



National RIGHT TO LIFE NEWS

April 2024

SUPREME COURT HEARINGS



National
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HOW UNSAFE IS MIFEPRISTONE?





National RIGHT TO LIFE NEWS

U.S. Supreme Court Hears Oral Argument in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*

WASHINGTON, D.C.— The U.S. Supreme Court heard oral argument March 26 regarding the Food and Drug Administration’s (FDA) decisions in 2016 and 2021 to loosen regulations of the abortion drug mifepristone and whether the challengers have standing to bring their case.

“We hope that the justices will reconsider the approval of this dangerous drug or at least reinstate the long-standing safety protocols,” said Carol Tobias, president of National Right to Life. “Tragically, every mifepristone abortion takes the life of an unborn baby and places her mother in harm’s way.”

“Bowling to pressure from the abortion industry, the FDA loosened the safety requirements of mifepristone which still has a black box warning,” said Tobias. “Drugs that come with black box warnings have the most dangerous side effects and safety concerns, yet the FDA is okay with mifepristone being prescribed and even mailed to women without an in-person exam.”

The consolidated cases the Court heard today are *FDA, et al. v. Alliance Hippocratic Medicine, et al.* and *Danco Laboratories, L.L.C. v. Alliance Hippocratic Medicine, et al.*

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Five Questions I’d Like the Supreme Court Justices to Ask the FDA about Mifepristone

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

Editor’s note. There were many problems with the FDA’s original approval of mifepristone not to mention the subsequent changes over the last ten years the agency made that loosened the protocol. Here are some questions that NRLC’s Director of Education & Research wishes the justices had asked and that the FDA still needs to answer.

On March 26, the Supreme Court heard oral arguments in the *F.D.A. v. Alliance for Hippocratic Medicine*. The case is the first to address abortion—in this case chemical abortions—since the



2022 *Dobbs* decision which overturned *Roe v. Wade*.

The following are just five of the many questions swirling around the way the FDA considered mifepristone and loosened regulations on its distribution and use.

#1. Is pregnancy a life threatening disease or illness?

When the FDA approved mifepristone in September of 2000, it did so under a statutory provision called “Subpart H”

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Editorials

More about *FDA v. Alliance Hippocratic Medicine* and what the Supreme Court asked and heard on Tuesday

On March 26, the justices of the Supreme Court heard nearly two hours of oral argument in the much anticipated case of *FDA v. Alliance Hippocratic Medicine*. Almost every media outlet had a list of takeaways—4 or 5 usually—that they thought captured the most salient issues.

At the heart of the discussion before the justices were (a) whether the Alliance had legal standing to file the lawsuit; and (b) the decisions in 2016 and 2021 made by the FDA that greatly weakened regulations of the abortion drug mifepristone.

National Right to Life offered two extremely thoughtful summaries which we will turn to momentarily.

As for the issue of standing, Justice Elena Kagan described the doctors' standing argument

as “very probabilistic.” Justice Ketanji Brown Jackson argued that federal conscience laws and state conscience laws would protect the right of medical personnel against being forced to perform abortions.

Attorney Erin Hawley, representing the Alliance, started out by addressing the issue of standing:

We've heard a lot this morning about standing. Article III is satisfied here because, one, the FDA relies on OB hospitalists [obstetric hospitalists] to care for women harmed by abortion drugs. Two, the FDA concedes that between 2.9 and 4.6 percent of women will

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Trump's Republican voters are more enthusiastic about supporting his candidacy than Democrats are about supporting his Democratic opponent, President Joe Biden

It should come as no surprise that the race between pro-life former President Donald Trump and pro-abortion President Joe Biden has ebbs and flows. Before moving into some of the details, it's worth remembering that the public is deeply skeptical that the President is up to leading the country for four more years and that on the major issues Mr. Biden trails Mr. Trump, in some cases by huge margins [immigration and leadership].

Mr. Trump leads Mr. Biden “by 5 points (41%-36%) over a five-candidate field in the poll, and his

presidential approval rating tops that of Biden right now: 55% say they approve of the job Trump did as president, a figure that is 10 points higher than Biden's current approval rating of 45%,” *Newsmax* reports. The headline for Eric Mack's story is “Harvard Poll: Trump Leads by 5; 63% Say Biden Too Old.”

On the other hand, Trump led by “just 2 points over Biden in a hypothetical head-to-head, with roughly 9 percent of voters undecided.”

Mack offers several other important topline findings:

- A 58% majority said the U.S. is on the wrong track under the Biden administration, compared to 34% who said it is on the right track.
- 56% said the U.S. economy is weak under Biden.
- A plurality of 47% said their personal finances are getting worse under Biden.
- Biden's State of the Union speech provided no increase on his 45% approval rating since the last poll.
- A majority of 52% had an unfavorable opinion of Biden's State of the Union speech, with majorities saying he did not address the issues their family cares most about (54%) and “failed” to present solutions of their family's issues (55%).

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From the President Carol Tobias

Regardless of your state abortion laws, there is much that can be done to save the most vulnerable among us



For more than 50 years, pro-life people have been working to change hearts and minds on abortion, educate local communities, elect candidates and pass pro-life legislation, provide support to pregnant

foreseeable future. That doesn't mean we give up trying to elect pro-life candidates in order to pass protective legislation. It means we must also use other ways to influence the public.

For example, we continue to show the humanity of the unborn child with pictures and information on the development of these little ones—heartbeat by six weeks, brainwaves as early as 45 days.

We help our communities to understand the harm done to women through abortion. There are physical, mental, and emotional consequences to killing your baby.



We make sure people understand the dangers of medication, or chemical, abortion. How many people know that the US Food and Drug Administration told doctors and hospitals not to report complications resulting from use of the abortion pill, only to turn around and claim the pill is safe because no complications have been reported? We continue to point out

studies from other countries showing that 1 out of every 10 women using mifepristone--the abortion pill--will likely end up in the emergency room.

We promote Abortion Pill Rescue (APR), making sure women know that if they begin the abortion pill process but change their mind partway through that process, they can seek treatment that may save their baby.

We can talk to medical personnel so they are aware of APR and ask them to consider joining the [APR Network](#).

While states are all different in societal attitudes and laws in effect, every state can work toward the goal of no woman wanting an abortion even if it is legal.

We can help to protect pregnancy centers from pro-abortion extremists attempting to shut down these amazing places. They are the loving arms of the pro-life movement, offering women help and encouragement during a difficult time in their lives.

We can help a woman to understand that ending the life of her unborn child is not a trade-off for some good that might happen in the future because she is now “unencumbered” with the child.

We can convince a man that protecting his unborn child and helping the baby's mother through her pregnancy is the most rewarding action he will ever undertake.

We can help grandparents of a developing baby to understand the hole that will be left in the family if that child “disappears.”

We can promote adoption as a loving alternative to death for the child.

And we will, of course, continue our efforts to affect laws at federal and state levels to protect unborn children and to prevent the advancement of anti-life measures.

Regardless of where your state is in regard to laws on abortion, there is much that can be done to save the most vulnerable among us.

We move forward with determination and fortitude, knowing that every baby saved is worth the effort.

women, and much more.

We were successful in passing the Hyde amendment, which greatly limited federal tax dollars from being used to pay for abortion. We enacted various pieces of lifesaving legislation, such as informed consent, protecting pain-capable unborn babies, and requiring parental involvement prior to a minor girl's abortion.

We used legislation to both advance protections for unborn children and their mothers and to educate the public about the horrors of abortion and the extreme nature of court decisions like *Roe v Wade*.

We succeeded in overturning *Roe* but our work certainly hasn't gotten any easier. We have been challenged by ballot measures to protect -- not babies -- but abortion, in state constitutions. We are seeing unbelievable amounts of money poured into these efforts as well as into the coffers of rabidly pro-abortion candidates.

The country is evenly divided with half the states protecting all or most unborn children and half with laws that protect abortion, with no limits whatsoever, throughout pregnancy. Some of these state laws are due to legislative action or ballot measures, many because of state courts creating a right to abortion in the state constitution.

While much of our focus is, rightly, on securing legal protection for the most vulnerable members of the human family--our preborn brothers and sisters--we must not forget that there is much we can do to impact society regardless of what the law is.

In those states that have radical pro-abortion governors and legislative majorities, enacting pro-life laws is impossible—at least for the

Pair of Supreme Decisions are baffling. Florida High Court gets one right and one wrong

The 15-week Bill is upheld and the Misleading abortion amendment is headed to the ballot.

On Monday, the Florida Supreme Court issued a pair of decisions in reference to abortion.

The first decision upheld the 15-week bill, passed in 2022. This decision will allow the 6-week bill that passed last year to go into effect in 30 days. The 6-week bill allows abortions in the cases of rape, incest, life of the mother, etc. The State's highest court concluded that the "Privacy Clause" in the Florida Constitution does not invalidate Florida's abortion restrictions.

"We at Florida Right to life were confident the justices would rule in this way as the word 'privacy' in the constitution was never meant to include abortion," stated Lynda Bell, president of Florida Right to Life. "The court rightly decided this case."

This case goes back to 1989 abortion opinion, the In re T.W case that ruled that the "privacy amendment" in Florida's constitution, specifically Article 1, section 23 provided the right to an abortion.

"This is a big win for life and the Florida constitution,"

Bell continued, "We salute the Florida Supreme Court for getting this right!"

The second decision, decided on a 4-3 vote, deals with the ballot initiative language from an organization calling themselves "Floridians Protecting Freedom."

If passed, this would allow for abortions to be performed throughout pregnancy for any reason and allow abortions to be performed by a "health care

provider" not necessarily a doctor. "The surprising decision to allow the deceptive, extreme and ambiguous ballot language concerning abortion is a real head scratcher" stated Bell. "I was hoping this was an April Fools joke."

Sadly, it's not.

dissenting voices didn't quite see it that way.

The three dissenting voices were the three women on the court: Justices Grosshans, Frances, and Sasso.

On page 31 of the decision, Justice Grosshans states: "We are told by dissenting colleagues that

notice of the decision before them on the ballot."

Frances noted on page 31, "We are also told that language of the summary and proposed amendment 'hides the ball' and 'explains nothing' but then are instructed on a series of far-reaching 'effects' gleaned from that very language."

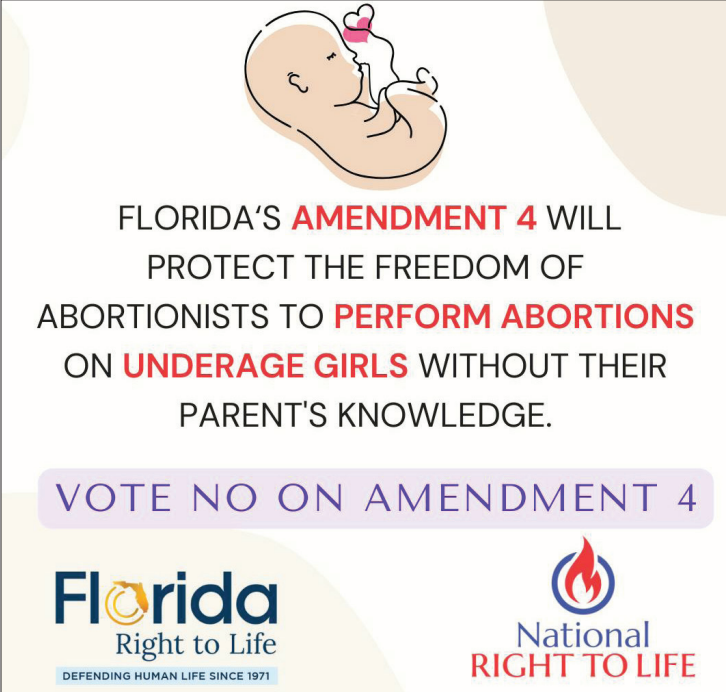
Sasso observed in her dissent on pages 41-42, "No party in this case has argued that our precedent applying this approach in ballot-summary review is erroneous. And under this approach, we have found both citizens initiative proposals and legislatively proposed ballot initiatives to be defective... Accordingly, our precedent supports the conclusion that our statutory duty requires more than simply inspecting the summary for technical compliance. Instead, we determine if the summary clearly explains the chief purpose of the amendment."

We at Florida Right to Life concur with the dissenting voices.

The majority seemed intent on creating a pathway to allowing the deceptive amendment in the ballot.

Florida Right to Life will not stop challenging this radical pro abortion effort. We will be Informing Florida Voters about the dangers of this deceptive initiative. The enemies of innocent life will not stop until Florida allows all abortions through birth.

Please join us in our effort to defend life. Our precious babies deserve a chance at life.



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The majority ruled that it wasn't their job to invalidate the ballot language on the basis of vagueness and ambiguity. They chose to leave the interpretation up to the voter.

The majority seemed to be satisfied because the ballot summary was consistent with the ballot language even though both the summary and the language are vague and ambiguous. The

vagueness of the proposed amendment itself leaves many key issues undetermined."

Justice Grosshans later states "However, in a long line of decisions we have consistently interpreted our role to be more comprehensive and have examined the material legal effects of the amendment – thereby ensuring that the voters are not misled and have fair

In 2024 Elections, Republicans Favored to Hold (and Expand) Majority in the U.S. House

By NRL Political Department

Despite the current unrest amid a rash of resignations in the U.S. House, Republicans are positioned to retain the majority in the 2024 elections.

Nathan Gonzalez in *Roll Call* reported, “Even though Republicans are seeing their current House majority shrink with each passing resignation, the GOP is better positioned to maintain control of the House a little more than seven months before Election Day.”

“Currently, the math is easier for Republicans if they win the races they are currently favored to win. The 187 races rated as Solid Republican by Inside Elections, added to the 29 races rated as Likely, Lean, or Tilt Republican gets the GOP to 216 seats. That means Republicans need to win just two of the 10 Toss-up races to get to 218.”

Gonzalez further describes, “The math is more difficult for Democrats. Adding the 174 races rated as Solid Democratic to the 35 races rated as Likely, Lean, or Tilt Democratic by Inside Elections gets the Democrats to 209 seats. That means Democrats need to win nine of 10 Toss-up races to get to 218.”

In an interview with Punchbowl News, Congressman Richard Hudson, chair of the National Republican Congressional Committee (NRCC), vowed that “not only will Republicans keep the House, they’ll expand their majority.”

Congressman Hudson identified several seats currently held by Democrats that will be open in 2024. In Michigan, Congressman

Dan Kildee is not seeking re-election in the 8th District and Congresswoman Elissa Slotkin is leaving her seat in the 7th District to run for Senate. Both are considered Tossups by the *Cook Political Report*.

Hudson pointed to opportunities in California’s 47th District, where incumbent Congresswoman Katie Porter left her seat for an ill-fated

Mexico, Don Davis in North Carolina, Emilia Sykes in Ohio, and Susan Wild in Pennsylvania.

Despite Democratic wins in redistricting challenges to Congressional maps in states like Alabama and Louisiana, Republicans dodged what could have been a devastating gerrymander in New York. In North Carolina, Republicans were

messaging and ways to effectively rebut pro-abortion attacks and misinformation. National Right to Life has encouraged pro-life candidates to be proactive in addressing abortion on the campaign trail. When pro-life candidates try to run and hide from the issue, they allow their pro-abortion opponents to set the narrative and define them on the issue.

With very few exceptions, Democratic Congressional candidates (along with Joe Biden and Kamala Harris at the top of ticket) are campaigning on a pro-abortion agenda that would allow unlimited abortions for any reason until birth and the use of tax dollars to pay for them.

Most Democratic Congressional candidates support eliminating existing state-level protections like those that require parents be notified before an abortion is performed on their minor daughter. Most Democratic Congressional candidates are even opposed to legislation to ensure babies born alive during abortion attempts are afforded the same degree of medical care as any other newborn of the same gestational age.

Those are truly extreme positions. Pro-life candidates should not be afraid to call out their pro-abortion opponents for their out of touch views.

Polling shows that the American electorate continues to back protections for unborn children and their mothers. As long as there are exceptions for the rare cases when the life of the mother is endangered and in cases of rape,



run for Senate, and Virginia’s 7th District, where incumbent Congressman Abigail Spanberger opted not to run for re-election as she prepares a bid for governor in 2025. He also identified freshman Congresswoman Val Hoyle in Oregon’s 4th District as a “vulnerable Democrat flying under the radar.”

There are five Democratic incumbents running for re-election in districts that President Trump carried in the 2020 election. These include Representatives Mary Peltola in Alaska, Jared Golden in Maine, Marcy Kaptur in Ohio, Matt Cartwright in Pennsylvania, and Marie Gluesenkamp-Perez in Washington.

In addition, the *Cook Political Report* rates the races of the following Democratic incumbents as tossups: Yadira Caraveo in Colorado, Gabe Vazquez in New

able to craft a map that enables the party to pick as many as four seats in 2024.

In an article for *Politico* entitled, “The fight to flip the House just got harder for Dems. And they have New York to blame,” author Zach Montellaro argued, “The GOP came out ahead thanks to the redistricting aggression of North Carolina Republicans — and the timidity of New York Democrats.”

“It is a marginally more favorable map in ‘24 than we even had in ‘22,” Adam Kincaid, the executive director of the National Republican Redistricting Trust, the top group that coordinates the party’s redistricting efforts, told *Politico*. “It turned out pretty well.”

As in past election cycles, National Right to Life is working with pro-life candidates on

Each and every unborn life saved is a monumental victory that we are happy to celebrate

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

The miracle of modern technology allows us to connect with people around the world. I was reminded of that great breakthrough recently when I had a Zoom call with a young writer from the Philippines.

Under ordinary circumstances, chances are we never would have met. But, thanks to an online chat and a Zoom encounter, we were able to trade stories about life in our home countries.

The Filipino writer was curious about how life had changed in the U.S. since the overturn of *Roe v. Wade*, the 1973 Supreme Court decision which legalized abortion in all 50 states.

I explained how there was elation—and some tears—immediately following *Roe's* demise. I spoke about the fact that I had been at the National

Right to Life Convention in 2022 when we heard the life-changing news.



But I conceded that we face a daunting struggle because of the overflowing coffers of the abortion industry and its

allies. The pro-abortion money train doesn't show any signs of stopping. Therefore, it can be

difficult to overcome the barrage of pro-abortion media ads which blanket the airwaves.

Still, I told the young man

that great hope lies within the pro-life movement in the U.S. I mentioned that each life saved is a monumental victory that we are happy to celebrate. Rather than focus on doom and gloom, the pro-life movement concentrates on the beauty of life and the opportunities that life casts our way.

Sometimes, it helps to get an outsider's perspective on an issue. My writer friend helped me to see both the challenges and the possibilities that lie in store for the pro-life movement. We are not stagnant—we are literally on the move in state Capitols throughout the country.

