state law.

“As bad as abortion is, it’s clearly part of the law,” Healy told The Courant. “This would lead to unbridled infanticide. There are no standards for late-term abortions. It is pure politics. They want to use it as a political hammer.”

The “Abortion to Save the Life of the Mother” Scam

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Hall writes:

A surprising number of hospital abortions are being performed in the 34 states with ... laws which still require a threat to the woman’s life. Somehow the medical profession has always managed to bend these laws as it has seen fit, and right now many doctors in legislatively unreformed areas are openly responding to the growing demand for safe abortions...

Many practice in the most famous medical centers, where they can actually use the reputation of the hospital to protect them from the law. Most pretend to adhere to the law by going through the motions of having a psychiatrist friend certify their patients as suicidal.¹²

He then instructs:

Most of you will not qualify for an abortion on medical or fetal grounds. Without these qualifications, then, you must convince the doctor that you are suicidal. Some doctors will be satisfied with evidence that you are terribly upset...

[Y]ou will probably have to dramatize your symptoms. Tell your doctor how agitated or depressed you are, that you can’t sleep at night, and that you’re thinking of doing away with yourself...

I don’t mean that you have to lie to these men. Just spell out your fears, your fantasies, and your thoughts of self-destruction. Almost every unhappily pregnant woman has them. Emphasize them – make the most of them. And if the doctor is at all sympathetic to your plight, he will exaggerate

your story until, by the time he asks for official approval of your abortion, you will sound like a raving maniac.

There is a certain element of theater in all of this, but it is founded on fact, and you must play your role in order to get an above-board abortion in an unreformed state.¹³

Actual Suicides Were Rare

Even before *Roe*, actual suicides among pregnant people were rare. In fact, according to a 1965 study, the suicide rate for pregnant women was one-sixth that of nonpregnant women.¹⁴

Of course, this didn’t matter to the doctors.

A More Recent Example

As recently as the 2000s, the suicide subterfuge was still going on.

Alice Eve Cohen wrote a 2009 memoir called *What I Thought I Knew*. It was about her journey through a pregnancy with a disabled child. Doctors had told Cohen she was infertile, and she was taking estrogen. She didn’t realize she was pregnant until the 26th week. After testing, doctors said that her daughter was intersex, had limb deformities, and might have a fatal disease. Cohen sought a third trimester abortion.

She went to a late-term abortionist named William Raushbaum, who is now deceased. This was their conversation:

‘I don’t want to have a baby. I’m depressed and terrified. I had no prenatal care for the first six months, and the baby was subjected to drugs and x-rays, a CAT scan—’

‘Yes, and?’

‘—And she’s female, but she has a penis, and she might have CAH, a fatal salt-wasting—’

‘Yes, and?’

‘—And I’m scared I’ll go into labor any day and the baby will be premature and severely disabled and—’

‘Yes, and?’

‘Why do you keep saying ‘yes, and?’

‘Is your life in danger?’

‘What do you mean?’...

‘I don’t have time for stupidity. Why are you in my office? I can’t legally put words into your mouth. Exactly how depressed are you?’

‘I think about killing myself.’

‘Thank you! I’m sorry you’re so unhappy, but that’s why we’re here, isn’t it? Since you’re contemplating suicide, the mother’s life is in danger, which is the only way you can get a legal abortion. Not in New York State, which has no exception to the 24-week limit.

You could, however, have an abortion in Wichita, Kansas ... Do you want me to call the abortion clinic in Wichita right now?’

I nodded. He called Wichita and scheduled an abortion for Tuesday, in one week.¹⁶

She was over 27 weeks.

In the end, Cohen chose life. She and her partner named the baby Eliana. Eliana was born with a physical disability but learned to walk, run, climb, and ride a scooter. Cohen went through a long and difficult battle with postpartum depression but came to love her daughter dearly.

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Editor’s note. This appeared on Sarah’s substack and is reposted with permission.

