



# national **RIGHT TO LIFE** NEWS

December 2022

MERRY CHRISTMAS

MATTHEW 1:21

"She will bear a son,  
and you shall call His  
name Jesus, for He will  
save His people from  
their sins."





## A look back at the 117<sup>th</sup> Congress and a Preview of the 118th Congress

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

As we look ahead to the 118th Congress, while there are certain to be challenges, pro-life opportunities exist with Democrats no longer having single party control of both chambers of Congress and the White House

The House will be controlled by a slim Republican majority, while the Senate will remain in Democrat control with a razor thin majority.

The current 117th Congress is finishing work on the “lame duck” session, with the largest looming item being the government funding bill. Pro-life groups and National Right to Life continue



working to ensure that the Hyde Amendment and similar funding riders to prevent taxpayer funding of abortion remain intact.

As for the next Congress, pro-abortion President Joe Biden was asked by a reporter following the election “What in the next two years do you intend to do differently to change people’s opinion of the direction of the country, particularly as you contemplate a run for President in 2024?” He responded, “Nothing, because they’re just finding out what we’re doing. The more they know about what we’re doing,

*See Congress, Page 36*

## Involvement in Politics Remains Crucial for Protecting Life

By Karen Cross, NRL Political Director

For many pro-life advocates, getting involved in politics is one of the hardest parts of our work to protect life. This is understandable. During elections, the attack ads are outrageous and nonstop, media misinformation can make the truth difficult to determine, and passions surrounding elections can drive wedges between friends and family members. It is also easy to get discouraged after campaigning for pro-life candidates and then watching some of them go down in defeat.

But the cost of not being engaged in the political process is much higher. The cost can be the very lives of vulnerable human beings.

For example, studies confirm that pro-life measures on both the state and federal level save lives. One of the clearest examples is the Hyde Amendment, the longstanding appropriations rider that protects American taxpayer dollars from being used to fund

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# Editorials

## The *Associated Press* Stylebook works in unison with pro-abortion Planned Parenthood and ACOG

Earlier this month, we addressed the decision by the *Associated Press's* *Stylebook* to eliminate the descriptor “late-term abortion.” But that was just the beginning. The *Stylebook* also announced it was updating how it describes the competing sides.

The *Stylebook*—which serves as the handbook for most reporters—now says “pro-life” and “pro-choice” are outdated.

***“[U]se the modifiers anti-abortion or abortion-rights; don’t use pro-life, pro-choice or pro-abortion unless they are in quotes or proper names. Avoid abortionist, which connotes a person who performs clandestine abortions.”***

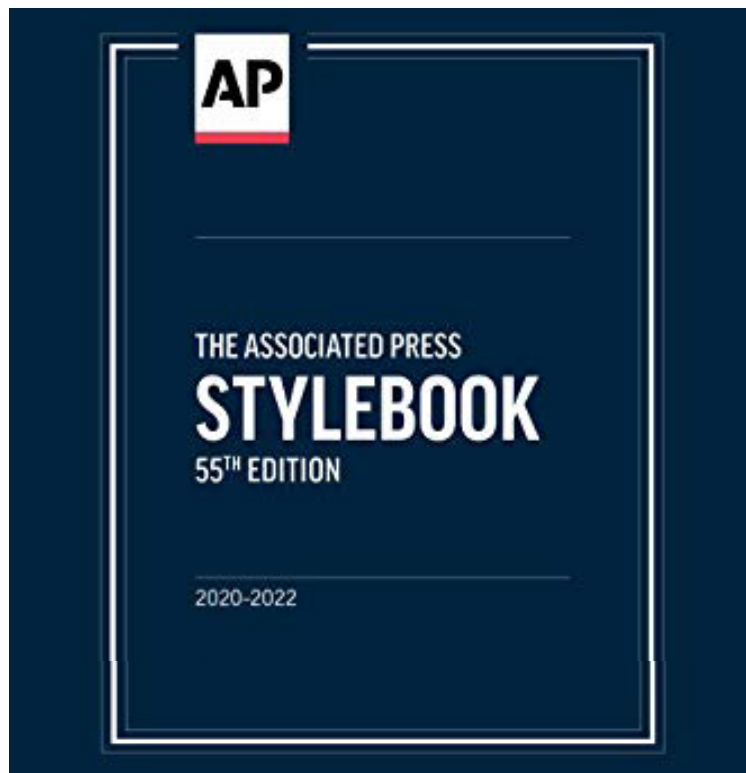
Imagine that, calling a man (it’s usually a man) who performs abortions an abortionist. Stop the presses.

“Abortion-rights” begs the question. There is no “right,” or ought not to be, to kill an innocent baby. And, to state the obvious, when you add “rights” to the description, besides being positive, it implies something that is settled.

And who is the world would want themselves to be labeled “anti”-anything. Plus National Right to Life has opposed euthanasia and assisted suicide since its inception.

In fact, if they’d bother to do a little research, they would have found that the first issue of *National Right to Life News* explained why we

*See Stylebook, Page 41*



## Negotiating the “new landscape of abortion”

With the mid-term elections complete and Congress approached adjournment, this no doubt seemed like a good time to write an overview story about the changing “landscape” of abortion. Kate Zernike is one of many *New York Times* reporters whose beat includes abortion. Aided by colleague Ruth Graham, she produced “The New Landscape of the Abortion Fight” for the *Times*.

“Heading into the new legislative sessions next year, supporters and opponents of

abortion rights are girding for fresh combat, with new ground rules, new opponents and new battlefronts,” Zernike writes.

Right off the bat, however, she misrepresents the facts. She writes, “Last month, the American Medical Association, an historically conservative group, adopted new policies opposing restrictions on abortion, including new ethical guidance explicitly allowing physicians to perform the procedure in keeping with ‘good medical practice’ even in states that ban it.”

Individual doctors may or may not be conservative but the AMA is knee-deep in perfervid advocacy for abortion on demand. And what does “new ethical guidance procedure in keeping with ‘good medical practice’ even in states that ban it” mean? My strong suspicion is this is a classic example of the AMA telling doctors they can evade state law by pretending what they are doing is above reproach—and never mind what state law is.

Much of the beginning of Zernik’s story focuses on the

ballot initiatives swept by pro-abortionists on November 8. Pro-abortion forces are eyeballing additional states but, as Zernike points out, “ballot initiatives aren’t an option in every state.”

Where then? “The path to restoring abortion rights still runs largely through state legislatures, where it has traditionally been harder to mobilize voters and donors.” So if it is true, as Zernike writes, that

*See Landscape, Page 37*



# From the President Carol Tobias

## Walking with the Greats



I am often asked about why I've stayed in the pro-life movement so long. My response is immediate and heartfelt—because of the people. Pro-life people are the most loving, caring, kind,

thoughtful, and hard-working people you will ever find.

Pro-life people are also the most optimistic people you will ever meet. Workers in the movement labored for almost 50 years, believing that *Roe v. Wade* could, and would, one day be overturned. And it was! Instead of remembering the death brought forward by *Roe*, we celebrate the opportunity provided by *Dobbs v. Jackson* to protect life.

Pro-life people give of themselves year after year— their time, talents, and treasure, to help people they may never meet. That begins with unborn children and their moms, but also includes those considering, or being urged to consider, ending their lives through euthanasia or assisted suicide.

Pro-life efforts take many forms: educating friends, neighbors, and communities about the dignity that should be accorded to every life, born and unborn, because they are a member of the human family; electing candidates and passing legislation to protect vulnerable members of the human family; and working with moms so they and their babies can succeed.

As we move from the season of Thanksgiving to the season of celebrating the birth of Jesus Christ, I reflect on how truly grateful I am. When you and I review this amazing past year—the overturning of *Roe v. Wade*—while looking ahead to the new year, I know that every one of us will do everything possible to promote Life.

I have written that the pro-life movement is the Movement of Hope, the Movement of Truth, and the Movement of Love because we provide all those gifts to those around us.

We offer **hope** to women who are considering abortion, helping them through a difficult time in their lives, and to women who have had an abortion, helping them find peace in their future. We offer hope to the

elderly and those with disabilities, advancing the truth that all human beings, regardless of capacity or disability, are valued members of the human family. And we offer hope to pro-lifers around the world that Life is still revered in America.

We offer **truth** to counter the out and out lies promulgated by the pro-death movement.

We believe that women must be told the truth. They should be given valuable information before they make a life or death decision. Doctors can—indeed, must—treat women with ectopic pregnancies or signs of miscarriage, and not falsely claim a state's pro-life law prevents such treatment.



Women have a right to know that Abortion Pill Reversal is a valid and effective counter to abortion pills. Thousands of babies have already been saved—a second chance for life!

And we extend **love**—seeking to help and protect others simply because those others exist. And not expecting anything in return.

I recently re-read O. Henry's short story, "The Gift of the Magi." (Spoiler alert!) A young married couple is struggling to make ends meet. In order to buy a fob chain for her husband's pocket watch as a Christmas gift for him, Della cut off and sold her thick knee-length hair.

When Jim came home from work on Christmas eve, he found the beautiful hair gone. After some moments, he presented her with his gift—beautiful tortoise-shell combs for the hair she no longer had. Della reassured him her hair would grow back, then gave him the watch fob, only to find out he had sold the watch to buy the combs.

Henry compares the young couple's gifts to those of the wise men, the Magi, brought to the Babe in the manger: "But in a last word to the wise of these days let it be said that of all who give gifts these two were the wisest."

No one in the pro-life movement is perfect. We don't know everything, and we have our

faults, but collectively, the movement exhibits love in the name of Life. We are wise because we love.

Throughout the coming days, months, and years, while we will face challenges, we will also have opportunities. Opportunities to protect vulnerable human life and to win over those who need convincing.

We'll move forward with smiles on our faces and love in our hearts, knowing we walk among the greatest people in the world—fellow pro-lifers.

Merry Christmas to one and all, and happy New Year!

# Pro-abortion Groups and their Allies in the Press Change Language and Terminology to Suit Pro-Abortion Goals

By Laura Echevarria, Director of Communications and Press Secretary

It's ironic that the same publications that have reported favorably on the allegations that social media giants have engaged in suppressing free speech now have a problem with efforts to prevent the illegal spread of information about abortion and abortion pills.

For example, recent *New York Times* articles include an opinion piece that is replete with errors with an obvious pro-abortion slant. Even the headline of the opinion piece was ripe with insinuation: "The Next Anti-Abortion Tactic: Attacking the Spread of Information."

Note that the headline says "information" not "misinformation" or even "illegal information" even though the piece is centered on how pro-abortion organizations are working to get around pro-life laws by illegally providing information about abortion, about how to obtain an abortion, and about the use of abortion pills. (You could get old and gray waiting for these pro-abortion media giants to talk about the dangers associated with abortion pills.)

The *Washington Post* followed the *New York Times* with an article outlining plans by a number of pro-life groups to curtail misinformation and illegal activity regarding the distribution of abortion pills by pro-abortion groups.

The title of that article? "Antiabortion movement seeks

to jail people for 'trafficking' illegal pills: Six months after their Supreme Court victory, conservatives complain that strict new laws are not being sufficiently enforced." (They aren't!) These articles and opinion pieces employ nuances such as quote marks around "trafficking" to imply that this information is questionable or in doubt.

New? What is new is the intensity. We're seeing a vigorous push by pro-abortion groups to influence the way reporters cover the abortion issue—to bend, shape, and mutilate the narrative to favor their side.

For example, the pro-abortion group Physicians for Reproductive Health (PRH) dedicated a page on its website to "resources" for journalists who cover the abortion issue. On the website, PRH argues that voices reporters should avoid when covering the abortion issue include: "Anti-abortion organizations claiming medical expertise...", "Anti-abortion politicians," "Anti-abortion religious organizations," and "Other anti-abortion organizations." In other words, any pro-life organization, such as National Right to Life, should always be avoided.

Not long ago, the American College of Obstetricians and Gynecologists [ACOG] issued new guidelines about how to talk about abortion. From the article that appeared in the publication *Quartz*,

**ACOG's new guide stresses the importance of removing the stigma around abortion, beginning with the way it is discussed. The**

"Do not use the term late-term abortion," the Stylebook intones. "The American College of Obstetricians and Gynecologists defines late term as 41 weeks through 41 weeks and 6 days of



**vocabulary presented by the organization replaces common phrases with more accurate terms, and details the reasons why changing the vocabulary is important.**

"More accurate"? Hardly. ACOG's guide uses loaded language such as calling the pro-life view "anti-choice."

The greatest offender of all is the *Associated Press*. Interest groups understandably want reporters to use their preferred language. But the *Associated Press* recently revised its Stylebook to include euphemisms that boggle the mind.

gestation, and abortion does not happen in this period."

Did you catch that? Under this definition, it is not a "late-term abortion" when a baby is aborted at 40 weeks!

Such tactics are not surprising or unusual. In an era when language has been tipped on its head because of "wokeness," the language used by most reporters and publications has long been consistent with this kind of ideology.

The only thing that has changed is how open abortion advocacy groups and the press are in acknowledging this push for pro-abortion language.

# The bodily autonomy argument for abortion: Here's why it cannot justify killing or neglect

By Paul Stark

Amidst the rhetoric in favor of abortion, one argument's popularity surpasses that of all others. Pregnant women, abortion supporters say, have a right to decide what happens in and to their own bodies.

Don't misunderstand this claim. Defenders of abortion don't (usually) mean that an unborn child is literally a part of the woman's body, which would be absurdly false. The argument, rather, is that abortion is justified because the unborn child is *inside and dependent on* the woman's body.

This approach tries to sidestep the standard pro-life case that unborn children are distinct members of the human species and that human rights belong to all human beings. The bodily autonomy argument contends that, even if that's all true, it's beside the point. *Even if* the unborn child counts as a valuable person like us, abortion is still justified because of the unique bodily dynamic involved in pregnancy. As some proponents put it, the woman's right to control her body trumps whatever rights may belong to the unborn child.

Bodily autonomy is indeed an important principle, one far too often violated (just think about the evils of sexual assault or human trafficking). But does autonomy justify abortion? Here's how this argument works and where it goes wrong.

## May we do whatever we want to unborn children?

Trent Horn distinguishes between two versions of the argument. The "sovereign zone" version holds that a woman's body is her sovereign domain. She owns it. So she has the right to do whatever she wants to her body

or with what's inside her body (which, in the case of pregnancy, includes the unborn child).

But few people think this way consistently. For example, most of us agree that a pregnant woman should not knowingly ingest drugs or other substances that cause grave harm to the child (such as an extreme disability

## May we refuse to provide bodily support?

The second version of the argument, the "right to refuse" version, originates with a philosopher named Judith Jarvis Thomson. It doesn't say, as the sovereign zone argument does, that a pregnant woman may do just *whatever she wants* with the

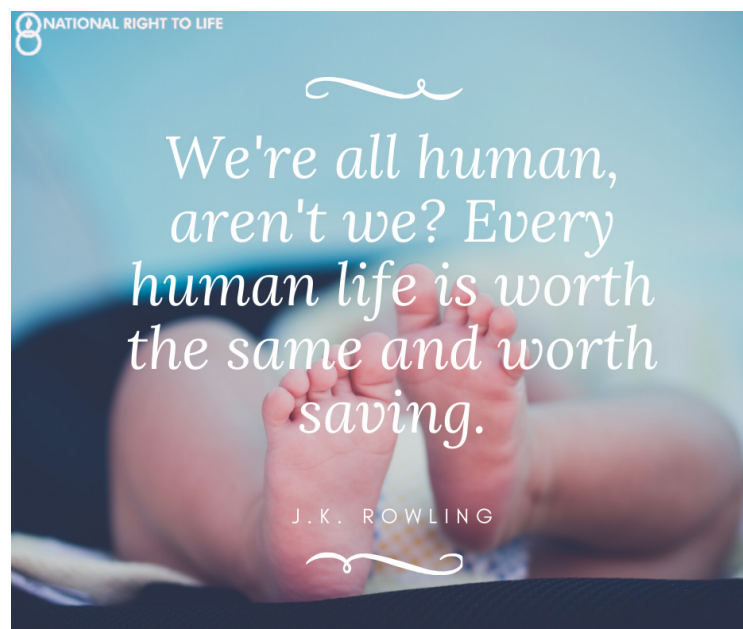
through violence to her body. So abortion is, as the pro-choice ethicist Kate Greasley puts it, "not the mere withholding of aid, but the act of killing, in breach of the negative obligation to refrain from killing other persons [though Greasley herself does not think unborn children are persons]."

Imagine two conjoined (Siamese) twins. Twin A could live independently of the body of Twin B, but Twin B could not live independently of the body of Twin A. Suppose Twin A has no special obligation to provide this extensive bodily support for his brother (after all, he's not responsible for his brother's existence and dependency). May Twin A have Twin B killed?

No. Even if Twin A has a right to refuse to help his brother, that right to refuse isn't the same as a right to kill. If unborn human beings, like conjoined twins, have human rights, then abortion violates those rights.

But let's say, for the sake of argument, that abortion is more like declining assistance than like intentional and direct destruction. Is declining to help okay? The argument still faces a very serious problem, which is that parents (except in cases of rape) bear responsibility for their children because they brought those children into existence.

This fact doesn't seem controversial apart from the issue of abortion. An estranged father, for instance, must work and pay child support (in truth, he should do a lot more than that), even if he never intended to father a child. Dads and moms owe their dependent children ordinary care and protection from harm.



or deformity). And if *harming* the unborn child is wrong, then *killing* her through abortion is even worse. Bodily autonomy clearly has limits.

The sovereign zone view regards a woman's body as her property, a territory over which she has total control. Yet one's property rights, however important, can't simply nullify the human rights of someone else. "Mere ownership," writes the pro-choice philosopher Mary Anne Warren (in a critique of this argument), "does not give me the right to kill innocent people whom I find on my property." If the unborn child has human rights, then we may not treat her in just any way we would like. We must treat her as the valuable human being she is.

Instead, it says that she has a right to refuse to let that child use her body for sustenance and protection. Just as we're not obligated to donate an organ to save someone else's life, the pregnant woman isn't obligated to donate her body for nine months (and all the sacrifice that entails) to save the life of the child.