Ours is a message of hope, love, and compassion—and it cannot be stopped!

Mothers who are grieving children lost to abortion bear a heavy cross

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

An influencer I follow on X recently posted about the impending death of a beloved family member.

I could feel the emotion as she shared her memories of a man who had accompanied her through the joys and sorrows of life. It has been a moving journey as she began the painful process of saying goodbye.

Even in the best of times, dealing with grief is difficult. We long to reconnect with the person who has passed on. The separation can sear our souls, leading to profound bouts of sadness.

Each day in America women say goodbye to the babies they have been cradling in their wombs. These deaths occur in abortion

facilities, where helpless children are suctioned out...or torn limb by limb through dismemberment



abortions. It is a horrific practice which should not be tolerated in a civilized society.

We are sentencing so many women to a penance of mourning as they bid adieu to their preborn babies.

The grief can be compounded by the fact that the women may have been pressured to abort by a boyfriend, husband, parent, or even grandparent. The people pushing for abortion do not have to live with the possible physical and emotional fallout—the mothers do. Left to grieve often on their own, these women are often the walking wounded in the national pro-abortion campaign led by political leaders who are leading the charge to deny life to the next generation.

But hope and healing are available to women who have

had abortions and who regret them. Programs such as Rachel's Vineyard offer compassionate, non-judgmental support to women who are struggling after their abortions.

Yet, wouldn't it be far better if these women were able to avoid the grief in the first place? Pregnant women in challenging circumstances need help—not a cold-hearted offer to abort.

This week let us remember in a special way those mothers who are grieving children lost to abortion. Theirs is a heavy cross to bear.

Why is the media ignoring the abortion scandal that almost killed a woman in Ireland's Limerick Maternity Hospital?

By Niamh Uí Bhriain, The Life Institute

This week, Gript broke a shocking story around abortion in Ireland that showed that women's lives are being put in danger by the blind and willful determination not to provide ultrasounds when women seek abortion.

Presenting an alarming and disturbing case where a woman could have died, medical experts working in Limerick Maternity Hospital said that the practice of not offering ultrasounds before prescribing abortion pills could lead to maternal deaths.

They were very clear on this point – writing that currently it “was not routine” to offer such scans before abortion, and that because the symptoms of ectopic pregnancy could be masked by the symptoms expected after taking the abortion pill, this could result in women dying.

In 2018, when Carol Nolan

TD sought an amendment to the abortion legislation which would have ensured that ultrasounds be offered to women to date



pregnancy and rule out the risk of an ectopic pregnancy, then Minister for Health Simon Harris refused her proposal saying it

would be “a terrible use of what people rightly point out is a scarce resource in the health service”.

I think the woman in Limerick

Hospital who could have lost her life – after suffering severe blood loss and needing immediate resuscitation – might

disagree. But will Harris, or the current Health Minister, Stephen Donnelly, be held to account for this appalling case?

The establishment media in Ireland is certainly interested in the issue of abortion and devotes considerable effort to investigating and commenting on any suggestion that, despite our soaring abortion rates, our laws should be liberalised further.

Yet the same media – including the public service broadcaster, RTÉ – seem curiously disinterested in a shocking case where a woman almost died because of the policy of not providing an ultrasound to women seeking abortion, which lead to the symptoms of a life-threatening ectopic pregnancy rupture being masked.

Legacy media parrots pro-abortion talking points in Supreme Court oral arguments

By Laura Echevarria, Director of Communications and Press Secretary

On March 26, the U.S. Supreme Court heard oral argument in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*. At the heart of the discussion before the justices were (a) whether the Alliance had legal standing to file the lawsuit; and (b) the decisions in 2016 and 2021 made by the FDA that greatly weakened regulations of the abortion drug mifepristone.

Not that it was anything new, but the legacy media immediately promoted talking points that seemed to come directly from the PR departments of pro-abortion groups.

Language is important to how people perceive an issue and with some of the most widely-read news outlets using pro-abortion language, they do a disservice to readers.

Ultimately, pro-abortion groups claim that any legislation or court rulings protecting preborn babies are “bans.” This is the tone many mainstream media organizations have taken in describing the case before the High Court including *USA Today’s* Maureen Groppe.

Groppe wrote in an article titled, “Abortion pill challenge gives Supreme Court chance to move toward national abortion ban,”

Two years after the Supreme Court erased the constitutional right to an abortion, creating a patchwork of access across the country, the justices could now pave the way toward a national ban. [underlining added]

Note the language in the first sentence. It’s not neutral

language—it’s loaded with jargon from pro-abortion groups.

In a *Washington Post* analysis “Why the Supreme Court abortion pill case is so fraught for the right,” Aaron Blake wrote,

We don’t yet know what the Supreme Court will do. But over

or court decisions that provide protections are completed in an echo chamber with no support from the public. This wording undermines the ideas behind the *Dobbs* decision.

In *The New York Times*, Lisa Lerer wrote in “On the issue of abortion, Democrats see a



and over again, we’ve seen how putting these decisions in the hands of legislators or judges can have significant and troublesome consequences for the GOP. [underlining added]

The assumption, once again, is that protecting preborn babies is something only a minority of Americans want and that any laws

that arguments at the Supreme Court over access to abortion pills will provide another moment for the party to highlight the most extreme elements of the anti-abortion movement. [underlining added]

Once again, protecting innocent human life is seen as extreme.

Mark Sherman of *The Associated Press (AP)* wrote,

The practical consequences of a ruling for abortion opponents would be dramatic, including possibly halting the delivery of mifepristone through the mail and at large pharmacy chains, and ending increasingly popular telehealth visits at which the drug can be prescribed. [underlining added]

Note how Sherman used words like “dramatic,” “halting” and “increasing popular” in its description of a ruling that restored safety protocols for mifepristone abortions.

political winner. Republicans see more of a puzzle,”

They [‘conservative politicians and judges in deep red states’] have moved to completely criminalize the procedure and restrict access to other aspects of women’s reproductive health, including fertility treatments.

Democrats hope

Even using “a ruling for abortion opponents” sets up the statement to infer that abortion is the normal state of things and that being pro-life is “opposing” the norm.

Biased coverage of this issue has serious, life-changing repercussions not only for women’s health and safety but also for their preborn babies. It is our job to straighten out the crooked language of the legacy media.

Abortions Occurring in SC Increased by 12.5 % in 2023; Could Decrease in 2024

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

COLUMBIA, S.C. – The number of abortions occurring in South Carolina increased by 12.5 percent in 2023 over 2022 according to preliminary data maintained by the State Department of Health and Environmental Control (DHEC). What that means in terms of deaths is 909 more babies died by abortion in 2023 than in 2022, the preliminary DHEC data shows.

Tragically, while the abortion industry challenged our Fetal Heartbeat Act in court, South Carolina became an abortion destination state.

In 2023, the number of abortions skyrocketed to the highest number in 26 years until August of 2023 when the State Supreme Court upheld the Fetal Heartbeat and Protection from Abortion Act. From September through December of 2023, the number of abortions plummeted from an average of 930 abortions

per month to 187 per month. **If this trend continues through 2024, many unborn babies' lives will be saved.**



The three free-standing abortion facilities in South Carolina, Planned Parenthood in Charleston and Columbia, and the Greenville Women's Clinic in Greenville (a private facility) perform the majority of abortions occurring in South Carolina. All three currently are open and performing abortions on women whose unborn children do not have a detectable heartbeat, or until about six weeks gestation.

According to the DHEC Abortion Report for 2022, chemical abortions, also known as the Abortion Pill, killed most of

by 75 percent in its facilities in Columbia and Charleston. The lawsuit claims that as a result of the Fetal Heartbeat Act, Planned Parenthood "has been forced to turn away the vast majority of patients seeking abortion." From August 23, 2023, to January 31, 2024, the lawsuit alleges, Planned Parenthood "has been able to provide only 303 abortions in South Carolina, out of 1,209 patients who have made abortion appointments at its South Carolina health centers." The legal action seeking to once again to enjoin – meaning stop enforcement of – the Fetal Heartbeat Act is scheduled to be heard on May 2, 2024, at 9:30 a.m. before 5th Circuit Judge Daniel Coble whose father, Bob Coble was the long-term mayor of Columbia and whose grandfather, the late Daniel R. McLeod, served as the South Carolina Attorney General from 1959 to 1983.

**Planned Parenthood
Complains Business
Down 75%**

In its most recent lawsuit again challenging the Fetal Heartbeat Act, the state's largest abortion business, Planned Parenthood, complained that business is down

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Under the FDA's relaxed protocols, women are at far greater risk of a deadly ectopic pregnancy.

By Christina Francis

Editor's note. This appeared the day before the Supreme Court considered Food and Drug Administration v. Alliance for Hippocratic Medicine.

"I'm very sorry, but you have an ectopic pregnancy." As an OB/GYN hospitalist I find myself delivering these painful words to patients increasingly often. An ectopic pregnancy—when an embryo implants outside the uterus—is fatal for the baby and can threaten the mother's life if it isn't swiftly treated. It is the leading cause of maternal death in the first trimester.

Rising ectopic pregnancy rates are more dangerous in light of the widespread use of the abortion drugs mifepristone and misoprostol, whose side effects include pelvic pain and bleeding—also the symptoms of an ectopic pregnancy. In *Food and Drug Administration v. Alliance for Hippocratic Medicine*, the Supreme Court on Tuesday [March 26] will consider the FDA's decision to relax safety protocols for administering those drugs. The changes increase the likelihood that a woman will mistake a life-threatening ectopic pregnancy for normal abortion-drug side effects.

OB/GYNs have noted a dramatic rise in the number of women seeking emergency care for ectopic pregnancies. Kaiser Permanente documented it in a study of nearly a million pregnancies over a decade. It found a "significant increase"

in ectopic pregnancies, "largely driven by increasing incidence in younger women."

Last month alone I treated six women with ectopic pregnancies; even a few years ago I didn't treat that many in a year. The stark increase prompted me to ask the hospital where I've worked for the past 10 years if it had tracked



this in its internal data. The recorded number of patients with ectopic pregnancies has doubled in the past eight years.

Several factors likely contribute to the spike. Patients with a history of pelvic inflammatory disease, a condition whose primary causes are gonorrhea and chlamydia, have a threefold increase in the risk of ectopic pregnancy. Patients with intrauterine devices, while unlikely to conceive, are 600% more likely to have an ectopic pregnancy if they do. Advanced maternal age also increases the likelihood a woman will have an ectopic pregnancy. Gonorrhea and chlamydia rates have been rising, IUDs are increasingly the birth-

control method of choice, and women are having babies later in life. It's unsurprising that ectopic pregnancies are increasing.

Meanwhile the FDA, whose principal purview is safety, discounted the need to check for ectopic pregnancies when it revised its protocols for dispensing mifepristone, the

requirement that women be evaluated in person by any medical professional.

Yet the FDA's label for mifepristone carries the warning: "Ectopic pregnancy: Exclude before treatment." It also notes that "some of the expected symptoms experienced with a medical abortion (abdominal pain, uterine bleeding) may be similar to those of a ruptured ectopic pregnancy."

A woman today can acquire mifepristone with no screening for an ectopic pregnancy, and she may not even realize she has one until it is a full-blown medical emergency. During oral arguments before the Fifth Circuit Court of Appeals, the lawyer representing the FDA was asked how ectopic pregnancy could be ruled out without any kind of medical examination. She replied that you can ask questions like, "Are you experiencing shoulder pain?" If a woman with an ectopic pregnancy is experiencing shoulder pain, she belongs on an operating table and may be within an hour from death.

Given that the FDA warns of this risk in the drug label, its changes in protocol were arbitrary and capricious—the legal standard the Fifth Circuit applied in ruling against the agency. The justices should uphold that decision.

Dr. Francis is CEO of the American Association of Pro-Life Obstetricians and Gynecologists. This appeared in the Wall Street Journal.

primary drug used in a chemical abortion. Why should this matter? Because when a woman has an ectopic pregnancy but mistakes its symptoms for normal drug side effects, she will spend precious minutes or hours at home, which could be the difference between life and death.

In 2016 the FDA allowed nonphysicians to prescribe mifepristone and removed the requirement that the prescriber see patients for follow-up visits to evaluate them for potential complications, making it far less likely that an ectopic pregnancy would be diagnosed before it became life-threatening. In 2021 the agency eliminated

Oregon assisted suicide poison prescriptions increase by 29% in 2023.

By Alex Schadenberg

The number of lethal poison prescriptions written under the Oregon assisted suicide law increased substantially with 566 lethal poison prescriptions written in 2023—up by 29% from 433 in 2022.

The 2023 Oregon assisted suicide report indicates that there were 367 reported assisted suicide deaths up by 21% from 304 in 2022 which was up by 19% from 255 in 2021.

The 2022 Oregon assisted suicide report indicated that there were 278 reported assisted suicide deaths. This means that the Oregon Health Authority received 26 assisted suicide reports after January 20, 2023; the date that the 2022 data was compiled.

The Oregon report underreported the number of assisted suicide deaths by 26 in 2022 and corrected it in the 2023 report. I estimate that the 2024 report will say that there had been approximately 400 assisted suicide deaths in 2023.

The 2023 Oregon assisted suicide report indicates that the ingestion status was unknown in 141 cases. This means that the 141 “unknown” people were approved and received the lethal drugs but the Oregon Health Authority does not know how they died. Some of these cases are assisted suicide deaths that will appear in the 2024 report. Some of these people died a natural death and some of these people died by assisted suicide but no report was submitted.

Other important data is that 30 of the deaths in 2023 were people who received their lethal poison in 2022. Only 3 of the 566 people who were prescribed lethal poison were referred for a psychiatric assessment.

Complications are only known when a health care provider is present at the death. There were 10 known complications based on 102 of the deaths, representing almost a 10% complication rate. In 2022 there were 7 known complications based on 76 deaths, representing a 9% complication rate.

The report indicated that 23 of the 367 reported assisted suicide deaths were out-of-state residents. There could be more than 23 out-of-state assisted suicide deaths. The report included the following disclaimer related to out-of-state assisted suicide deaths:

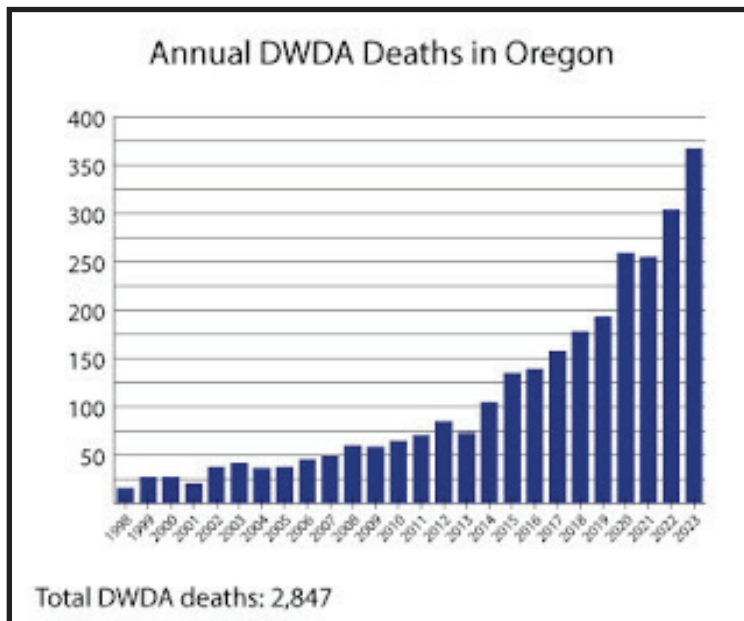
Information on a patient’s state of residence is not collected during the DWDA prescription process. OHA does not receive death certificates from other states unless the decedent was an Oregon resident. Therefore, if an Oregon DWDA patient dies out of state and was not a resident of Oregon, OHA is unlikely to obtain notice of the death. The out-of-state deaths reported in Table 1 thus may not represent

all DWDA deaths from out-of-state residents who obtained a DWDA prescription from an Oregon health care provider.

As with previous years, the report implies that the deaths were voluntary (self-administered), but

In 2023, in 154 deaths the physician waived the 15 day waiting period – in some cases the lethal poison was ingested the day after being first requested.

An article by David Jones (ethicist) was published by the *British Medical Journal of Medical Ethics* on October 27, 2023.



the information in the report does not address that subject.

Oregon Governor Kate Brown, in July 2019, signing Bill SB 0579 into law to essentially eliminate the 15 day assisted suicide waiting period. This expansion of assisted suicide allows the physician to waive the waiting period, and if the patient is depressed, the patient loses the opportunity to change their mind.

In his article Jones examines 25 years of Oregon assisted suicide reports and comments on what is missing in the data. Jones concludes that there are significant data gaps in the Oregon assisted suicide report which was not reassuring.

Editor’s note. This appeared on Mr. Schadenberg’s blog and is reposted with permission.

The holes in pro-abortion Sen. Durbin's evasive answer about late-term abortion carefully exposed

By Dave Andrusko

Bravo and hats off to Ramesh Ponnuru of *National Review Online* for nicely disassembling pro-abortion Sen. Dick Durbin's hugely misleading insistence "that abortions late in pregnancy, while a small proportion of all abortions, are vitally needed." Ponnuru begins by quoting the senior senator from Illinois:

The information I'm reading from comes from the Center for Disease Control. Why women need access to abortion late in pregnancy: maternal health endangerment; diagnosis of severe fetal abnormality which didn't show up or develop until late in the pregnancy; restrictive state laws that made it difficult for a woman to get an abortion earlier in pregnancy.

These are standard defenses of the "need" to abort huge unborn babies, which Ponnuru patiently rebuts. In writing Durbin's office,

"I pointed out, and the CDC confirmed, that the CDC does not make any such claims, and that the claims were



*Pro-abortion
Illinois Sen. Dick Durbin*

dubious. I sent Senator Durbin's office a query about his sources on Thursday. Yesterday, an aide emailed to say that the source for Durbin's

claims about the reasons for abortions late in pregnancy was not the CDC. Rather, he relied on the Kaiser Family Foundation and a study by medical sociologist Katrina Kimport."

So, no harm, no foul, right? No. KFF, however, cites several reasons for abortions after 20 weeks beyond those that Durbin presented as an exhaustive list: for example, difficulty coming up with the money for an abortion and not being aware of the pregnancy. Kimport's study of third-trimester abortion also lists financial difficulties, lack of awareness of the pregnancy, and other reasons that Durbin did not list.