Study Touts Telabortion as Safe, Effective, Ignores Fate of Hundreds of Missing Patients

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

As certain as the summer sunshine, you can always count on the abortion industry to have some new “study” lined up as soon as they’ve got a new abortion policy or method to defend. The latest is “Effectiveness and safety of telehealth medication abortion in the USA,” by Ushma Upadhyay and a team from the University of California, San Francisco (UCSF) which appeared in the journal *Nature Medicine*, published online February 15, 2024.

Not surprisingly, it concluded that “Telehealth medication abortion is effective, safe and comparable to published rates of in-person medication abortion care.”

UCSF researchers claim that after examining thousands of cases where women got their abortion pills by mail after an online, email, or text interview, 97.7% of these were effective and less than one percent suffered any serious complication.

Those familiar with these drugs and knowledgeable as to how they work recognize that there is some serious spin going on here. A closer examination of the data and the unwarranted assumptions of the study continue to show a process still fraught with many serious problems for women.

Safety issues long an obstacle to home use

From its earliest days, it became apparent that the abortion industry wanted chemical abortion – abortions using pills like mifepristone and misoprostol – to be something that could be done outside the clinic, “in the privacy of one’s own home.” There were a number of safety issues with the drugs, however, prompting the government to impose some safeguards. They required that the patients get screened in person,

have their pregnancies dated, confirm that they did not have an ectopic pregnancy, and have a plan in place in case they had bleeding or other issues. The pills’ effectiveness declined, and the likelihood of complications rose, the farther along a woman was in her pregnancy.

It is very important that women understand that mifepristone does



not work in circumstances of ectopic pregnancy.

At the industry’s insistence, the Biden administration did away with required in person visits in 2021, opening the door to the mailing of abortion pills and telehealth abortions.

There is ongoing dispute about the safety of such abortions, evidenced by the case of the *Alliance for Hippocratic Medicine v. the U.S. Food & Drug Administration* heading for the Supreme Court later this month. The Alliance challenged the safety and legality of the government’s recent moves.

Why this study appears now

Now, right on schedule, the abortion industry puts out a study claiming to provide evidence that these abortions are safe, safe, safe, just as safe and effective as the ones where the woman comes to the office, is personally screened and examined by a physician before being given the pills and is

More than 1,800 patients missing from the study analysis Start with the number of patients involved (“more than 6,000” says the New York Times 2/15/24) and the claims that a high percentage of these abortions (97.7%) were “effective.”

But the 97.7% applies not to the original 6,974 patients whose records they sought, or even the 6,154 whose charts showed them being sent the “medications.” The number applies only to the 4,454 for whom the abortion outcome was known.

Maybe these pills were generally “successful” for women who responded to follow up from the virtual clinic and whose outcomes were “known.” Nonetheless, this represented less than three quarters of the original sample!

Why trust a remote stranger?

The authors want you to assume that their effectiveness figures held for the rest of the sample or might have even been better, but this makes a lot of unwarranted assumptions.

Why would a woman receiving pills from people she has never met in person from a virtual clinic maybe hundreds (or thousands) of miles from her home contact *them* when she has a problem? What could they do other than send her to the nearest emergency room, which she can easily and more quickly do herself?

The point here is that the authors really only know for certain that these pills were “successful” for 4,352 of the 6,154 patients who received them. That would be an “effectiveness” rate of just 71%, a far cry from the advertised 97.7%, and that leaves a lot of room for “failed abortions” or other complications.

then monitored by his clinic staff.

Those who’ve watched them do this for the past three decades or so know the drill. The researchers get access to the abortion pill provider’s medical logs and records, note the number of patients, the scarcity of recorded complaints, and then pronounce the new method or modification absolutely safe and effective.

But those of us who’ve read these studies and studied them carefully, know that there’s a lot that gets minimized and left out of the press release, things that potentially paint a much different picture.

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In truth, those pills are probably “effective” for some of those who do not recontact the virtual clinic. But one cannot simply assume, as the authors of this study do, that they worked as well for those who followed up as for those who, for whatever reason, dealt with the consequences in some other way.

Basis for determination of effectiveness

Before turning to safety issues, one more caution about “effectiveness” – the ability of abortion pills to end pregnancy. The authors of the study were not necessarily relying on the examination of fetal remains or the results of later physical examination. Instead, they say outcomes were “ascertained using a test or the patient’s history.”

