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."
It does not matter how old I get, or how many mountains I have climbed in the course of my work. Whenever December rolls around, a feeling of excitement envelops me.

And I know I am not the only one who feels this way.

There is something uniquely special about the Christmas season and the impact it has on the world. As Christians prepare for the anniversary of the arrival of the Christ child, there is a great expectation—a belief that, somehow, some way, life will be better.

It is the one time of the year that much of the world is focused on a baby—a baby who would grow up to usher in a new era, one marked by a new dedication to love and to service of others.

Even those who do not share our faith can be swept up in the mystery and majesty of Christmas. The glistening lights... the rousing carols... the stirring manger scenes have a power to soften the hardest of hearts.

I am reminded of this line from that holiday favorite known as “A Christmas Carol” where Ebenezer Scrooge, the dastardly cold-hearted villain, re-discovers the

Despite challenges, the pro-life movement has the same simple, straightforward, and righteous calling it has always had: to save babies’ lives.

Every year, our Christmas plans involve trying to find kid-friendly activities for our middle child, Peter. Peter is 20 years old but has mild/moderate autism and the communication skills of a four-year-old.

His delight in simple things—such as driving through neighborhoods to see Christmas lights or seeing a living Nativity. It helps the rest of us in the family keep a sense of innocence and joy not only during the Christmas season but also throughout the year.

Joy seems like such a simple thing, but it is far more complex. Joy is not just happiness. True joy means finding a sense of peace through our faith in God even in the most difficult of times. It is a state of being that is internal and related to the eternal.

In this movement, we may not always be able to say that we are happy with the way an election turns out or when a pro-life law is enjoined. But we can find joy in our circumstances and have peace in knowing that God is in control. On my son’s Christmas wish list this year is green slime. He
Editorials

Do You See What I See?

Editor's note. This story first ran many, many years ago in National Right to Life News, long before Dobbs overturned Roe v. Wade. We've run it in NRL News Today between Thanksgiving and Christmas virtually every year since, and it has consistently garnered more response than almost any article we've ever run.

It was also composed before passage of the historic ban on partial-birth abortion. In many ways it would be a perfect fit to substitute the “Pain-Capable Unborn Child Protection Act.” With Christmas just a couple of weeks away, I thought our growing number of readers might enjoy “Do you See What I See?” If you do, please share it with friends and family.

It was late in the afternoon the Saturday after Thanksgiving. My wife, Lisa, and I had established a temporary safe haven in our kitchen free from the usual chaos that comes with the presence of four joyfully rambunctious children. We'd somehow managed to wrest free a few minutes just to read the paper, enjoy a cup of coffee together, and chat.

It was nice! For reasons I did not fully understand at the time, when I read in our local newspaper that the Salvation Army was experiencing a dramatic shortage in volunteer bell ringers to man its familiar red kettles, I was so shocked I jumped up from the table and searched out the local number.

The gentle lady who answered mistakenly thought I was someone inquiring about a paid position. When I assured her otherwise, she was so pathetically grateful for my willingness to help them help the poor that a wave of shame washed over me.

It appeared in the New York Times so it must be true: “Why Biden’s Weakness Among Young Voters Should Be Taken Seriously”

Today’s tale of woe for pro-abortion President Joe Biden comes from a number of similar stories topped off by “Why Biden’s Weakness Among Young Voters Should Be Taken Seriously,” written for the New York Times by Nate Cohn. As the Times’s chief political analyst, Cohn’s findings merit our attention.

We’ve already discussed Biden’s overall job approval which range from a low of 37% (Gallup) to the low 40s (everyone else). More to the point his support among Independents is sinking fast.

Appearing on Sunday’s Meet the Press NBC national political correspondent Steve Kornacki analyzed the results of a new NBC News Poll. He said

Just look at the sea change from the start of this year. Recall, remember, Democrats coming off strong from the 2020 midterms, he [Biden] was almost even. Now he’s 17 points underwater.

If you look by party, it’s significant for two reasons. One, independents, obviously, more than two to one disapprove. You don’t want to be there as an incumbent president. But equally significant, no surprise, 7% of Republicans approve of Joe Biden’s job performance, but three times as many Democrats, 21%, more than one in five, say they disapprove.