What does Ponnuru conclude? **Senator Durbin's remarks**

at the hearing inaccurately characterized the available evidence and wrongly attributed that misinformation to the CDC. But Durbin deserves some limited credit, since many advocates of legal abortion throughout pregnancy are even further off base. As I noted in my initial post about the hearing, Senator Peter Welch (D., Vt.) claimed there that "late-term abortions are very rare, and it's almost always — really probably always — where there's a medical emergency and the life of the woman is imperiled." That's not true, as even Senator Durbin knows.

Pinning down pro-abortionists is never easy, especially when the topic is late-term abortions, but Ponnuru is to be congratulated for his brief, easy-to-understand critique.

In 2024 Elections, Republicans Favored to Hold (and Expand) Majority in the U.S. House

From Page 5

incest, or medical emergency, 72% of Americans support greater protections for unborn children and their mothers, according to polling conducted by McLaughlin and Associates following the 2022 midterm elections.

This was echoed by Marist polling in January 2024.

"Most Americans are steadfast in their belief that abortion should be significantly limited yet laws

should include exceptions for rape, incest, or to save the life of the mother," says Dr. Barbara L. Carvalho, Director of the Marist Poll. "This clear trend found in the annual Knights of Columbus-Marist Poll has continued, nearly two years after the Supreme Court's landmark Dobbs decision" [2024 K of C-Marist Poll: A Consistent Consensus Supports Legal Limits on Abortion].

According to the Marist polling, a majority continues to oppose the use of their tax dollars to pay for abortions. It also found that an overwhelming 86% of Americans support the work of pregnancy help centers.

Despite the aggressive campaigning we are seeing by Democrats on abortion, the issue does not have to be a loser for pro-life Republicans at the ballot

box. The American electorate generally holds views closer to the pro-life position than the abortion-without-limits position of the Democratic Party.

In 2024, we have real opportunities to hold onto (and expand) the pro-life majority in the House, retake the Senate, and win the Presidency, but pro-life candidates cannot wave the white flag of surrender on abortion now.

The Second Chance for Moms Act Could ‘Save Countless Women the Heartbreak’ of Abortion

By Sarah Holliday, *Washington Stand*

Katelynn Perry took the abortion pill when she was pregnant with her fifth child. “I found out that I was pregnant with Aubrey on Christmas Day of 2021,” she said. She and her husband told their friends and family how excited they were to have another baby, but it didn’t take long until the cheer of the holiday season ended, and the Perrys were confronted with financial hardship. They began to have doubts about the pregnancy and sought advice from the abortion giant, Planned Parenthood.

Perry thought Planned Parenthood would walk them through all of their options, only to quickly discover that abortion was their top priority. She told *The Daily Signal*, “When I tried to ask questions, they were kind of shot down. They weren’t really answered in full,” adding “they used a lot of medical terms” she didn’t understand.

Planned Parenthood staff rushed her to the back, separating Perry from her husband. “With no support system back there with me, I just made what I thought was the best decision at the time,” she explained. “They told me that I was already ... eight weeks along, and I wouldn’t be able to do the chemical abortion if I waited too much longer.” And so, right there in the abortion mecca, she took the first set of pills.

“I was up all night long pondering what I had done,” she remembered, and it was while Perry was restless in bed that she decided not to go forward with taking any more abortion pills. The next morning, she looked to

find a way to reverse what she started.

Perry stumbled on the pro-life organization, Heartbeat International (HI), who outlined ways to stop the procedure. Once she got ahold of a nurse through HI’s Abortion Pill Rescue Network hotline, she

leap of faith in joy.” She added, “It felt like a miracle. It felt like God was leading me. It felt like He was making a way.”

After a series of “miracles,” as Perry described it, her pregnancy was saved. Today, she has a beautiful, healthy, one-year-old girl named Aubry Lynn.



was informed she had 72 hours from taking the abortion drug to reverse its effects. As such, the nurse quickly worked to connect Perry to a pregnancy resource center in Lynchburg, Virginia. Unlike the regret she experienced taking the drug, she described her decision to try and reverse it as “a

This is a story that the pro-life movement is hoping to replicate with the Second Chance for Moms Act introduced Tuesday by Rep. Mary Miller (R-Ill.) to the House of Representatives on Tuesday. The purpose of the bill is to “amend the Federal Food, Drug, and Cosmetic Act to require

a warning label advising that the effects of mifepristone can be counteracted, to amend the Public Health Service Act to establish a hotline to provide information to women seeking to counteract the effects of mifepristone, and for other purposes.”

In comments to *The Washington Stand*, Mary Szoch, director of the Center for Human Dignity at Family Research Council, explained why this act matters. “The abortion industry is constantly telling women that it is impossible to be a mom and succeed,” she observed. “Regardless of a woman’s age, position in society, or career, those who are pro-abortion say that having children and having a good life are incompatible. And instead of challenging the status quo, pro-abortion groups reinforce the barriers pregnant moms face.”

Szoch added, “With all this pressure, it’s not shocking that some women take the abortion drug mifepristone without fully processing that that drug will kill their unborn child.” She concluded, “The Second Chance for Moms Act would give moms desperate to save their baby the chance to do that, and it would save countless women the heartbreak of knowing their child was a victim of the abortion industry.”

In a statement to *TWS*, Rep. Miller reiterated, “As a mom of seven and grandmother to 20, life is nothing short of a miracle from God. At the very least, women should be fully informed of the miracle God has entrusted to them, and my bill ensures exactly that.”

Kansas legislature sends abortion reporting bill to governor

By Jeanne Gawdun, Kansans for Life Director of Government Relations

A bill to improve the data reported by abortion facilities and providers to the Kansas Department of Health and Environment (KDHE) and ensure its timely release has been passed by the Kansas legislature and sent to Governor Laura Kelly.

House Bill 2749 was passed in the Kansas House of Representatives on March 7 by a vote of 81-39 and by the

Kansas Senate on March 26 by a vote of 27-13.

The legislation puts into statute some of the current KDHE abortion reporting regulations including the woman's age, race, state of residence and marital status, and the methods of abortion used but also adds that additional data on the reasons women choose abortion be reported to the KDHE.

Abortionists will be required to submit this data to the KDHE twice a year, instead of annually, and the agency is directed to publish its statistical abortion report within 30 days of the end of each reporting period.

Kansas legislators have become increasingly frustrated with the KDHE's delays in the last few years in releasing its annual abortion reports to the public. Historically, preliminary abortion reports have been made public in March of the year following the reporting period, yet the 2022

numbers were not released until June 2023.

By contrast, in October 2023, an abortion advocacy research

Guttmacher Institute, which states that "Understanding women's reasons for having abortions can inform public debate and policy



organization published numbers for Kansas from January – June 2023, showing the state on track to having close to 20,000 abortions in 2023,¹ while the numbers from the KDHE have yet to be released.

The most frequently used data on why women have abortions is the 2004 results from the pro-abortion

regarding abortion and unwanted pregnancy. Demographics over the last two decades highlight the need for a reassessment of why women decide to have abortions."²

We agree.

Opponents of HB 2749 claim to have concerns about protecting the privacy of women who are being asked their reasons for

having an abortion. Statistical abortion data reported to the KDHE has no patient-identifying information and health data is protected under strict privacy protection statutes.

What is very concerning is the patient information policy by Planned Parenthood Great Plains (PPGP). In its HIPAA policy under "Fundraising Activities" it reads: "We may use health information about you to contact you in an effort to raise money for our not-for-profit operations."³

As abortion promoters continue lawsuits to strip Kansans of long held legal protections -- including the essential right to medical informed consent – the legislature has a modest opportunity to obtain data for future consideration. While abortion supporters are happy with the self-serving, selective and non-transparently collected reports from the Guttmacher Institute, serious health policy should not rely on such collections.

Notes:

1. https://societyfp.org/wp-content/uploads/2023/10/WeCountReport_10.16.23.pdf

2. <https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>

3. <https://www.plannedparenthood.org/planned-parenthood-great-plains/hipaa>

NewsBusters Podcast: PBS and The Atlantic Merge in the Liberal Bubble

By Tim Graham

Last August, *PBS* announced it was entering a partnership with the leftist magazine *The Atlantic* to rebrand its Friday night journalist roundtable show *Washington Week*. We've studied six months of this merger, and it's

(38). As we like to ask, "who's the president?" Democrats control the White House and the Senate, but all the heat is on Republicans.

The panelists only come from liberal outlets from *PBS* and *NPR* to *The New York Times* and *The*

Mitt Romney drew the positive opinions.

By contrast, the Democrats received just 66 minutes of opinionated commentary, split much more evenly (57% negative vs. 43% positive). Congressional Democrats drew only 17.8 percent negative coverage. Biden drew 61 percent negative opinion, but a bunch of that was reporting his polling struggles and his failure to please the hard left. Perhaps the most amusing defense of Biden came in a discussion of Trump mocking his age and acuity:

Mark Leibovich: Can I just actually just point out, though, that, I mean, it's not just making an issue of Biden's age, it's lying, it's saying he's senile, saying he's demented, saying he's out of it. I mean, I think it's important to sort of state for a fact that a lot of these are just —

Goldberg: Right. Mentally, he's quite acute.

Leibovich: It seems like it.

Clay found Republicans were branded as "extreme" 11 times over the study period. Democrats never were. The *Washington Week* crew ignored scandals by "The Squad" and only gave 34 seconds to the gold-bars bribery scandal of Sen. Bob Menendez. Then there's their time and tone on Hunter Biden: 104 total seconds, 75 seconds positive, 29 seconds negative. or 27.9 percent negative. Poor Hunter's just trying to get his life together!

Enjoy the podcast below, or wherever you satisfy your podcast itch.

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



no surprise that it's dramatically anti-Trump and anti-Republican. Our PBS analyst Clay Waters shares his findings.

Over the last six months, more than half (88) of the 157 topics addressed focused on Republicans, over twice as many as those focused on Democrats

Washington Post. No *Fox News* reporters need apply!

These panelists spent 149 minutes opining about Republicans, and nearly 90 percent of it was negative. For Republicans in Congress, it was 99 percent negative. Trump opponents like Nikki Haley and

New Hampshire man charged with two counts of murder in deaths of woman and her near-term unborn baby

By Dave Andrusko

William Kelly, 28, appeared in court March 26 on charges that "he killed a pregnant woman and her unborn child by means of multiple blunt force injuries, the first time the state has charged someone with murder in the death of a fetus," according to the *Associated Press*. "Christine Falzone was 35-37 weeks pregnant about a week before Christmas when police found her unconscious and not breathing in the home she shared with Kelly.

"The double murder charges present a first-of-its-kind case in New Hampshire," Tyler Arnold reported for the *Catholic News Agency*. "This is the first time any

person has been charged under the fetal homicide law enacted in 2018, which allows homicide prosecutions when a third party commits a violent criminal act that causes the death of a preborn child of a woman who is more than 20 weeks pregnant."

"Whenever there's a suspicious death, we, along with our law enforcement partners, respond and take appropriate action," Senior Assistant Attorney General Josh Speicher told Hannah Cotter reported for *WMUR*. "And in this case, that's what we did."

Kelly has a lengthy criminal record, Cotter reported.

"It's not clear if Kelly

was the father of that unborn child, but it is clear that he has a violent past.

his record, dating back to when he was 19.

"At least two other



Court records obtained by News 9 Investigates last year revealed that Kelly is a registered sex offender and has 15 criminal convictions on

women have accused him of violence.

"Kelly is being held without bail. His next hearing is scheduled for June."

Why is the media ignoring the abortion scandal that almost killed a woman in Ireland's Limerick Maternity Hospital?

From Page 7

That's extraordinary, isn't it? Women's lives are being endangered by the state's policy on abortion, but the national broadcaster and the national newspapers are steadfastly ignoring this explosive story.

If this was a case where a woman had almost died because she was refused an abortion, this would, of course, be headline news, endlessly amplified by commentary demanding change to Ireland's laws.

The media was eager to cover claims that Savita Halappanavar died because of the 8th amendment, for example, despite the fact that three separate inquiries found that her death had been caused by medical negligence, and that the hospital had missed 13 opportunities to recognise the infection or intervene to save her life.

Now we have constant reporting around the imaginary need to criminalise people praying at abortion centres – while journalists work to try to set up pro-life volunteers who seek to help women with unexpected pregnancies.

But when medical experts reveal that our policies around abortion have led to a woman being brought to the hospital in an ambulance – bleeding, in extreme medical distress, and requiring life-saving intervention – the media is staying conveniently tight-lipped.

A search of the RTÉ News website this morning produced a report from two days ago on an expected US Supreme Court abortion ruling, but nothing on the Limerick case.

As ever, we're seeing what could be described as a wall of silence. It's not the first time, of course, that this has happened. Women's lives don't seem that important to Ireland's news journalists when the story might interfere with their entirely positive spin in support of legalised abortion.

THE CASE

The medical experts – working in Obstetrics and Gynecology

– who wrote up the case in the March edition of the Journal of the Irish Medical Organisation, said that it provided insights into “a serious and life-threatening event i.e., maternal collapse due to a ruptured EP [ectopic pregnancy] after a termination of pregnancy.”

A woman had been prescribed abortion pills, but – as is routine practice – the GP had not performed an ultrasound, and the fact that her unborn baby was lodged in her fallopian tube, and not her womb, was therefore missed.

This is called an ectopic pregnancy and it is extremely dangerous, because, as the baby grows, the tube can rupture leading to massive bleeding, organ failure, shock, and death. In fact, undiagnosed ectopic pregnancy is still a leading cause of death in pregnant women.

Identifying the symptoms of an ectopic pregnancy – abdominal pain, vaginal bleeding – is key to diagnosis and life-saving intervention. But if a woman who has an ectopic pregnancy has taken abortion pills prescribed by her GP, and no ultrasound has been performed, then the symptoms of the rupturing tube can be mistaken at first for the symptoms of the abortion pill.

That's what happened to the woman who was brought by ambulance to University Maternity Hospital Limerick suffering severe pain and in hypovolemic shock – an emergency condition in which severe blood or other fluid loss makes the heart unable to pump enough blood to the body, which can cause many organs to stop working.

She was gravely ill, and in a life-threatening situation, requiring “immediate resuscitation” before having her ruptured fallopian tube removed.

In other words, this woman almost died. She had taken abortion pills under care of her GP two weeks previously, but since no ultrasound had been

performed, the fact that her unborn child was not in her womb, but in the fallopian tube, was an unknown complication.

And when the symptoms of a life-threatening ectopic pregnancy rupture began – the pain, the bleeding – they were believed to be symptoms of taking the prescribed abortion pills.

The doctors noted that offering an ultrasound to check against ectopic pregnancy was “not routine” when a woman sought abortion pills – and warned that this could result in masking symptoms and signs of ectopic pregnancy in patients having an abortion and could lead to death due to misdiagnosis and the overlap of symptoms of ectopic pregnancy and abortion.

Their statement should act as a loud, ringing alarm bell to the Minister for Health regarding abortion provision and how it is endangering women's lives. But it will likely be ignored, just as the Baby Christopher case was, just as the soaring abortion rates are.

THE GOVERNMENT REFUSED AMENDMENT ON ULTRASOUND

That's because the government – and the NGOs whom they bow to on this and many other issues – refused to include an ultrasound provision when abortion legislation was being finalized because they didn't want abortion-minded women to be aware of the humanity of their unborn child.

In 2018, when pro-life TDs asked for an entirely sensible amendment, proposed by Carol Nolan TD [a member of the lower house of the Irish Parliament] to the legislation which would ensure ultrasounds to be offered to women precisely so that their pregnancy could be dated and the risk of an ectopic pregnancy ruled out, they were shouted down.

As noted above, then Health Minister, Simon Harris, in his usual snide fashion, accused them of denying women ‘choice’

and said that to “subject” every woman to an ultrasound would be “a terrible use” of “a scarce resource in the health service”.

During the debate, Kate O'Connell, then a Fine Gael TD, in a display of histrionics typical of her contributions on this issue, said the “amendment in its essence is designed to inflict pain and to attempt to impose some sort of guilt”. Louise O'Reilly of Sinn Féin, whose conduct to Carol Nolan throughout these debates was frankly deplorable, came out with some blather about shaming, while the current Health Minister, Stephen Donnelly, indulged in dark utterances about controlling women.

Therefore, the advice of Doctors for Life and of pro-life nurses and midwives – who warned that ectopic pregnancies would be missed, and that women's lives could be endangered – was roundly ignored.

As those medical experts said this week, it was a political, not a medical decision not to provide ultrasounds before prescribing abortion pills. And that decision has led to at least one case where a woman, in pain and shock, nearly bled to death in a Limerick hospital.

I say at least, because the HSE [the Health Service Executive] says 1 in every 80 pregnancies is ectopic. There were 8,156 abortions in 2022. Were 100 of those involving ectopic pregnancies? Have other women also almost lost their lives? Is data being gathered on what's happening to women under this abortion regime? If not, why not?

The Limerick case has been written up in a leading Irish medical journal. RTÉ should be launching an investigation or hauling the Minister onto Prime Time to demand answers and urge policy change. Don't hold your breath for that to happen.

But at least in the changing media landscape, the truth is no longer able to be completely concealed.

Deeply contradictory attitudes towards people with Down syndrome

By Michael Cook

March 21st was World Down Syndrome day. The event is supposed to foster awareness of Trisomy 21, as the condition is also called.

Modern societies have a complicated relationship to Down syndrome. On the one hand, poll after poll shows that 90% of women who receive a prenatal diagnosis of Down syndrome for their unborn child abort him or her. On the other, those Down syndrome children who do survive are well cared for and are feted as champions if they have conventionally successful careers.

The fact is that most Down syndrome people have happy and fulfilled lives. Some have become successful professionals. An Irish actor with Down syndrome, James Martin, starred in a film, *An Irish Goodbye*, which won an Oscar in 2023.

Recently a Spanish woman with Down syndrome, Mar Galcerán, became the first to be elected to a parliament in Spain. “It’s unprecedented,” the 45-year-old told the Guardian. “Society is starting to see that people with Down’s syndrome have a lot to contribute. But it’s a very long

road.” Ms Galcerán has been active in politics since she was 18.

Other people with Down syndrome in European countries have won office in competitive

history after he was elected to Fianna Fail’s National Executive in 2022. The first Spaniard with Down syndrome to be elected was Ángela Bachiller, who became a

of people with the condition who have gained political and cultural influence. Further examples include Otto Baxter, from the UK, who has been described as a ‘visionary’ filmmaker. Miguel Tomásín from Argentina is a prolific professional musician with the band Reynolds. Grace Reber is an American artist with a business selling her work online. There are many more.”

However, there’s a long way to go before Down syndrome people’s human rights are fully recognised. In Britain, abortions are generally illegal after 24 weeks. But unborn children with Down syndrome and other conditions may be aborted up until birth.