But this version of the argument, too, faces serious problems. One problem is that abortion isn't merely a refusal to help someone who would otherwise die from an underlying disease or injury. Instead, abortion is intentional and direct killing (via suction, dismemberment, crushing, poison, or lethal injection). The intended outcome is a dead child, and that outcome is achieved



# Ohio RTL pledges to vigorously oppose efforts to introduce a ballot initiative to enshrine abortion into state constitution

On Monday Ohio Right to Life responded to multiple pro-abortion groups announcing efforts to introduce a ballot initiative to enshrine abortion into Ohio's constitution. Ohio Physicians for Reproductive Rights has clarified that they intend to have the issue on the ballot as soon as November 2023, while other groups like ACLU and Planned Parenthood alluded to waiting until 2024.

There is currently no information on what the language would read as. However, the ACLU stated in a press release that the measure would "explicitly protect reproductive freedom for all." This means that the measure will likely have zero limits or restrictions on abortion, allowing for abortion up to 9 months of pregnancy.

"Make no mistake, this will

be an extreme abortion measure proposed in 2023," said Peter Range, CEO of Ohio Right to

Life. He continued, "We believe every human life is precious, and that begins in the womb. The



Life. "The group proposing this measure will talk about health care, but all they care about will be abortion on demand which ends the life of an innocent human child."

people of Ohio are compassionate, loving, and caring and will reject an extreme abortion measure coming from the progressive elite in Ohio."

Michael Gonidakis, Ohio Right

to Life President, said "When left with the choice of protecting babies with a beating heart or allowing them to be killed at nine months old during pregnancy, Ohioans will overwhelmingly choose life." He added, "The Buckeye state has repeatedly reiterated that we are undeniably pro-life, and this time will be no different. Ohio Right to Life has a presence in all 88 counties, and we are prepared to orchestrate the largest grassroots initiative in our state history, whether in 2023 or 2024."

Gonidakis concluded, "Lives are on the line, and we will raise the money and exhaust every resource available to protect preborn born babies. It boggles our minds to think that some people in Ohio do not support that. We are ready and prepared to fight for the right to life in Ohio."

## The bodily autonomy argument for abortion: Here's why it cannot justify killing or neglect

From Page 5

Of course, parenthood is really, really hard, and parents deserve our gratitude and support. Adoption, moreover, is a loving and selfless way that birth parents can fulfill their obligations. But if human beings matter before birth just as they matter after birth, then the basic responsibility their parents bear for them applies then as well.

### **We flourish together, not at each other's expense**

Many people who employ the bodily autonomy argument see mother and child as competitors fighting in a zero-sum game. Mother Teresa observed that abortion has "pitted mothers against their children" and "sown violence and discord at the heart of the most intimate

human relationships." The pro-life view offers a different vision. It recognizes that human beings are vulnerable and interdependent by nature, that obligations arise from these relationships, and that real human flourishing comes together rather than at each other's expense.

Bodily autonomy is important. But the bodily dynamic of

pregnancy—the unique way that each one of us was nurtured by our mother when we were most immature and helpless—is no justification for killing or neglect.

It is, instead, a call for mothers along with fathers to care for their children and each other—and for society to protect and support all of them.

# Independent Abortion Clinics Worried By Multiple Closures Since *Dobbs*

*Twice as many independent abortion clinics have closed so far in 2022 compared to the year before*

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

In the United States, four out of every ten abortions are performed at Planned Parenthood, easily the nation's largest abortion chain and the most politically powerful pro-abortion player in the country's abortion debate.

But this means that a majority of abortions are done by others. And it turns out these other, independent abortionists are anxious to get their due.

A just-issued report from the "Abortion Care Network" (or ACN) which describes itself as "the national association for independent community-based, abortion care providers and their allies," claims that "providers" in this group are responsible for 55% of all abortions performed in the U.S.

Interestingly enough, it also notes that their membership has been especially decimated by *Roe's* repeal, with 42 clinics closing just this year.

## The special awful niche of independent abortionists

Though they represent only about 24 percent of all abortion facilities, independent "providers" perform about 55% of all abortions.

Planned Parenthood did 41%, the report says, with 3% of abortions being done by hospitals and another 1% being done by private physicians working out of their offices.

These facts alone tell us some important things about these independent operators.

First, there is a wide variety of these independent providers. If every abortionist who is not employed by Planned Parenthood, or who is not working in a hospital or in private practice is considered

an independent operator (as it appears here in this report) that means that this group includes not just large single stand-alone mega-clinics, but other national affiliates that compete with Planned Parenthood.

The report does not list these by name, but there are other

Washington, but it is unclear if it is related). Cedar River operates four clinics in Washington state. FPA Women's Health is a large chain of 25 clinics in California.

There may be more. Some probably represent chains under a single traveling abortionist while others may be big abortion

those abortions performed after the first trimester, 79% of those performed after 22 weeks, and **100%** of those occurring after 26 weeks gestation.

## Changes in recent years and since *Roe* fell

As mentioned earlier, the



abortion groups besides Planned Parenthood with multiple clinics or affiliates spread across the country or at least certain regions of the United States.

Whole Woman's Health had several clinics in Texas before this year and still has clinics open in Minnesota, Indiana, Virginia, and Maryland. A Woman's Choice has three clinics in North Carolina and one in Florida. A Preferred Women's Health has two centers each in North Carolina and Georgia. Carafem offered abortions at upscale clinics in Atlanta, Chicago, and Washington, D.C. (one in Nashville ceased operations in August of 2022). All Women's Health runs several clinics in Florida (another one using the same name operates in Tacoma,

corporations in their own right. It simply needs to be understood that "independent" is a broad umbrella term encompassing many clinic models.

One should not automatically assume that "independent" means a small local operation with limited business (though even these smaller ones are made more powerful through their association with national groups like the Abortion Care Network). If ACN figures are accurate, the average member clinic likely would have been responsible for somewhere between 1,000 and 1,200 abortions a year.

Second, as ACN reports, their "providers" handle not only high volume but specialize in later abortions. ACN says that their clinics are responsible for 62% of

number of independent clinics has fallen. ACN reports that while there were 510 independent clinics open in 2012, there were just 434 in November of 2022, a drop of 15% in its membership.

A few new ones opened, some which were simply sites selling abortion pills online. ACN notes that between 2017 and 2022, it counted 133 independent abortion clinics that were "forced to close or stop providing abortion."

ACN says 17 independent clinics closed in 2017, 13 in 2018, 27 in 2019, 14 in 2020, and 20 in 2021; note that there was no special downward trend because of COVID. In the first eleven



# 6th Circuit hears Sisters of Life challenge to Louisville “buffer zone”

By Dave Andrusko

A “skeptical” Sixth Circuit Court of Appeals heard the Louisville metro government defend its policy of establishing a 10 foot buffer zone in front of the EMW Women’s Surgical Center. The Louisville City Council enacted the buffer zone in May 2021. EMW is the lone abortion provider in Kentucky.

“Sisters for Life, a Christian anti-abortion nonprofit group also based in Louisville, opposed the city ordinance establishing the buffer zone in a June 2021 federal lawsuit,” Dave Byrne reported. “It argues that barring ministers from EMW’s front entrance violates free speech and religious freedom rights, and endangers what it called a ‘life-saving sidewalk ministry.’”

Byrne added, quoting the group’s amended complaint, “Defendants have substantially burdened Plaintiffs’ freedom of religion, including their right to act in a manner motivated by their sincerely religious beliefs, i.e. sidewalk ministry.”

Addia Wuchner, R.N., Executive Director KRTL, explained that “Kentucky Right

to Life and Sisters for Life are defending pro-life sidewalk counseling, an attempt to provide women seeking abortions with alternatives like parenting and adoption resources. There have

against the buffer zone throughout 2021. She “finally tossed the case in February of this year, finding Sisters for Life had not demonstrated how the buffer zone irreparably injures itself or



been children saved because of that intimate conversation with a sidewalk counselor as women were walking in to have an abortion.”

U.S. District Court Judge Rebecca Grady Jennings repeatedly denied the Sisters for Life’s requests for injunctions

its constituent members,” Byrne wrote. “The group appealed Grady Jennings’ ruling three days after she handed it down.”

In oral arguments, Sisters for Life Attorney Christopher Wiest **argued the buffer zone was a form of legislative overkill. He stated, as he**

**did in the 2021 complaint, that the language of the buffer zone ordinance actually bars ministers from approaching within half a city block of EMW, not just 10 feet.**

“We can’t conduct our ministry,” he told the panel. “We can’t interact with these people.”

Wiest also clarified to the judges that Sister for Life did not oppose all of the buffer zone ordinance, which also prohibits anyone from “knowingly obstruct[ing], detain[ing], hinder[ing], imped[ing], or block[ing] another person’s entry to or exit from a health care facility.”

“We’ve never challenged that [obstruction clause]; in fact we suggest that’s all the city needed,” the attorney said.

The judges did not set a timetable for when they would issue a ruling.

# What Euthanasia Has Done to Canada

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

The *New York Times* published an opinion column by Ross Douthat on December 3, 2022 titled *What Euthanasia Has Done to Canada*. It is very much worth reading.

Douthat begins by writing about the defense of the pro-euthanasia ad by Simons, a Canadian fashion designer and retailer. Douthat writes

**In an interview quoted in Canada's National Post, the chief merchant of Simons stated that the**

**just terminal disease. In 2021, over 10,000 people ended their lives this way, just over 3 percent of all deaths in Canada. A further expansion, allowing euthanasia for mental-health conditions, will go into effect in March 2023; permitting euthanasia for "mature" minors is also being considered.**

With the advance of euthanasia,

**slippery slope argument: When 10,000 people are availing themselves of your euthanasia system every year, you have already entered the dystopia.**

And the evidence of a societal collapse is all around:

**Indeed, according to a lengthy report by Maria Cheng of *The Associated Press*, the Canadian system shows exactly the**

"human right."

**The idea that human rights encompass a right to self-destruction, the conceit that people in a state of terrible suffering and vulnerability are really "free" to make a choice that ends all choices, the idea that a healing profession should include death in its battery of treatments — these are inherently destructive ideas. Left unchecked, they will forge a cruel brave new world, a dehumanizing final chapter for the liberal story.**

Douthat acknowledges that there are Liberals who oppose euthanasia but he suggests that a potent conservatism is needed to prevent euthanasia from spreading. He writes:

**Yes, there are liberals, Canadian and American, who can see what's wrong with euthanasia. Yes, the most explicit cheerleading for quietus can still inspire backlash: Twitter reactions to the Simons video have been harsh, and it's vanished from the company's website.**

**But without a potent conservatism, the cultural balance tilts too much against these doubts.**

Conservatism is not required to oppose euthanasia but we need to call it what it is. Euphemistically calling euthanasia "Maid" takes away the reality that euthanasia is an act of killing. You don't need to be religious or Conservative to oppose killing.

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



film was "obviously not a commercial campaign." Instead it was a signifier of a public-spirited desire to "build the communities that we want to live in tomorrow, and leave to our children."

For those communities and children, the video's message is clear: They should believe in the holiness of euthanasia.

In recent years, Canada has established some of the world's most permissive euthanasia laws, allowing adults to seek either physician-assisted suicide or direct euthanasia for many different forms of serious suffering, not

Douthat asks a different question: What if a society remains liberal but ceases to be civilized? Douthat continues:

**The rules of civilization necessarily include gray areas. It is not barbaric for the law to acknowledge hard choices in end-of-life care, about when to withdraw life support or how aggressively to manage agonizing pain.**

**It is barbaric, however, to establish a bureaucratic system that offers death as a reliable treatment for suffering and enlists the healing profession in delivering this "cure." And while there may be worse evils ahead, this isn't a**

**corrosive features that critics of assisted suicide anticipated, from health care workers allegedly suggesting euthanasia to their patients to sick people seeking a quietus for reasons linked to financial stress.**

**In these issues you can see the dark ways euthanasia interacts with other late-modern problems — the isolation imposed by family breakdown, the spread of chronic illness and depression, the pressure on aging, low-birthrate societies to cut their health care costs.**

Douthat then comments on the concept of euthanasia as a

# Bioethicist: Having Children Is Bad

By Wesley J. Smith

This is the world of bioethics, the “experts” whom we are supposed to trust to guide public policy on a range of issues, from medical policy to environmental law.

We should not listen to a word the mainstreamers have to say — as this article telling us not to have children makes clear. From

**having a child is a major contributor to climate change. The logical takeaway here is that everyone on Earth ought to consider having fewer children.**

Talk about shades of China family-planning theory. We must

What crap. We do not have to feel guilty for being alive. Moreover, children bring great joy into the world. They are the posterity to whom the future will belong and depend. They are the hope of the world, not environmental disasters.

But look at the moral wrong our bioethicist changes this most

**responsible (he did it!). But his doing it doesn’t eliminate my responsibility either.**

**Something similar is true, I think, when it comes to having children: Once my daughter is an autonomous agent, she will be responsible for her emissions. But that doesn’t negate my responsibility. Moral responsibility simply isn’t mathematical. . . .**

**Having a child imposes high emissions on the world, while the parents get the benefit. So like with any high-cost luxury, we should limit our indulgence.**

No. Choosing to bring new life is not an environmental wrong. It is the best that life has to offer.

This is why I call it global-warming hysteria. And it’s an example of why I think most bioethics discourse pushes us away from policies and actions that make for a healthy and vibrant society.

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



“Science Proves Kids are Bad for the Earth,” by Travis Reider, published at *NBC Think*:

**A startling and honestly distressing view is beginning to receive serious consideration in both academic and popular discussions of climate change ethics. According to this view,**

**destroy much of what makes life worth living in order save the planet!**

The argument that having a child adds to one’s carbon footprint depends on the view that each of us has a personal carbon ledger for which we are responsible. Furthermore, some amount of an offspring’s emissions count towards the parents’ ledger.

important human endeavor into:

**If I release a murderer from prison, knowing full well that he intends to kill innocent people, then I bear some responsibility for those deaths — even though the killer is also fully responsible. My having released him doesn’t make him less**





## Memorials & Tributes

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

### In Memory of

**Joan P. Allgaier**  
Michael Allgaier

**Abdul Aziz**  
Alex Monsur

**Lisa Ball**  
Kay Honeycutt & Phil Otte

**Caeli**  
Kelly Tyler

**Robert (Bob) William Clark**  
Gary & Mildred Dean  
Randy & Nancy Helt  
Mike & Nancy Kettler  
Dorothy & Joe McLaughlin  
Nancy Parker

**Janet Cicenias**  
Aaron & Mary Helmick

**Robert Gates**  
Comfort Keepers

**Richard Gulden Sr & Shirley Gulden**  
Richard Gulden

**Robert Hofacre**  
Darla Eisemann

**Ellen Marie Horan**  
Cassandra Myers

**Theresa Haas**  
Robert & Karen Perry

**Virgil Huber**  
Mary Ryan

**David Robert Kansa**  
Constance Kansa

**Andrew & Corral Lawrence**  
Joe & Vickie Luchini

**Timothy James McCarthy**  
Rachel Anderson

**Gail Louise McGovern**  
John McGovern

**Frank Madej**  
Betty Ann Mase  
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Patricia Warner

**John "Jack" Metzger**  
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**Joann Ruth Niemeier**  
Ryan & Dawn Meyer  
LaVern Niemeier  
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Victoria Petry

**Susan Sappington**  
Denise Dudzinski

**Martin St. John**  
Emilia Vitolo-Gallo

**Dorothy "Coco" Witt**  
John & Sandy Fugate

**Dorothy Wolfe**  
Wayne Wolfe

### In Honor of

**Anne L. Hoffman**  
Cecilia Eifert

**Rebecca McMullin**  
Nathan McMullin

**Pamela Rauscher**  
Bernadette Hoppes

**My Unknown Son or Daughter**  
Charles Brophy

December 2022

**You can make your contribution in loving memory or in honor of someone online at [donate.nrlc.org](https://donate.nrlc.org) or by sending your contribution along with the form below.**



## Memorials & Tributes

Contribution  
amount



Your name \_\_\_\_\_

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

Your address \_\_\_\_\_

Name/Address for acknowledgment card \_\_\_\_\_

**Return form along with a check payable to National Right to Life Committee to:  
National Right to Life Development Office  
1446 Duke Street | Alexandria, Virginia 22314**

# Statistics show more than 4,000 lives have been saved through abortion pill reversal

By Ashley DeWart

Second chances—they are real, and the results are life changing.

In fact, since 2012, statistics inform us that second chances in the form of reversing an abortion decision have saved a record 4,000 lives!

So, we celebrate the Abortion Pill Rescue® Network (APRN) and its more than 1,200 medical professionals who are committed to providing real health care to those women who have changed their mind after starting a chemical abortion.

We celebrate the impact on our world with the addition of 4,000 unique, never to be repeated lives.

## Generations will rejoice in their milestones.

For more than a decade the abortion pill reversal protocol has been available to women who have experienced regret in their decision to abort their child.

If we believe in healthcare, choice, and the value of women, this is how we show it. We provide them with life saving opportunities then walk with them through the valley.

As the number of chemical abortions continues to rise and the dangerous pills become more widely available, the need to be there for women who experience regret and wish to try to save their child continues as well.

According to data directly from the abortion industry's research arm, the Guttmacher Institute, more than fifty percent of all abortions performed in the United States are chemical abortions.

The claim is made that “medication abortion is a safe and effective option,” yet the two-drug regimen of mifepristone and misoprostol (aka the “abortion pill”) having been all but deregulated in this nation, is contributing to both a spike in use and complications.

An extensive study conducted by the CLI showed a dramatic increase in ER visits after a chemical abortion.

Dr. James Studnicki, CLI Vice President of Data Analytics stated:

**“The safety of chemical abortion is greatly exaggerated. In fact, the increasing dominance of chemical abortion and its disproportionate**

**available to all women – even those who first choose abortion. Regret occurs after abortion and sometimes that regret sets in right away. The thousands of women who have changed their minds after taking the first abortion pill and successfully reversed their chemical abortion frequently wish to share**

**after taking the first abortion pill.**

**Hospital systems adding the APR protocol as an order set is a big win for women who are seeking reversal care. Women should never be forced to continue with an abortion they no longer desire, and immediate care is now available in some hospitals. Women who present in an emergency department of these hospitals can now rely on the APR protocol to be immediately available to them. We also have a number of other healthcare systems working to also add their hospitals to our growing list of providers who agree that APR is an appropriate and effective treatment for those having regret after taking the first abortion pill.”**



**contribution to emergency room morbidity is a serious public health threat, and the real-world data suggests the threat is growing.”**

As overseas organizations such as Aid Access seize the profitable opportunity to bypass what few regulations still exist, the number of women needing access to the reversal process will exponentially rise.