Tim Haines further probed the NBC News poll and found

President Trump is leading Biden 46-44% in the general election polls for the first time. Even more remarkably, Trump is leading 46-42% among voters 18-39 years of age. Biden won this age group by 26 points in the 2020 election.

Finally, the poll shows Biden and Trump’s likability numbers about even for the first time.

Back to the New York Times poll and Biden’s plunging numbers among younger voters,
From the President
Carol Tobias

May Peace Be Yours

It’s hard to believe Christmas is almost here. You may be, like me, wondering how the year zipped by so quickly. But a look back shows that a lot has happened.

2023 started off almost immediately with the Biden administration finding another way to promote abortion, publishing regulations which would allow pharmacies to dispense the abortion drug mifepristone. Previously, the pill was prescribed and distributed by the abortionist.

This Biden regulation, through the Food and Drug Administration, has been challenged in court and will likely soon be presented to the U.S. Supreme Court.

Several state legislatures successfully enacted laws to protect preborn children in varying degrees. Unfortunately, courts in some states have also enjoined pro-life laws or struck them as unconstitutional based on the state constitution.

Pro-abortion state attorneys general increased their attacks on pregnancy resource centers. To the pro-abortion mind there is no “choice” except to end babies’ lives.

The state of Colorado attempted to penalize medical personnel who help women with the abortion pill reversal process. Thankfully, a U.S. district judge ruled the law violated the First Amendment.

There was a hard push from abortion activists to have Congress just declare that the Equal Rights Amendment, initiated in 1972, was now part of the U.S. Constitution. In April, the U.S. Senate voted to do just that, but failed to get the necessary number of votes.

Douglas Johnson, long-time NRLC employee and advisor, noted that various ERA-revival legal claims have been presented to six federal courts, and to a total of 29 federal judges and justices. The pro-ERA revival arguments failed to get a single judge to accept their legal claims.

We’ve seen unprecedented amounts of money flow into pro-abortion coffers to fund anti-life projects, lobbying, court cases, and ballot measures. We’ve seen pro-abortion lies and exaggerations become part of the mainstream media narrative.

An effort to amend the Ohio constitution to allow for unrestricted abortion was successful. As always supporters played hard and fast with the truth.

And, of course, we saw several candidates jump into the presidential race, seeking support for next year’s election.

A lot has happened this year! Due in large part to the reversal of Roe v. Wade, many would say we have, proverbially, been drinking from a firehose in 2023. My prediction for 2024 is that the hectic pace will continue!

For some reason, there are people who not only want the ability to kill an unborn child, they also want to make it as easy as possible to do so. They see the death of innocent little babies as “freedom.”

We have elections in 2024 for president, senators, and representatives. Many states will be electing governors, attorneys general, and legislators. Many states will have legislative sessions with efforts to protect babies or protect abortions. Some states will have ballot measures, attempting to amend state constitutions to allow for the killing of our most vulnerable brothers and sisters.

2024 is going to be another crazy year, and we have to be ready.

For that reason, I hope you will be able to find time in the next few weeks to do something for yourself. Christmas is a time to celebrate the birth of the Prince of Peace and I pray you find peace.

Pro-lifers are the most caring, loving, helpful, giving people in the world. Sometimes our lives get too hectic because we want to help everyone in whatever way we can. We have jobs and responsibilities and, many times, feel overworked, overburdened, stressed, and over-anxious.

Find some time this Christmas season to breathe, to relax, and enjoy those around you.

Drive around to look at Christmas lights. Join with fellow church members or friends to go caroling. Find a local choir performing the Messiah.

Call up a friend you haven’t seen for a while and get together for coffee. Pull out some old board games or a jigsaw puzzle and play with children or grandchildren and talk to them about their dreams and aspirations.

Or find some quiet time for yourself. Watch a favorite Christmas movie you haven’t seen in many years or curl up in a chair and read a book.

Let me leave you with this. The apostle Paul wrote to the Philippians in Chapter 4: “Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.”

I pray you find peace this Christmas, that you are able to replenish your soul and ease your mind as we all prepare for another crazy year of saving lives.