British MP Sir Liam Fox is helping in a campaign by the lobby group Don’t Screen Us Out to change this. He has introduced amendments to legislation to bring the abortion time limit for babies with Down’s syndrome in line with the time limit for babies that do not have disabilities.

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



election. In 2020, Éléonore Laloux was elected as a city council member in the northern town of Arras; in 2022 I Fintan Bray was hailed for making

city councillor in Valladolid in 2013.

At the Impact Ethics blog editor Chris Kaposy writes that: “Galcerán is part of a renaissance

Arizona pregnancy center broadens offerings to add case management, housing ministry

By Gayle Irwin

Coming alongside women in need of housing and community resource connections became a focus for House of Ruth Pregnancy Care Center, and nearly a year later, several women have received significant assistance to help them continue their pregnancies and change their lives.

“We realized several years ago, housing was definitely an issue,” said House of Ruth Executive Director Stephanie Richey.

The house is not considered a maternity home, she added, because certain aspects of that classification didn’t fit the clientele seen at the center. Therefore, Richey and her team have embraced a model that aligns more closely with what their clients need, including allowing more than one child to live in the house.

“We consider each on a case-by-case basis and with what [rooms] we have available,” Richey said.

A fitting name

The five-bedroom, four-bath home purchased in 2022 was christened The Carpenter’s House. The location is on Carpenter Lane; Jesus was a carpenter by trade, and He “is constantly building and re-building the broken,” says the narrator of a video created about the home. Interestingly, the house mother’s maiden name is Carpenter, Richey said.

The vision for starting a home for women came during a conference Richey and her staff hosted for other Arizona pregnancy center staff, inspired by Abby Johnson’s Pro-Love Ministries, which mentored them in making plans for the house.

Offering resources

Case management is a program component, and Liberty Handis, R.N., B.S.N., was hired to fulfill that role. She also serves as the Abortion Pill Reversal nurse for House of Ruth. As a case manager,



she meets with all pregnancy center clients, not just the ones in need of housing.

“I do an assessment with them, find out where they are in their life, what needs they have, how we can best serve them,” Handis told *Pregnancy Help News*. “And I follow-up with them, seeing if they’ve applied for jobs and things like that.”

She maintains relationships with community agencies and nonprofit organizations that can help pregnancy clients in different ways as well as with other pregnancy centers in northern Arizona.

Entering the world of housing

Before the 4,000-square-foot house on Carpenter Lane was purchased,

a different home was chosen for the purpose of providing shelter to pregnant women and single moms. That house went all the way to escrow, Richey said, however, it ended up falling through. Massey and her husband found the house on Carpenter

refinished and refurbished.

Items remain needed for the home and House of Ruth has an Amazon Wishlist for those items.

One woman who began living in the home a year ago remains living there, Massey said.

“She had her baby last October, and she’s working at a job,” she said. “She received her certification as a CNA, and she’s doing very, very well. She was our first Embrace Grace girl, too.”

She accepted Christ and was also baptized not long ago, Richey added.

The other resident, who recently moved in, expects the birth of her child in April, Massey said.

“This house belongs to God totally,” she said.

God makes paths straight

Starting case management and housing programs brings both joy and anxiety, the women said. However, they also agree that God makes His will known.

“When you first meet [potential residents], it’s a bit scary,” Handis said. “You wonder if they’re going to make it, if they’ll start making good choices, and then when we see them doing the right things, like getting a job, and we meet their babies, it’s so joyful.”

The growth is a two-way street. “Our own faith has grown,” Richey said. “God placed this on our hearts, and He saw it to fruition. God is faithful, and He is good, and even though it’s been scary and stressful and all those things, it’s brought us tremendous joy. It’s been a faith-growth experience for all of us.”

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

Lane, and the center purchased the home in December 2022.

Although work was needed to accommodate single women with and without children, supporters of the Cottonwood, Ariz., pregnancy medical clinic came together and donated materials, labor, and time. The first woman moved into the home in February of 2023, Richey said.

“The home is a split-level,” she said. “We began work on the bottom level about the same time [as the first mom arrived]. It’s a place for moms to start over and start working on the goals they have.”

Four women received housing help through The Carpenter’s House, and more will be served once the bottom floor has been

Injuries to Women Largely Ignored in Supreme Court Discussions of FDA Actions on Abortion Pill

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

In all the arguments that were made in the court March 26 about “standing” – whether the doctors from the Alliance for Hippocratic Medicine (AHM) as a group or individuals could sufficiently prove past injury or probable injury from the Food and Drug Administration’s lax abortion pill regulations – one thing was noticeably absent: any conclusive refutation of significant safety issues remaining with mifepristone.

Of course, there were usual assertions in the Court and in the press that the FDA had based its decisions on studies which showed the drug to absolutely “safe and effective.” But FDA and Danco lawyers offered little in the way of a substantive rebuttal of multiple cases and statistics presented by AHM and others that illustrate significant and ongoing complications associated with mifepristone.

Justices certainly would have read the opinion of the Fifth Circuit, whose ruling they were considering, and the accounts of pro-life doctors who treated women who visited their emergency rooms with life-threatening complications.

Dr. Christine Francis is a board certified Obstetrician-Gynecologist who works as a hospitalist in Fort Wayne, Indiana and is the current CEO of AAPLOG (the American Association of Pro-Life Obstetricians and Gynecologists).

In testimony reviewed by the Fifth Circuit, Dr. Francis relayed horrific stories of women she treated.

[T]he patient presented back at our emergency room with heavy vaginal bleeding and unstable vital signs as a result of taking chemical abortion drugs... Due to the

amount of bleeding that she was experiencing and evidence of hemodynamic instability, however, my partner had no choice but to perform an emergency D&C. The patient needed to be



hospitalized overnight for close observation after the D&C.

Not only did my partner need to provide several hours of critical care for this patient, but my partner also needed to call in a back-up physician to care for another critically ill patient. And because the preborn baby still had a heartbeat when the patient presented, my partner felt as though she was forced to participate in something that she did not want to be a part of—completing the abortion.

In another case, Francis related:

After taking the chemical abortion drugs, [the patient] began having

very heavy bleeding followed by significant abdominal pain and a fever. When I saw her in the emergency room, she had evidence of retained pregnancy tissue along with endometritis, an

infection of the uterine lining. She also had acute kidney injury, with elevated creatinine. She required a dilation and curettage (D&C) surgery to finish evacuating her uterus of the remaining pregnancy tissue and hospitalization for intravenous (IV) antibiotics, IV hydration, and a blood transfusion.

Dr. Ingrid Skop, an obstetrician/gynecologist who practiced in San Antonio for over 25 years and currently serves as Vice President and Director of Medical Affairs for Charlotte Lozier Institute, testified of cases she had encountered in her practice:

In my practice, I have cared for at least a dozen women who

have required surgery to remove retained pregnancy tissue after a chemical abortion. Sometimes this includes the embryo or fetus, and sometimes it is placental tissue that has not been completely expelled. I have cared for approximately five women who, after a chemical abortion, have required admission for a blood transfusion or intravenous antibiotics or both.

For example, in one month while covering the emergency room, my group practice admitted three women to the hospital. Of the three women admitted in one month due to chemical abortion complications, one required admission to the intensive care unit for sepsis and intravenous antibiotics, one required a blood transfusion for hemorrhage, and one required surgical completion for the retained products of conception (i.e., the doctors had to surgically finish the abortion with a suction aspiration procedure).

The justices did talk about Francis’ and Skop’s testimony during oral arguments, but only in relation to whether or not they were forced by circumstances to participate in abortions. They did not dispute or discuss the examples above.

In other words, they did not directly deny the fact that these

MRC President Bozell Details Startling Reality About Google: It Has ‘Power to Define’ Truth

By Luis Cornelio

MRC President Brent Bozell reiterated the dire threat posed by Google’s years-long interference in U.S. elections — as revealed by an MRC Free Speech America Special Report that compiled 41

Bozell’s remarks came during a significant segment with *ABC 20*, an Illinois-based television station affiliated with ABC and owned by Sinclair Broadcast Group, one of the largest broadcasting

point fingers at Russia or China but at American-owned Google. ... The conservative watchdog group, Media Research Center, publishing a

such actions, saying, “When 92 percent of all searches worldwide go through Google, Google has the power to define what is and what isn’t truth.”

Gaskins echoed the findings unveiled in a 16-page bombshell report compiling Google’s election meddling since the rise to power of former President Barack Obama. Fast forward a few years, and Google appears to be helping the scandal-laden re-election of President Joe Biden.

The tactics involved hiding the campaign websites of Republican candidates, allowing Google “bombs” to go unchecked and censoring positive information about the relatively less leftist candidate. The latter was the case in the 2008 election when Google reportedly censored support for then-Democratic candidate Hillary Clinton, who at the time was deemed less radical than Obama, her opponent and eventual victor.

Bozell further explained burying the campaign sites of Republican candidates off of the first page of search results: “Less than one percent of the public ever goes to page two. That was done deliberately. So, people looking at Google, looking for information, never saw the Republican.”

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



times the tech giant meddled in elections in the past 16 years.

Speaking to *WICS ABC 20*, Bozell delivered a straightforward and unequivocal fact on Google: “Their algorithms are being tinkered with so that they can advance the left in America. ... Google has the power to define what is and what isn’t truth.”

companies in the U.S. with 185 television stations in 86 markets affiliated with all the major broadcast networks.

Kayla Gaskins, a Capitol Hill-based national correspondent for Sinclair, succinctly explained the crux of the MRC findings:

“The latest allegations of election interference don’t

Special Report accusing the tech company of meddling with major U.S. elections 41 times over the past 16 years, tipping the scales in favor of the candidates they prefer.”

Speaking to Gaskins, Bozell described the implications of

Texas Medical Board Meets to Discuss Abortion Guidelines

By Texas Right to Life

The Texas Medical Board (TMB) met March 22 to discuss and possibly release guidelines regarding emergency medical interventions for pregnant women.

Texas law clearly permits intervention by a physician when a mother's life or major bodily function is in jeopardy because of her pregnancy. Yet, liberal media and abortion activists have caused confusion with false accusations against Pro-Life laws. Journalists have reported that intervention is not allowed until a woman is at "death's door," and that cases of fetal disability count as medical emergencies.

Recent challenges to Texas law, including *Cox v. Texas* (2023) and *Zurawski v. Texas* (2023), seek to conflate two separate issues: risk to the mother and the child's disability. Anti-Life activists aim to use these lawsuits to allow babies to be aborted for any reason, not just when the mother's life is threatened.

Since abortion became illegal



in Texas, elected officials, Texas Right to Life, and others have urged the Texas Medical Board to release guidelines interpreting the law. Yet, until now, TMB has not taken any public steps, which has been to the detriment of pregnant women.

Texas Right to Life President Dr. John Seago responded:

“We are pleased that the Texas Medical Board is taking this issue seriously and reviewing rules to help our medical professionals know how to follow Pro-Life laws and to immediately treat mothers and their children in medical emergencies.”

Texas Right to Life will monitor proposed rules from the agency to ensure they truly address the confusion in our medical institutions. The TMB's guidelines should protect pregnant mothers without placing preborn children in danger.

Mississippi city receives donation to install state's fourth Safe Haven Baby Box

By Jean Mondoro

A city in Mississippi is in the process of creating the state's fourth Safe Haven Baby Box, giving parents who feel they cannot raise their child an opportunity to leave him or her in safe hands.

The board of the City of Gulfport approved a major donation from a local supporter on Feb. 20, paving the way for the Magnolia State to establish its fourth Safe Haven Baby Box, according to local news reports.

These locations are established for parents to anonymously surrender their infants to be cared for by someone else if they are unable to raise their children themselves. Safe Haven Baby Boxes are usually installed at hospitals or first responder buildings, which allows for monitoring of the boxes and safe retrieval of surrendered babies to ensure they will be cared for. The boxes also serve as a last resort alternative to illegally abandoning babies.

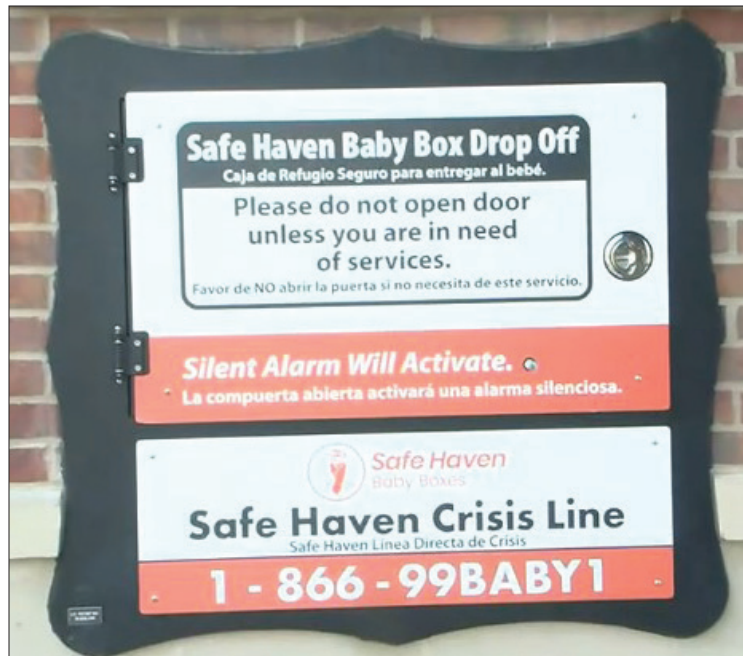
The donation came from Gerald Sanchez, a Gulfport resident, who generously provided \$24,000 to fund the necessary materials to construct the new box. Following the Feb. 20 approval of the funds, the Safe Haven Baby Box is one step closer to being installed at the Dedeaux Road Fire Station 9 in Gulfport. This would leave the first responder crews responsible for retrieving and transporting any babies that are left in the box.

Sanchez explained to the media that, when first responders find

a baby left at the location, they will "take that little one to the ER and check it out." Those who surrender their children to the baby box will have "a 45-day window" to "change their mind and want their baby back." If the decision is final, then "the child is put up for adoption to a family

began pursuing the installment of the state's first box in September 2022. It is now a place for parents to anonymously leave their babies who are no more than 45 days old.

In January 2024, the state's second Safe Haven Baby Box was installed at Simpson General Hospital in



that wants a child but can't have a child."

The city has not yet announced the date it plans to install the location in Gulfport.

Mississippi's first Safe Haven Baby Box was installed on July 13, 2023, at the Long Beach Fire Station. The project was initiated by Caitlin Kelly, a local woman with a heart for children whose parents cannot care for them. She

Mendenhall. Additionally, the city of Gluckstadt announced in December 2023 that it had reached its fundraising goal of \$25,000 to install yet another box at the city's police department.

All four locations, including the most recently approved project in Gulfport, are legally protected under House Bill 1318, which updated Mississippi's "Baby Drop-Off Law" in 2023 to allow

parents to anonymously leave their babies who are no older than 45 days at designated emergency medical or law enforcement locations.

Similar laws have been passed in 14 other states, all of which have installed at least one Safe Haven Baby Box. The locations of the anonymous drop-off locations are Arkansas, Alabama, Florida, Indiana, Kentucky, Ohio, New Mexico, North Carolina, Mississippi, Missouri, Pennsylvania, Oklahoma, Tennessee, Iowa, and West Virginia. Specific locations of the boxes can be found here.

Per its website, the mission of the Safe Haven Baby Boxes is to "prevent illegal abandonment of newborns by raising awareness, offering a 24-hour hotline for mothers in crisis and offering the Safe Haven Baby Boxes as a last resort option for women who want to maintain complete anonymity."

To date, the group has taken more than 9,000 calls from across America through its free counseling hotline, made over 500 referrals to pregnancy help centers, helped facilitate nine adoptions and retrieved more than 140 babies in Safe Haven surrenders.

In 2024 alone, infants have been rescued from Safe Haven Baby Boxes in Alabama, Indiana and Missouri.

Editor's Note: This article was originally published at Pregnancy Help News and is reprinted here with permission.

Victims of Chemical Abortions Speak Out as Supreme Court Hears Oral Arguments

By Mary Margaret Olohan, The Daily Signal

The United States Supreme Court heard oral arguments March 26 in a case dealing with the Food and Drug Administration's removal of safeguards on chemical abortion drugs.

Represented by Alliance Defending Freedom, four national medical associations and four individual doctors sued the FDA for removing almost all safety standards for pregnant women taking the abortion drugs mifepristone and misoprostol.

Safeguards formerly included initial in-person visits to make sure the mother did not have an ectopic pregnancy or other serious medical condition, as well as follow-up check-up visits for internal bleeding and infection.

Pro-abortion advocates gathered at the Supreme Court on March 26 to rally in support of unrestricted chemical abortion drugs. Multiple pro-abortion protesters who spoke with *The Daily Signal* said they wanted women to have unfettered access to the drugs and pushed back against the idea that safeguards were necessary.

Pro-life advocates who spoke with *The Daily Signal* emphasized the need to protect women's health, sharing stories of women who have suffered severe medical complications from taking the drugs without proper medical supervision.

"Today, I argued before the Supreme Court on behalf of doctors and medical associations who are witnessing firsthand the harm to women caused by the FDA's recklessness," Alliance Defending Freedom Senior

Counsel Erin Hawley said in a press statement. Hawley accused the FDA of violating federal law and its duty to keep women safe by removing crucial safeguards.

"Regardless of one's views about abortion, we should all agree that women's health matters," she emphasized. "Women deserve for the FDA to do its job. Women deserve for the federal government to look out for their health and safety."

At the Supreme Court, *The Daily Signal* spoke with Catherine Herring, a woman whose husband allegedly sought to drug her seven times after he found out she was pregnant. Herring said she became violently ill after the first attempt to abort her baby, and then kept watch until she ultimately caught him on video putting abortion drugs in her drinks.

"I was the victim of abortion pill poisoning in Texas," Herring said. "My husband poisoned me seven times with abortion pills, in attempt to kill my daughter, Josephine."

"He said the pregnancy would ... make him look like a jerk," she said.

"He was using an enormous amount of powder each poisoning," Herring told *The Daily Signal*. "I got violently ill. I ended up in an emergency room, with a urine sample that was black in color."

Regarding the child Herring was pregnant with when poisoned, she said "Josephine is the sweetest little 18-month-old. She has a lot of health issues, a lot of developmental delays.


She has spent many months in the hospital, in ICU. She has a feeding tube in her abdomen... I'm so grateful she's alive."

Kelly Lester, a rape victim, post-abortion mother, and former abortion clinic worker, also

said. "But I wasn't hearing that, so I thought that my experience must have been isolated."