Recently the Abortion Pill Rescue Network expanded to include several hospital systems that saw the value in having the protocol available to their emergency departments.

Christa Brown, BSN, RN, and Senior Director of Medical Impact shares:

**“The option to continue a pregnancy should be**

**their joy in hopes of saving other moms from going what they have in beginning a chemical abortion. Their personal accounts directly counter claims about APR made by the abortion lobby. We are thankful for their bravery to make a different choice and overcome the challenges that first led them to an abortion decision. And we are thankful for the many lives saved – lives that were once reduced to another abortion statistic but who are alive and thriving thanks to the APR Network. We’ve assisted women in 77 different countries and all 50 states in the U.S. who wish to continue their pregnancies even**

The expansion of the network and the pursuit of truth found its beginning with two doctors working independently but headed in the same direction.

Drs. George Delgado and Matt Harrison, named as pioneers of the abortion pill reversal protocol, sought to serve women as they pleaded to save their children. These brave doctors followed the known science and discovered that what appeared to be the end was just the beginning.

In reflecting on the last 10 years of working to save unborn children and their mothers from

# Unborn twin's "distress signal" saves her sister's life

By Dave Andrusko

Let me preface this by saying this is a beautiful story: "Twin sends out 'distress signal' from mother's womb to save her sister's life." Here is Pheba M.'s lovely opening paragraph:

**Twins always share a special bond. They start their lives together from their mother's womb and are known to be each others' best friends till death. One can't bear to see the other in trouble and go to great lengths to protect them. Maybe that's why Poppy McBride sent out distress signals from the womb upon seeing her sister struggle, leading the doctors to deliver them early and save her life.**

Here's the background.

Doctors had advised Leah McBride and her husband, Austin, to abort Poppy, the smaller of the twins. Why? Because they had discovered at a scan taken at 21 weeks that "the girls had a twin-to-twin transfusion, in which there is an imbalance of blood flow. It makes one baby a donor and the other the recipient of all the nutrients."

Indeed, there was a 48% difference. By aborting Poppy, the McBrides were told, their other daughter, Winnie, "would have a better chance of survival as the doctors were worried that Poppy would have a heart attack as she was passing all the nutrients to Winnie and they thought Winnie

might have a stroke."

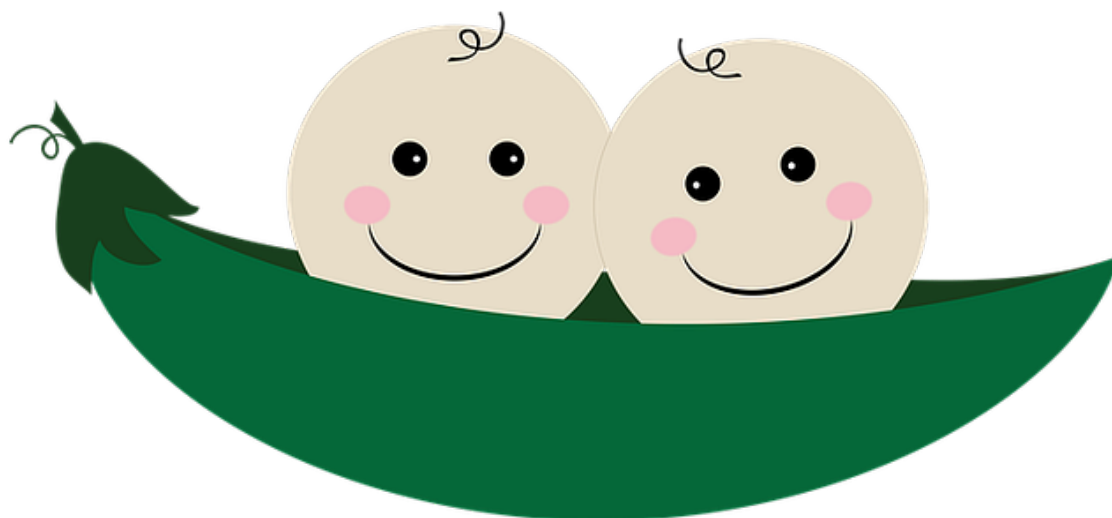
What a horrible dilemma but Leah didn't wish to choose Winnie over Poppy and sought a second opinion, Pheba M. wrote. Doctors at Memorial Hermann Hospital suggested surgery. Viola: they were able to steady the blood imbalance!

But the babies were not out of the woods yet. Leah's water broke

weighed 3lb 8oz—was not. She was born with underdeveloped lungs and had to be taken to the intensive care unit.

Leah revealed that doctors told her Poppy saved her sister's life and that if they had waited longer to deliver the twins, Winnie would not

so they had to deliver, but when she was born, she was completely fine." The doctors believe she sent out the distress signals because she knew her sister wouldn't survive unless she was delivered soon. Leah added, "Even now Poppy takes care of Winnie, though she is



at 27 weeks and the doctors tried steroids to hold off their twins' birth. And then...

**At 31 weeks, Poppy's heart rate dipped and showed no signs of improving, forcing the doctors to deliver both kids. They were born on May 24, 2019. Doctors were surprised to find that Poppy, despite being smaller than her twin at 1lb 11oz, was perfectly healthy. However, her sister Winnie—who**

**have made it. Winnie had to go through brain surgery at 14 days old to remove fluid build-up and she has recovered well after it.**

Pheba M. concluded her beautiful story with an update:

**McBride who is from Lake Jackson, Texas, said: "Our doctors told us, 'I think your tiny twin saved her sister's life.' Poppy's heart rate had been all over the place,**

**still much smaller." The doctors called Poppy "feisty but she was smaller than an elf on the shelf," the proud mom shared. Both girls are now doing great. Leah said that they are "smart as they can be" and that Winnie can "read books from memory at 3."**

They are also very close to each other. When Leah tried to move their beds apart, "they weren't having it," she revealed.



# Gratitude for the many, many people who open their hearts and even their homes to pregnant women facing challenging circumstances

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

What might seem like an ordinary trip to the supermarket can be an occasion to witness the sacredness of life, if one only has eyes to see and ears to hear.

I was reminded of this recently during a hasty trip to my neighborhood grocery store. I had dashed in to pick up tortilla chips and salsa for a staff luncheon with shrimp quesadillas on the menu (Our National Right to Life affiliate knows how to celebrate potluck staff meetings in style.)

As I made my way to the self-serve checkout, I spied them—a mother with three little children in tow. The clerk smiled at them, and I couldn't help but smile as well. They brought joy to the ordinarily humdrum task of paying for groceries.

The mother was a pro. As the

family made their way out to the parking lot, she balanced one child on her hip, with the other two grocery, hand in hand. And I thought to myself, "If only a pregnant woman



holding hands beside her. I was reminded of the days of my youth, when my mother, my sister, and I would walk to the neighborhood contemplating abortion could see three or four years down the line, when her child was preschool age. If only she could foresee the

joy that that child could bring. If only she could see part of the journey ahead, with her child by her side. If only she could foresee the laughter and the hugs and the crayon drawings with the caption, "I love you!"

I am so grateful for the many, many people who open their hearts and even their homes to pregnant women facing challenging circumstances. These 21st century heroes help to point the way for women who are struggling to see past the present moment in time. They journey with women throughout their pregnancies and even beyond.

Consider extending a helping hand to a pregnancy resource center this week. You never know what hearts you might change and what lives you might help to save!

## Statistics show more than 4,000 lives have been saved through abortion pill reversal

From Page 12

an unwanted abortion they are humbled by the latest milestone.

Dr. Delgado shared:

**“What has really inspired and impressed me the most is the courage of the women who pursue reversal. In the face of denial by society, pressure from the abortion industry and those around them they move forward to do anything they can to claim that second chance. For these women to trust this process and me and do whatever they can to save their child’s life, that**

**is the inspiration.”**

And what about these women who made the choice to save their child? What do they have to say? Their voices matter and they have a powerful testimony as they live out their second chance.

In reflecting on her reversal experience Ashley exclaims, “I reversed my abortion...that’s mission impossible! What are the chances you find somebody that wants to help you?! Every night I lay down and let God know I am thankful for Him...”

Every day there are brave women across the world who refuse to take no for an answer.

They made a mistake and are seeking a second chance. Who has the right to deny them truth?

The Abortion Pill Rescue Network, its managing organization Heartbeat International, pregnancy help centers, and medical professionals are all dedicated to forming a safety net for all those facing big decisions. Truth, science, and love should guide our decisions as we provide real health care to these women, children, and families.

**Four thousand lives.**

There are the faces, names, and souls behind the growing number. Their lives are valuable, and their

stories are profound.

Their milestones are real and tangible and reflect the lives of their neighbors. Baptisms and graduations, first days of school and new friends, birthdays, and summer memories. Stories never to be repeated and work only they can do.

They are just waiting to leave their mark on the world.

Let’s celebrate what is to come!

*Editor’s note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News where this appeared. Reposted with permission.*

# Southwest Airlines is ordered to rehire flight attendant who was fired for expressing her pro-life convictions

By Dave Andrusko

A Texas federal judge has ordered Southwest Airlines to rehire flight attendant Charlene Carter with full seniority and benefits after she was fired in 2017 for expressing her pro-life views on Facebook and speaking out against the Transportation Workers Union of America.

“In a decision filed on Dec. 5, five months after a jury decided in Carter’s favor, Judge Brantley Starr remarked, ‘Bags fly free with Southwest. But free speech didn’t fly at all with Southwest in this case,’” Janice Hisle reported.

“The jury found the Defendants [Southwest Airlines] were grossly intolerant of their flight attendants’ speech in violation of federal law,” Mateusz Maszczyński reported. “And, even now, their lawyers continue to hunt for ‘controversial’ social-media posts from Carter instead of pondering their own mistakes and planning a future life free of them” the judge said

“The jury also awarded front [or future] pay, but Carter would rather have her job back,” Judge Brantley wrote. “The Court reinstates Carter to her former position ... If the Court opted for front pay over reinstatement, the

court would complete Southwest’s unlawful scheme. Reinstatement is appropriate.”

Further, “the judge explicitly ordered Southwest and Local 556 to share the jury’s verdict and



Starr’s decision with all members of the union via email and to post the documents in conspicuous places for a 60-day period,” Hisle wrote.

A jury initially granted Carter, who worked as an attendant for nearly 21 years, \$5.1 million dollars. Judge Starr reduced the amount “to comply with

federal limits on punitive damages that companies can be required to pay,” the *Associated Press* reported. “Judge Starr granted Carter \$300,000 in compensatory and punitive

discriminating against Southwest flight attendants for their religious practices and beliefs, including—but not limited to—those expressed on social media and those concerning abortion.”

Carter, who now lives in Colorado, “fought for five years after she was fired,” Hisle wrote. “As *The Epoch Times* previously reported Carter had become an outspoken opponent of abortion after she suffered physical and emotional effects from terminating a pregnancy years earlier, when she was 19.”

**In 2017, Carter sent private Facebook messages to Audrey Stone, then president of Local 556, railing against the union’s participation in the national Women’s March.**

**It was an event sponsored, in part, by Planned Parenthood, a pro-abortion group.**

**Stone complained to Southwest about Carter’s messages. Soon thereafter, the airline fired Carter from the job she had held for two decades.**

damages from Southwest; \$300,000 in compensatory and punitive damages from the flight attendants’ union, Transport Workers Union of America Local 556; \$150,000 in back pay, and \$60,180.82 in prejudgment interest,” Hisle reported.

Starr’s order also forbids both the company and the union “from

# Three keys to fetal pain

By John Bockmann

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

The way I see it, there are three keys to fetal pain:

1. The IASP's revised definition of pain,
2. 4D ultrasound studies of fetal behavior, and
3. The diminution of cortical necessity.

Today I'll discuss the first key: the International Association of the Study of Pain (IASP)'s revised definition of pain, which has profound implications for how we conceptualize fetal pain.

## Why does the definition matter?

It may seem strange that I begin with a definition instead of a scientific or medical finding. But in order to discuss a topic, we must define it. The definition of pain is really a distillation of all our current knowledge of pain—philosophy and science—and it matters immensely that we get it right.

The alternative is that we fail to treat pain because we've labeled it as "reflex." This is essentially what happened with animals and newborn children until the late 1980s, when physicians and veterinarians routinely gave their patients muscle paralyzers but withheld anesthesia during even the most invasive surgeries. As pediatric pain expert Myron Yaster mused in 1991:

**Most adults would be shocked if they saw what was done to children in hospitals without anesthetics. It's like**

**roping and holding down a steer to brand it.**

Judging by Henry Bigelow's comments in the first issue of *Journal of the American Medical Association* in 1848, surgeons have long been "holding down"



their tiny patients instead of giving them anesthesia. The Harvard Medical School professor of surgery wrote:

**Indeed, the facility of controlling a child of this age, together with the fact that it has neither the anticipation nor remembrance of suffering, however severe, seems to render this stage of narcoticism [anesthesia] unnecessary.**

Our wrong idea of pain caused us to ignore pain behavior, transforming operating rooms into torture chambers for countless babies. It matters how we define pain.

## How and why did the IASP change their definition of pain?

Probably most pain scientists

and clinicians accept the IASP's definition of the term, developed in 1979. Back then, the IASP defined pain as:

**An unpleasant sensory and emotional experience associated with actual or potential tissue damage,**

definition seems little changed. The IASP excised the requirement that pain be described and added six notes below it, the final one stating that "Verbal description is only one of several behaviors to express pain."

But these small changes have massive implications for nonverbal creatures. Pain behavior—a concept that most of us who have cared for animals or babies intuitively grasp—may now, finally, be considered.

It's easy to see how a definition of pain that ignored behavior and required a patient to verbally describe their pain would disqualify animals and newborns. Pain was seen as a complex phenomenon that involved not just the raw sensation associated with injury; pain had to be learned and spoken in order to be felt.

If none of that quite makes sense, then consider it to have been a triumph of philosophy over empathy. History is full of such examples.

This recognition of pain behaviors, and the dethroning of verbal report—formerly the "gold standard" of pain assessment, now "only one of several behaviors to express pain"—is a welcome shift. Instead of theory determining observation, observation may now inform theory. This implies that pain, instead of having to be learned and spoken in order to be felt, must be felt in order to be learned and spoken.

With this new definition of pain, behavior is key. That's significant in light of the developments in 4D ultrasound and fetal behavioral studies, which I'll examine in part two.

## or described in terms of such damage

In 2020, the IASP revised this definition to account for "advances in our understanding of pain," with particular emphasis on pain in animals and nonverbal humans.

"It has been argued that the [1979] definition emphasizes verbal self-report at the expense of nonverbal behaviors that may provide vital information, especially in non-human animals and humans with impaired cognition or language skills," the IASP explained in 2020, updating its definition of pain to this:

An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

At first glance, the new



# The essential role of euphemisms in protecting the “right” to abortion

By Dave Andrusko

The title of Dr. Michael McCutchen’s intriguing column is “Drop the euphemisms and get uncomfortable when talking about abortion.” Euphemism are handy shields to ward off a confrontation—in the case of abortion—with its bloody, unforgiving, and pitiless reality. No wonder pro-abortionists have elevated euphemisms to an art form. The truth must be avoided at all costs.

In his essay, Dr. McCutchen begins by quoting historian Paul Johnson who observed “Euphemism is a human device to conceal the horrors of reality.” In his own voice, Dr. McCutchen writes, “Sociopolitical movements often use heavy euphemistic language to push agendas. One of the most prominent of these movements is the pro-choice movement.”

So what about the bedrock evasion? “The term ‘pro-choice’ is a self-endowed moniker abortion advocates use to describe themselves.” (Better to describe yourself than leave it to your opponents.) An obvious but important point to make is that the use of “pro-choice” not only begs the question—what is it you’re choosing?—it is essentially content free, like a wafer.

His second example is found on Planned Parenthood’s website. “Abortion” is listed as “a medical

procedure that ends a pregnancy.” Calling abortion a “medical procedure” is “a euphemism that hides the profound implications of the act.”

An example? “Vacuum aspiration” which sounds

**the nature and intent of the act.**

We include something from “Clinic Quotes” virtually every day. The site abounds in examples of what women hear when



innocuous enough. It is a “procedure” where “the cervix is manually or pharmacologically dilated.”

**Then “gentle” suction is used to aspirate embryonic/fetal contents. An inventory is then conducted to ensure all the components of the embryo/fetus are present. These are graphic descriptions but are imperative to understand**

their baby is whisked out of her mother’s womb and the impact on the nurses who are required to be sure there is nothing left behind of the baby in the uterus.

Just one other...“Reproductive right.” Calling abortion a “reproductive right” is “another attempt to turn the pernicious into the benign.” Dr. McCutchen writes.

**Abortion is not about reproduction. Reproduction means “to**

**make again,” referring to humans creating another human being. Actual reproductive rights precede the act of reproduction, and no one believes the right to reproduce should be stripped from anyone. However, an action taken against the product of reproduction is no longer related to reproductive rights. Abortion is a parental act and not a reproductive one. Using the term “right” regarding abortion is a misnomer in and of itself.**

Dr. McCutchen ends with an acknowledgement of the truth that “As humans, we are very adept at lying to ourselves and others” to “rationalize our actions and avoid harsh realities. Calling abortion a reproductive right, health care, a procedure, or a woman’s choice is an attempt to conceal the truth.”

So, ultimately, why would defenders of abortion cling to euphemisms? “If we remove all the euphemistic language, we are left to confront what is genuinely happening, the end of human life.

“Maybe we should stop the word games and embrace the uncomfortable. Honest conversations can then begin.”

# The Bible and Abortion: Nine Truths

By Paul Stark

*Editor's note. This appeared on the blog of Minnesota Citizens Concerned for Life (MCCL), National Right to Life's state affiliate.*

The pro-life movement is comprised of people of many faiths and no faith. So is MCCL. Ours is not a “religious” position. The facts of science (showing that the unborn is a living human organism) combined with sound moral reasoning (showing the equal dignity of every member of the human family) confirm the pro-life position that abortion unjustly takes the life of an innocent human being. This truth — like the truth that slavery is wrong, or that killing homeless people is wrong, or that kindness is good and praiseworthy — is accessible to everyone, regardless of religious conviction. (See, for example, [SecularProLife.org](http://SecularProLife.org).)