Merry Christmas!
Trump is Right- Democrats Are Pushing a Radical Agenda on Abortion

By NRL Political Department

In a recent interview on Univision Noticias with Enrique Acevedo, former President Donald Trump defended his record on abortion and his nominations of Justices Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett to the Supreme Court. The three Trump-appointed justices, all of which came down on the pro-life side in the historic Dobbs vs. Jackson case, were the tipping point for the Court to finally overturn Roe v. Wade and return to the American people and their elected representatives the ability to set abortion policy.

President Trump also called out Democrats for their support of late abortions and their opposition to measures like the Born-Alive Abortion Survivors Protection Act, which would ensure that babies born alive during failed abortion attempts are afforded the same degree of medical care as any other baby born at the same gestational age.

“‘We stopped a very radical agenda, and something will be worked out now because of what we were able to do. That was a tremendous thing when we did it. But, you know, if you look at the agenda, the radicals are really the Democrats because they’ll kill babies in their eighth and ninth month and they’ll kill babies after birth,’” Trump stated.

Trump is right. The Democratic Party’s position in favor of unlimited abortion for any reason throughout pregnancy is radical. The refusal by Democrats to adequately protect born-alive infants who survive abortions is radical.

Despite the portrayal of pro-life candidates as “extreme” by pro-abortion groups and their allies in the media, it is really pro-abortion Democrats who are out-of-touch with voters. Just 34 percent of Americans believe abortion should be legal under any circumstances, according to a July 2023 Gallup poll. The same survey found only 37 percent of Americans supportive of abortions in the second trimester and just 22 percent supportive of abortions in the third trimester.

“Polling shows broad public support for protections for unborn children and their mothers. They also indicate support for programs and policies that provide assistance and support to pregnant women in need. For example, 70 percent of Americans support requiring parental notification for minors, including 57 percent of self-described Democrats, according to a 2022 Pew Research poll. 60 percent of Americans oppose unlimited abortion in the federal law and strike down state-level protections for unborn children and their mothers, including parental involvement and informed consent laws. To date, the bill remains an exclusively partisan venture with not a single Republican cosponsor in the House or Senate.

The White House and Congressional Democrats remain almost unanimously opposed to the Born-Alive Abortion Survivors Protection Act. (The exceptions being just Senator Joe Manchin of West Virginia and Congressman Henry Cuellar of Texas.) This commonsense legislation would ensure that infants born alive during abortion attempts are afforded the same degree of medical care as any other infant born at the same gestational age. It passed in the Republican-controlled House earlier this year.
Hypocrisy, Reality, and Lessons to be Learned

By Tony Lauinger, State Chairman, Oklahomans For Life

In the aftermath of the heinous crimes committed against Israeli civilians during the October 7th attacks by Hamas terrorists, it seemed strangely incongruous to see notoriously pro-abortion elected officials here in the U.S. expressing outrage at the horror of “babies having their heads cut off.”

Unspeakably monstrous atrocities were committed that day against Jewish families and their infant children. A question, though, for the radically pro-abortion U.S. politicians appearing before the cameras: What, exactly, do you think happens every time a “reproductive-health-care clinic” performs a dismemberment abortion? Answer: A living child suffers excruciating pain and bleeds to death as he or she is torn limb by limb into pieces small enough to be pulled through the birth canal with forceps; his or her head is crushed with forceps so that it, too, is in small enough pieces to pull through the birth canal. The babies are alive while this “procedure” is ongoing.

Dismemberment abortions are done beginning during the fourth month of pregnancy when a baby’s bone structure has developed to the point that the child cannot be killed and extracted by suction abortion. At this stage, the baby’s brain and nervous system have developed to the point that the baby feels pain.

As an Oklahoma native, I am thankful that unborn children currently are protected from abortions being done in our state except when necessary to save the mother’s life. Unfortunately, however, this does not mean that none of Oklahoma’s unborn children are being killed by abortion. The abortion industry has set up an “underground railroad” to send Oklahoma women to neighboring states where abortion is legal, and in the past year, several thousand Oklahoma women have taken their unborn children on such a one-way trip.

During that infamous period in our nation’s history when slavery was legal, the “underground railroad” was established by those seeking to save lives. Today’s network for facilitating out-of-state travel is designed to extinguish lives. Destination killing...