"While working in the abortion industry as the receptionist, I dispensed the abortion drug regimen," Lester shared, "I

Mifepristone: the abortion pill



The FDA and the Abortion Industry say the abortion pill is "safe."
Safe will be when mifepristone is taken off the market
and women and unborn babies are protected.

National
RIGHT TO LIFE

shared her experience with the rally attendees.

Lester, who aborted her unborn baby through a chemical abortion, explained that she felt her traumatic experience must have been unique since she never heard anyone else discussing how isolated and terrifying it was.

"If this was the norm, we would hear about it, there would be people out there talking about how dangerous it was, how painful it was, how traumatic it was," she

handed these women a bag and I told them the same lies that had been told to me. I told them it's going to be like a heavy period, you're going to have light cramping. It's going to be simple and easy. It's the best thing for you."

"I believed the lies that I was fed," Lester said.

Editor's note. Mary Margaret Olohan writes for Daily Signal, where this article originally appeared.

Injuries to Women Largely Ignored in Supreme Court Discussions of FDA Actions on Abortion Pill

From Page 19

two doctors, just doing their jobs, “happened” to encounter a number of women dealing with serious life-threatening complications after taking these “safe” abortion drugs. This clearly argues for a wider prevalence of problems than FDA and abortion industry assurances that serious complications are, in the words of the solicitor general arguing the FDA’s case, “incredibly rare.”

AHM Counsel Erin Hawley mentioned several times the FDA’s concession in official drug labeling that between 2.9 and 4.6% of mifepristone patients will end up in the emergency room and that up to 7% will require some form of surgical intervention. But the justices tended to generally ignore this or take the conversation in other directions.

One exception was a conversation between Justice Samuel Alito and the U.S. Solicitor General Elizabeth Prelogar where they discussed whether changes the FDA made to the official protocol in 2021 (e.g., dropping the required in person delivery of the pills) resulted in increased complications.

JUSTICE ALITO: Okay. One — one last question. The plaintiffs say that the studies that the FDA relied on for the 2021 amendments say that mail order mifepristone suggests more frequent trips to the emergency room. Now this is what I see as the FDA’s response to that. “Although the literature suggests there may be more frequent emergency room care visits related to the use of mifepristone when dispensed by mail from the clinic, there are no apparent increases in other serious adverse events related to mifepristone use.”

Does that really count as a reasoned explanation to the suggestion that the data shows there are going to be more emergency room visits? This is — the — the

increase in emergency room visits is just of no consequence?

It doesn’t even merit some — some comment?

SOLICITOR GENERAL PRELOGAR: That is a reasoned explanation. What FDA was observing in that passage is that although it acknowledged the fact that some of the studies reported additional emergency room visits, that didn’t equate to additional serious adverse events.

And, in fact, one of the studies, half of the women who went to the emergency room didn’t get any treatment at all. Many women might go because they’re experiencing heavy bleeding, which mimics a miscarriage, and they might just need to know whether or not they’re having a complication. But, in that kind of circumstance, the woman is not having a — a — a serious adverse event from mifepristone, and so it doesn’t call into question the safety determinations regarding the drug.

And, you know, at the end of the day, FDA carefully parsed those studies. It made specific determinations about the results to be gleaned with respect to safety and efficacy. It fully explained its decision-making, and I think it falls well within the zone of reasonableness under arbitrary and capricious review.

Note that the dispute is not over whether the protocol change resulted in more ER visits — Prelogar, speaking for the FDA, grants that it did. However, she dismisses the seriousness of those complications. She essentially said that those visits were unnecessary, apparently

supposing that women gushing blood or doubled over in pain really could have just gutted the abortion out without troubling the hospital emergency staff.

Those women didn’t stay overnight at the hospital, they didn’t receive, as far as we know, surgery, transfusion or other special treatment. So their concerns, their “adverse events,” can be (and were) dismissed by FDA evaluators.

Note a few things not mentioned here. They are critical. Prelogar keys on how many women didn’t receive treatment. So was the increase in ER visits entirely made up of these unduly terrified women? If so, there’s obviously something flawed about the new pill delivery option when screenings and counseling system suddenly lead a much larger contingent to unnecessarily seek emergency care at the ER.

If there has always been a certain percentage of mifepristone patients unnecessarily visiting the ER — if that percentage was stable across the board before and after the protocol change — that would mean more women with serious complications as part of the overall surge.

In either case, there is clearly something troubling about an increase of ER visits after the FDA’s 2021 change, and it does not say much about the agency’s objectivity or concern for women to dismiss this so cavalierly.

Prelogar’s tactic of dismissing the increase in ER visits as being no indication of more complications recalls a tactic often used by abortion pill researchers and advocates. Instead of denying the data, they dismiss the complications as minor, of no consequence.

A 2015 study by Ushma Upadhyay often cited by abortion advocates (and referenced in FDA documents) is often used to support the contention that serious adverse events are “less than one percent.” We have discussed this elsewhere, but the observations bear repeating showing how this spin is accomplished:

First, Upadhyay specifically limits what can be counted as a

“serious” or “major” complication.

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

Finally, calling these complications “minor” diminishes the significance of the fact that these incidents were sufficiently serious to prompt more than one out of every twenty abortion pill patients to visit their local emergency room.

The Supreme Court justices spent most of their time arguing over whether or not these doctors had the legal standing to sue the FDA and the abortion pill distributor Danco and whether or not the consciences of the AHM doctors were harmed by having to complete the abortions other anonymous prescribers started with FDA approved mifepristone.

The women who suffered these life-threatening complications were largely ignored, their fate clearly an afterthought for Danco, the FDA, and sadly, many of the Court.

“Gospel of Life” Stands the Test of Time

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

Editor’s note. March 25, marked the anniversary of the papal encyclical Evangelium vitae (The Gospel of Life). Written by Pope St. John Paul II in 1995, the encyclical truly has stood the test of time. This first ran in 2020.

The year 2020 marks the 25th anniversary of an incredible document defending the sanctity of human life.

Evangelium Vitae [“The Gospel of Life”] by Pope John Paul II has definitely stood the test of time. Its powerful arguments are as relevant today as they were two-and-a-half decades ago.

The Pontiff issued this warning about attacks on human life:

...not only is the fact of the destruction of so many human lives still to be born or in their final stage extremely grave and disturbing, but no less grave and disturbing is the fact that conscience itself, darkened as it were by such widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life.

In contrast, Pope John Paul II

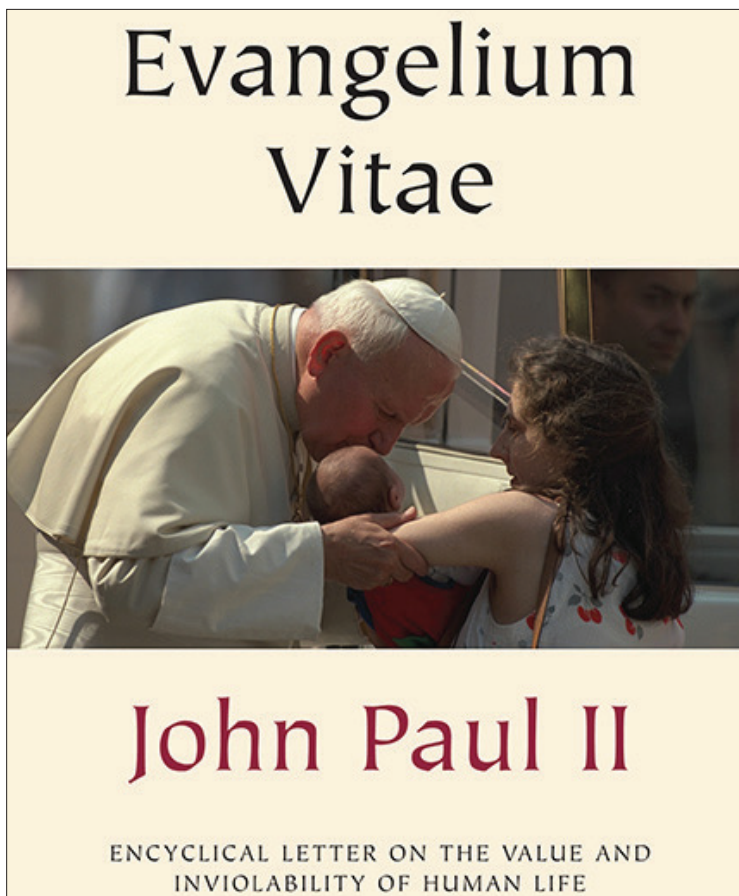
offered his “Gospel of Life”:
...the splendour of truth which enlightens consciences, the clear light which corrects the darkened gaze, and

the ever new challenges which we meet along our path.

The Pope also presented a powerful Biblical rationale

The New Testament revelation confirms the indisputable recognition of the value of life from its very beginning. The exaltation of fruitfulness and the eager expectation of life resound in the words with which Elizabeth rejoices in her pregnancy: “The Lord has looked on me ... to take away my reproach among men” (Lk 1:25). And even more so, the value of the person from the moment of conception is celebrated in the meeting between the Virgin Mary and Elizabeth, and between the two children whom they are carrying in the womb. It is precisely the children who reveal the advent of the Messianic age: in their meeting, the redemptive power of the presence of the Son of God among men first becomes operative.

The Gospel of Life is available online here. In these difficult days, reading or re-reading this classic work can help give you the strength you need to speak out boldly and convincingly for the sacredness of life.



the unfailing source of faithfulness and steadfastness in facing

for preserving and protecting life from the very moment of conception.

U.S. Supreme Court Hears Oral Argument in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*

From Page 1

According to the U.S. Centers for Disease Control, the government agency that tracks the nation's abortions, approximately 56% of all abortions are done using chemical abortion methods like mifepristone and misoprostol. In a recent report, the Guttmacher Institute, a research arm of the abortion industry, claimed that this number has risen to 63%.

"Mifepristone abortions by telehealth and third-party online sites are like the Wild West with a network of suppliers who are willing to break the few rules that exist," said Tobias. "The current Wild West of abortion drug distribution is the direct fault of the Biden Administration and its allies who have pushed for fewer and fewer rules and safety precautions for the abortion drugs."

Mifepristone is used in combination with misoprostol, a prostaglandin, to cause an abortion. Mifepristone blocks progesterone, leading to the death of the unborn baby, while the second drug, misoprostol,

causes powerful, painful uterine contractions to expel the dead or dying baby.

The FDA recently weakened the Risk Evaluation and Mitigation Strategy (REMS) requirements for the drug combination to allow it to be dispensed and even mailed by pharmacies.

"When hundreds of thousands of women take these pills, even a couple of percentage points of women hemorrhaging, dealing with infections, or ectopic pregnancy, means thousands of women desperately seeking

emergency treatment, which may or may not be nearby," said Dr. Randall K. O'Bannon, Ph.D., director of Education and Research for National Right to Life. "The FDA itself warns that these abortion drugs have the potential to send one out of every 25 women to the emergency room.

Dr. O'Bannon addressed the complication rates of mifepristone in the article, *Mifepristone Complications Less Than One Percent?* The article can be found at nrlc.org/wp-content/uploads/23-0906-What-the-Media-Missed-5th-Circuit-RU-PRINT-VERSION-Final.pdf

In September 2023, National Right to Life released a white paper entitled *What the Media Missed in Its Coverage of the U.S. Fifth Circuit Court of Appeals Decision Regarding Mifepristone* which addressed many of the issues that were before the Fifth Circuit and are now before the U.S. Supreme Court. That special report can be accessed www.nrlc.org/wp-content/uploads/23-0906-What-the-Media-Missed-5th-Circuit-RU-PRINT-VERSION-Final.pdf

A factsheet about the safety and efficacy of mifepristone can be found at nrlcpressroom.com/wp-content/uploads/2024/03/23-RU-Safety-Efficacy-FS-w-Long-Citations-3.pdf

NATIONAL RIGHT TO LIFE PRESS RELEASE



In studies from other countries that actually track complications, unlike the FDA, the number of women who go to the emergency room after taking these drugs is estimated to be as many as one out of every 10."

“A Matter of Life” is a wonderful pro-life resource

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

Tracy Robinson has quite a story to tell.

“I was a ‘pro-choice’ Christian,” Robinson says. “Actually, I never gave myself that label. In fact, I didn’t give the ethics of abortion much thought. If I ever had to describe my point of view, it would have been ‘personally pro-life.’ In other words, ‘I don’t want to force my beliefs onto others.’”

But the communications professional, who has worked as an editor on a number of documentaries, began making promotional videos for a pregnancy resource center. One day, the center’s staff invited her to a presentation entitled “The Case Against Abortion Choice.” After that talk, Robinson “was convinced of the full humanity of the unborn child and finally understood the truth about abortion.”

As a result, Robinson decided to produce a documentary entitled, “The Matter of Life.”



The film won the Sanctity of Life Award from the Christian Worldview Film Festival for 2021. It was in theatres for a brief time but you can watch it free at <https://get.revelationmedia.org/>

watchthematteroflife The movie is quite comprehensive, examining many a warning, allowing you time to look away from the screen. It should also be noted that I found the film to be ultimately uplifting, offering hope and healing to our troubled world.

The documentary also made me want to redouble my efforts to assist pregnant women in need. Pregnancy resource centers can always use donations—it is best to check with your local center to find out what items are in short supply. Whether you donate diapers or onesies, wipes or maternity clothes, your contributions can be vitally important in the lives of pregnant women and their families.

To watch “The Matter of Life,” please visit <https://get.revelationmedia.org/watchthematteroflife>

Please note: the documentary does contain some graphic images, but the visuals are prefaced with

More about *FDA v. Alliance Hippocratic Medicine* and what the Supreme Court asked and heard on Tuesday

From Page 2

end up in the emergency room. And, three, the FDA acknowledges that women are even more likely to need surgical intervention and other medical care without an in-person visit.

What about Justices Kagan's and Brown Jackson's argument that conscience protections will protect them from being forced to be involved in an abortion?

Hawley, however, effectively explained that, in actual emergency rooms, doctors may not know what they will have to do until they face a patient, without the luxury of requesting the protection of a federal statute and knowing whether or not they may exercise their religious liberty right to "opt out."

Dr. Randall K. O'Bannon, NRLC's Director of Education & Research, pointed out that the issue of safety was not addressed in any depth, let alone was mifepristone's danger to women conclusive refuted.

And there was plenty of evidence. In testimony given to the Fifth Circuit, which the justices must have reviewed, Dr. Christine Francis, CEO of AAPLOG, relayed horrific stories of women she had treated.

[T]he patient presented back at our emergency room with heavy vaginal bleeding and unstable vital signs as a result of taking chemical abortion drugs... Due to the amount of bleeding that she was experiencing and evidence of hemodynamic instability, however, my partner had no choice but to perform an emergency D&C. The patient needed to be hospitalized overnight

for close observation after the D&C.

Not only did my partner need to provide several hours of critical care for this patient, but my partner also needed to call in a back-up physician to care for another critically ill patient. And because the preborn baby still had a heartbeat when the patient presented, my partner felt as though she was forced to participate in something that she did not want to be a part of—completing the abortion

And there was the Amici brief to the Supreme Court on behalf of nearly three thousand women who have experienced injuries

from chemical abortion pills.

In a March 18 press release, the Justice Foundation announced that it filed an Amici brief to the Supreme Court, representing the cases of 2,743 women who experienced severe physical and emotional consequences after taking chemical abortion pills.

The brief contains several witness accounts from women who took chemical abortion pills. One woman among them described the aftermath of taking mifepristone as "one of the most horrific experiences of my life."

We could offer additional comments from Hawley. For

example, she explained the non-economic costs to the pro-life physicians:

Respondent doctors have done here is chosen their particular practice, as well as structured that medical practice to bring life into the world. When they are called from their labor and delivery floor down to the operating room to treat a woman suffering from abortion drug harm, that is diametrically opposed to why they entered the medical profession. It comes along with emotional harm. Dr. Skop talks about these being heartbreaking situations and some of the most stressful work she's had to deal with, Your Honor.

IMAGINE AN ELECTIVE DRUG SO TOXIC

FDA APPROVED

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

WOMEN DESERVE BETTER

They discriminated against pro-lifers and had to pay a hefty price

By Tori Shaw

The American Center for Law and Justice (ACLJ) announced that it has settled a pro-life discrimination case, one of the largest settlements against the federal government in history.

While attending the 50th annual March for Life in Washington, D.C., in January 2023, students from Our Lady of the Rosary School in Greenville, South Carolina, visited the Smithsonian Air & Space Museum, a federally funded institution. When entering, the pro-life students were told they had to cover up their pro-life attire or leave. The ACLJ filed a lawsuit on behalf of a few of the students after they were kicked out of the museum for wearing pro-life beanies.

As previously reported by *Live Action News*, a museum staff member was alleged to have mocked the students, called them names, and said, “Y’all are about to make my day,” as he smiled and rubbed his hands together in an excited fashion. The students were then forced to exit the building because they had refused to remove their pro-life attire.

The ACLJ said in a statement, “The victims were students. They wore matching hats from their Catholic school so their chaperones could keep track of them, which is a very common practice in museums like this. It’s for the safety and organization of the group. It wasn’t a demonstration.”

After the ACLJ filed a complaint, the Smithsonian agreed to enter into a preliminary injunction, which prohibited it from engaging in similar behavior

the U.S. District Court in Washington, D.C., explain that the Smithsonian agreed to settle the case, providing a monetary amount of \$50,000, a private tour

will “further reiterate via a bulk distribution method to all security officers stationed at all Smithsonian museums open to the public and the National Zoological Park, the current Smithsonian policy regarding the wearing of hats or other types of clothing with messages, including religious and political speech.”

This pro-life discrimination case resulted in one of the largest settlements ever reported against the federal government in a First Amendment case. The federal court entered the consent decree, a legally binding performance improvement plan, in this case.

In response to the settlement, the ACLJ said, “We are grateful for this group of clients who alerted us to the violation that occurred and who were willing to take a stand to defend their rights. From the beginning, they wanted to find out what happened and why. Specifically, they wanted to know who gave the order to require them to cover up their pro-life apparel or leave the building – and they wanted to expose the truth to ensure that this never happens again. We are pleased that our settlement does just that.”

In December, the ACLJ also won a victory in a similar case against the National Archives and Records Administration (NARA).

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



Smithsonian

in the future. Since that initial agreement, the ACLJ and the Smithsonian have been engaging in mediation. On March 18, 2024, the ACLJ announced that an agreement to settle the case had been reached.

Documents filed with

to be given by the director of the National Air and Space Museum, personal apologies, and the public dissemination of an “after action” report that was conducted by the Smithsonian following the incident that occurred.