Thus, what they know is not that the pills worked, but that the record noted a successful outcome. People familiar with these kinds of abortions know that is possible to have heavy bleeding and pass large clots without actually aborting the child. The child could survive, or the child could die and remain in the womb, leading to infection or other problems. The point is, without an actual test or physical examination, one cannot be sure.

Ambivalence and APR misinformation

Another point about effectiveness. We already know, from the study, that some of the women (120) who were sent the pills did not take them. Though these were not included in the final effectiveness analysis, they do indicate some ambivalence among patients regarding their wishes.

Among the patients who did receive and take at least the first pill, authors say there were two who “requested abortion pill reversal” This alone is proof against claims of abortion pill promoters that women never change their minds after initiating this process.

So how did sellers of these pills respond? Despite thousands

of cases and published studies attesting to the high rates of abortion pill reversal (APR), Upadhyay and team says patients “were advised that evidence-based reversal treatment does not exist and referred to urgent in-person care.”

Rather than being given progesterone to try and block the effects of mifepristone and potentially save their babies, it seems that they were shipped out to their local emergency rooms and told to wait and see what happened. Other studies have shown this to be ineffective at reversal and potentially dangerous.

Unbelievable claims of abortion pill safety

Claims of “safety” are at least as dubious as those regarding “effectiveness,” but the data is nonetheless revealing.

Again, one cannot make any solid claim about the safety of the 1,802 patients who received the pills but did not report back to the virtual clinic. As noted above, there is legitimate reason to believe that women dealing with hemorrhage, infection, a ruptured ectopic pregnancy, or an ongoing pregnancy did not turn to far away online strangers or faceless phone operators from a virtual clinic on the other side of the country. Instead, they were more likely to seek the help they needed from a local doctor they knew or an area emergency room that could actually treat or address their problem.

If that is likely and logical, then the complications reported by Upadhyay would represent just the tip of the iceberg, at best maybe just some hint of the type of issues other women might be facing.

Defining away a host of safety problems

Naturally, as reliable defenders of the abortion pill and the abortion industry, Upadhyay and team claim that complications were exceedingly rare, with 99.7% reporting “no major

abortion related adverse events.” If you’ve followed abortion pill studies for some years, you know a lot of the work here is done by limiting what it is that can be counted as a “major abortion-related adverse event.”

This information cannot be found in the online article, but in a supplement. The supplement specifically identifies “serious adverse events” as those including “blood transfusion, abdominal surgery (including salpingectomy, laparotomy and laparoscopy to treat ectopic pregnancy), hospital admission requiring overnight stay, or death.”

These are certainly serious outcomes and the fact that they occurred at all is significant. But note what it is that isn’t included. A woman could hemorrhage, be gushing blood, rushed to the emergency room, be given uterotonics to stop the bleeding, etc., but so long as she is not given a transfusion or admitted to the hospital for an overnight stay, it does not count as a major complication.

Surgery doesn’t count?

Furthermore, it is unclear whether further surgical treatment will merit the more serious classification. We know that surgical procedures like salpingectomy or laparotomy to remove the child in an ectopic pregnancy count. But what about surgery to stop the bleeding, or to complete the abortion?

We know from data published in the study that 63 women, 1.4% of their effectiveness sample, required a “Procedure, aspiration or surgery,” more than would fit in the 0.3% they indicate had “major adverse events.” So clearly, for the authors, it was possible to have a complication severe enough to require surgery without them counting it as a major complication.

That’s how you come up with the sort of claims you commonly read in the popular media of “serious complications” being less than one percent (e.g., *Washington Post*, 4/10/23), despite much

higher numbers ending up in the emergency room.

Visits to the Emergency Room

Indeed, even in this study, 81 patients, nearly 2% of their sample (that is, those for whom they had information) visited the emergency room. Though obviously not a big deal for the researchers, in context, even this number is very concerning.

The sales pitch for telemedical abortion is that women can avoid having to go to the clinic. They can order their abortion pills online, wait for their package to arrive, and have their abortions at home.