Our protective law in Oklahoma provides something of a false sense of security for the unborn child. Though we have an overwhelmingly pro-life legislature, and a strongly pro-life Governor in Kevin Stitt, the unborn child in our state faces two other threats besides out-of-state travel for abortions: a state Supreme Court majority unsympathetic to the lives of unborn children, and a probable initiative petition for a statewide vote on a pro-abortion constitutional amendment.

It is imperative that we face this latter threat by fortifying our ability to defeat the abortion industry’s referendum to impose unlimited abortion on our state. During that dark period of legal slavery in our nation, we were blessed to have a statesman in the White House with the integrity, vision, and strategic wisdom to ultimately achieve slavery’s demise. Abraham Lincoln’s conviction that slavery was evil and must be ended was ironclad, but he was a realist who understood the practical need for incrementalism and prudence in successfully achieving that goal.

In his first debate with Senator Stephen Douglas in 1858, Lincoln said: “With public sentiment, nothing can fail; without it, nothing can succeed.” As we contemplate the likely prospect of a statewide vote in Oklahoma that could deprive every unborn child in our state of the constitutional right to life, it is incumbent on us to heed Lincoln’s wisdom.

An even more direct reference to the undeniable need to have “public sentiment” on the side of life is emphasized in our nation’s founding document, the Declaration of Independence. When facing a vote of the people, “the consent of the governed” is indispensable. The less-well-known sentence that follows immediately after that most revered passage in the Declaration of Independence about Life, Liberty, and the Pursuit of Happiness reads as follows:

“That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed…”

We must learn the lesson of Ohio’s vote last month on a constitutional amendment to impose unlimited abortion on that previously pro-life state. Tragically, the abortion industry prevailed, 57% to 43%. Two weeks prior to the vote, the pro-life side still had a potential path to victory. Polling showed pro-abortion support below 50%, with about 13% of voters still undecided. If the undecided vote had split evenly on Election Day, the pro-abortion amendment would have failed.

In those final two weeks before the election, the pro-abortion side spent more than four million dollars on a non-stop media campaign focused on rape and incest. On Election Day, following the rape and incest barrage, the undecided vote broke 95%-5% in favor of abortion.

We have argued for 50 years that there is no logic nor justice in executing a child for the crime of his father. But the pro-life movement’s best efforts have failed to “move the needle” even a little regarding public attitudes toward abortion following rape. It’s a deeply ingrained emotional issue, and attitudes haven’t changed one bit in 50 years. We need to recognize that reality.

If Oklahoma doesn’t modify our life-of-the-mother-only law by adding exceptions for rape and incest, we will likely suffer Ohio’s fate, thus depriving every future unborn child in Oklahoma of the constitutional right to life. We must learn the lesson of Ohio.
We have had our challenges in 2023, the first full year since Dobbs overturned Roe v. Wade but, as always, we persevere in our work to protect unborn children and their mothers.

There were many pro-life legislative wins. Iowa’s pro-life Governor Kim Reynolds called a special session after Roe was overturned so that the legislature could pass a bill protecting unborn children with a detectable heartbeat (around 6 weeks gestation). Florida, North Dakota, and South Carolina enacted similar heartbeat protections. Nebraska and North Carolina protected the unborn after 12 weeks gestation. Montana, among other life-affirming laws enacted this year, protected unborn children from horrid dismemberment abortions, and the lives of children born alive during an abortion.

Arkansas expanded its law to allow fire stations to provide newborn safe haven “baby boxes.” These boxes allow a mother to anonymously surrender her newborn child to a continuously monitored location (like a hospital or police station).

Mississippi amended its law to increase the age to 45 days old that a child can be surrendered while in New Mexico, a local fire chief called it a “tremendous victory” when a newborn was surrendered to the town’s baby box. West Virginia’s first box was installed in November; Kansas expanded its law to allow the boxes to be located at police and fire stations and other locations. Baby boxes are a visible example of how our society cares for mothers in crisis and their newborns.

In a big win for families, Idaho enacted a statute, built on a section of NRL’s model law, that protects pregnant minor girls by criminalizing transport by an adult within the state to conceal the abortion from the minor’s parent or guardian.