Having said that, Christians who embrace the Bible have additional reason to reject abortion and accept the pro-life position. From the Christian perspective, what we know from “general revelation” (science, natural law) is even further confirmed by “special revelation” (the teaching of Scripture). Below are the biblical truths most relevant to abortion, as best as I can discern them. These points should matter for anyone who believes the Bible is true or authoritative, and perhaps also for those who believe the Bible contains at least some truth or wisdom.

## (1) Human beings are created in the image of God.

“So God created man in his own image, in the image of God he created them; male and female he created them” (Genesis 1:27).

It seems highly likely that we bear the image of God by nature — by virtue of the kind of creature we are, one made in God's own likeness, with an inherent capacity (whether actualized or not) for reason, deliberation, love, etc. — and thus we bear that image at all stages of our lives. There is

no biblical basis for thinking that human beings can gain or lose their status as divine image-bearers due to accidental characteristics or stage of development, or that some members of our species are made in the image of God but not others.

## (2) It is morally wrong to intentionally take the life of an innocent human being.

The fact that human beings are created in the image of God is the biblical grounding for



human dignity and rights. This is made explicit in Genesis 9:6, which prohibits taking innocent human life on that basis. “Do not murder” (Matthew 19:18). See also Exodus 20:13 (the sixth commandment), Exodus 23:7, Proverbs 6:17.

Given the scientific facts of embryology — which show that the life of a human being begins at conception — it seems that the biblical prohibition on killing must include the killing of unborn human beings. Still, one could try to argue (as some have) that unborn humans are not meant to be included — that by “man” or “persons” (those who ought not be killed) the Bible means only more developed members of our species (perhaps those who can exercise higher mental functions), not those at the earliest stages of life. So consider point (3).

## (3) There is a continuity of personal identity throughout the life of a human being, beginning at conception and including the embryonic and fetal stages of development.

“Surely I was ... sinful from the time my mother conceived me” (Psalm 51:5). “From my mother's womb you have been my God” (Psalm 22:10). “[Y]ou knit me together in my mother's womb” (Psalm 139:13). “Did not he who made me in the womb make them?”

Did not the same one form us both within our mothers?” (Job 31:15). “Before I was born the Lord called me ... [he] formed me in the womb to be his servant” (Isaiah 49:1, 5). “Before I [God] formed you in the womb, I knew you” (Jeremiah 1:5).

Writers in both the Old and New Testaments use the same word to refer to unborn and already-born children (the Hebrew word *yeled* and the Greek word *brephos*, respectively). There is no distinction between them — children are children, whether born or unborn.

During Rebekah's pregnancy in Genesis 25:22, “the babies [Jacob and Esau] jostled each other within her.” When Jesus is conceived through the Holy Spirit, Mary is said to be “with child” upon conception (Matthew 1:18). In Luke 1:41-44, the unborn

John the Baptist (probably near the end of his second trimester in the womb) “leaped for joy” in his mother's womb when he entered the presence of the unborn Jesus (who was probably a several-days-old embryo at the time).

Thus, according to the Bible, each of us was once an embryo and a fetus. Moreover, God cares for unborn human beings just as he cares for everyone else. He knows them and has plans for their lives. So it is almost inconceivable that the prohibition on killing innocent human beings is not meant to include the killing of unborn human beings. To have killed the embryo I once was would have been to kill me, a human being loved by God and fashioned in his image.

We can put our reasoning like this: The Bible prohibits the killing of innocent human persons; the Bible regards the unborn as innocent human persons; therefore, the Bible prohibits the killing of the unborn. Alternatively, we can say that the Bible clearly assumes that what/who each of us is began at conception; moreover, the Bible teaches that we have dignity and a right to life (grounded in the fact we are made in God's image) by virtue of what/who we are; therefore, we have our dignity and right to life from the beginning of our existence at conception.

## (4) Children are a blessing.

“Sons are a heritage from the Lord, children a reward from him” (Psalm 127:3). See also Matthew 18:14, Matthew 18:10, Deuteronomy 30:19. Child sacrifice is a particularly heinous form of murder (Leviticus 18:21, 20:1-5; Deuteronomy 12:31; Ezekiel 16:20-21, 20:31).

The biblical perspective is completely at odds with autonomy arguments for the permissibility of abortion, which claim that we have no obligations to our unborn offspring.

# Facing a crisis pregnancy, this woman's beautiful example of moral courage will warm your heart

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

Cyberworld is full of amazing testaments to the beauty of life—if only we have eyes to see and a heart ready to be filled.

I was reminded of this truism when a colleague sent me a TikTok video labeled @tellmethenewsjohnny. You see a sorrowful woman who is being asked a series of question by a doctor. It's as if she has a computer screen in front on which she can respond. You can see her expressions and how she answers life-and-death questions.

First, she is told by a doctor, "You know you can abort this pregnancy?" The woman, who is crying, is left with two options: "yes" or "no."

Spoiler alert: If you want to see the dramatic response yourself, stop reading and view the video now.

The woman, with an almost imperceptible shake of her head, presses "no," and lets out a breath. But that is just the beginning.

She is then confronted with a second question. Like the first, it is intended to steer her in the direction of death. The doctor says, "Having a child with Down syndrome means you won't have

a normal life, are you sure?"

The woman pauses, exhales a tiny breath, and again responds "yes." It is as if she has passed

a test, something out of Greek mythology. Her reward is to be asked, "Okay, would you like to see your future?"



Letting out another deep breath, the woman eagerly nods her head in agreement and presses "yes."

In the next segment, we see a beautiful baby, with a smile that lights up the screen. In a series of clips, we see the baby crawling, standing, playing, and walking—each milestone met with abundant encouragement by his real-life mother.

The ending is a true tear-jerker: A message which reads, "I wouldn't change you for the world."

It is not the life-affirming ending alone that makes this less than one-minute-long video so powerful. The woman's face, the pain in her eyes, the intake and exhale of breath (as if to summon her courage) as she contemplates her answers speak volumes. You really sense a woman facing a genuine crisis who overcomes her fears.

If you haven't already done so, give yourself a gift today and watch the video. Chances are it will capture your heart—and remind you of the incredible joy that can be found in raising a child with Down syndrome



# India's High Court okays 33 week abortion against advice of hospital

By Dave Andrusko

On Tuesday the Delhi High Court gave a 26 year old woman permission to abort a viable, pain-capable 33 week old unborn baby. Ordinarily abortions are "limited" to 24 weeks in India, although readers of *NRL News Today* know that in recent years exceptions have been freely made.

The difference in this case is that the medical panel, which judges often give great deference to, **rejected** her request. *APN Live* reported.

**Last week, the 26-year-old woman approached the high court after the GTB Hospital rejected her plea for pregnancy termination. According to the amended Medical Termination of Pregnancy Act, which took effect on September 24, 2021, the petitioner's current gestational age exceeded the legal threshold of 24 weeks.**

**The medical board that Lok Nayak Jai Prakash Narayan**

**Hospital appointed to investigate the case stated in its report that while the foetus, once born, would be**

Justice Prathiba M. Singh granted her petition in light of the medical board's assessment "which was unable to indicate the potential severity of the

the news story reported. "The petitioner had stated on Friday that no abnormalities had been discovered in the foetus up until the 16th week of gestation, but the petitioner said an abnormality was noticed on November 12."

The Delhi High Court concluded that the "final decision in such cases should be made keeping in mind the choice of the woman to give birth and the possibility of a dignified life for the unborn child," *News Track Live* reported.

A late-term abortion "typically involves injecting a poisonous potassium chloride solution through the woman's stomach into the baby's heart, causing excruciating pain as the poison stops his/her heart," Micaiah Bilger reported, "A few days later, labor is induced and the woman delivers her dead baby's body."

According to the pro-abortion Guttmacher Institute, approximately 15.6 million unborn babies were aborted in India in 2015.

**compatible with life, the degree of any disability due to the abnormality cannot be predicted. In the end, the board decided against medically terminating the pregnancy in the given situation.**

child's condition." But, of course, uncertainty was the very reason GTB Hospital rejected her request to abort!

The doctors who were "virtually present in court stated that the quality of life of the foetus cannot be judged and that surgery can be performed on the newborn,"



# Dred Scott and abortion: Different eras, different circumstances, same sin

By Roland C. Warren

The year was 1976. I was sitting in high school history class at the all-boys Catholic high school I attended in Toledo, Ohio. On most days, I may have been daydreaming about playing football. But the lesson on this particular day was the Supreme Court's *Dred Scott* decision. I was all ears. You see, I was the only black kid in the class, so you can imagine things got a little awkward... for myself and for the teacher who was giving us a lesson on this pivotal moment in our nation's history.

But I will never forget the feeling I had when I learned about this infamous decision. I remember thinking, even as a teenager, "How could such a terrible injustice be allowed to take place? And how could the Supreme Court of the United States endorse and codify such injustice!?"

If you don't remember, Dred Scott was a slave in Missouri who had escaped to the free state of Illinois. However, his master claimed that he was still his property, and therefore should be returned to him as a slave even though he was now living in a free state.

Tragically, the Supreme Court sided with the slave master and made this momentous determination: once a slave, always a slave. If you were a slave in the United States, your slave master was *always* your slave master until he decided that he wasn't... Even if you escaped and lived your life in a free state... Even if the people in that free state wanted to help you restore your life and live as a free person... you still belonged to your slave master.

Now, you might be thinking, "what does this have to do with abortion?"

Here's the thing. The state of Montana just rejected a ballot initiative that would have made it illegal for medical professionals

to deny medical care to survivors of abortion, effectively leaving them to die. So, as it stands, the law in Montana states that if an unborn baby survives an abortion, it is perfectly legal to *deny* medical care to that now *born* child.

How can this be? Well, the law, with the support of a pro-choice culture, has determined that a child can be left to die because the mother of the child — in a legal sense — is the child's owner. That child is essentially "enslaved" in the mother's womb. And now, legally, even if the child "escapes" and finds "freedom" outside the womb, it still belongs to its mother, who has the power to ensure the child suffers the fate she wanted for it.

Remember, she was trying to have an abortion, the end product of which is a dead baby. In our consumer culture, she feels entitled to get what she paid for.

When I read about this vote in Montana, I had the same feeling as when I was 14 years old and learned about the injustice of the *Dred Scott* decision. Dred Scott found freedom, but he still belonged to someone else. That slave master ordered a slave, and he was going to get one.

A child can survive an abortion in Montana and find the freedom of life... but that child still belongs to the mother. She ordered a dead child, and she's going to get one.

Think about it this way. Imagine you're passing by a hospital and you're somehow able to see through the window. Inside, you see a helpless newborn baby lying alone on a cold, steel table. It clearly looks like it's in trouble. It's crying. It's writhing around in obvious discomfort. Now, you would think that the most appropriate response would be to try and find immediate medical help for the baby. You would ask "why is this baby being left to

suffer without medical care?" It's in a hospital after all.

But in Montana, and other places in our nation, that's

worth sacrificing for. Abortion, we are told, allows us to have better lives for ourselves. The same was true with slavery.



*Dred Scott circa 1857*

actually the wrong question. The "right" question is "was that baby aborted?"

Indeed, this is, in the most perverse way possible, the *moral* question to ask. Montana's voters have determined that the *right* thing to do is to leave the baby to die. It may have found freedom for a short time, but it still belongs to its mother, who asked for it to be aborted.

How can such injustice be allowed to take place? Well, the more things change, the more they stay the same.

Sadly, human beings can be pretty predictable. The Bible tells us everything we need to know about human nature. "We are all sinners and fall short of the glory of God." Our sin causes us to be selfish and to look out for our own interests above the interests of others... especially the vulnerable. It is why we can view the unborn as lives worth sacrificing, not as lives

Owning slaves would allow slaveholders to have better lives for themselves. So, we build laws and make decisions — like the *Dred Scott* decision and the recent vote in Montana — that protect our "right" to these better lives, while sacrificing the lives of the most vulnerable and powerless among us. Different eras. Different circumstances. Same sin.

But as Pro Abundant Life people, we believe that every human life is precious and worthy of protection. So, let's pray that our nation comes to believe as we do about the value of human life, and the value of the mothers and fathers who need our compassion, hope, and help every day so they can choose life for their unborn children and abundant life, in Christ, for their families.

*Editor's note. Roland C. Warren is President and CEO of Care Net. This appeared at Live Action News.*

# Save the Baby Humans, Too!

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

While on vacation, we tend to sleep in.

But there we were at the crack of dawn, trekking to the beach, drawn to the promise of new life.

We were to meet up with locals trained in protecting loggerhead turtles, a species officially labeled as “vulnerable.” Mama turtle had buried her 100+ eggs about 60 days previously, using back fins to methodically sculpt a deep hole in which her progeny would be well-protected. Signs indicated that the eggs had begun to hatch and babies emerge. But not all. Some required rescuing or they would die.

The golf cart brigade that monitors the nests every morning staged an intervention. They would dig out the buried babies and set them on a path to life into the ocean. And they welcomed us to share in the experience.

Westood on the periphery, watching the team carefully dig into the deepest pockets of the nest. Anticipation was building. Digging and more digging. Finally, the announcement—a baby was found! Cheers erupted. We crowded around, eager to glimpse the little survivor.

And then more babies. And more. We marveled at each and every teeny turtle, rejoicing in their saved lives.

We then helped to place about three dozen babies on the beach facing the water. We watched their painstaking crawl to their new home, a struggle necessary

for developing the stamina and strength needed for ocean survival.

It was a beautiful experience. A different kind of pro-life moment, yet one that parallels the heroic efforts made every day to rescue baby humans.

Like these naturalists, trained volunteers and dedicated

youth with nearly \$270 million in services at little or no cost, according to CLI.

But ironically, while those who save baby turtles are universally acclaimed for their good work, those who strive to protect helpless, vulnerable human babies are being vilified.

Sen. Elizabeth Warren has

human life.

Since the Endangered Species Act was passed in 1973, the same year *Roe* had been decided, pre-born turtles have had more legal protections than pre-born humans.

We can and should protect both.

Like baby turtles, some baby humans require rescuing or they will die. Pregnancy resource



employees invest time and pool resources to save human babies from death by abortion, rejoicing at each and every life saved and mother supported.

“Save the baby humans” could very well be the mantra of the 2,700 pregnancy resource centers throughout our country. Countless people are alive today because of their efforts to support a mother and her child, both before birth and after.

In 2019 alone, pregnancy resource centers served roughly 2 million women, men, and

grossly mischaracterized pregnancy resource centers, calling for them to be shut down across the country. Dozens of centers have been vandalized and even firebombed by abortion extremists, destroying material goods and delaying counseling services that actually empower the very women that abortion advocates claim to care about.

It's mind-boggling that some people who regard the destruction of a turtle egg as egregiously immoral have no problem with the purposeful destruction of

centers provide the intervention. They rescue innocent children, a “vulnerable species,” from a violent death by abortion. They provide the needed support for mother and baby, digging them out of their own proverbial hole, setting them on a path for life, and rejoicing in the unique gift of every single human life.

In this post-*Roe* world, we need to ask ourselves a question:

If we encounter pre-born humans at risk of dying, would we do less to save them than we do for pre-born turtles?



# Let's forgo the false compassion of abortion and offer women real love

By Ashley Dewart

A mental health professional and abortion survivor refuted an actress's tweet justifying abortion recently with some reality about the procedure and its negative effects.

"Because I knew I wasn't ready in any possible way," Amy Brenneman had tweeted, presumably in explanation for having had an abortion. "My mother made the same decision, as did 1 in 4 of us."

Robin Atkins, a Licensed Mental Health Counselor and new Associate Scholar for CLI, spoke in response from her own personal experience with abortion.

"I am 1 in 4," Atkins said. "Abortion didn't solve any of the issues I was struggling with. It just deconstructed my healthy biology and ended the life of my son. Our society is so broken that we think women's bodies are a problem and/or a costume."

Our society is indeed broken. Women are capable, beautiful, incredible creations.

But what is ringing so loudly in their ears?

"You can't ... you're not capable ... you can only succeed if ...."

You finish the sentence and many of the responses lead a woman to feel trapped and isolated – believing the lie that the only solution to her challenging pregnancy is abortion.

Ms. Atkins boldly speaks to this lie. She experienced the lie firsthand;

False compassion; let's talk about what it means to have compassion for someone in a manner that sounds good, but

is superficial and convenient and lacks components of true compassion.

Telling a woman that ending the life of her unborn child to solve a problem she may be facing is a form of false compassion.



You can pick any number of major hurdles: the child is a product of rape, financial crisis, job loss, homelessness, single parenthood, etc.

But can anyone please explain to that woman who is being referred for abortion exactly HOW abortion is going to solve her problem?

In essence it is the easy way out for the one making the recommendation to abort the child. It is the "get out of jail free card" for the partner and father of the child who doesn't want to be involved, the quick fix so friends and families don't have to offer additional support, or so employers don't have to step up to actually care for women, etc., etc.

In the case of rape, this false compassion manifests itself as the child receiving a harsher punishment than the perpetrator of the insidious violence and the mother being told that passing this violence along to her unborn

compassion. I'm talking agape love. The kind that lays down its life for that of another. The kind that sacrifices and serves.

What if as a culture we actually listened to Ms. Atkins' heart (and all those like her) and attended to the needs that she had before she chose abortion?

What if instead of demonizing places and people that give of their time, energy, and resources to support women in their time of need, we poured into them and built them up?

What if we deconstructed the narrative that women are incapable and replaced it with the essence of true empowerment – selfless giving to strengthen someone into a position of championing their needs?

Ms. Atkins, we stand ready to love you and all of those who are experiencing the grief, trauma, and destruction that abortion has brought to your life.

Why?

Because that is true compassion.

No woman should ever feel as though abortion is her only choice and no woman should ever walk the long road of recovery after abortion alone.

You are not alone; the pregnancy help world is ready to walk your healing journey with you.

*Editor's note: Help is available 24/7 from Option Line at [OptionLine.org](http://OptionLine.org), or by calling or texting 1-800-712-4357. This appeared at Pregnancy Help News and is reposted with permission.*

What if women just wanted, needed, and demanded love?