When you pick up your pills in person from the clinic down the street, you have someone to call, somewhere to go when or if you have a problem. For example, when you begin gushing blood, when you start running a fever, when the pain becomes unbearable, or when you sense that something is going wrong beyond the usual bloody, painful chemical abortion.

You should be able to get help when you need it.

An issue in particular for rural patients

That isn’t always the case for the chemical abortion client of the virtual clinic. The prescriber isn’t typically someone they know, someone available to provide emergency surgery, and may not even live in the same state.

If patients come from a suburban or rural community, like nearly one in ten (9.9%) in this study did, they may not be anywhere near the sort of qualified medical help they need. That could put their life at risk even if they aren’t presenting with the sort of complication Upadhyay and her team count as “major.”

Implications for the broader U.S. population

In general, even if you take them at face value, there is a willful, callous blindness to

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the implications of their study. If 56% of abortion in the U.S. are now chemical (see the U.S. Centers for Disease Control's 2021 Abortion Surveillance), and there are somewhere between 900,000 and 1 million abortions a year, then even what looks like a small percentage can represent thousands of women.

A failure rate of 2.3% against a backdrop of 950,000 annual abortions, with 56% or 532,000 being chemical abortions (the number today is certainly higher) would mean more than 12,000 women might require some "intervention to complete [the] abortion." Even if they ignore the unknown outcomes of 26% of the patients in Upadhyay's study and accept the reported 1.8% of remaining patients visiting the emergency room, we're still talking about more than 9,500 patients.

But if there is a higher failure or complication rates for the women the study was unable to track, these numbers could mushroom.

Even researchers doubt gestational dating

Claims of safety and efficacy of telemedical abortion depend in part on the ability of virtual prescribers being able to determine gestational age and identify ectopic pregnancies without ultrasound or a direct physical examination. If they are to be believed (and again, if one ignores the fate of those patients lost to follow up), they appear to have been unusually successful in this screening.

The records Upadhyay and her team examined from virtual clinics had no cases of women over 70 days attempting to abort, despite advertising by Planned Parenthood and others for abortions pills at 11 weeks or more and adverse event reports by the FDA indicating widespread use of mifepristone on women with gestational ages weeks past the FDA mandated 10 weeks LMP (after a woman's last menstrual period). There were four cases where the gestational age was unknown, though.

This means that women were somehow unusually knowledgeable and forthcoming about the timing of their pregnancy or that prescribers were exceptionally good at verbally screening their patients. However, another explanation is that some women were neither accurate nor honest in their assessments and that records reflected merely reported gestational ages rather than actual, accurate ones.

Even the authors of the study were somewhat dubious. Upadhyay and her team remarked that they were surprised that there were no unexpected pregnancy durations beyond 70 days (previous studies implied there should have been at least a few) but say this may be due to underreporting by patients. The UCSF team speculated that women who may have underestimated their gestations may not have reported their errors to the clinic.

Still missing a few ectopic pregnancies

Ectopic pregnancy is said to occur in 1-2% of all pregnancies, where the embryo implants outside the womb. If left untreated, it can result in the rupture of the fallopian tube and may lead to death of mother and child. Mifepristone is not able to treat ectopic pregnancy.

Despite what appears to be a remarkable ability on the part of prescribers to verbally screen their patients for ectopic pregnancy, the study shows a few got through.

Given the percentages above, there should have been some 60-120 ectopic pregnancies among the initial 6,034 patient records which researchers first examined. It appears that the virtual screeners were able to catch many of these by verbal screening, with data indicating that 486 women were referred for ultrasounds for confirmation of gestational age or intrauterine pregnancy.

Still, six patients reported ectopic pregnancies, including at least one that ruptured. Again, if help is available and these are treated, at least the mother should be able to survive. If these occur

at an inopportune time and place where qualified, direct medical assistance is not around, it could prove disastrous.

Again, if ectopic pregnancy affects 1-2% of mifepristone patients, as it does the rest of the population of reproductive aged women, that would potentially impact five to ten thousand women a year. But even they were somehow subjected to the most brilliant, insightful verbal screening by text, email, or webcam, as reported here, and it affected just .013 of those patients, that would still be more than 700 patients a year in the U.S., putting a considerable number of women at unnecessary risk.