Wyoming enacted a first-ever law that prohibits prescribing, dispensing, selling, and using dangerous chemical abortion drugs.

There were other life-affirming laws enacted across the country. Arkansas required that a medical provider that performs or refers for an abortion must display an ultrasound before a woman has an abortion and must verbally describe the child seen on it.

Mississippi, Utah, and Wyoming extended Medicaid benefits to women to one-year postpartum. West Virginia’s “Support for Mothers and Babies Act” allows pregnancy resource centers (PRCs) to apply for grants. Louisiana and North Dakota now allow citizens a tax credit for contributing to PRCs, while Mississippi increased their tax credit allowance for contributions to PRCs. Florida, Mississippi, North Carolina, Ohio, and Tennessee appropriated money to help PRCs.

Kansas and North Dakota established the Alternatives to Abortion (A2A) program which helps women choose life by offering them numerous services. Texas continues to fund their successful A2A program. North Dakota now allows tax exemptions for diaper purchases.

Those are just some of the pro-life legislation passed in the states this year. (See “2023 State Legislative Session Enacted Laws: A list of each state law passed during the 2023 State Legislative Session” at nrlc.org/uploads/stateleg/2023StateLegislationSessionLawsEnacted.pdf). It is tragic that more of our fellow citizens do not know about these protections – we all seem to be fed only a steady diet of how pro-lifers work to take away “women’s rights.” This is simply not the case.

Challenges remain as we approach 2024. Pro-lifers suffered a loss in Ohio where, once again, abortion advocates used a state ballot initiative to force their abortion-on-demand agenda on millions of unsuspecting citizens. Pro-lifers fought hard to defeat the initiative, but they faced a well-funded adversary and a pro-abortion media repeating their every word verbatim.

We anticipate more such initiatives next year. We continue unswervingly to educate how these initiatives are written with intentionally vague language so that abortion advocates can “protect” an unfettered right to terminate life.

In Kansas, the pro-abortion governor vetoed a pair of pro-life bills. However the pro-life legislature overrode Gov. Laura Kelly’s veto of the Born-Alive Infants Protection Act and life-saving Abortion Pill Reversal (APR) legislation. APR allows a woman to possibly reverse the effects of a chemical abortion, if done within a certain timeframe. These vetoes show what we face from “pro-choice” advocates.

The pro-abortion Colorado governor signed into law legislation called “Deceptive Trade Practice.” The law subjects a medical provider to disciplinary action if they provide APR. Thankfully, a Catholic healthcare provider in the state asked for a halt to the law’s enforcement, and they succeeded in winning a preliminary injunction.

In Pennsylvania and Wisconsin, pro-abortion activists elected abortion advocates to the respective state supreme courts. Pennsylvania pro-abortion Gov. Josh Shapiro announced plans to stop funding the state’s “Real Alternatives” parenting and pregnancy support program. On the heels of their successful 2022 ballot initiative, Michigan repealed many pro-life protections. Minnesota repealed its “Positive Alternatives Act” which provided practical assistance to pregnant mothers.

Since these challenges remain, your legislators need to continue hearing from you. Let’s all help make 2024 a good year for moms and babies.
CDC’s Abortion numbers for 2021 show slight increase

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

Though it might seem somewhat anticlimactic after some other national groups have released data on the number of abortions since Dobbs, the U.S. Centers for Disease Control (CDC) has kept to its own organizational schedule and issued its report on abortions that took place in America in 2021 the day after Thanksgiving.

In short, they say that the numbers of abortions and their frequency in the population have increased in the last five years CDC studied. While we know that big changes occurred in 2022 with the Supreme Court’s decision to overturn Roe, the CDC report gives us a good idea of where the industry was headed and how it was preparing for the road ahead.

Unlike Guttmacher and the Society for Family Planning, who rely directly on abortion “providers” for their numbers, the CDC develops its reports from the voluntary submissions of state health departments. Not every state reports the same data, and some states do not report at all, but CDC abortion surveillance reports have the advantage of using a standard format and reporting every year, making trends apparent and helping make year-to-year comparisons possible.