I'm not talking about false

# Having stirred controversy, Canadian fashion giant Simons pulls ad without explanation

By Dave Andrusko

After Canadian fashion giant La Maison Simons generated a wave of controversy for an ad that glorified assisted suicide, it has, without comment, removed “All is Beauty” from YouTube and its website.

Mary Harrington, writing at *Unheard* icily observed

**feels like an advert for this way of ending your life. It’s styled in heavily boho-consumerist terms, compiling the kind of footage—oceans, bubble-blowing, convivial mealtimes, glowing lanterns — you’d expect**

and Providers came to our attention. It suggests if the patient qualifies, doctors must bring up the subject of euthanasia prior to their patients.”

Canadian religious leaders expressed “growing concern over the looming activation of new policies that would allow those suffering from mental illness to be euthanized with considerable speed — just 90 days after two doctors approve a request for assisted suicide.”

The company also pulled “an accompanying video in which former CEO Peter Simons explained and defended its contents,” JP Mauro wrote. According to the *Christian Post*, Peter Simons commented

**“We wanted to do something that really underlined human connection, and perhaps would help people reconnect to each other, and to this hope and optimism that is going to be needed if we’re going to build the sort of communities and spaces**

**that we want to live in and that are enjoyable to live in.”**

“Human connection”? I think not. Harrington ended her brilliant post by observing

**So this is another company garnering clicks and liberal cachet from taking a stand in favour of ‘freedom’, even the freedom to end your own life. No wonder, then, that the taboo-smashing ratchet goes on, aestheticising all-out war on the prohibitions that uphold our humanist settlement, even when the only ones left are child sexual abuse and choosing to end your own life. It’s at least a century too late, though, to wonder how many of the other taboos whose smoking rubble we now call ‘culture’ were also standing between us and profound darkness.**



The video, titled ‘All Is Beauty’, features ‘Jennyfer’, a terminally ill woman who in October this year opted for Canada’s now widespread euthanasia programme. This has seen doctor-assisted self-deletion grow from 2.5% of all Canadian deaths in 2020 to 3.3% in 2021: in 2021 euthanasia accounted for almost 5% of all deaths in Quebec and British Columbia. But apparently it needs promotion, too: the video

in a bourgeois holiday let ad. These, though, are combined with audio voiceover from interviews with Jennyfer herself (who was a real person) in which she talks about seeing beauty in everything even as she plans to end her own life.

Of course the actions of Simons (as it is customarily called) are not taken in isolation. Zachary Rogers tells us, “A document for doctors that was produced earlier this month by the Canadian Association of MAID Assessors

# My appointment for an abortion at 28 weeks

By Monica Snyder, Secular Pro-Life

On January 12, 2022, I was 27 weeks and 1 day pregnant when I called the Washington Surgi-Clinic in Washington DC to schedule an abortion for the following week. The woman on the phone was upbeat and friendly. She offered me an appointment for January 20, acknowledging by then I would be 28 weeks and 1 day along. She explained the abortion would be a three day process and would require \$11,400 payment on the first day (cash or credit card only, no personal or cashier's checks accepted). I made the appointment.

Of course I had no intention of getting an abortion. I was headed to the Washington Surgi-Clinic because I had agreed to work undercover for Live Action. The general public has the impression that late-term abortions are all or almost all for dire medical emergencies (woman's life is in danger, fetus has a fatal anomaly, etc.). Through Secular Pro-Life, I've long highlighted the evidence that this is a myth: data suggest most abortions 21 weeks or later are on healthy fetuses carried by healthy women. Live Action gave me the opportunity to verify that reality firsthand. They released parts of the footage here:

On January 20, I entered a small, windowless waiting room where several other women were seated. I checked in and a nurse had me fill out paperwork and sign forms. The nurse asked me how I'd like to pay today, and I gave her an envelope with \$11,400 in cash. I'd never carried that much cash at once before. She asked if I was making the entire payment in cash, and I said yes and, a bit nervous, asked if that was weird. She said it wasn't. I took a seat in the waiting room alongside several other women.

In half an hour an older nurse called me back. She drew some blood, recorded my vitals, and viewed my daughter Ruby on ultrasound. She explained the abortion would be a three day

process: two days for dilation and a third day for "extraction." She assured me Ruby would feel no pain before she passed away.

I could feel Ruby turning and stretching, and her movements made me tearful. My emotional reaction surprised me. Knowing I would be secretly recording, I had expected to be on edge. Knowing I was interacting with people



who provide elective late-term abortions, I had expected to be angry. But I was neither. I was just heartbroken.

I pictured Ruby's tiny face. Of course, rationally, I knew I wasn't about to do anything that would be a danger to her. But I also knew I was in the presence of people who would, if I asked them to, willingly and quite literally tear my daughter apart. Whatever I understood intellectually, a more instinctive part of me felt as if Ruby were under threat. When I contemplated what I could legally ask them to do to my little girl, I didn't need to pretend to be a tearful patient. I was genuinely distraught.

Crying, I told the nurse I felt stupid. I said that I should have made a decision sooner. The nurse was reassuring. "Yes, I know, it's very hard. You can talk to us. We're here to help in any way we can." She was kind. I genuinely liked her. She had a maternal air about her and seemed to really care about comforting the women she was working with. I easily believe that she believes she is

helping people. Nevertheless, she didn't ask why I wanted the abortion, whether I was certain it was the right decision, or whether I was aware of or interested in any other options.

Before Ruby, I had birthed three children. With each pregnancy, I arrived at my prenatal appointments feeling cheerful, if occasionally a bit anxious, and

comfortable. Others not. Some were crying. One complained of feeling ill from the medications. We sat together mostly in silence, but I wanted to turn to them and ask "Why are you here? What do you need? How can I help you get out of here?" I felt like I was abandoning them and their children in the uncertain hope that the undercover work I was trying to do would protect more women and children in the future. It was an abysmal calculus.

In another hour or so, a younger nurse called me back to give me medications in advance of the first dilation. The medications included acetaminophen, an antibiotic, and Xanax.

I asked if it would be possible to speak to the abortion doctor before taking the medications, but the nurse said the doctor wouldn't see me until it was time to begin dilation, and by then the medications would need to already be in my system. I asked whether the Xanax would affect my clarity of thinking, and she replied that it shouldn't.

I emphasized that I didn't mind a longer wait at the clinic if it meant I could talk to the doctor before medicating, but the nurse didn't budge. Rather than take medications without first talking to the doctor, I told clinic staff I had changed my mind. They returned the cash (minus fees for the ultrasound), and I left.

There is a wide chasm between the rhetoric of pro-choice activists (who argue women choose abortion with full knowledge and autonomy) and the reality on the ground in the clinic. I have thought repeatedly about the women and their children who stayed in the waiting room after I was gone, and of all the women and children who have been there since.

*A modified version of this article appeared in late August 2022 in The Washington Times.*

at each appointment medical professionals asked me questions to screen for domestic violence and mental health issues, as standard safety protocols. In contrast, although I wept intermittently during an hours-long appointment to abort my healthy 7 month child, at no point did staff screen me for coercion or psychological issues.

Neither did clinic staff ask anything about Ruby's medical history or health status. This uninterest makes sense; after all, the Washington-Surgi clinic will perform a 28-week abortion for no medical reason. It is legal and readily accepted. Indeed, the nurses reassured me that there was nothing wrong with or even unusual about my seeking abortion so late in pregnancy without medical indication.

I returned to the waiting room, sorrow washing over me. I reminded myself that Ruby and I would be leaving shortly, that she was safe, that we would be fine. But that mantra offered no comfort for the other women sitting next to me. Some did seem calm and



# “It Takes a Family” teaches parents how to counteract the dangerous messages of Planned Parenthood

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

When I worked as a reporter, the general consensus among my colleagues seemed to be that no one ever changed their mind about abortion. People were either solidly in the “pro-choice” camp or the “pro-life” division, and cross-overs simply did not happen.

How wrong we all were.

I was reminded of this fact when I did a radio interview with a woman who had been trained as a comprehensive sex educator by Planned Parenthood. The woman, Monica Leal Cline, had been in her position for more than a decade. Over time, she realized that Planned Parenthood was grooming children for its abortion business. Cline is now the founder and president of an organization called It Takes a Family, which teaches parents how to counteract the dangerous messages of Planned Parenthood.

Through her real-life experience with Planned

Parenthood, Cline learned the truth: that Planned Parenthood’s brand of education leads to abortion. When she realized what was going on, she left the toxic environment in which she had found herself.



As this example demonstrates, once people realize the truth about abortion and Planned Parenthood, they are likely to embrace the pro-life cause. Facts are stubborn things, and it is difficult to defend an organization which takes the lives of an estimated more than 300,000 preborn children each year (accounting for about a third of all abortions).

The majority of Planned Parenthood’s clinic income comes from abortion. As a result, it has a financial incentive to expand abortion.

Which just goes to show that the old saying is true: When you think Planned Parenthood, think abortion.

## The Bible and Abortion: Nine Truths

From Page 18

### (5) Governments exist (in part) to protect innocent human beings from unjust killing.

“For the one in authority is God’s servant for your good. But if you do wrong, be afraid, for rulers do not bear the sword for no reason. They are God’s servants, agents of wrath to bring punishment on the wrongdoer” (Romans 13:4). See also 1 Peter 2:14.

Abortion — the killing of innocent, unborn human beings — should be prohibited by law.

### (6) We ought to speak out on behalf of the oppressed.

“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy” (Proverbs 31:8-9). “Rescue those being led away to death; hold back those staggering toward slaughter” (Proverbs 24:11). “Defend the weak and the fatherless; uphold the cause of the poor and the oppressed. Rescue the weak and the needy; deliver them from the hand of the wicked” (Psalm 82:3-4).

Thus, we should not stand idly by while innocent human beings who cannot speak for themselves are killed by abortion.

### (7) We ought to help those in need.

“And we ought to lay down our lives for our brothers and sisters. If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? Dear children, let us not love with words or speech but with actions and in truth” (1 John 3:16-18).

We should care about pregnant women who are facing difficult circumstances, not just as a means of reducing abortions, but for their

own sake. The work of pregnancy care centers is vitally important.

### (8) We ought to work to make our laws more just.

“Hate evil, love good; maintain justice in the courts” (Amos 5:15). “Seek justice. Defend the oppressed” (Isaiah 1:17). We should be involved in politics and legislation in order to help restore legal protection for unborn children.

### (9) God offers forgiveness through his son, Jesus Christ.

“In him we have redemption through his blood, the forgiveness of sins, in accordance with the riches of God’s grace” (Ephesians 1:7). If you have been involved in an abortion (fathers, mothers, grandparents, abortionists, abortion clinic workers, etc.), the Bible says there is a solution. As Franklin Graham puts it: “[I]f a person is guilty of having an abortion, God will forgive them and will cleanse them, if they’re willing to come to him and ask for his forgiveness and receive his son Jesus Christ, by faith, into the heart.”

### Conclusion

Gathering these nine truths together, here’s what the Bible tells us regarding the abortion issue, as far as I can discern: Abortion is a serious moral wrong and ought to be prohibited by law (this follows from points 1-5). Consequently, we should work to protect unborn children, to help pregnant women and others in need, and to make our laws more just (points 6-8). Finally, abortion is a symptom of a fallen world. All of us are sinners, and the only answer is the gospel of Jesus Christ (point 9).

It seems that one cannot consistently give the Bible much credence while also failing to be pro-life and, indeed,

# Pro-Aborts Interrupt Capitol Hill Pregnancy Center Banquet Honoring Life

By Tierin-Rose Mandelburg

Unfortunately, the following is a dispatch from the abortion wars.

Thursday, December 1 was the one year anniversary of the oral arguments of the *Dobbs v. Jackson Women's Health Organization* that eventually led to Roe's demise. To mark the occasion, Capitol Hill Pregnancy

Center (CHPC) of Washington D.C. held its pro-life banquet at the Crystal Gateway Marriott in Virginia. I was honored to attend. Upon arrival to the event a group of about 30 protesters were standing outside. They were the same crew that we'd seen time and time again in front of the Supreme Court this summer when the justices were deciding on the future of abortion at the federal level.



They screamed into megaphones "Thank God for abortion!" and held signs saying "Jesus Loves Abortion," "Forced birth is

fascism," "The trigger bans have turned a ... medical procedure ... into a legal consultation ... she was screaming ... hemorrhaging ... she lost close to a liter of blood," and what looked like a middle school art project of slurs and remarks against the pregnancy center.

Luckily, they wished me well and shoved their signs into my face so I could capture their idiocy and immaturity on my iPhone. "Go to your banquet! Go to your fu-ing banquet!" And that I did! It was an elegant event featured notable guests who spoke on the organization and the pro-life movement at large. Everyone enjoyed a three course meal and incredibly kind wait staff. Everyone, including three individuals who stood up in protest just as the director, Janet Durig, was talking about the heightened security risks and

numerous attacks on the center this year due to the *Dobbs* leak and *Roe's* overturn.

The first woman started cussing us all out. "Blood on your fu-ing hands. Every last mother fu-ing one of you a-holes." At that moment I wanted to ask the staff to shove a bar of soap down

"Capitol Hill Pregnancy Center is a fake clinic" and something about "insurrectionists" and "fascists."

The tolerant left.

Everyone at the event was stunned, including a mother who sat at the table with the three whackos.

After the first disruption, the mother walked to the stage with her two-year-old child and explained how she just looked into the faces of those pro-aborts and shared a meal with them. Wiping away tears, she explained that if it weren't for the staff at CHPC, she would have aborted her child and wouldn't be there that evening.

Sadly, that wasn't the end of it.

Four more protestors stood up and screamed. One of the boys wore what looked like a cross pin on his jacket and yelled "We know that you have blood on your hands."

Unironically, he was talking to us, not himself and his friends, who are stained with the blood of the 63 million + babies who have been killed as a result of Roe.

It was an evening dedicated to celebrating life, all life, that was disturbed and violated and for what? None of us changed our minds that children deserve the most basic human right, the right to life.

If anything, their little show simply reaffirmed that the pro-life movement has to work 10x harder and never stop fighting for life.

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

# Texas Abortions Drop From 2,500 to 68 in First Month After *Roe* Overturned

By Kim Schwartz, Texas Right to Life

Abortions in Texas plummeted after the reversal of *Roe v. Wade*, according to new data released by the Texas Health and Human Services Commission.

State abortion statistics for July 2022, the first full month after Texas' total protections for preborn children regained effect, reported 68 abortions. The same time period a year prior saw 4,879 abortions, an average of 150 per day.

That means there were over twice as many lives taken each day of July 2021 than in the entire month of July 2022. From September 2021 to June 2022, the Texas Heartbeat Act decreased the number of abortions to 2,500 per month on average.

The July 2022 report also recorded the number of abortions due to a medical emergency or



to protect the life of the mother. Of the 68 abortions in July, one was reported to have been done due to medical emergency and

to preserve the mother's health. The remaining 67 are listed as "neither reason," meaning they were elective and could include social reasons, such as financial.

It is likely that many of these 67 elective abortions were committed while a liberal Harris County judge attempted to block enforcement of pre-*Roe* laws. Tragically, most abortion facilities across Texas resumed operation during the three days the judge's order was in effect. Many of them ran at a higher-than-usual capacity to make up for lost time. They reported calling clients back to get as many of them in the doors as possible. Additionally, the abortion industry attempted to sow confusion about the legal

status of Texas' abortion ban within the two months between the reversal of *Roe* and the "trigger law" taking effect August 25.

"July's data reveal the success of our Pro-Life laws," Texas Right to Life Senior Legislative Associate Rebecca Parma added. "Legal elective abortion is no more in the state of Texas, and lives are being saved at unprecedented levels. However, we must remain vigilant at all times. The abortion industry will seize every opportunity possible, legal or not, to continue waging war against preborn children."

Texas Right to Life will not stop until every innocent human life is protected in Texas.



# Indiana officer and wife adopt baby surrendered in Safe Haven Baby Box

By Bridget Sielicki

An Indiana police officer and his wife have adopted a baby girl rescued through a Safe Haven Baby Box. WNDU reports that Bruce and Shelby Faltynski adopted baby Myah on other safe haven locations around the country. The box allows a parent to anonymously and safely surrender an infant. Each state has its own time period during which a parent may safely surrender an state.

“The doctor thought [she was] maybe less than 24 hours old when she was initially surrendered in the Safe Haven box in Lake County,” Shelby told

few weeks later they received a call from the Department of Children’s Services that a baby had been surrendered and needed a home.

After she was surrendered, Myah spent some time in the NICU because doctors realized she had suffered a stroke. Her parents say she is doing well now and meeting all her milestones.

The Safe Haven Baby Box organization was founded by Monica Kelsey, who herself was abandoned and later adopted as an infant.

“There’s tons of options for parents out there,” Kelsey previously said. “[The mother] can call us at our crisis hotline 1-866-99BABY1. It’s on the front of every box, it’s on our website. But there are options. This is a final option. We don’t want you to choose this first, but if you have exhausted all of your other options, we want you to choose this last.”

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



November 18, National Adoption Day, months after she was found surrendered in the baby box.

Safe Haven Baby Box is an organization that installs temperature-controlled, monitored boxes in firehouses, hospitals, and

infant; in Indiana, parents can do so in the first 30 days after birth. While there are 113 boxes installed in states throughout the country, 90 of them are located in Indiana, likely due to the fact that the group’s founder is based in the

WNDU. “We are so grateful for Myah’s birth mom; she made a really courageous decision.”

Myah is the second child adopted by the couple this year. In March, they finalized the adoption of their 8-year-old, Kaia. Just a

# A “safe space for some,” but not for anyone who defends the *Dobbs* decision

By Dave Andrusko

You might think that politely disagreeing with the woke office’s consensus that the *Dobbs* decision overturning *Roe* was a disaster would get you stern looks and fewer request to have lunch but nothing more. Especially when the office is a global law firm which in theory is open to a “diversity of opinion.” And especially if the dissenter—in this case Robin Keller—had a “unblemished 44-year career” with Hogan Lovells.

But obviously there can be “No Dissent on Abortion Allowed at Hogan Lovells: The global law firm fired me for defending the Supreme Court’s *Dobbs* decision.”