Just as good as in person care?

One of the contentions of researchers is that this study demonstrates that telehealth abortion or abortion managed by a virtual prescriber is as safe as those managed directly by an in-person prescriber.

This depends on so many questionable assertions and assumptions that the claim is virtually meaningless. If both in person and telehealth chemical abortions depend on studies where a sizeable number of patients are missing from safety and efficacy calculations—and excludes those patients who are the most likely to experience problems—then the results from both types of studies will be flawed.

Studies may be fairly consistent with each other, reporting what appears to be largely matching data. But that is because each is generally limited to those patients who are both most satisfied with their abortions and most likely to report back. The outcomes that truly reveal the safety and efficacy of these abortion drugs are those of the patients for which none of these studies have data.

Data from other western countries paint a much different safety and efficacy profile

This is why studies from other countries with national healthcare

systems and other ways of collecting and recording data get much different results. This, despite using the same drugs and having similar (or better) patient profiles.

Finland

In 2009, researchers from Finland found 20% of chemical abortion patients reporting adverse events (e.g., hemorrhage, incomplete abortion), nearly four times the "adverse events" reported for standard surgical abortions. Under pressure from chemical abortion defenders, the authors agreed that some of these adverse events may not have been as serious as others, but that these events were still significant enough to prompt women to re-access the health care system with these concerns needs to be noted.

Britain

Research from Britain, which recently adopted its own "Pills by Post" program, mailing abortion pills to women's homes, also shows lower efficacy and higher complication rates. While the government was claiming extremely low adverse event rates (identifying just one single complication among 23,061 chemical abortion patients), a researcher who contacted the hospital system directly found that 5.9% reported complications connected to an incomplete abortion with "retained products of conception." Three percent of patients required surgery to deal with incomplete abortions and 2.3% of patients were treated for hemorrhage in Britain's National Trust hospitals (Percuity, 10/27/21).

These numbers are not as high as they are in Finland, perhaps because the United Kingdom has a higher population density, giving patients readier access to emergency help. But they are still higher than those reported by Upadhyay and her team from California.

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British newspapers wrote about increased calls to ambulances once this program was in place. These calls jumped once “Pills by Post” was instituted, increasing by more than 50% in some areas, up at least 25% in others (London *Daily Express*, 4/25/23)

Canada

A Canadian study from 2023 in the online edition of the *Annals of Internal Medicine* (January 3, 2023) found even higher complication rates among patients picking up mifepristone prescriptions from pharmacies, similar to the protocol recently authorized here in the U.S. Among the 39,856 patients in that study, emergency room visits were reported by 10.3% — at least one out of every ten patients!

All these foreign studies, performed in modern western medical environments, utilizing the same drugs and the same basic protocol, reported much lower efficacy and much higher complication rates. The only significant difference appears to be that they were performed by private or more neutral state observers rather than those regularly published and cited in the U.S. by members of the medical establishment involved in and committed to the promotion and performance of chemical abortion.

Close scrutiny of other American studies reveal higher complication rates

That said, when examined more closely, even American studies reveal a much less positive safety profile. An earlier study of emergency room visits in 2015 by Upadhyay herself is often one of the ones cited as proof that the rate of serious complications with mifepristone is “less than 1%.” Indeed, in “Incidence of emergency department visits and

complications after abortion,” from the January 2015 issue of *Obstetrics & Gynecology*, Upadhyay officially found that “The major complication rate was 0.23%,” less than a quarter of one percent.