In its 2021 “Abortion Surveillance,” the CDC found the number of abortions rising by more than 5,000 from the previous year and saw abortion rates and ratios return to levels not seen in five years or more.

Basic Benchmarks

The CDC reported 625,978 for 2021, after reporting 620,327 the year before. The latest figure does not include any abortions from New Jersey, which reported nearly 23,000 abortions in the previous report. But as we have reported about with previous CDC studies, though good for comparisons, this still does not reflect the full national total, thought to be somewhere between 900,000 and a million, since the CDC has not had any data from California, New Hampshire, and at least one other state in any of its reports since 1998.

Even with these higher numbers, we are clearly better off than we were in the 1980s and 1990s, when abortions hovered between 1.5 and 1.6 million a year before finally beginning a long drop off that now seems to have continued through 2017.

But recently, with these latest figures, abortions appear to have been on the increase.

The abortion rate, which for the CDC measures the frequency of abortion, hit 11.6 per thousand women of reproductive age (15-44). That is higher than it has been any year since 2015, when it hit 11.8.

The abortion ratio, by which the CDC contrasts the number of abortions for every thousand live births, hit 204 in 2021. It had not been above 200 since 2012 when it was 207.

Increases were seen pretty much across the board, with higher numbers of abortions being reported in 33 reporting areas (32 states and New York City) and decreases (some very small) found in just 15 reporting areas (14 states and Washington, DC).

Though the trend is broadly up, each state has its own story. For example, high percentages of those obtaining abortions in Washington, DC (70.8%), Kansas (49.9%), New Mexico (40.3) and Oklahoma (39.6%) came from other states. In the case of New Mexico and Oklahoma, it is clear that a large number came from Texas, which had just put some excellent protective legislation in place. An abortion clinic just across the border in Kansas picked up a lot of traffic from Missouri, which had just seen its

Last abortion clinic close in a legal dispute over licensing.

Age and Race

Over the past ten years, the CDC actually shows abortion numbers, rates, and ratios dropping for most age groups, 15-19, 20-24, 25-29, and 40 and up. For some reason, however, abortion numbers and rates increased for women 30-34.

Abortion ratios also fell for that group, though, and rates and ratios also fell for women ages 35-39, even though the raw number of abortions increased.

Though reasons are unclear and the changes are generally small, this means that these recent increases are concentrated in that middle range of women in their 30s.

Abortions and racial minorities

The CDC found that abortion rates for black women (28.6) were more than four times that of white women (6.4). The black abortion ratio was also higher by the same fourfold factor (498 to 116).

Hispanic abortion rates were also higher, though not as extreme. Abortion rates for Hispanics (12.3) were nearly twice that of white women, and the Hispanic abortion ratio was just over one and a half times higher (186).

Racial and ethnic figures should be taken with a grain of salt, however. Many states known to have higher minority populations (New York state, Illinois, Louisiana, Ohio, Pennsylvania, etc.) do not report this data to the CDC or did not report any data to the CDC at all (California, Maryland, New Jersey).

Marital Status and Previous Pregnancies

As it has been the case most of recent history, the vast majority of abortion (87.3%) are to unmarried women.

Statistics also continue to show that most women (60.7%) having abortions have already given birth to at least one child. Many women (43.7%) report having had at least one previous abortion, while 7.7% reported having had three or more past abortions.

Gestational Age and Abortion Method

More than nine out of every ten abortions are performed in the first trimester. Just 6.6% of abortions are performed at 14 weeks or more and less than one in a hundred (0.9%) occurred at 21 weeks gestation or more.

An increasing number of abortions are happening very early in pregnancy. The CDC says that 44.8% of abortions occurred at six weeks or less.
Sweet Success: 5-Year-Old’s Lemonade Stand Raises $14,000 for Pregnancy Center

By Kim Schwartz, Texas Right to Life

As early as five years old, Ainsley had a passion for helping pregnant women and newborn babies in her town. She witnessed her parents serve their local pregnancy center in Decatur, Texas, and came up with an idea all on her own to fundraise for the center. The White family first discovered Wise Choices Pregnancy Center through friends from their church. Drawn to the center’s commendable work, Berry and his wife, Lee, quickly became avid supporters. Wise Choices, located about 50 miles northwest of Dallas, offers services ranging from pregnancy tests and ultrasounds to parenting classes and post-abortion healing programs. With an average of 200 clients per month, the center plays a crucial role in supporting women and families.