It’s a fascinating account of how her fellow female employees responded to Keller’s defense of *Dobbs* when the company “organized an online conference” for women. Here’s how it begins:

**As a retired equity partner still actively serving clients, I was invited to participate in what was billed as a “safespace” for women at the firm to discuss the decision. It might have been a safe space for some, but it wasn’t safe for me.**

**Everyone else who spoke on the call was unanimous in her anger and outrage about *Dobbs*. I spoke up to offer a different view. I noted that many jurists and commentators believed *Roe* had been wrongly decided. I said that the court was right to remand the issue to the states. I added that I**

**thought abortion-rights advocates had brought much of the pushback against *Roe* on themselves**

**racist and demanded that I leave the meeting. Other participants said they “lost their ability to**



**by pushing for extreme policies. I referred to numerous reports of disproportionately high rates of abortion in the black community, which some have called a form of genocide. I said I thought this was tragic.**

A reasonable and well thought out defense of *Dobbs* by Keller, who formerly headed up the “U.S. business restructuring and insolvency practice at Hogan Lovells.” The reaction?

Well, it started poorly and went south from there.

**The outrage was immediate. The next speaker called me a**

**“breath” on hearing my comments. After more of the same, I hung up.**

But the backlash would end there, right? Noooo.

Somebody made a formal complaint; later that day Keller was effectively cancelled (“Hogan Lovells suspended my contracts, cut off my contact with clients, removed me from email and document systems, and emailed all U.S. personnel saying that a forum participant had made “anti-Black comments” and was suspended pending an investigation”).

Her firm issued a statement “bemoaning the devastating impact my views had on

participants in the forum—most of whom were lawyers participating in a call convened expressly for the purpose of discussing a controversial legal and political topic.” And, of course, Keller’s name was leaked to the press.

She filed a complaint; the general counsel’s office hired an outside firm to investigate, and—surprise, surprise—

**Three weeks later I received a letter stating that the firm had concluded that my reference to comments labeling black abortion rates genocide was a violation of the ant harassment policy. Never mind that this view has been expressed by numerous mainstream commentators, black and white, including in these pages. My complaint was dismissed, my contracts with the firmware terminated, and other firms, wary of the publicity, blackballed me—all after an unblemished 44-year career.**

Privately, some colleagues—female and male alike—contacted her to express their support for her right to express her opinion. But while a source of solace, it didn’t get her job back.

She ends with a sobering reminder:

**If this could happen to me, anyone who expresses a disfavored opinion—even on a matter of law—can expect the same treatment: immediate cancellation without concern for client interests, due process or fairness.**

# The choice that prevents holes: Adoption

By Sherri Pigue

In general, you don't even realize it – until you stop and think about it. You're walking among holes. They are everywhere.

Certainly they are felt by the women who have aborted their babies. Ever-present holes – where lives once lived.

Over 63 million holes created since 1973 – just here in the U.S.

But it's the hole that doesn't exist that makes me think so much about the holes that do.

She is my friend, and she was adopted. I can't think about her beautiful, fulfilled life without also thinking about her not being here. She is the life many women can't see as they weigh out their pregnancy choices; unwilling to even give adoption a space on the scales.

I imagine the hole – the one that would exist in her place if my friend's mother had chosen differently. I imagine all that would be erased – her children, her role in her family, her wise words, the love and joy she brings to the lives around her. All erased – leaving a hole instead.

I could tout the likelihood of aborted lives that could have cured cancer or led our nation, but you don't have to go grand to feel the weight of loss. A hole of any size is still a hole.

Abortions create holes everywhere – in families, in future generations, in society as a whole. Around your dinner table, in your circle of friends, among your team at work – they're everywhere.

If we could see the holes that post-abortive women feel, maybe our culture would look at abortion differently. If we all had to live with the loss, in a visual, space-taking way, maybe we would seek

a way that would leave no holes.

A way that honors the biological mother and the baby. A way that respects the biological mother's decision to neither parent nor have an abortion.

The way is adoption.

While adoption is technically a parenting decision and not a pregnancy decision, many women choose abortion because of the



impending parenting outcome. They don't want to parent, they're not ready to parent, or they feel they're incapable of parenting well, so they choose abortion.

The lure of secrecy that abortion provides is absent with adoption. Adoption requires her to carry her pregnancy to completion. She will be seen. Her pregnancy, and her parenting decision, will be known.

Adoption has its pain, even without public opinion; there's nothing light about this choice. It brings with it the constant reminder that there is a part of her out in the world somewhere – yet not with her. It also brings truth: she gave her child life; nothing else matters without life.

Even so, adoption is the rarer choice among unwanted pregnancy options.

In the U.S. in 2019, there were 629,898 abortions compared to 120,869 adoptions.

It's a significant difference, and it creates a lot of holes.

And many voices make this so. She hears the reassuring words: "I'll support you – whatever you choose."

Spoken from the mouth of her closest confidant – be it her mother, the father of her baby, her girlfriend, her sister. Whomever she has allowed in her inner circle.

But dig deeper and that's not true.

Parent? Sure, we'll help you. Abort? Fine, we'll stand beside you. Create an adoption plan? Oh no, we won't do that.

I've heard it again and again.

Combined with her own thoughts and fears, this loud and clear message leaves her with two options for her unplanned pregnancy: a child she's not ready to parent, or a hole from an abortion.

The problem isn't the lack of adoptive parents; there are 2 million couples currently waiting to adopt in the United States. The problem is the way she, and those around her, think and feel about adoption. That's heavier.

For the woman facing an unplanned pregnancy, she expects judgment, from herself and from those around her if she chooses adoption. What kind of woman just gives her baby away?

Adoption will never be valued while she thinks this way.

If we genuinely see the beautiful value of adoption, what can we do to help her see its beauty in the moment she's making her pregnancy decision? How do we impact the way adoption is viewed in our culture?

First, we should look at ourselves and our thoughts.

Do we view the mothers who choose adoption over abortion as heroic, recognizing the birth mothers' brave love?

Do we trust her, even when she's part of our own family, to make a decision to choose adoption for the child she births?

The answers tell us how we really feel about adoption.

Another way we esteem adoption is by speaking differently about it, even when there's no pregnancy decision on the table. Ideals are created far before an unplanned pregnancy requires an answer. The idea of adoption is beautiful and lifesaving. It has a worthy place in our conversations surrounding unplanned pregnancies.

It is in these conversations, with full awareness that abortion ends lives and creates holes, that we can agree there is a better way.

We don't have to see the holes to know it. We know they are there – all 63 million of them. They all deserved a better option.

Adoption – as a valued option for the birth mother and her family – is a better answer. And it's an answer worthy of our voices.

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



# LIFE Runners spread pro-life message to thousands in first post-*Roe* marathon gathering

*At the St. Jude Memphis Marathon, 35 new members signed up on the spot and joined a national team that runs for the unborn.*

By Jean Mondoro

Thousands of people saw and heard the pro-life message “REMEMBER the Unborn” at a national marathon earlier this month.

LIFE Runners, the “world’s largest pro-life team,” come together annually at a marathon and this year’s gathering took place on December 2-3 in Memphis, Tennessee. As part of the St. Jude Memphis Marathon weekend, participants ran and walked in full and half marathons as well as a 5K and 10K. Those unable to run or walk gathered from across the country to support fellow pro-lifers and spread the pro-life message.

Regardless of the level of participation, LIFE Runners attended the event wearing jackets and jerseys emblazoned with the message, “REMEMBER the Unborn,” bearing witness to the sanctity of life in the womb.

“The goal of the annual national marathon is to plant and water the truth that Christ came to give us life abundantly and that God knew us even before we were in our mother’s womb,” Dr. Pat Castle, president and founder of LIFE Runners, told LifeSiteNews. “This witness is life-saving, as 78% of post-abortion mothers report that they would have chosen life if they had received encouragement from a person or a sign.”

Castle said that of the 20,000 participants at the event, 35 “saw our big ‘REMEMBER The Unborn’ banner at the race expo, registered and got a LIFE Runners jersey on the spot.” He added that “those who didn’t join immediately are now aware of our ministry and will be more apt to join when invited again as

invitation is evangelization.”

Each year, LIFE Runners gather for a national race and unified witness, registering for a “race expo booth” to be allowed to “put up the big ‘REMEMBER The Unborn’ banner for thousands to see.” LIFE Runners hold the banner at both the start and end of the race, encouraging their teammates in the race as well as expecting mothers who may be considering abortion to choose life.

Additionally, the annual event includes a Mass hosted by the local bishop, a Knights of Columbus-sponsored meal, and presentations to local schoolchildren given by Castle. The details are arranged through a joint effort from LIFE Runners and their national chaplain, Bishop Thomas Paprocki of Springfield, Illinois, and the host diocese.

Participants also pray at local abortion facilities “if abortion is still legal in that state.” However, since this year’s event took place in Tennessee, that part of the gathering did not occur. The state’s abortion ban went into effect after *Roe*’s reversal.

“This was our first national race in a state where abortion is now illegal,” Castle said. “Praise God! This is the first time we didn’t have to pray in front of an abortion facility the day prior to the race.”

LIFE Runners began when Castle “had an encouraging encounter with St. Padre Pio while racing the Pikes Peak Ascent in 2006.” A men’s Bible study was formed after this encounter, which led to widespread production of pro-life devotions. Two years later, the ministry attended their

first marathon in Chicago, where “12 LIFE Runners raised funds for ultrasound equipment.”

“Now 20,618 LIFE Runners are wearing ‘REMEMBER The Unborn’ jerseys and jackets in 3,367 cities across 43 nations,”

kindergarten to college, “wear this message to be heroically pro-life, preventing abortions.” Castle noted that LIFE Runners aims to “market life to students as the preferred choice before they face an unexpected pregnancy.”



LIFE Runners gather at the St. Jude Memphis Marathon. (Facebook)

Castle explained. “Running is optional and faith required. Our team cheer is ‘All in Christ for Pro-Life!’”

In addition to the annual marathon, the ministry hosts the A-Cross America Relay for Pro-Life, another yearly event. The relay is “the largest spanning pro-life event in the world, covering 5,359 miles over 40 days.”

“The relay involves teammates around the world completing 5K segments of the relay in their local area or course,” Castle said. “The course is coast to coast and border to border, making a cross over our nation.”

The 284 local chapters — 96 of which are based in schools — hold monthly “huddles” where “students wear their ‘REMEMBER The Unborn’ jerseys at school on the first Wednesday of each month.” More than 8,400 students, from

Over the past year, LIFE Runners has received almost 4,000 new teammates, “bringing us to over 20,000 active pro-life witnesses.”

Castle emphasized the ability for anyone to join the ministry, regardless of ability to physically run or walk during events. He added that he encourages and challenges people of all ages and places to consider joining and that “God is calling you right now to take a moment to register for updates and order a ‘REMEMBER The Unborn’ jersey or jacket ... which will impact hearts and minds for saving lives.”

Those interested in registering as a LIFE Runners team member can do so here.

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

# Independent abortion clinics are ‘disappearing from communities’

*Twice as many independent abortion clinics have closed so far in 2022 compared to the year before*

By Dave Andrusko

Not every abortion clinic is a Planned Parenthood affiliate. We may tend to forget that. Many are Independents and many of them are affiliated with the Abortion Care Network.

*USA Today's* Christine Fernando's writes that "Independent abortion care providers, also called 'indies,' are community-based reproductive health clinics not affiliated with a national organization like Planned Parenthood," said ACN Deputy Director Erin Grant."

For obvious reasons, we've written about them on multiple occasions.

Our treatment is, I believe, fair. By contrast, the way the "Mainstream Media" treats their annual reports is with something akin to reverence. And always—Always—their language borders on the apocalyptic because that's the manner in which the Abortion Care Network always writes.

For example, *USA Today's* headline is "Independent abortion clinics are 'disappearing from communities' after the end of *Roe v. Wade*." Christine Fernando's lead is "Twice as many independent abortion clinics have closed so far in 2022 compared to the year before as facilities shuttered in the wake of the Supreme Court's decision this year to overturn *Roe v. Wade*, according to an association for independent abortion care providers."

"As of November, 42 independent clinics had closed

this year, most of which were in the South and Midwest," Kelsey Butler reports for *Bloomberg Law*. "That's up from 20 in 2021, according to a Tuesday report from Abortion Care Network, an association of community-based abortion providers."

Fernando writes, "While indies represent about 24% of all facilities offering abortion care nationwide, they provide 55% of all abortion procedures, according to the report."

Times are bleak. "Over the last decade, abortion clinics have been closing at an alarming rate," Grant said. "There's no form of health care that should be impacted this deeply and be disappearing from communities at this rate. It's just not acceptable."

Although not mentioned in the news accounts (what a surprise), Indies fulfill a huge role in the abortion ecosystem. As Dr. Randall K. O'Bannon, director of education & research for NRLC, has written, "One of its 'bragging' points is that independent abortion clinics, not Planned Parenthood, perform most of the late term abortions and over 80% of the abortions after 22 weeks."

Another example of "bragging points" in the report is "About 80% of indies also offer medication abortions, which advocates say will be especially key to abortion access in a post-*Roe* world. In comparison, Planned Parenthood offers medication abortion care in addition to in-clinic care at only 43% of its clinics, according to

the report."

A subhead in Fernando's story is "How quickly are 'indies' closing and why?" She writes

## When taking openings



of new clinics into consideration, the number of brick-and-mortar independent clinics has dropped by 35% since 2012, from 510 in 2012 to 333 in 2022, according to the report.

While there are several reasons for the closures, the report says "overturning of *Roe v. Wade* was the clearest and most immediate."

Plus, "Indies lack the institutional support, visibility, name recognition, or fundraising capacity of national health centers and hospitals, making it especially

difficult for them to secure the resources needed to keep their doors open," according to the report.

The report itself bemoans a development pro-lifers fervently hope continues to be a model to other states:

In June of 2022, the Supreme Court overturned *Roe v. Wade* in their ruling on the *Dobbs v. Jackson Women's Health* case. As a direct result, there are fourteen states with no abortion-providing clinics as of November 2022. Since Abortion Care Network began tracking independent clinic status in 2015, there has never been a state without at least one clinic.

# Independent Abortion Clinics Worried By Multiple Closures Since *Dobbs*

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months of 2022, though, ACN confirmed an additional 42 clinic closures, most of which they attributed to the fall of *Roe*.

When the *Dobbs* decision came down, this meant that the operation of abortion clinics became illegal in states which banned the procedure. ACN said that in November 2022, there were fourteen states without an abortion clinic, the first time there had been any state without an abortion clinic since ACN began tracking independent clinics in 2015.

Laws and policies in other states, even if they didn't go that far, made it "challenging," ACN said, "for many clinics to keep their doors open at all." Many clearly didn't and closed, while others may still be threatened by ongoing changes.

Like Planned Parenthood, independent clinics have tried to adapt to the changing political climate. Though it seems likely that independent clinics were once dominated by surgical specialists, more and more have added chemical abortion to their offerings, especially since COVID.

The ACN report says that four out of five independent clinics now offer chemical as well as surgical abortion. An additional 17% of these clinics only do chemical abortions, meaning a full 97% have integrated abortion pills into their practices

(This, of course, leaves only 3% performing just surgical.)

When the U.S. Food and Drug Administration (FDA) made changes to the protocol for chemical abortion, in particular dropping required visits during the pandemic and allowing abortion pills to be prescribed by telemedicine and mailed to women's homes, ACN says, it sparked growth in a new type of independent clinic – the "virtual" clinic.

"Virtual clinics" are "online-only" clinics. These have no brick-and-mortar locations for patient visits but solely interact with customers by computer or smartphone. ACN says in its report that there are 100 of these such clinics now operating in the U.S.

It is unclear whether these new virtual clinics are anything more than a phone line to someone who can conduct a short interview, take an order, and direct someone to put pills in the mail.

But if not for these new virtual clinics, independent clinics would have suffered even greater losses over the past ten years. ACN says that the overall number of brick-and-mortar independent clinics decreased by 35% since 2012

**Please respect us,  
send us money**

The rest of ACN's report is largely devoted to justifying their existence, celebrating the heroism

of their "providers," and seeking public recognition and support for their work.

In the face of "devastating" abortion restrictions, ACN says independent abortion clinics have had to adapt, expand, or even move to continue to provide "abortion care."

Where abortion was still legal, they have had to hire and train additional staff, expand their capacity, and in some cases build infrastructure to handle the increased patient load. Other clinics – if they did not close outright – have had to pack up and move operations to another state.

The report laments findings that "restrictions and barriers pushed abortion care out of reach for at least 4,000 people a year before *Roe* was overturned." They clearly hope that some of that will be mitigated by women getting abortion pills by mail\* but ACN worries that increased "barriers fall hardest on people who already face the most systemic obstacles to accessing health care and other resources."

You can help your local independent abortionist, the report says, by donating to their "Keep Our Clinics" fund; by sending money to abortion funds which provide money to women for abortion procedures or travel; by volunteering at your local clinic; by fighting for "reproductive health, rights, and justice"; or

by showing your appreciation for your local abortionist and his staff on "Abortion Provider Appreciation Day."

Thinking so highly of themselves and their work, so blindly committed to their cause, it never seems to occur to these high profile, high volume abortionists that there might be an abortion too late, too gruesome, too unnecessary to perform. And it never seems to cross their minds that there might be ways to address or even resolve a woman's social, economic, personal circumstances that do not require the death and dismemberment of her innocent child.

Yet while adjusting their methods and moving a few locations after the pandemic and *Dobbs*, it is clear that independent abortionists haven't changed their fundamental belief in and commitment to the destruction of innocent human life.

\*Just to make sure, the report links to a website called [www.ineedanA.com](http://www.ineedanA.com) where women can find out how to access an abortion in their area. The website asks a patient's age, location, and gestation, but will apparently recommend ways to get abortion pills or services no matter how young the woman might be, how far along her pregnancy is, or whether or not abortion is even legal in.



# Iowa parents arrested for drowning newborn in tub just after birth despite adoption plan

By Jenifer Bowen

Last month, horrified Iowans learned a baby had mysteriously died and the child's body was missing. On November 29, the Police Department in Fort Dodge announced a homicide investigation. They received a tip on November 22 that "a female had given birth to a [baby] at home that the newborn was later deceased and the body was moved...."

A tight-knit city of 24,000, Fort Dodge is in the North Central part of Iowa. Local law enforcement worked to solve the murder, alongside community members and businesses, as well as 13 federal, state, and local agencies.

## LAW ENFORCEMENT QUICKLY SOLVES CASE OF BABY MURDERED JUST AFTER HER BIRTH

Two weeks later, on December 7, local police announced that they had made arrests in the case.