But again, this depends on several of these now familiar questionable moves to finesse the data. First, Upadhyay specifically limits what can be counted as a “serious” or “major” complication. “Major complications were

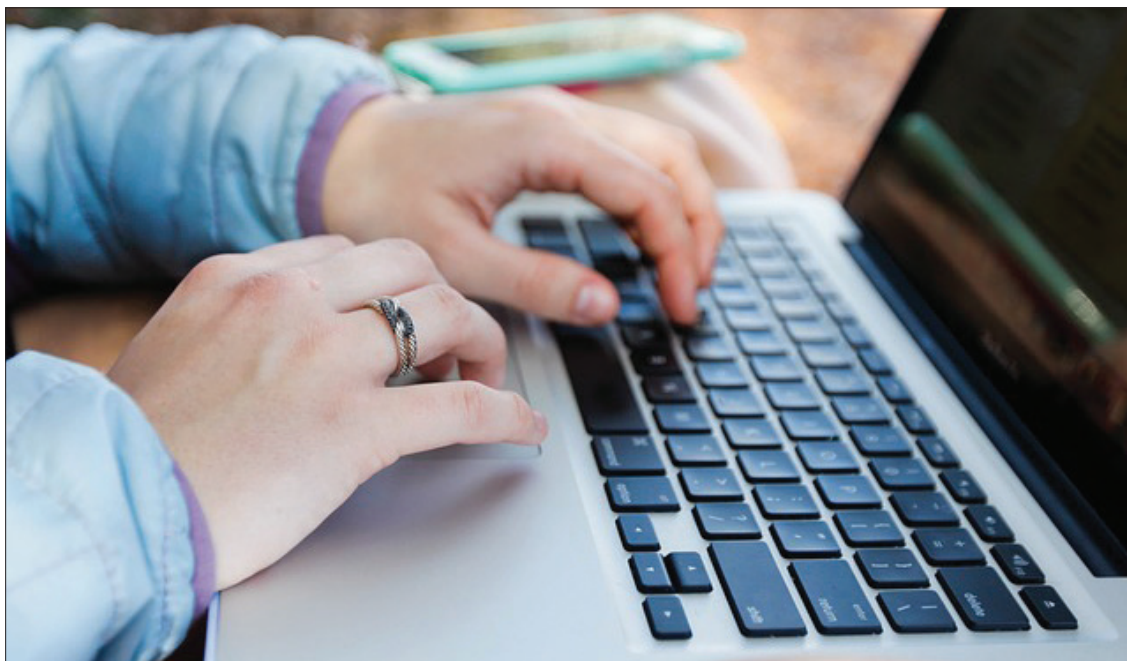
the complication rate for chemical abortions was 5.19% — considerably higher than the “less than one percent” advertised.

Calling these complications “minor” diminishes the significance of the fact that these incidents were sufficiently serious as to prompt so many of these patients to visit their local emergency rooms.

And this was among only those who somehow revealed their

the faceless, useless bureaucrats of the virtual clinic for the more direct, personal, accountable help of their own local doctor or emergency room.

These women and their complications won’t get counted in studies like Upadhyay’s. They may not even be recorded in hospital reports if women follow the advice of many abortion pill prescribers and don’t reveal their chemical abortions to ER staff.



defined as serious unexpected adverse events requiring hospital admission, surgery, or blood transfusion,” the article asserts. “Minor complications were all other expected adverse events.”

While this sounds reasonable, consider the things included in Upadhyay’s “minor complications”: hemorrhage, infection, incomplete or “failed” abortion requiring “uterine aspiration” (i.e., surgical abortion). Even things like “uterine perforation” were classified as “minor.”

Second, with this knowledge, consider that when Upadhyay added in and counted both major and “minor” complications,

chemical abortion attempt when many of those promoting and selling these pills were telling them they didn’t have to.

Summing Up

As distressing as it is that the abortion industry has put out yet another misleading study on chemical abortion, worse is that the media spin and reaction is likely to be exactly the same as that of researchers — ignoring the hundreds or even thousands of desperate women who are missing from the counts.

There will likely be no place in the news media stories for the terrified, hemorrhaging women, doubled over in pain who spurn

Their risks and injuries will be very real, nonetheless.

Relying on reports from abortion pill suppliers and prescribers, U.S. abortion industry studies are structured in such a way as to miss this critical data. But studies from other countries better track those patients and reveal much poorer safety and efficacy rates with mifepristone.

If American women want to know the truth about mifepristone safety and efficacy, if the U.S. Food & Drug Administration wants to have an accurate assessment of mifepristone’s risks, they’re going to have to stop relying on data sifted and spun by abortion pill promoters.