Berry, a lawyer, has served on the center’s board of directors, while Lee, a pediatric nurse, volunteers her time at Wise Choices. The couple’s dedication did not go unnoticed by their five-year-old daughter, Ainsley.

“Wise Choices served as a comfort to our family,” said Berry. “Well, Ainsley came to us and said she wanted to have a lemonade stand,” Berry said. “It was her idea; she came up with it all on her own, and of course we wanted to support her.”

On the big day, Ainsley, with her mom by her side, tirelessly poured lemonade from morning until 11 p.m. In scorching 100-degree heat, the young philanthropist raised an impressive $1,310 for Wise Choices.

The success of Ainsley’s lemonade stand became an annual tradition and has seen greater success each year:

• 2019 – $1,310.00
• 2020 – $1,798.35
• 2021 – $3,111.75
• 2022 – $3,653.00
• 2023 – $4,304.14

In total, Ainsley raised an astonishing $14,177.24 to date. Wise Choices put the money toward a meaningful project: remodeling the center’s baby boutique, now named “Ainsley’s Place,” where mothers can receive free diapers, clothes, formula, and more for their babies.

Ainsley has continued to sell lemonade to benefit the center for the last five years, and even her two younger sisters chip in to help! The stand has become a staple in the community, and even sometimes has a line of people waiting.
No, it’s not over, and it won’t be as long as there are babies to save

By David N. O’Steen, Ph.D.

At the time Roe vs. Wade was handed down in 1973 I was a math professor in my late 20’s at a small private college. I very much enjoyed proving theorems but had less than zero desire whatsoever to publicly debate any political, much less moral, issue with anyone. But then there was Roe. A quick reread of the Constitution proved it to be legally void and a quick check of my conscience showed it to be an embrace of pure evil... child sacrifice.

So I soon found myself in front of an audience debating a very smooth, silver tongued psychology professor from a neighboring university who was 10 or more years my senior and oh so confident. But bolstered by my faith in the justice of our cause, the children and I held our own. I/we had facts. He had well-delivered fluff.

At the end of the debate he approached me and said in a friendly, but smug and certain manner, “You do know Dave that this is all over, your side has lost.” And a little voice in my head said, “No it isn’t and we haven’t.”

Forty nine years later Roe vs. Wade was gone.

Yet today you can again hear the glee in the voices of pro-abortion announcers and read it from the pens of the of the pro-abortion press as they declare that the pro-life side and unborn babies have lost. Why? Because of an unbroken string of post-Dobbs pro-life defeats in ballot initiatives.

In each case the pro-life side was vastly outspent, usually by a margin of three to one or more, and faced the unanimous opposition of all outlets of the legacy press which parroted the talking points, outright lies, and deceptive ballot language of abortion advocates.

But that same voice still says, “It’s not over.” This battle must/ will be fought and won. Innocent unborn life is worth it! Overcoming the obstacles presented by ballot initiatives won’t be easy, but some patterns are emerging. While the goal of these initiatives is really unlimited abortion at any time for any reason, that won’t be the debate. Rather, the pro-abortion side knows that if the public is convinced that women’s lives or health are threatened without the initiative’s passage, or that there will be no allowance for rape or incest, then they are on their way to victory.

National Right to Life’s own polling shows that over 80% of the public wants abortion available to save the life of the mother, in cases of rape or incest, and when a medical emergency threatens a woman’s health. Ballot initiative experience shows that if those in the middle are faced with choosing between unlimited abortion or risking that women won’t be able to get necessary health care, or abortion in the horrible case of rape or incest, they will choose the former. Especially since the advertising and media message will focus on those circumstances.

In Michigan, for example, the pro-life side was essentially defending a life of mother only law with no allowance for rape or incest. In Ohio the pro-abortion side could point to a six week law, again with no allowance for rape or incest. It really didn’t matter that the law was in the courts and not being enforced, since it could go into effect. Much of the advertising centered around the tragic case of a ten-year-old rape victim.