In addition, the Smithsonian

How to open hearts and minds to the national tragedy of abortion

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

It has probably happened to you at some point in your life's journey—you have to excuse yourself from a meeting, a party, or some other event because of a family crisis. There really is no need to explain, because virtually everyone can relate. An incident comes up that is dire, that requires immediate attention in order to be resolved.

Merriam-Webster offers a definition of the word “crisis” which I feel is particularly instructive: “a situation that has reached a critical phase.”

If 2,400 people are dying each day from a preventable cause, would not that constitute a crisis? If thousands of women everyday are left to grieve children lost to death, is that not a crisis? If boys and girls are losing brothers and sisters, friends and companions, without having an opportunity to mourn, is that not a crisis?

Pro-lifers believe in education, in changing hearts and minds. How do we reach those who seemingly are unable—or unwilling—to grasp the scope of this tragedy?

It depends on where they are on the spectrum.

For example, there are people in this world who, sadly, do not recognize the humanity of the unborn child, who are so removed from what is happening to unborn children and their mothers they actually celebrate abortion.

We must work diligently to educate them so that they can see with their mind's eye what abortion really is: the taking of an innocent, unrepeatable life.

Others do not go this far. They seem to recognize abortion as something negative and undesirable. Yet, by their words and actions, they fail to recognize abortion as the crisis it is.

Yes, it is regrettable, they seem to say, but so are a variety of other social ills. They appear reluctant to take the immediate, life-affirming action that is necessary to combat it. They are the lukewarm.

So how do we reach the lukewarm? I believe we need to be consistently sharing stories—stories of women and men who survived botched abortions... women who have undergone

abortions, but now regret them... women who were saved from abortion by the intervention of love.

Here is another category. Those who may believe that legal

through each day behaving as if abortion was just legalized yesterday. For 2,400 little ones, today is their death date.

Yet because there is an army of pro-life volunteers working



abortion in this country has gone on for so long, it no longer constitutes a crisis or is beyond remedy. But I disagree.

Whenever someone's life hangs in the balance, it is a crisis—a critical moment in history that demands loving, peaceful action.

Speaking for myself, I go

unceasingly, I look forward with hope to the day when a far greater number of government officials, community leaders, and clergy will see the abortion crisis for what it is: a massive tragedy that demands immediate attention and a concrete compassionate response.

Message to Scotland's MSP's. Don't buy into McArthur's "bait and switch" assisted suicide bill.

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

I was recently speaking to Members of the Scottish Parliament [MSP] in Scotland about the upcoming assisted suicide bill sponsored by Liam McArthur (LibDem MSP).

During those meetings many of the MSP's suggested that McArthur was promising a "heavily safeguarded" model than previous euthanasia bills that were debated in Scotland.

My response was that it didn't matter how "heavily safeguarded" the bill is because the goal of the euthanasia lobby is to get the bill passed and expand it later.

McArthur was interviewed on March 24 by *BBC Scotland* on *The Sunday Show* where McArthur explained that the new bill will be released soon. McArthur stated the following about the proposed bill:

"I detect a real shift in the political mood, driven in a large part by witnessing countries and states across the world introducing heavily safeguarded provisions of the kind I'm looking to introduce here in Scotland."

He said his proposals would require diagnosis of a terminal illness by two separate doctors and a 14-day cooling off period after which a medical substance could be supplied, to be self-administered.

The reality is that McArthur is describing a bill that is similar to the original Oregon assisted suicide law, a law that was expanded in 2019 and further expanded in 2023.

McArthur stated that the mood in Scotland has shifted based on "heavily safeguarded provisions" but the provisions that he is

referring to did not remain in the Oregon or in other assisted suicide law provisions in the United States.

While in Scotland several of the MSP's told me that McArthur had invited them to go to California on a "fact finding" trip. California is the prime example of a state that has expanded its law since legalization.

Recently Senator Blakespear in California introduced Bill SB 1196, an assisted suicide bill that would change the law to specifically allow utilization of the lethal poison by IV (intravenous). See my article on SB 1196.

In 2016 California legalized assisted suicide. California expanded the law in 2021 when it passed Bill SB 380. SB 380 reduced the waiting period from 15 days to 48 hours, it eliminated the final attestation, and it forced doctors who oppose assisted suicide to participate in the law.

In September, 2022, U.S. District Judge Fernando Aenlle-Rocha ruled that California Senate Bill 380, which amended the End of Life Option Act (assisted suicide law) in California, violated the First Amendment rights of doctors by requiring them to participate in assisted suicide. Aenlle-Rocha granted a preliminary injunction barring the state from compelling health care providers to document a patient's request for assisted suicide.

In other words, McArthur is basing his "heavily safeguarded provisions" on an American law that originally contained those provisions but has been expanded and it may be expanded again this year.

Recently I published an article titled "The assisted suicide lobby wants to legalize assisted suicide and expand it later."

In that article I explain that the assisted suicide lobby claim that no legislative creep exists and yet in the past few years existing assisted suicide laws have been expanded in nearly every state that

the New Haven Independent on January 4, 2024. Bass reported Elliott as wanting to get a "heavily safeguarded" assisted suicide bill passed and then make amendments later. Since Elliott admitting to his



have legalized assisted suicide by: reducing or eliminating waiting periods, allowing non-doctors to participate in assisted suicide, allowing assisted suicide approvals by Telehealth, expanding the meaning of terminal illness and removing the state residency requirement.

Assisted suicide law expansion bills have been passed in California (2021), Hawai'i (2023), Oregon (2019, 2023), Vermont (2022, 2023) and Washington State (2023). There are several assisted suicide expansion bills being debated in 2024.

For instance, Colorado assisted suicide expansion Bill SB 068 would expand the assisted suicide law by permitting non-physicians to prescribe the lethal poison, reducing the waiting period from 15 days to 48 hours and allowing the 48 hour waiting period to be waived.

In January Josh Elliott, a three-term member of the Connecticut House, and a sponsor of previous assisted suicide bills was interviewed by Paul Bass for

"bait and switch" tactic, 2024 was the first year in the past eleven where no assisted suicide bill was introduced in Connecticut.

J.M. Sorrell, Executive Director of Massachusetts Death with Dignity, was quoted on a similar bill as saying,

"Once you get something passed, you can always work on amendments later."

My message to Scotland's MSP's is don't buy into McArthur's "bait and switch" assisted suicide bill.

McArthur realizes that the majority of the MSP's will not support a Canadian style euthanasia bill so he has decided to get there slowly by first legalizing an Oregon style bill and then expanding it later. The reality is, even the American assisted suicide bills have already been expanded

Editor's note. This appeared on Mr. Schadenberg's blog and is reposted with permission.

Middle schoolers learn “what it means to be pro-life” at pregnancy center visit

By Gayle Irwin

Many of us have seen the television commercial for pull-ups, where someone in the persona of a young child sings, “I’m a big kid now!” Fifth graders from United Christian School in Camp Verde, Ariz., learned recently that they could be pro-life kids at their young ages of 10 and 11.

Fifteen students learned about pro-life ideas, pregnancy options, and what pregnancy help ministries do as they toured House of Ruth Pregnancy Care Center in Cottonwood, Ariz., in advance of Sanctity of Human Life Sunday. Sara Massey, assistant director for the center, served as tour guide and teacher.

“We talked about what it meant to be pro-life and if they can be pro-life at their age,” Massey said.

She showed three videos, including one from Live Action and another from Focus on the Family. The Live Action video showcased fetal development and the Focus film highlighted the story about a 12-year-old boy who helped a pregnancy center after he learned about abortion.

She also shared a book with the students from the Radiance Foundation called Pro-Life Kids, and the group discussed what they could do if they decided to become pro-life kids.

“They had a lot of great ideas,” Massey said.

She provided a tour of the center and showed the students pre-born baby development models. Additionally, she reviewed Focus on the Family’s S.L.E.D. Test, with them, the acronym denoting — size, level of development, environment, and degree of dependency of a child. Massey

asked different students to read Scripture about how God views life and what He has to say about life and then they talked about how each of them is special in the Lord’s eyes.

A former teacher for nearly 10 years, Massey said she created a lesson plan prior to the students’

around — and I heard one student say a prayer, and they all said ‘Amen,’” Massey told Pregnancy Help News. “It was so beautiful and touching! You could tell they were touched by what they learned.”

That was not the only special incident on that day. House of

beautiful day, all orchestrated by God,” said Massey.

The students left the center with a Bible and other items, gifts from House of Ruth staff.

Bob Kuebler, 5th grade teacher at United Christian School — Camp Verde, arranged for the tour, program, and the service project at House of Ruth. He contacted center staff last November to set up the field trip, Massey said. He wanted the students to learn what it meant to be pro-life and about the sanctity of human life.

After the tour, the program, and the service project, Kuebler posted several pictures on Facebook writing:

“The children asked questions about pregnancy and abortion. We were impressed by Sara’s compassionate answers. The House of Ruth treats all women with the same equal love, respect, and dignity. Regardless of the decisions they make in pregnancy, they have programs that offer support to all women. On their own without any adult direction, the 5th Graders circled up and prayed in the midst of a sea of pink and blue flags. We’re very proud of these kids.”

“It was really neat to have them come here,” Massey told *Pregnancy Help News*.

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



Photo: House of Ruth Pregnancy Care Center Facebook page

visit and that she found the experience very enjoyable.

“I got to put on my teacher hat,” she said.

Massey added that she “pulled from all the great resources we have” to prepare and plan for the class visit.

Toward the end of the students’ time at the pregnancy center, which has been operating for more than 35 years, the young people set out 2,400 pink and blue flags on the facility’s grounds. These represent the number of unborn lives lost to abortion every day, Massey said.

Then something special happened: without prompting, without adults overseeing, the students gathered to pray.

“They stood in a circle of their own accord — there were no adults

Ruth was contacted regarding an Abortion Pill Reversal (APR), a service the center began offering last summer. This provided Massey with an additional teachable moment on how women often change their mind after starting a chemical abortion and how APR — the protocol involving prescribing progesterone to counter the effects of the first abortion pill — can provide a chance to save their pregnancy.

“We were able to tell them about [APR], that it was a mom who had changed her mind and that we were going to give her the progesterone,” Massey said. “So, we prayed together for that mom and that baby, that the baby would be saved.”

“It ended up being just a very

Nevada judge strikes down state limits on taxpayer-funded abortions

By Nancy Flanders

On March 19, a Nevada judge blocked the state from putting limits on how state Medicaid funding is spent on abortions, stating that restrictions would be a violation of equal rights protections.

Clark County District Judge Erika Ballou said she will issue a written order directing the state Department of Health and Human Services to grant Medicaid coverage for all abortions.

Nevada state Medicaid is currently only allowed to be used to pay for abortions when a pregnancy is considered ‘life-threatening’ to the mother or if the woman is pregnant from rape or incest.

Allowing Medicaid to be used to pay for abortions has been shown to increase the abortion rate.

A survey published by the pro-abortion Guttmacher Institute in 2017 revealed that women who have taxpayer-funded abortions tend to have more abortions. In addition, a report published that same year by the pro-abortion Reproductive Health Investors Alliance showed the percentage of abortions paid for by taxpayers in states that do not cover abortions via Medicaid was just 1.5%.

However, in states that use

Medicaid to cover abortions, the number was 52.2%.

This means that Ballou’s ruling is likely to lead to more abortions in Nevada—funded by taxpayers.

Ballou’s ruling is in regard to a lawsuit by the American Civil Liberties Union (ACLU) of Nevada. In 2022, Nevada voters approved an Equal Rights Amendment to the State’s Constitution, which guarantees equality under the law regardless of race, color, creed, sex, sexual orientation, gender identity or expression, age, disability, ancestry or national origin.

The ACLU of Nevada later filed a lawsuit arguing that Nevada’s Medicaid abortion coverage rules violated the amendment’s prohibition against sex-based discrimination. Ballou ruled in favor of the ACLU but said she expects her decision to be appealed.

“If you have a right to an abortion, but you don’t have the financial means to get one when you need one, especially when it’s necessary for your medical health, then it’s almost as if you don’t have the right at all,” Christopher Peterson, one of the ACLU lawyers on the case, said in an interview. “We’re making

sure that the right of abortion in the state of Nevada is not just letters on a page.”

The killing of a preborn human being is not a right, but rather a

be broadly applied to things such as the Constitutional right to bear arms, which would then mean that if a person didn’t have the financial means to obtain a



violent act that violates the right to life of an estimated one million people a year. Even if the state declares abortion to be a right, that doesn’t make it true, and it doesn’t mean the state (the taxpayers) must cover the cost of women’s abortions.

For example, the UN declared that everyone has a right to clean drinking water, but the government isn’t paying everyone’s water bills. And this same logic could

firearm, taxpayers would need to fund that.

Medicaid is meant to help low-income families and qualifying pregnant women pay for their health care. Nevada’s Medicaid program has more than 880,000 participants, according to The Nevada Independent.

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

Abortionists want to be known as “physicians specializing in maternal-fetal medicine”

By Dave Andrusko

Some of the most revealing comments ever about abortion have come from “abortion providers.” In one sense that would seem obvious. Who knows more about the day-to-day killing that the “abortion doctor”? (Actually, come to think of it, the nurses who clean up after them do.)

In another sense, however, if we are told by abortion defenders that the “practice” of abortion is endlessly “stigmatized,” why would they be so candid?

I have an answer. How about if they were speaking at a session of their fellow “professionals”?

Thanks to Nancy Valko for alerting us to a panel that assembled at the American College of Obstetrics and Gynecologists (ACOG) annual meeting. I went to the link Nancy provided and found the story by Molly Walker, Staff Writer, for MedPage Today.

The panel, Walker writes, **included several abortion providers, who offered their views on the “incendiary” coverage of abortion, and that the abortion providers themselves can get lost in the rhetoric and the politics — even when it’s their practice that is affected the most.**

Judging by Walker’s story, these abortionists were annoyed for three major reasons. Lots and lots of pro-life legislation has been introduced which can make “day-to-day patient care especially difficult for doctors on the front lines.”

Naturally the worst case scenarios are offered in a

misleading way rather than discussing such requirements as providing full-blown informed consent, banning abortion in which the abortionists rips a living unborn baby to pieces; or



saying it’s not okay to abort a child because she is a girl and not a boy.

What else gets to them? A study of two years of media coverage found that abortion was covered mainly as a “movement” — abortion rights advocates groups versus anti-abortion groups, but that “providers are covered as institutions, not human beings.” Rarely do stories include references to maternal care doctors, or physicians specializing in maternal-fetal medicine — in other words, the doctors actually performing the procedures.

I think I get it. They want to be known as “physicians specializing in maternal-fetal medicine,” not just clogs in the machinery that kills nearly 900,000 babies a year.

Hey, we’re real doctors, too!

What about the third gripe? Rachel Flink-Bochacki, MD, of Albany Medical Center in Albany, New York, said that providers discussed the “false dichotomy” between being pro-

commitment and passion for her profession. Flink-Bochacki said that this provider/patient bonding through shared experiences could also

choice and pro-child, adding that it “provoked tension for the provider, and created a burden they had to constantly defend against.”

I couldn’t help thinking of the abortionist who was (I’m almost sure) in her second trimester writing about how she felt as she aborted a woman. Whatever qualms she may have had, they evaporated when she thought of how she was “helping women.”

Finally, if the abortionist can tell a woman she herself is a mom and not just someone who ends the lives of babies, the “client” will “understand.” Understand what?

I’m not entirely sure but Flink-Bochacki tells Walker

that a provider becoming a parent tended to reinforce her

potentially help to prevent patients from feeling marginalized, given the stigma that both provider and patient experience together.

Even moms have abortions. Even abortionists who are moms have abortions. I guess that is supposed to simultaneously reinforce the abortionist’s commitment to snuffing out helpless unborn children and relieve the aborting woman of her sense of “stigma.”

More likely, it is defense mechanism that helps the abortionist avoid admitting to herself that she is grossly misusing her skills and assists the aborting woman to stifle her conscience.

Seeing baby born alive after abortion “changed me profoundly,” says former MP Nadine Dorries

By Maria Maynes, Life Institute

A former high-profile MP and former Secretary of State, Nadine Dorries, has advocated for an end to abortion ‘pills by post’ in Britain – opening up on the moment she witnessed an aborted baby gasping for breath following a late-term abortion.

The former nurse opened up on how, at aged 18, she witnessed a baby survive an abortion performed at 27 weeks in an op-ed penned for *The Daily Mail*.

“When I was a young nurse of 18, I experienced something that changed me profoundly,” the ex-politician wrote.

“My months on the gynecological ward had been the happiest and most rewarding of my short career — until one day, when I was asked to help during the termination of a pregnancy at 27 weeks.

“Back then, the legal limit for abortion was 28 weeks. This was reduced to 24 in 1990.

“The expectant mother, who was only 16, had been injected in her uterine cavity with the hormone prostaglandin. Several excruciating hours later, the foetus — a little boy — was delivered.”

Dorries recalls being asked to stay with the child who was “gasping for breath,” continuing:

“He was dropped in a bedpan, and the ward sister handed him to me, saying: ‘Take this into the sluice room and leave it there until I come. Stay with it.’

“As I closed the sluice-room door, I removed the paper covering from the bedpan. I have never forgotten what I saw. There lay a tiny baby boy, blinking, covered in mucus, blood and

amniotic fluid, gasping for breath, his little arms and legs twitching.”

“I was shocked to my core. Weeping, I rocked the bedpan in my arms. I wanted to pick him up but he was so small, I didn’t know how to. After a minute or so, I couldn’t bear it any longer, and I was about to run for help when I heard the ward sister’s unmistakable footsteps approaching.”

The former Conservative Party MP said that the child stopped breathing after seven minutes, saying that she told the ward sister the child had been alive — which she denied.

“As she took the bedpan from me, he stopped breathing. I checked my fob watch: a little boy had been born, lived and died in the space of seven minutes. Mine was the only face he saw, my sobs the only sounds he heard,” Dorries writes in the piece.

“Distressed, I turned to the ward sister and said: ‘He was breathing.’ Through her dark-rimmed glasses she glared at me, saying: ‘No he wasn’t. You didn’t see that.’

“I was stunned. He was breathing, I insisted. She looked embarrassed and muttered: ‘The mother probably got her dates wrong. Maybe she was more than 27 weeks.’

“At this, I was almost inconsolable. I had become a nurse to help people — not to facilitate killing babies who might have lived. The sister snapped: ‘If you want to be a nurse, you had better toughen up fast. Get out.’ I ran from the sluice room.

“I can’t bring myself to tell you how she disposed of the body of that tiny newborn,” she said.

Dorries, who says she has

“always believed in safe, legal abortions,” goes on to describe the experience as “horrendous,” saying that it made her appreciate what a “complicated and emotionally fraught issue” abortion is.