Brandon Thoma, 31, was charged with Class A Felony Murder First Degree and Felony Abuse of a Corpse. Bail is set at a \$1 million cash bond and a \$50,000 cash bond for discarding the body in an undisclosed location. He is being held in the Webster County Jail.

Additionally, Taylor Blaha, 24, was charged with Class A Felony Murder First Degree. Incarcerated in the Hamilton County Jail, her bail is a \$1 million cash bond.

They appeared separately before the Webster County Magistrate Court on December 8. Both have preliminary hearings on December 15. If convicted, Felony Murder First Degree carries a mandatory life sentence, and a Class C Felony is a 10-year maximum prison sentence.

## MOTHER OF THE CHILD HOSPITALIZED SEVERAL DAYS AFTER GIVING BIRTH

In her affidavit, Detective Amy Stringer of the Webster County Sheriff's Office wrote, "on November 22, Law Enforcement received a call ... reporting that a woman had been admitted to a hospital, that she had given birth to a baby at home and later [the baby] had been buried...

Detective [Stringer] went to the hospital."

During her interview, Blaha stated that they learned she was pregnant in April and that they are also parents to a two-year old son. According to her, Thoma has at least three children with different women.

## MOTHER CONFESSES THE PAIR TRIED TO ABORT THEIR THEN-PREBORN BABY

She admitted they had attempted, unsuccessfully, to kill their child while still in the womb, but the method and number of attempts are unknown. Authorities later confirmed that their electronic devices revealed searches for "how to force a miscarriage."

She gave birth on November 16 in their bathroom apartment. She asked Thoma for more methamphetamine due to her pain. Using scissors, he cut the umbilical cord. In a sick twist, they kept some as a memento.

The baby was reportedly alive, opening her eyes, and moving her arms and legs. They named her Kayleen Lee Blaha before they killed her.

## PARENTS CLAIM TO HAVE ACTED OUT OF FEAR

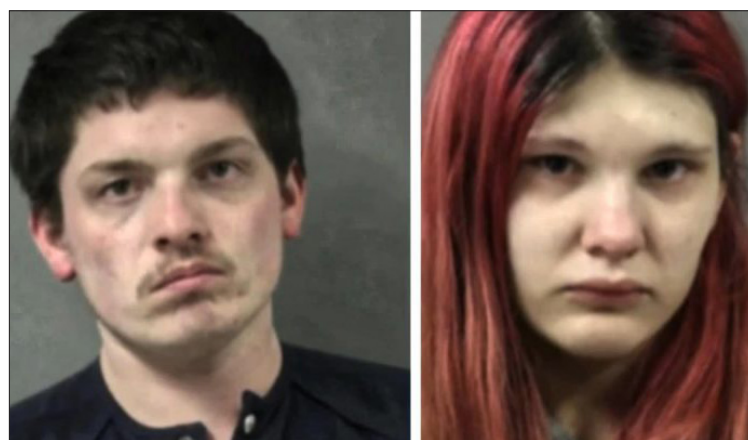
Thoma later confessed that in their drugged haze, they worried they would lose custody of their children if authorities found drugs in baby Kayleen's system. The baby's crying caused them to panic. As Blaha sat in their half-filled bathtub, they both allegedly pressed down on the baby's chest, forcing her underwater, until she drowned.

The next morning, Thoma left with a backpack containing baby Kayleen's corpse and returned within 20 minutes, according to video surveillance. He reportedly did this so "that [the baby] could not be located to be utilized as evidence of a crime against them."

Their text messages confirmed that he disposed of her body in a wooded area. Multiple searches yielded nothing. Later, Thoma led police near a landfill. However,

after a two-day, full excavation, no body was found.

While searches have thus far been unsuccessful, officials remain committed. "We have not located the newborn, but that does not mean we won't continue to keep trying to," affirmed Fort Dodge Police Captain Dennis Quinn.



Brandon Thoma and Taylor Blaha

A \$1,500 Crime Stoppers reward is available for credible information. Anonymous tips are accepted, and information can be given to the local police.

Blaha shared that they "had no intentions of keeping the baby." Her sister was going to adopt her.

Adoption is only one of a myriad of legal options they could have chosen. Abortion is repugnant and, morally, always the wrong choice. The tragic reality is that, according to state law, Blaha could have aborted Baby Kayleen through the first twenty weeks of her pregnancy, as Iowa is currently an abortion sanctuary state. Tragically, if they had chosen to "legally" kill their preborn baby, they would not be facing imprisonment for the rest of their lives. They would be celebrated by pro-abortion supporters.

## MANY LIFE-SAVING OPTIONS IN IOWA FOR PARENTS IN CRISIS

Had they decided against placing their baby with family, they still had several choices. This past June, Governor Kim Reynolds signed the bi-partisanly supported Safe Haven expansion. It is the second time in four years state lawmakers have strengthened this Act, one of the

most expansive in the nation.

The Safe Haven Act was enacted more than 20 years ago, after a newborn baby was strangled and abandoned in a snowbank in Chelsea, Iowa. Over the last two and a half decades, nearly 50 children have reportedly been saved through this Act.

These parents could have

relinquished baby Kayleen to staff members at any hospital, residential care facility, nursing facility, intermediate care facility for persons with mental illness, or intermediate care facility for persons with an intellectual disability.

Under Safe Haven Act provisions, they were even allowed to leave her at a hospital or healthcare facility so long as they immediately contacted that location to alert them that a baby was left there or called 911 to confirm that someone on duty was aware of the baby's location.

If they could not go to any of these places, the Safe Haven Act allows either parent or a person with parental authorization to call 911 and release custody to emergency responders, no questions asked.

Baby Kayleen's parents had 90 days to release her through any of these channels, anonymously and without fear of arrest. Instead, they hatched a diabolical plan, lost two children and now face lifetime prison sentences. It is not publicly known who has custody of their toddler.

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

# A look back at the 117<sup>th</sup> Congress and a Preview of the 118th Congress

From Page 1

the more support there is.” To his mind, that most assuredly includes abortion.

Not only will House Republicans be able to call up votes, but they have publicly announced plans to hold numerous hearings meant to hold the Biden Administration accountable for administrative actions ranging from the COVID-19 response to the Afghanistan withdrawal among others. According to *NBC News*, “House Republicans’ majority will be smaller than expected, but they’re eager to use their new oversight powers and pass a spate of bills to draw contrasts with Democrats and give the Biden administration heartburn.”

In the wake of the *Dobbs* decision that overturned *Roe v. Wade*, the contrast could not be clearer. The Democratic Party is and will continue to be the party of unlimited abortion paid for by taxpayers. For Republicans, in terms of both legislation and oversight, pro-life opportunities exist.

## Legislation

With pro-abortion Speaker Nancy Pelosi finally surrendering the gavel, there will now be opportunities to vote on pro-life measures for the first time in two years. In the previous Congress, Democrats blocked any pro-life votes, including on the *Born-Alive Abortion Survivors Protection Act*.

The *Born-Alive Abortion Survivors Protection Act* requires that when a baby is born alive following an abortion, health care practitioners must exercise the same degree of professional skill and care that would be offered to any other child born alive at the same gestational age.

It also requires that, following appropriate care, health care workers must transport the child immediately to a hospital. Current federal law does not sufficiently protect a child born following an abortion.

In the last Congress, Republicans, led by Reps. Ann Wagner (R-Mo.), Kat Cammack (R-Fl.), and Steve Scalise (R-La.), the House Whip, and Representative Ann Wagner (R-Mo.) worked vigilantly on a discharge petition to attempt to bring the measure to the floor for a vote --falling only a few signatures short. We expect this legislation will again be a priority item in the new Republican-controlled chamber.

In addition, the *No Taxpayer Funding for Abortion Act* should be a priority item for House Republicans. The legislation would codify the principles of the Hyde Amendment on a permanent, government-wide basis, with respect both to longstanding federal health and to the Obamacare law.

Currently, the Hyde Amendment and similar riders need to be reapproved year after year. Further, federal subsidies flow to Obamacare plans that cover abortions in most states. This legislation, if enacted, would provide a permanent fix to both issues.

## Presidential Actions

Over the past 2 years, the Biden Administration has been working furiously to attempt to short circuit the legislative process and expand abortion. President Biden and his administration have taken a series of anti-life actions, including executive orders.

In January 2021, less than a week after taking office, President

Biden issued an executive order forcing American taxpayers to fund groups that promote abortion overseas (rescinding the Trump administration’s Global Protect Life or Mexico City policy).

In addition, the Biden Administration withdrew the United States from the Geneva Consensus Declaration which reaffirmed that there is no international right to abortion, nor any international obligation on the part of States to finance or facilitate abortion.

While Republicans cannot easily overturn any of these Biden actions due to the Democrat control of the Senate, there is a great deal that the House can do in terms of oversight of at least some of the Biden agency action. Some of the more egregious administrative actions are outlined below.

## Administrative Actions

### Veterans Affairs

Since 1992, the VA has been statutorily prohibited from using taxpayer dollars for abortion. On September 9, 2022, the administration unilaterally ignored the longstanding prohibition on taxpayer funding for abortion at the VA, issuing a new rule that includes funding abortion for health reasons. This incredibly broad “health” exception will mean abortion for any reason and is aimed at circumventing not only funding restrictions, but protective state laws as well.

### Department of Defense

On October 20, 2022, the Department of Defense (DOD) published a memorandum which violates decades-old federal law prohibiting the DOD

from funding elective abortion (which includes facilitating such abortions). According to the new memorandum, the DOD would “establish travel and transportation allowances for Service members and their dependents, as appropriate and consistent with applicable federal law... to facilitate official travel to access noncovered reproductive health care that is unavailable within the local area of a Service member’s permanent duty station.”

However, both federal law and Congressional intent clearly state that the U.S. military may not fund elective abortion. Funding travel for elective abortion flies in the face of decades-old permanent pro-life law.

### Department of Justice

Congress can also demand action on other items that have been totally ignored by the administration’s Department of Justice (DOJ). For example, very late-term unborn babies were recovered from the Washington Surgi-Clinic in D.C. Was federal law followed? Was there a possible violation of the federal Partial-Birth Abortion Ban Act? In addition, the DOJ has failed on numerous occasions to investigate the vandalism and arson of pregnancy care centers and pro-life offices.

With an administration committed to expanding abortion, all eyes will be on Congress for the next two years. There is a great deal that the House, in particular, can do to advance the pro-life cause. This includes voting on pro-life legislation and also exerting oversight over the Biden Administration’s extreme abortion agenda

# Looking ahead to the “landscape of abortion”

From Page 2

there were additional pockets of voters last month, what does it mean going forward?

For James Bopp Jr., general counsel of the National Right to Life, a net gain in people voting “doesn’t mean a change in the abortion issue.”

“In every state I’ve seen — and I’ve seen 30 or 40 — the Republicans picked up seats in their statehouse and state senate,” he added. “So, if it was true there was some kind of abortion rights wave, it would have caught all these people. There’s no real evidence that there was a net benefit, or you would have seen the opposite of victories for Republicans in every state.”

Then there was what Mr. Bopp called the “enormous net benefit” to the anti-abortion side: Republicans took control of the U.S. House

of Representatives — if only narrowly. Had Democrats held their majority, they would have continued to try

going to go for the stake in the heart,” Mr. Bopp said.

He expects that Republican-controlled

of rape or incest, or to save the life of the pregnant woman.

In some ways, pro-abortion forces agreed with Bopp.

For now, however, the midterms did little to make abortion more available to the 34 million women of reproductive age who live in states that have prohibited it since Roe was overturned. Additional states have restricted it early in pregnancy. Ms. Standiford, of Planned Parenthood, said: “Before the election, there were 18 states with abortion bans in effect; after the election, there were 18 states with abortion bans in effect.”

Looking forward to 2023, let’s further alter the landscape by adding more states with widespread protective laws.



to pass the Women’s Health Protection Act, which would guarantee a nationwide right to abortion. “They were

legislatures will continue to pass laws like one adopted in Indiana this summer banning abortion except in cases



# As at-home abortions rise, will women see the humanity of the babies they've killed?

*At an abortion facility, those carrying out the procedure never permit women to actually see the baby they have aborted. But women aborting by themselves at home will see.*

By Jonathon Van Maren

*Editor's note. Unfortunately, this repost of a story that appeared in NRL News Today two years ago stands the test of time all too well.*

A new study by Dr. Katherine A. Rafferty of Iowa State University and Tessa Longbons from CLI titled “#AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives” was published in the journal Health Communications on June 1, 2020. With medication abortions on the rise, women are increasingly using RU-486 to abort at home, leading to more complications and an increase in emergency room visits.

According to one summary of the study, at-home abortions are having an impact on the emotional health and well-being of those utilizing this abortion method. In an analysis of 98 blog posts from women who aborted their babies using medication between October 2007 and February 2018, the study's authors found that 83% of women reported that their medication abortion had changed them. According to the article:

**Each site of struggle characterized a different noteworthy moment within a woman's medication abortion experience: the decision, the medication abortion process, identity after the abortion, and managing the stigmatizing silence before and after the abortion.**

One factor contributing to the trauma of women who aborted on their own was the fact that they were pressured to have abortions. Fifty-three percent of women reported that either the father of the baby or a family member pushed abortion on them, exposing once again the farcical nature of the “choice” that many women face. Several stated that they were unaware that they had choices other than abortion until it was too late. In their own words:

**“I remember my husband telling me, ‘well don't expect me to be too happy with the idea of having it if you decide to keep it. I won't be too loving.’ That was a knife through my heart and I made the tough decision to go through with the abortion.”**

**“They all tell you ‘it's your choice’ in the moment, but you don't feel that it is. Being unable to afford it, unable to tell you loved ones, not having the help or feeling unable to support a child. When your partner doesn't want it like you do. All these things push you, blind you to a decision that you don't realize will destroy you.”**

**“I was kind of excited but I was so scared to tell my family. I told my mom and her first response was I hope you're getting**

**an abortion. You're going to be a terrible mom.”**

According to *Pregnancy Help News*, the study concluded that “[u]ltimately, these centripetal discourses (coming from society, the pro-choice movement, other people in their lives, or their own fears) negated the centrifugal

these procedures could produce a different result.

At an abortion facility, those carrying out the procedure never permit women to actually see the baby they have aborted as a matter of policy. Shielding women from what they have just done is essential to maintaining the fiction that abortion is a simple health



discourse that other alternatives (adoption or keeping their baby) were justifiable options available to them.”

As the practice of at-home abortions using medication increases — especially during the COVID-19 pandemic — many pro-life activists have expressed concern that it will be more difficult to reach women and that the seeming simplicity of the process will make abortion seem easier, less horrific, and more common than surgical abortions. While that is certainly a concern, the first-hand testimonies of women who have aborted their babies in this fashion have led me to believe that the trauma that frequently accompanies

care procedure, and it is for this reason that people — especially those who have had abortions — often react with shock when they come face to face with imagery of aborted babies.

The most common response pro-life activists hear when displaying abortion victim photography is I never knew. With at-home abortions, however, many — if not most — women will actually see the baby they have aborted. This is an experience that would not have occurred in an abortion facility, and the impact of seeing the aborted child is often traumatic. The study contains the

# Involvement in Politics Remains Crucial for Protecting Life

From Page 1

abortions through many federal programs. Since its first enactment in 1976, the Hyde Amendment has saved over 2.5 million lives according to conservative estimates. National Right to Life labeled it “the single greatest domestic reducer of abortions in American history.”

It should then come as no surprise that the pro-abortion movement aims to eliminate pro-life protections like the Hyde Amendment. They also aim to pass the so-called *Women’s Health Protection Act*, a bill that would enshrine unlimited abortion in federal law and policies and strike down pro-life protections on the state level, including parental involvement and informed consent laws.

All this could very well happen if the pro-abortion movement had the necessary votes in the U.S. House and Senate and a pro-abortion president in agreement. Heading into 2023, they have two of those three things – the Senate and the presidency. Thanks in part to the tireless work of pro-life advocates in the 2022 elections, the House will have a pro-life majority and a new pro-life speaker in 2023.

The House makeup will be 222 Republicans to 213 Democrats, which means pro-abortion Speaker Nancy Pelosi will have to hand over the gavel to pro-life leadership. Eleven competitive Congressional House seats flipped from pro-abortion Democrat to pro-life Republican. National Right to Life’s political entities were actively engaged in reaching thousands of pro-life voter households in each of those eleven competitive races.

Additionally, National Right to Life and its political entities supported and defended 284 pro-life candidates running in U.S. House and Senate races, winning 236, or 83% of those races.

This is hugely important to unborn babies and their mothers

In communities across the

in Congress like Sen. Elizabeth Warren continues to advocate for legislation that would make it nearly impossible for pregnancy resource centers to operate. If the pro-life movement were to ignore politics, our opposition could very well get the votes they need in order to shutter pregnancy

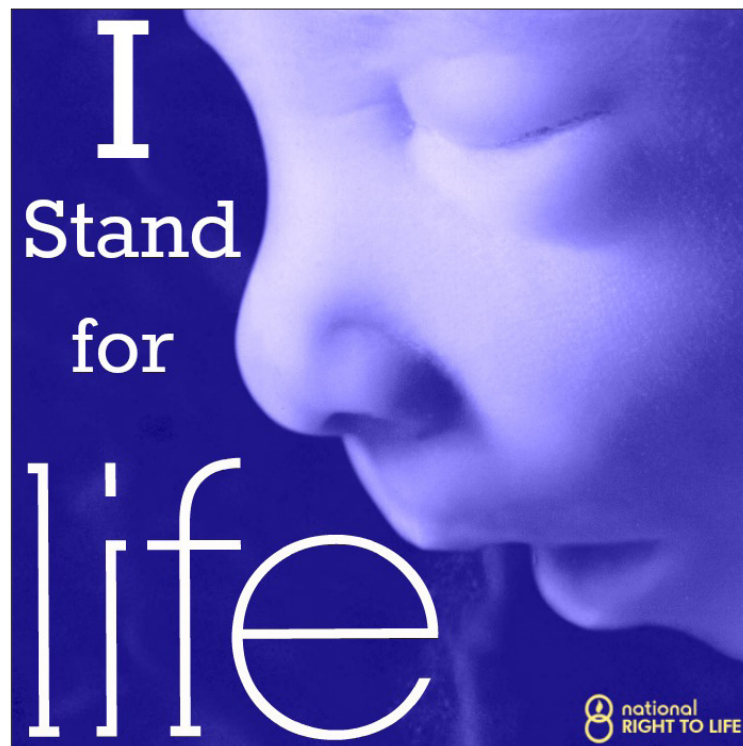
***through birth, paid for with our tax dollars, in every state.***

At bare minimum, we must show up and vote in every election, taking into account the candidates’ positions on the right to life while doing so. But many of us can do so much more than that.