“Until the pandemic, a woman seeking a termination had to attend a clinic and undergo an ultrasound to confirm how far along she was. She would then take the first pill under supervision in the clinic, and the second pill at



The author and former politician went on to reference amendments to the Criminal Justice Bill, tabled [introduced] by Labour MPs Dianna Johnson and Stella Creasy, which would legalise abortion “until the very point of birth” for women using abortion “pills by post” at home, a method introduced during lockdown which has been made permanent in both the UK and Ireland.

Dorries, who, as a Conservative backbencher, introduced several unsuccessful private member’s bills, which included attempts to reduce the abortion time limit, changes to rules regarding counselling for women, and advocacy for sexual abstinence in sex education, said she was given the assurance by Matt Hancock that pills by post would be temporary.

“Doctors working in clinics still have to abide by the 24-week legal limit. But, increasingly, that’s almost a side issue: ‘abortifacient’ pills ordered online and taken at home now account for 87 per cent of terminations in Britain — up 40 per cent since 2011,” Dorries penned.

home, where the foetus would be delivered.

“I was a health minister during the pandemic, and was involved in the intense discussions about the ethics and legality of ‘pills by post’. We didn’t want expectant mothers to become lawbreakers in their own homes, and we were depending on women to tell the truth about when they had become pregnant: not just for the sake of their foetus but for their own physical and mental safety as well,” she said, adding:

Pills by post were made legal by Sajid Javid following Hancock’s resignation in June 2021. Dorries went on to reference the case of Carla Foster, who aborted her eight-month-old unborn child using abortion pills in her home, receiving a 28-month prison sentence.

“I warned at the time that women would be prosecuted for ordering pills by post when their pregnancies were too advanced to qualify for them. And so it has

Colorado nurse midwife defends helping women who regret abortion

Chelsea Mynyk seeks to intervene in lawsuit challenging state law prohibiting nurses, doctors from providing patients with abortion pill reversal

DENVER – Alliance Defending Freedom attorneys filed a motion Wednesday asking a Colorado federal court to allow Chelsea Mynyk, a licensed nurse practitioner and certified nurse midwife, to intervene in a lawsuit to defend her use of providing patients with abortion pill reversal. The protocol is a safe and effective treatment for women who change their minds about abortion and is used to reverse the effects of chemical abortion drugs, saving the unborn child.

In April 2023, Colorado enacted a law that prohibits doctors and nurses from providing abortion pill reversal, forcing women to undergo abortions they wish to avoid. As ADF attorneys explain in the proposed complaint also filed with the court Wednesday **“although Colorado claims to recognize the ‘fundamental right to continue a pregnancy,’ this law actively thwarts women from making that choice, and it makes it illegal for nurses and doctors to assist them**

or even inform them about their options. The law’s implementing regulations leave those

Senior Counsel Kevin Theriot. “Many women regret their abortions, and some choose to reverse the effects of the first

Wellness v. Weiser, the Becket Fund for Religious Liberty sued Colorado on behalf of Bella Health and Wellness, a pro-life pregnancy center, in April 2023 and secured a preliminary injunction, preventing Colorado’s law from being enacted while the lawsuit continues; however, the injunction only applied to Bella Health and Wellness.

Mynyk runs her own clinic, Castle Rock Women’s Health, where she provides reproductive health care services to women. As the proposed complaint notes, Mynyk, like Bella Health and Wellness, believes that she is compelled by her faith to provide abortion pill reversal to women who request it. Last month, Mynyk received a letter from the Colorado State Board of Nursing notifying her that she is being investigated for a possible violation of the Nurses Practice Act because of an anonymous complaint about her provision of abortion pill reversal.

Editor’s note. This appeared at Alliance Defending Freedom and is reposted with permission.



Chelsea Mynyk with a client.

prohibitions in place, making it professional misconduct for doctors and nurses to assist a woman in attempting to reverse the effects of the first abortion pill.”

“Colorado can’t silence medical professionals and prevent them from saving lives,” said ADF

abortion drug, often saving their baby’s life. But Colorado’s law wrongly denies women the freedom to make that choice. The state can’t force women to follow through with an abortion when a safe alternative is available—one that Chelsea and the pro-life plaintiffs in this case can skillfully provide.”

In the case, *Bella Health and*

The Killing of Preborn Children is “Freedom” to Biden

By Marie Smith, Parliamentary Network for Critical Issues

President Biden continued his and his administration’s relentless opposition to the protection of preborn children from the violence of abortion, a deadly act he and Vice President Harris call “reproductive freedom” or just “freedom”. Recent actions on abortion can be found in the White House FACT SHEET: Biden-Harris Administration Continues the Fight for Reproductive Freedom.

VP Harris has been on a “Fight for Reproductive Freedoms” tour which included a visit to a Planned Parenthood abortion clinic in Minnesota, billed as a “historic first” as it was the first time a sitting U.S. vice president has visited an abortion facility. “The vice president’s visit shows the Biden administration’s full-blown devotion to extreme abortion policies,” said Minnesota Citizens Concerned for Life Co-Executive Director Cathy Blaeser. “Minnesota is an outlier after enacting an abortion-up-to-birth law and abolishing a program that supported pregnant women. That’s why Vice President Harris came here. But unlimited abortion harms women and children. Most Minnesotans don’t want what Harris, Biden, and DFL lawmakers are selling.”

Despite the abortion enabling activity, Biden was unwilling to

say the word ‘abortion’ during the highly partisan and pro-abortion State of the Union (SOTU) address. Biden began his lengthy abortion remarks by saying that he believes *Roe v. Wade* “got it right” and thanking VP Harris

freedom else would you take away?”

During his highly partisan, vehemently pro-abortion State Of The Union (SOTU), Biden showed the world his support for abortion but deviated

freedoms will you take away next?”

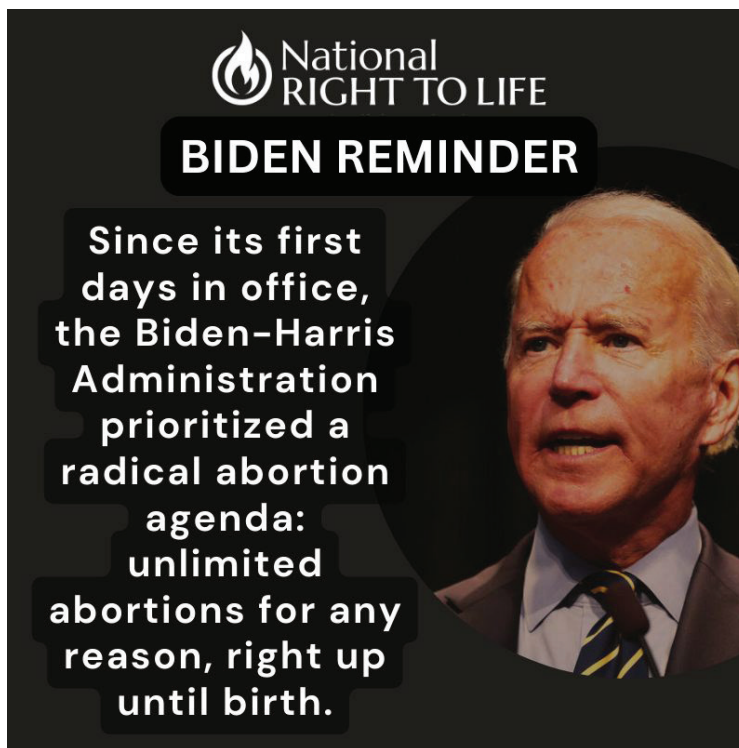
Instead, Biden said, “Because Texas law banned her ability to act, Kate and her husband had to leave the state to get what she needed.” Tragic pronouncement by Biden that “what she needed” was the death of her unborn child.

Biden called on the American people to send him a Congress “that supports the right to choose” and if they do, he promised that he “will restore *Roe v. Wade* as the law of the land again.”

Pro-life leaders called out the many lies about abortion spouted by Biden during his address. Carol Tobias, president of the National Right to Life Committee, told *LifeNews.com* that “Biden continues to amplify his virulent support of unlimited abortion.”

“He has engaged in fearmongering that is designed to scare pregnant mothers,” Tobias continued. “This fearmongering is rooted in lies manufactured by Big Abortion in a post-*Dobbs* propaganda campaign.”

In one common lie, Biden falsely claimed that pro-life states deny pregnant women legitimate health care or lifesaving medical treatment while in truth every single pro-life law in America fully allows pregnant women to get medical care including for ectopic pregnancies and miscarriages.



for “being an incredible leader defending reproductive freedom.”

He voiced opposition to laws passed by states to protect unborn children and their mothers and strongly opposed any national bans on ‘reproductive freedom’ exclaiming, “My God, what

from his prepared remarks to avoid actually saying the word ‘abortion’. In prepared remarks he was supposed to say: “Because Texas law banned abortion, Kate and her husband had to leave the state to get the care she needed. My God, what

Baby boy born weighing the same as a can of coke at 27 weeks now meeting his milestones at one year old

By Right to Life UK

A baby boy weighing less than a pound when he was born and who had to spend 4 months in hospital has beaten the odds and celebrated his first birthday.

Everything seemed to be going well when Isabel Vera was pregnant with her son until a couple of warning signs indicated that the rest of her pregnancy might not be smooth sailing. At

Leovani had to spend 127 days in intensive care during which time he increased in strength and learnt to breathe on his own.

Isabel said “I barely left his side when he was born, and even at home, I would be checking the camera to make sure he was okay in the hospital”.

“I just kept crying and I hardly stopped to even process what we

“When it finally got to his first birthday we wanted to make it as special as possible but obviously didn’t want to overwhelm him. We kept it very small and with immediate family only due to cold season. We had a lovely dinner and some cake at our home”.

He is now hitting his milestones, including recently learning to crawl.

results of a Royal College of Obstetricians and Gynaecologists (RCOG) working party report on neonatal survival rates, which noted improvements in survival rates before 28 weeks of gestation.

During the debates ahead of the Human Fertilisation and Embryology Act 1990 becoming law, MPs referred to medical advances that had led to improved neonatal survival rates before 28 weeks gestation and the need for a reduction from 28 weeks.

Similarly, when the question of abortion time limits was revisited in 2008, the lowering of the abortion time limit in 1990 was again linked to the increased survival rates for babies born before 28 weeks gestation.

Since then, however, further medical advances have meant that babies born below 24 weeks gestation are increasingly able to survive.

A 2008 study based on a neonatal intensive care unit in London found that neonatal survival rates at 22 and 23 weeks gestation had improved. In 1981-85, no babies who were born at these gestational ages survived to discharge. However, by 1986-90, 19% did and this increased to 54% in the period 1996-2000.

Spokesperson for Right To Life UK Catherine Robinson said “Many congratulations to baby Leovani on his amazing recovery after being born at such a small size. Stories such as these demonstrate the humanity of children in the womb and demonstrate their capacity to fight for life when given the right support from their parents and medical professionals.”



her 20 week ultrasound scan, her son Leovani measured five weeks behind where he should have been and three months before his due date, doctors realised that Isabel had high blood pressure, which can be an indicator of preeclampsia.

As a result, baby Leovani was born prematurely at just 27 weeks gestation weighing the same as a can of coke. He was so small that he was able to wear his father’s wedding ring as a bracelet.

Because he was born so early, the outlook for Leovani was not good but his mother “begged for the doctors to do what they could.”

were going through. When he was in the NICU I commuted there daily to visit him.

“There were some nights that I was there so late that I’d sleep in my car or the waiting room, I just didn’t want to leave him”, she went on.

Meeting other families on social media who were going through similar situations made Isabel more confident that Leovani would make it.

“Leovani is my miracle”

Despite his struggles Leovani celebrated his first birthday with dinner, a family day out and cake.

Isabel said “Seeing him celebrate his first birthday was like a full circle for me. Leovani is my miracle, and I am just over the moon to be able to say he’s a happy and healthy one-year-old”.

Survival rates for premature babies have improved dramatically

At 27 weeks’ gestation, Leovani was born below the original 28 week abortion limit set out in the Abortion Act 1967, which was then changed to 24 weeks in 1990.

The introduction of a 24-week gestational limit in 1990 was significantly motivated by the

11th grader's essay is a marvelous description of the beauty of life

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

If you doubt for a minute the leadership potential of Generation Alpha, consider these words from 7th grader Ella:

“It is unethical to kill innocent human beings. A sick or ill person normally enters a hospital or doctor’s office to find a cure or someone to heal them. It is not a doctor’s job to kill the patient, but to heal them.”

What a succinct, masterful argument against doctor-prescribed suicide! Ella is just one of the contenders in our Pennsylvania Pro-Life Federation Essay Contest. While judging continues, it is apparent that many contestants have written beautifully and inspiringly about the right to life and how it must be safeguarded.

Consider these words from 11th grader Camila:

“The wonderful gift of life is not simply the



events that come with it, but the opportunity to experience all the feelings you never knew existed, to see all the colors you never noticed before, to create with the burning flame of passion lit within you, and to love with the beating heart so graciously empowering your body. The gift is life itself.”

Wow. What a marvelous description of the beauty of life.

A number of students wrote from the perspective of a child who easily could have been aborted. Eighth-grader Faith is one of them:

“Because you chose life instead of abortion, I got to live. I got, and get, to live in a Christian home, and I get to go to church. I have lots of friends...I get to ride my horse, Chapstick (well,

sometimes I fall off). I get to have lots of adopted brothers and sisters...

“I get to see my half-sister and my PopPop carve pumpkins every year. They have even come to church to see me sing in a girls’ ensemble. I have gotten to swim in the ocean. I have also gone to Florida and swam with a dolphin...”

In Faith’s eyes, the ordinary moments of life are truly extraordinary because she nearly did not get to experience any of them. She could have been an abortion statistic. But instead, she is living a life filled with meaning and memories.

These are not the young pro-life leaders of tomorrow. They are full-fledged leaders today. And they are putting their handprints on history in a way that should inspire us all.

Seeing baby born alive after abortion “changed me profoundly,” says former MP Nadine Dorries

From Page 35

come to pass,” Dorries, a mother of three, continued.

“In May 2020, Carla Foster, who was in a vulnerable situation, obtained the pills at home while eight months pregnant. Last year, she received a 28-month prison sentence, reduced to 14 months suspended on appeal,” Dorries wrote.

“Predictably, there has been a surge in similar investigations — and not only of women who have lied about how far along they were, but also of women who have suffered miscarriages at home and found themselves subjected to harsh and intrusive questioning,” she said.

She also references the rise in prosecutions for late-term abortions in Britain. While there were three prosecutions between 1967 – when the Abortion Act came into force – and 2022, in less than two years, at least six women have been prosecuted.

“No doubt [Stella Creasy] and her Labour colleague Diana Johnson believe their case has been strengthened by the recent rise in prosecutions. But the truth is that they and other feminists have helped to create the very problem they now seek to repair,” Dorries pens.

On her attempts to reduce the UK’s abortion limit, the former MP wrote that she failed to do so, despite securing debates in Westminster in both 2008 and 2012, “even though babies have been born at 23 weeks or even

less, and gone on to survive and thrive.”

“The rights of the unborn have to be balanced against those of the living,” Dorries writes.

“In sending the message to women that abortion is fine until birth, Creasy and Johnson’s amendments risk placing vulnerable women in life-threatening situations: encouraging them to end late-term pregnancies at home in the absence of proper care.

“And even if a late-term foetus is ‘safely’ aborted, the psychological scarring can be acute — as I know from my experience all those years ago.”

Conservative MP Miriam Cates has also spoken up against efforts to decriminalize abortion in Britain, warning last month that it would fuel late-term DIY procedures.

“Decriminalizing abortion to term would not just put women in danger, it would mark a serious failure in our duty to protect the rights of the unborn child,” the senior MP wrote for *The Telegraph* newspaper.

A government review published last year found that babies were being born alive in Ireland after abortions.

The review of the operation of the 2018 abortion law found that babies may be denied even comfort care after the procedure failed to end their lives.

Discussing palliative care – where comfort care is needed for babies born alive after a late-term abortion – the 2023 noted that some pediatricians and neonatologists do not want to be involved in assisting these babies.

“However, the extent to which they are prepared to become involved is described as differing across settings and differing across the circumstances of the birth, with some not being prepared to offer comfort care where the birth is a result of a termination of pregnancy,” the review, authored by barrister Marie O’Shea, noted.

In 2020, this platform revealed that doctors in Ireland were

dealing with babies born alive after late term abortions, as per a UCC study which gathered the views and experiences of doctors in Ireland.

As we revealed: In the UCC study, the authors note that the specialists carrying out abortion were frustrated by conflict with neonatologists and were “unclear” as to who will look after those babies’ if a baby was “born alive following an abortion by induction of labour and without feticide”.

This would leave the doctor who performed an unsuccessful late-term abortion “begging people to help” them.



Five Questions I'd Like the Supreme Court Justices to Ask the FDA about Mifepristone

From Page 1

reserved the accelerated approval of emergency drugs needed for “serious or life threatening illnesses.”

Does the FDA consider pregnancy a “life threatening disease” or “illness?”

Pregnancy is a natural, normal, healthy condition for which women’s bodies are well suited and adapted. It is the way all of us are brought into the world. Though there are rare occasions where something goes wrong, chemical abortion with mifepristone is generally not considered the best way to deal with these emergencies.

Since the vast majority of chemical abortions are for healthy women with healthy babies, what was the drug agency’s rationale for approving mifepristone under this special, unique provision?

#2. How can you assure the public these drugs are safe when the tests you rely upon are missing the results of nearly a quarter of the women taking the pills?

The FDA and Danco, the maker of mifepristone, regularly cite studies by abortion pill advocates claiming that serious complications are “less than one percent.” While there are serious questions as to the criteria advocates use to determine whether or not a complication is “serious” (apparently hospitalization counts, but not surgery or hemorrhage so long as it is treated in the Emergency Room), more disturbing is the assumption that patients with whom the study loses contact are doing fine.

Women encountering significant bleeding episodes, signs of infection or ectopic pregnancy—particularly if they never met their prescriber in person and got their pills by telemedicine—may be unlikely to try and reach an online prescriber in another state.

For these women, it likely makes much more sense, medically and logistically, to visit their local ER or their own personal doctor where they can get immediate emergency treatment.

We know that it is already the case that many abortion pill providers automatically direct their patients to go to their local emergency departments if they are losing significant amounts of blood. Some suggest that ER personnel need not be told that the woman has taken abortion drugs, that she can simply tell them she is having a miscarriage and receive needed treatment.

This not only may result in her doctor being uncertain as to the appropriate cause or treatment but may contribute to a distorted picture of the drug’s safety in any surveys.