We can reach out and educate pro-life friends, family members, neighbors, and members of our faith communities about what is at stake. In the age we live in, we have the opportunity share information widely with a few simple clicks thanks to social media. While they are not allowed to endorse candidates from the pulpit, we can encourage pastors or other church leaders to be more vocal about the responsibility to vote.

We can volunteer on the campaigns of pro-life candidates by making calls, stuffing envelopes, going door-to-door, distributing yard signs, and more. In addition to devoting time, some have the ability to donate financially to pro-life groups like National Right to Life who work tirelessly to make a difference in elections.

These are just some examples of ways we can be active in politics. Ultimately, each of us in the pro-life movement must ask ourselves how we can best utilize our own gifts and talents to stand up for life. But there should be no question in our minds of whether or not we should be involved in politics. We must stay informed and engaged. We cannot forget that innocent unborn babies who do not have a voice in the political process are counting on us to be their voice. And their mothers are counting on us too.



country, pregnancy resource centers open their doors to assist women and babies in need. These centers offer compassionate care and resources, often free-of-charge, and provide women real alternatives to abortion. The abortion industry, which purports to be on the side of women, views pregnancy resource centers and the support they provide to women considering abortion to be a threat to their bottom-line.

As a result, the abortion industry with the help of allies

resource centers, leaving women without the support they critically need and with few options other than abortion.

Our pro-life beliefs mean very little if we are not willing to act on them. If we are not engaged in politics, lawmakers will be elected who do not share our view that every human life has value and deserves to be protected.

***Without our willingness to take a stand at the ballot box, our opposition will succeed in establishing unlimited abortion***

# Iowa Gov. Reynolds will appeal decision not to remove permanent injunction banning enforcement of state's Heartbeat Law

By Dave Andrusko

Polk County District Judge Celene Gogerty, reiterating jurisdictional questions she raised at an October 28 hearing in Des Moines, “denied Iowa Governor Kim Reynolds’ request to remove a permanent injunction that bars enforcement of a state law that would make abortions illegal after about six weeks of pregnancy,” Rox Laird of *Courthouse News* reported. That means, for the time being, that abortion remains legal in Iowa until 20 weeks of pregnancy.

Gov. Reynolds said she would immediately appeal Monday’s verdict.

“I’m very disappointed in the ruling filed today by the district court, but regardless of the outcome, this case was always going to the Iowa Supreme Court,” the governor said in a statement following the ruling. “As the Iowa and U.S. Supreme Courts have made clear, there is no fundamental right to an abortion. The decision of the people’s representatives to protect life should be honored, and I believe the court will ultimately do so. As long as I’m Governor, I will continue to fight for the sanctity of life and for the unborn.”

The permanent injunction “was issued in 2019 based on the Iowa Supreme Court’s 2018 ruling that there is a fundamental

right to abortion under the Iowa Constitution,” Laird wrote. “But this June, the court reversed that decision just one week before the U.S. Supreme Court overturned *Roe v. Wade*, the 1973 ruling that established a nationwide right to abortion.”



Iowa Governor Kim Reynolds

Laird added, “With the door opened to reviving the ‘fetal heartbeat’ law, lawyers for Governor Reynolds filed a motion asking the trial court to lift the injunction, arguing that it has the authority to modify or vacate an injunction if there has been a substantial change in the facts or law.”

In her seventeen page decision, Judge Gogerty, in essence, argued her hands were tied—that she does not have the authority to dissolve the permanent injunction

placed on the law by Judge Michael Hupper and allow the law to take effect.

“It has not been established that the court has any authority, inherent or based on the rules of civil procedure, which allows it to retain jurisdiction in order to

At the October 28 hearing, Attorney Christopher Schandavel, representing the state, “argued that abortion in Iowa is now covered only by the lowest standard of legal protection, known as ‘rational basis.’ It requires a law to be upheld if there is a rational basis on which the Legislature could have thought it would serve legitimate state interests,” Stephen Gruber-Millery wrote for the *Des Moines Register*. “Because now that there is no fundamental right to an abortion in the state of Iowa’s constitution or the U.S. Constitution, now it is clear that strict scrutiny is no longer the test, and now that it’s clear that the viability line is no more, faithfully applying Iowa binding law requires the court to reach a different result.”

“Schandavel argued courts have an ‘inherent authority’ to alter and enforce permanent injunctions,” Gruber-Millery wrote. “He said that, because there has been a substantial change in the law since the 2019 decision, the court should remove the injunction. Bettis Austen [the ACLU of Iowa’s legal director and attorney for Planned Parenthood] responded that this already-decided case was not the proper vehicle to decide a new legal standard for Iowa’s abortion laws.”

dissolve the permanent injunction in this case,” she maintained. “Additionally, even if the court had jurisdiction to dissolve the permanent injunction, the State has failed to show that there has been a substantial change in the law under the Iowa Constitution that would change the circumstances.”

“The ban on nearly all abortions...would be an undue burden and, therefore, the statute would still be unconstitutional and void,” Judge Gogerty added.



# The *Associated Press* Stylebook works in unison with pro-abortion Planned Parenthood and ACOG

From Page 2

oppose these infringements on basic human rights as vigorously as we do the destruction of unborn children.

Back to “late-term abortion,” which clearly sticks in the craw of the author of the *Stylebook*.

“Do not use the term ‘late-term abortion,’” the *AP Stylebook* intones. “The American College of Obstetricians and Gynecologists defines late term as 41 weeks through 41 weeks and 6 days of gestation, and abortion does not happen in this period.”

This reminded me of Groucho Marx’s famous quip, “Who you gonna believe, me or your lying eyes?”

The last week of a pregnancy is the ONLY time you can use “late-term abortion,” and, come to think of it, since “abortion does not happen in this period,” voila, no late-term abortion, right?

Does anyone not on the abortion industry’s payroll (or in its thrall, like the *AP*) believe that nonsense? Who is their source? Planned Parenthood? Of course they don’t have a vested interest, right? So when they tell us “There’s no such thing as a ‘late-term abortion,’” we can take that to the bank, correct?

And it would be difficult to get any more pro-abortion than the American College of Obstetricians and Gynecologists, the *AP Stylebook’s* second source. ACOG provides a much-needed veneer of expertise and objectivity. In truth, ACOG’s and Planned Parenthood’s positions are so indistinguishable, you couldn’t slide a piece of rice paper between them.

Poor job, *Associated Press*, a very poor and unbalanced job indeed.

Abortion in 3 words:

**VIOLENT**

**GRUESOME**

**PAINFUL**



# A baby's unexpected premature birth helped to save her mother's life

By Cassy Fiano-Chesser

A woman's life was saved when her baby was born 12 weeks premature, allowing doctors to discover a cancerous tumor. According to the doctors, if the baby had arrived on her due date, it would have been too late to save the mother.

32-year-old Harriet Elsdon had an ultrasound when she was 20 weeks pregnant, and doctors found a cyst on her right ovary. They scheduled her for a follow-up screening at 29 weeks, but baby Maddison had other plans.

Originally, her due date was October 1, but on July 1, Elsdon began experiencing stomach pains and called for help. She was told to go to Broomfield Hospital immediately, where she gave birth within just 20 minutes of arrival.

"After three pushes, she was out," Elsdon told the Independent. "It was such a whirlwind experience and she was so tiny when she was born. She was passed over to me and Nicholas in plastic wrap before going into the neonatal ward."

The couple went home after a few days to care for their other

two children, while Maddison remained in the NICU. But then, five days later, Elsdon realized she was still experiencing stomach pains — so intense that



she struggled to walk. Doctors used a pelvic ultrasound and an exploratory surgical procedure, which allowed them to determine that the cyst had grown larger and had ruptured.

"After I woke up from the operation they broke the news," she said. "The moment they said

'tumour' and 'ovarian cancer,' I knew that chemotherapy would be on the cards. The doctors said it was my choice to have chemo or just relied on regular CT scans,

but I immediately knew I was going to have chemo because I had to stay alive for my children. Luckily they were able to remove the tumour and right ovary and the following month I started my chemotherapy."

Maddison was able to come home in September and now

weighs over nine pounds. Meanwhile, Elsdon is looking to finish her last chemotherapy session before Christmas.

"She's already a demanding baby at only four months but my goodness, she's completed our family!" Elsdon continued. "Even though she was tiny at birth, she thrived in the ward compared to other premature babies. She's been so strong since she's been born — I never thought premature babies could be so robust. I always think, if I haven't gone into early labour, I don't think the tumour would have been caught in time. It's almost like she knew she had to come out. If she didn't I'd be looking at stage three or four ovarian cancer. Maddison really saved my life- but she won't hear that from me as she'll be using it against me when she's a teenager. I was so lucky my cancer got caught when it did and that I've had such good treatment."

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

## As at-home abortions rise, will women see the humanity of the babies they've killed?

From Page 38

reactions of some women to their at-home abortions:

**"I felt her come out[.]"**

**"I was in so much pain on the bathroom floor."**

**"The pills made me vomit, lose control of my bowels, sweat, faint, pass out, and go into full labor."**

**"They told me it wouldn't hurt and I wouldn't feel a thing. THAT WAS SUCH A**

**LIE. I felt everything, I heard everything, I seen everything. I ended up blacking out from the pain and puking all over myself."**

**"I knew to expect blood clotting, but nothing could've prepared me for seeing her body. It was the color of my own skin, and was actually starting to look like a person."**

**"We were told we would**

**go back to normal and it won't affect us but they were wrong!!! All I feel is emptiness and hatred. I used to be the happiest most positive girl. All I want is to take it back."**

Medication abortions will continue to rise, and that most will see it as even more convenient than going into an abortion facility. But it is also possible that when abortion becomes a

more intimate experience and increasing numbers of women come face to face with the children who have been expelled from their wombs, that many will see what the facilities have long kept hidden from them: the reality of what abortion actually is.

Only time — and more death — will tell.

*Editor's note. Jonathan Van Maren can be followed on Facebook.*

# Baby born before abortion limit and given 24 hours to live celebrates 1st birthday

By Right to Life UK

A baby born a week before the abortion limit in the UK and thought to have only 24 hours to live has just celebrated his first birthday.

Baby Hector was born in Scotland last November at the Royal Hospital for Children and Young People in Edinburgh, when his mum was just 23 weeks pregnant. His mum and dad, Marie Clare and Angus, had lost a baby during pregnancy three years before so this pregnancy was considered high risk.

Marie Clare said “When I went to hospital with sharp pains doctors told me I was in labour”.

“I said ‘no’ and tried to hide the labour pains from them as I desperately didn’t want him to arrive early”.

“[Doctors] said there was a very slim chance of survival under 23 weeks. I looked at my watch and it was one minute to midnight and so I said in one minute I will have reached 23 weeks”.

The couple weren’t allowed to see their son for almost two days

Hector was born a little over an hour later at 1.14am. Because

he was so premature he had to be immediately resuscitated and placed in an incubator.

“I saw him when he was born and gave him a kiss and then he was wrapped in plastic to keep



him warm and rushed to the resuscitation department”, his mum said. “I felt devastation at not being able to be with him”.

To make matters worse, COVID-19 restrictions meant that the couple were not allowed to see their son for almost two days after he was born. After that, his parents were only permitted to see him for brief stretches of time. Only after an agonising five days

were Hector’s parents allowed to be with him day and night.

Marie Clare said “I was heartbroken that we couldn’t be with him in those crucial early moments”.

“It’s been the best year of my life”.

Hector suffers from a number of serious conditions including hydrocephalus, which prevents the proper flow of spinal fluid, caused by a bleed on his brain. He also has chronic lung disease, retinopathy and a feeding tube.

It wasn’t until 42 days after he was born that doctors took him off

the ventilator and said he would live.

Marie Clare told *BBC Scotland* “When I heard, I let out a wail that came from the bottom of my soul, I can’t articulate it, it was the greatest feeling in the world”.

“There was still a long way to go but to know the team thought he was going to survive was so great”.

In April this year, five months after he was born, he was allowed to go home. He’s still in need of care, though, and has had 15 operations and been rushed to A&E 25 times.

Earlier this month, though, Hector celebrated his first birthday.

Marie Clare said “He was born at 1:14 am so we stood at his cot at that exact time one year later and had a quiet moment just so grateful he is here”.

“We reflected on how he had made it and how we were the luckiest people”.

“It’s been the best year of my life”.



# The hallmark of the pro-life movement is love—love for the mother, for the baby, for the father

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

I recently heard a clergyman talk about the modern goal of living a life without regrets.

It is certainly admirable to strive to do our best in all circumstances. But, this being a fallen world, and humans being inherently fallible, if we are honest, we will admit that we have an avenue of regrets behind us.

Over the years, I have met so many women who regret their abortions. Their personal

circumstances have varied, but they share in common a profound loss: the loss of a unique child. Their pain is palpable and my heart aches for them. I wish we could go back in time and they could undo the abortion—but that is as impossible as bringing their child back to life.

Sadly, these women often suffer in silence. They often feel isolated and alone and unable to share their grief with others.

But, thanks to ministries such as Rachel's Vineyard, hope and healing can be found after abortion. The road may not be easy, but the path forward can lead to peace of heart.

If you know of someone who is hurting from her abortion, please encourage her to check out [www.rachelsvineyard.org](http://www.rachelsvineyard.org). There, she just may find the consolation and compassion she is searching for.

The hallmark of the pro-life

movement is love—love for the mother, for the baby, for the father. This love extends to the mother who has lost her child to abortion and who continues to grieve because of it. A community of people exists who will walk beside the mother in her profound grief and empower her to live an abundant life.

The road to abortion is filled with a trail of tears. It is only through recognition of that fact that healing can begin.



# Abortion: A Physician's Story

By Dr. Shelly Theobald

*Editor's note. This appeared in Right to Life of Michigan News and is reposted with permission.*

As many of you know or can at least tell by my Facebook page, I am not one to “post” much and generally consider myself a non-Facebooker. Since first learning about the new legislative laws being passed on abortion in New York, I was immediately reminded of a wise friend's words, to me, 5 years ago as she urged me to make “my story” public. She stated that prior to hearing about my experience, she knew very little about what actually happens in an abortion and believed that most people do not understand and likely do not even think much about the actual abortive procedure.

She strongly felt that everyone should be made aware of what actually happens in an abortion and that only through education can there be change. At the time, I shrugged it off. I did not grow up in the United States and try to stay out of politics and social media as much as possible. But I do have a story: a story that still makes me feel sick and want to cry, 8 years later. I am not sure it will make a difference or even be read by more than just my family and friends, but that is no reason to not speak out.

I was in my 3rd year of medical school in Beer Sheva, Israel and was excited to be starting my obstetrician and gynecology rotation at Soroka Medical Center. One day, we were told that we would be rotating through several clinical exam rooms to experience the various “fields” of OB/GYN.

I was switching with my classmates to enter a room where a “procedure” was taking place.

There was a pregnant lady lying on a standard OB/GYN exam bed who was apparently consciously sedated. Next to her was an ultrasound machine and I smiled as I saw a baby about 17 weeks gestation floating peacefully in its amniotic sack, it's tiny heart beat flickering on the monitor screen.

I still had no idea what the “procedure” was until suddenly I saw a long pointed object come into the triangular view of the ultrasound monitor and I watched in horror as the “tool” suddenly jabbed straight at the little baby. The baby immediately jolted violently as it reacted to the pain of the stab. I could not move: I felt paralyzed, dumbfounded. I remember thinking, “This mother needs to wake up and see what they are doing to her baby! She needs to know!”

The stabs kept coming and the baby continued to reel, its little arms and legs flailing and punching in the amniotic fluid as it fought to survive. It felt like an eternity but finally the movement stopped. The stabs kept coming, but the life was gone and the struggle was over. The little hands that only moments earlier seemed to wave at me from the ultrasound monitor were severed off!

Bit by bit, the baby was cut into indistinguishable pieces of tissue and the skull was crushed. Next came the vacuum, and as the doctor who performed the “procedure” pulled out the pieces of conception, I heard him chuckle. He turned to us, and with a grin I will never forget, he held up one of those tiny, perfect hands with forceps and reached it out to each of us saying, “high five, high five,” and laughed each time! I looked at him with disbelief!

After my shock wore off I asked why the mother had chosen to

have an abortion and he replied with a shrug that he was not sure, but said if he remembered right, she had possibly been exposed to a varicella zoster (the chicken

pox), and therefore wanted an abortion. He shrugged again, then under his breath, he said, “you know, everyone needs their excuse,” and left the room.



pox), and therefore wanted an abortion. He shrugged again, then under his breath, he said, “you know, everyone needs their excuse,” and left the room.

I have no idea what that young mother was going through or her reasons for wanting an abortion. I have no idea what she was told about abortion or if she had the procedure explained to her in any detail. I do not write this to judge or condemn this mother or any other mother. I only want to create awareness because I want to believe that if that mother was awake and was able to see her little baby waving to her from the monitor—if she saw the long “tool” and knew that was about to stab her baby to pieces—that she would never have chosen to abort her baby.

I understand this is not always the way babies are aborted, and often, at earlier gestations, chemicals are used. You could argue that chemicals are a more humane way, but even Hitler used “humaneness” to calmly kill Jews in gas chambers. The arguments

would.

I do not claim to be political. I am neither a Democrat nor a Republican, as I do not like to be boxed in to any belief system and instead prefer to form my own. On one hand I am entirely against abortion in any form (with the exception of the extremely rare cases that you can ask me about), yet I also strongly believe in the necessity of social service programs to help that mother and her new baby. More than anything, I am prolife and believe that the little baby I saw stabbed to death that day had a right to say no!

**Note:** Varicella-zoster is a “TORCH” infection and could potentially cause harm to a baby in utero. If the mother had actually contracted the virus—not just been exposed—there would have been about a 0.5-2% chance of the baby having birth defects.

Shelly Theobald, MD  
Family Medicine with an  
emphasis in OB