#3. What evidence do you have that the bleeding and infection problems and the issues with undetected ectopic pregnancy which manifested themselves in the drugs early days have been addressed by any of the changes you have made to the protocol since 2016?

In 2016, at the behest of the Danco, the Obama administration, and the abortion industry, the FDA made serious changes in the protocol. The FDA loosened REMS (Risk Evaluation and Mitigation Strategy) regulations and extended eligibility for the drugs to women up ten weeks past their last menstrual period (LMP); broadened the prescriber pool to any “certified healthcare provider”; and dropped the number of required visits to one initial encounter for the woman to be screened and pick up her pills.

They even dropped this single visit requirement in subsequent changes made to the protocol in 2021 and formalized in 2023. Women were allowed to get these pills by telemedicine without an

in-person physical exam and have the pills shipped to their homes.

Again, what evidence did the FDA have regarding the safety of these modifications, that removing all these safeguards simultaneously would not result in more injuries or complications?

Relying on studies which looked at only a single factor (e.g., expanded providers) in isolation and which had lost track of a quarter of patients or more (particularly an issue with telemedicine) was clearly problematic from a medical and statistical standpoint. The fact that the FDA stopped requiring the reporting of non-lethal complications after 2016 only made the evaluation even more dubious.

#4. If complications increase and efficacy decrease with gestation, why was the decision made to extend the protocol deadline and not to require a physical examination or ultrasound?

Studies have repeatedly shown that complications increase and effectiveness decreases with mifepristone the farther along the woman is in her pregnancy. This was the reasoning behind the FDA’s original seven week LMP cutoff and ostensibly the reason they didn’t extend the cutoff past ten weeks in 2016. (It doesn’t appear that there had been any improvement in efficacy after seven weeks, but the FDA decided that though decreased, the effectiveness of mifepristone at ten weeks was still sufficient to allow use.)

If this is so, the estimation of gestational age is a critical factor in determining whether or not the abortion pills are going to work and whether they might lead to life-threatening complications.

Ideally, the best way to determine gestational age is with an ultrasound, which would require visit to a medical office

and an appointment with an ultrasonographer. This would also allow for the discovery of any possible ectopic pregnancy, where the child implants outside the womb, a dangerous condition affecting 1-2% of pregnant women, which mifepristone does not treat.

At a minimum, though, a pregnant woman should be physically examined by doctor trained to determine gestational age and rule out ectopic pregnancy.

Abortion advocates presume that this can be done by an online or text interview, though they admit that a number of ectopic pregnancies and over age gestations slip through. Does the FDA just consider these “acceptable losses?”

#5. In the REMS, the FDA says that sponsors must de-certify any prescriber who fails to fulfill the conditions of certification. Has the FDA or Danco pulled the certification of any prescribers or groups which advertise or perform abortions at 11, 12 weeks LMP, or later?

Adverse Event Reports (AERs) submitted to the FDA regularly showed mifepristone being used at gestations of 11, 12, 13 weeks or more and various certified mifepristone prescribers explicitly advertise willingness to perform chemical abortions up to 11 weeks (or more).

If the FDA continues to believe that REMS are necessary to ensure safe and effective use of these drugs, why has it failed to enforce these regulations or not made the public aware of any enforcement actions?

If violation of these protocols truly endanger the health and safety of American mifepristone patients, then why isn’t the FDA enforcing these limits to guarantee safe use?

Judge rules that a 27-year-old autistic woman in Calgary can die by euthanasia

Her father claims that she is otherwise healthy and does not qualify to be killed under the law.

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

CBC News reporter, Meghan Grant published an article Calgary judge rules 27-year-old can go ahead with MAID death despite father's concerns Monday explaining that a Calgary judge ruled that a 27-year-old can go ahead with MAID death despite her father's concerns. There is a publication ban on the names of the participants.

This case is very close to me since I have an autistic son.

The judge removed the temporary injunction on January 31, 2024, that prevented the 27-year-old autistic woman in Calgary who lives with her parents.

Grant reports

While Justice Colin Feasby acknowledged the “profound grief” that W.V. would suffer with the death of his child, he ruled the loss of M.V.’s autonomy was more important.

“M.V.’s dignity and right to self-determination outweighs the important matters raised by W.V. and the harm that he will suffer in losing M.V.,” wrote Feasby in his 34-page written decision issued Monday.

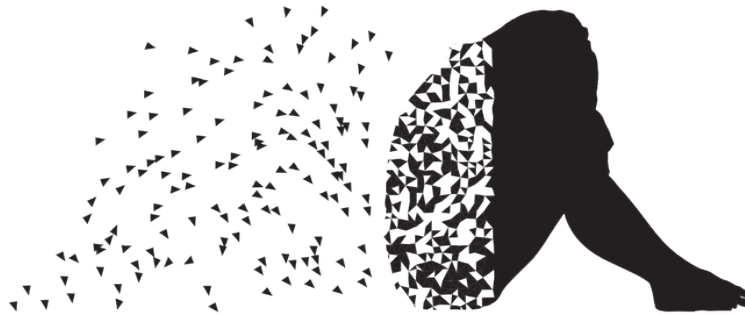
“Though I find that W.V. has raised serious issues, I conclude that M.V.’s autonomy and dignity interests outweigh competing considerations.”

Justice Feasby decided that an interim injunction would be held for another 30 days to provide time for a possible appeal.

According to Grant

Feasby’s decision sets aside an interim injunction the father was granted the day before M.V.’s assisted death was set to take place in the family’s home.

But the judge also



issued a 30-day stay of his decision so that W.V. can take the case to the Alberta Court of Appeal, which means the interim injunction will remain in place for the next month.

The daughter did not bring forth evidence proving that her health condition would qualify her for euthanasia since her defense was based on that it is none of her father’s business.

The father brought evidence to the court to prove that the daughter is generally healthy.

Grant reported

But W.V. believes his daughter “is vulnerable and is not competent to make the decision to take her own life,” according to Feasby’s summary of the father’s position.

“He says that she is generally healthy and believes that her physical

symptoms, to the extent that she has any, result from undiagnosed psychological conditions.”

Her only known diagnoses described in court earlier this month are autism and ADHD.

The daughter had been approved for euthanasia by one doctor and turned down by another doctor. The father took issue with the role of the Alberta Health Service in finding the second doctor to approve the death. Grant reports:

Her father took issue with the third doctor who signed off on M.V.’s MAID approval “because he was not independent or objective.”

At the March 11 hearing, Sarah Miller, counsel for the father, called the situation “a novel issue for Alberta” because the province operates a system where there is no appeal process and no means of reviewing a person’s MAID approval.

Justice Feasby did order an assessment of the Alberta Health

Service’s role.

Grant reports

While Feasby found the “court cannot review a MAID applicant’s decision-making or the clinical judgment of the doctors and nurse practitioners,” he did rule the actions of the MAID navigator — a person who works for AHS and helps coordinate a patient’s eligibility assessment — can be examined.

Feasby ruled the courts can review whether the AHS MAID navigator followed its own policy.

“There can be no doubt that it is a serious issue,” wrote Feasby. “The AHS MAID policy is part of the legal framework governing medical assistance in dying and, as such, is a matter of life and death.”

Nonetheless, Feasby only granted a 30 day continuance of the injunction based on a possible appeal, he did not extend the injunction until the role of the Alberta Health Service is examined.

Canada’s euthanasia law was not designed to protect vulnerable people. The law is designed to protect the doctors who are willing to kill.

Editor’s note. This appeared on Mr. Schadenberg’s blog and reposted with permission.

Trump's Republican voters are more enthusiastic about supporting his candidacy than Democrats are about supporting his Democratic opponent, President Joe Biden

From Page 2

- 56% said the Democrats are using “lawfare” to take out their chief political opponent.

But “President Biden has narrowed the gap against former President Trump in six out of seven key battleground states over the past month, according to a poll that hints at a likely close general election race between the two men in November,” Brett Samuels reported. “A *Bloomberg News/Morning Consult* poll published Tuesday found Biden still trailing Trump overall among all voters in the seven battleground states likely to determine the outcome of the election.”

Byron York interviewed Mr. Trump and came away with some telling comments. “At any given moment, there are lots of subjects in the news one could ask Trump about, but I decided to focus on a longer-term story — how he managed to come back from the disastrous end of his presidency in early 2021 to become the 2024 Republican Party presidential nominee. “It’s really a story about the intensity gap between Trump’s supporters and everybody else,” York wrote.

“At any given moment, there are lots of subjects in the news one could ask Trump about, but

I decided to focus on a longer-term story — how he managed to come back from the disastrous end of his presidency in early 2021 to become the 2024 Republican Party



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

presidential nominee. It’s really a story about the intensity gap between Trump’s supporters and everybody else.”

Remember that after Trump left office on Jan. 20, 2021, he was still awaiting a Senate impeachment trial (his second), Washington was

reeling after a series of failed election challenges and Jan. 6, he was facing all sorts of investigations, and much of the political world had written him off for dead, “rebuked by

many in his own party and exiled at his Florida estate Mar-a-Lago,” in the words of a recent *New York Times* story.

But Trump saw, and felt, something completely different. Here’s the short version of what he told me during our conversation

in Florida: He never felt politically dead. He knew he could run again. He was already planning it when he returned to Mar-a-Lago. He knew he had the support to do it because he could feel the emotional engagement of his voters.

“I feel the crowd, and I feel a love,” Trump said. “I never felt that [I was finished politically]. Just never felt it.” ...

What Trump was feeling was an intensity gap. In the Republican primary race, more GOP voters were emotionally committed to him than to any GOP challenger. And now, in a general election matchup, those same Republican voters are more enthusiastic about supporting his candidacy than Democrats are about supporting his Democratic opponent, President Joe Biden.

You can read the full interview at *The Washington Examiner* -- www.washingtonexaminer.com/daily-memo/2936284/trump-on-the-trump-intensity-gap/#google_vignette

Author Noemi Morales tells her story in her powerful book

Memoir Reveals 25 Years of Post-Abortion Trauma

By Sarah Terzo

In her 2015 book, *From Trauma to Triumph: My Journey after Abortion* Noemi Morales describes her decades-long heartache after two abortions. Morales suffered for 25 years before she sought help.

In her book, she says, “With abortion comes lifelong trauma, whether you realize it or not. Life may seem to go on, but it doesn’t. You are among the living, but you cease to live.”

A Deliberate Choice to Get Pregnant

As a young woman, Morales became pregnant intentionally. The man she was dating, who would become the father of her first aborted baby, planned to leave her. She wanted to have a baby, so she slept with him.

She says, “I didn’t think. I just couldn’t think sensibly at all.”

Morales’s older brother had children who her family was “crazy about,” and her younger brother, who was just 15, had recently gotten his 14-year-old girlfriend pregnant. This influenced her decision.

Morales did become pregnant. She says, “My desire to have a child had been realized. I would raise my child as a single mom with the help of my family; I would live happily ever after.”

She thought her parents would support her and the baby, and that her family would be happy for her.

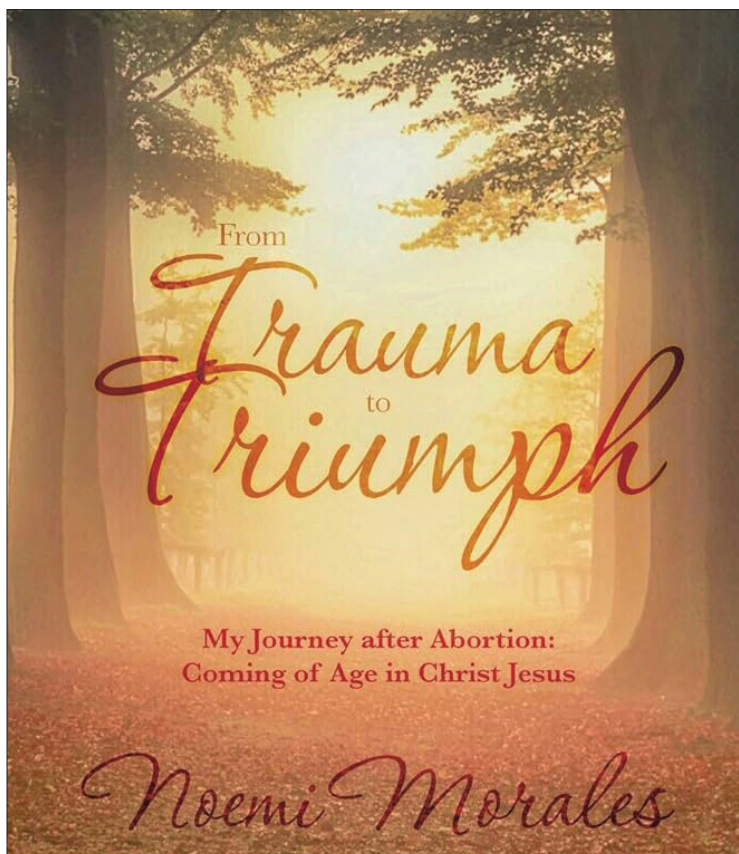
Pressured into an Abortion

However, it didn’t work out that way. Her mother wasn’t pleased.

Morales says, “I have never forgotten the expression on my mother’s face or the first words that came out of her mouth, the words that hurt me so deeply, that have haunted me to this day.”

The words were, “Have an abortion. You’re not the first, and you won’t be the last.”

Morales says, “I hastily began thinking of every way possible to keep my baby, even without my family’s help.”



But she gave in and agreed to have an abortion. She wanted to get it over with quickly, because “the longer I waited, the harder it would be.”

Her mother made all the arrangements.

Morales says she felt “pressured, abandoned, and defeated.”

The Painful Emotional Aftermath

After the abortion, Morales says, she was “never the same again.”

Morales describes what she went through:

Feeling disgusted with the mess that I had created and with the fact that I had taken an innocent life, I began going crazy. I couldn’t function mentally. I

I dealt with it by being a recluse, not dealing with anything or anyone, and for close to a year, I truly lived in darkness.

As traumatic as the abortion was, sadly, her experience with abortion wasn’t over.

A Man Comes into her Room in the Middle of the Night

After Morales moved out of her family’s house, she had a male friend sleep over. In the middle of the night, he came into her room, wanting to have sex with her.

Morales says, “While I didn’t want it to happen, I let it, I just laid there... as if I had no choice ... but I did. I didn’t want sex, but I felt the need to be wanted.”

Morales didn’t resist—but it’s uncertain what would’ve happened if she had. The man was aggressive and may not have taken no for an answer. And he was much stronger than she was and very capable of hurting her. Like any woman, she would’ve been aware of that.

Morales eventually came to think of the incident as rape. It might not be considered that in a court of law – but there were clearly elements of coercion, and she felt violated.

A Second Abortion and a Complication

Morales arranged a second abortion. After it, she developed symptoms of an infection. However, she didn’t want to go to the hospital because she didn’t want to “re-live” the abortion. Instead, she tried to care for herself at home.

ended up having to move back to my parents’ home, the home where I thought I would have raised my child... I really had nowhere to go; I had nothing...

While I was very much alive, I had experienced physical death; the child that I had so desperately wanted was gone. The whole ugly scenario played on and on in my mind nonstop. I was alone with others around me, but totally alone...

Author Noemi Morales tells her story in her powerful book

From Page 44

Fortunately, she recovered from the infection.

Her emotional wounds, however, were harder to heal. She felt she was “truly a failure” for having not just one abortion, but two.

A Life With “Something Missing”

Despite her emotional pain, which never entirely went away, Morales moved on with her life. Seeking forgiveness on some level, she became a born-again Christian. She married a

busier at church, and my children had become young adults, also busy with their studies and church.

I, the caretaker of my family, or so I thought, now found myself very much alone; there was no one to take care of...

I began a deep self-examination that took me back more than 25 years to my abortions... In my mind, I thought that by repenting and

opportunities as a Christian worker or isolated myself from forming relationships. I had only felt safe with my immediate family.”

Learning About Post-Abortion Trauma

Morales began researching post-abortion trauma, something she had never heard of. Even though she spent many years in the church, her pastor never discussed abortion healing, nor had she encountered any post-abortive people who told their stories.

Researching post-abortion trauma, she learned about symptoms such as:

bouts of crying, depression, guilt, inability to forgive oneself, intense grief or sadness, anger or rage, emotional numbness, sexual problems or promiscuity, eating disorders, lowered self-esteem, drug and alcohol abuse, nightmares and sleep disturbances, suicidal urges, difficulty with relationships, anxiety and panic attacks, flashbacks, multiple abortions, pattern of repeat crisis pregnancy, discomfort around babies or pregnant women, fear, ambivalence of pregnancy, and others.

She learned that many post-abortive people shared these symptoms. And, she realized, she did too. She says:

I was shocked that I had never heard of post-abortion trauma and treatment. Out of the 20 symptoms mentioned, I could identify with at least 10. I had buried my past...

Without working things out, without

making amends, without grieving, I had stopped growing emotionally, socially, and, worst of all, spiritually.

Finding Healing at Last

Finally, after so many years, Morales looked for healing. She went to a counselor to deal with her trauma, attended a daylong program with group sessions for other post-abortive people, and also went to a Bible study that walked her through the stages of healing.

In an email she wrote to the group Lumina, which helps post-abortive women and men, she says that she spent 25 years “not knowing exactly what was wrong with me.”

A Message to Churches

Morales’s story, and her many years of hidden suffering, show that churches need to address post-abortion trauma. If her pastor hadn’t felt comfortable discussing abortion in a sermon, he could’ve invited a guest speaker from a local pregnancy resource center or one of many pro-life organizations.

Had a post-abortive woman given a presentation at Morales’s church, she might have found healing much sooner. Members of the clergy should give a platform to those who have found healing from post-abortive trauma if they don’t feel qualified or comfortable addressing the issue themselves.

And pro-lifers need to continue to raise awareness of organizations that help post-abortive people to deal with the emotional trauma that so often accompanies abortion.

Source: Noemi Morales From Trauma to Triumph: My Journey after Abortion (2015) xv, 7-8, 9, 10, 17, 19, 21.

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



Christian man who was active in ministry and had children. She then survived a battle with cancer. Twenty-five years went by as Morales kept as busy as possible.

But even though her life seemed great on the surface with a loving husband and children, and an active life in her church, Morales didn’t feel happy. She finally acknowledged:

[S]omething was wrong, and I didn’t understand why I was not fulfilled, even though I was happy with my life. Something was missing. My husband had become

living a Christian life, working, and trying to be a good wife and mother, all would be good... But in my soul-searching, the Lord led me to see just how incredibly bound I had been... In not dealing with my past, I could not be at peace or complete in the Lord.

The abortion had affected her life, robbing her of joy. It also affected her ability to live a Christian life and form healthy friendships. She says that she “mostly denied myself