As a first step to overcoming the ballot initiative challenge, states should not go into a ballot fight where they are in essence forced to defend an actual or potential law banning abortion in cases of rape or incest or when there is a medical emergency seriously risking a woman’s physical health.

It is very hard to win any election when 80% plus of the voters disagree with you.

Those children must be saved another way, through education and innovative support programs...or all of the children may be lost.

Many other obstacles must be overcome as well. These include achieving something approaching parity in funding. And we need to obtain ballot language that clearly explains what the proposed amendment actually does and is free of soothing buzzwords such as “reproductive freedom” or imprecise terms such as “viability” that purposely obscure the intended effect.

Ballot initiatives have served to underscore another major change facing the pro-life movement post-Dobbs. We all know that the Dobbs decision sent the issue “back to the states,” but this is much more significant strategically than it may have seemed initially.

Under Roe pro-life state activities were necessarily very similar and limited. States could seek to prevent abortion funding and pass legislation such as parental involvement and informed consent. And then, to further test the Court, states passed legislation such as the pain-capable or dismemberment bills. The hope was that these laws would force the Supreme Court to take a harder look at Roe.

From Roe onward, the focus was always achieving a Supreme Court that would correctly interpret the Constitution and recognize that Roe was an abomination. That required electing pro-life presidents and pro-life senators as well as a pro-life House to limit abortion funding.

It worked!
Being Pro-Life…what does it mean to you?

By Jacki Ragan, Director, State Organizational Development Department

Do you ever stop to think about what it really means to be pro-life? It is something worth doing occasionally. For me, it is a great reminder of the many reasons I am pro-life and how thankful and grateful I am that I can call myself a pro-lifer.

Believing in the sanctity of each human being and the value of each life is the foundational principle of being pro-life. At its heart, this belief system recognizes the profound worth of every individual, irrespective of their circumstances or stage of existence. While our primary focus is and has been on the unborn—as they are targeted while still in the womb—we genuinely love and respect all human life.

However, the pro-life position extends beyond the abortion debate, influencing discussions and action on euthanasia, disability rights, protection of those not capable of taking care of themselves, and opposing physician-assisted suicide. Those of us who are pro-life can’t help but work to foster a culture that values and safeguards life at every stage.

I have always believed that it is recognizing the moral and ethical part of this belief that guides my conviction. I believe it is not only a societal responsibility but also a deeply personal commitment. I am not pro-life because of my religion; I am pro-life because I believe we are all members of the same human race and as such, are equals regardless of any age or where we may reside for nine months.

Every day our movement grows stronger, and more people become outspokenly pro-life. Some are new to the movement and others have spent their adult lives fighting this battle. For me, this fall marks 48 years.

I do not regret a single moment of the time I have spent trying to make this a better world. No words could describe how grateful I am for the 48 years.

Think about ways you can help to promote the sanctity of all human life. There are many avenues to help spread our message. Learn to make a difference every day. Cumulatively, those little gestures over time will make a big difference.

We have a long way to go to restore respect and sanctity for each innocent human life in our society. But we have come a long way, lives are being saved, and we are never giving up.
Arkansas Attorney General rejects proposed abortion amendment title, language

By Arkansas Right to Life (ARTL) Communications

LITTLE ROCK, Ark. – Attorney General Tim Griffin has rejected the ballot title and language for a proposed amendment to the state’s constitution that would restore abortion access in Arkansas.

The “For AR People” group announced on Nov. 27 that it has formed a ballot question committee, Arkansans for Limited Government, to place an amendment on the Arkansas ballot to address reproductive freedom.

The group seeks to qualify a constitutional amendment proposal – the Arkansas Reproductive Healthcare Amendment – that would prevent the state from restricting access to abortion up to 18 weeks after conception or in the instance of rape or incest, fatal fetal anomaly, or when abortion is needed to protect the pregnant woman’s life or health.

Rose Mimms, executive director of Arkansas Right to Life, said the ballot title seeks to allow abortion on demand in the state ending the protection of mothers and their unborn children that has been in place since the June 2022 Dobbs decision when the U. S. Supreme Court overturned Roe v. Wade ruling that the federal constitution did not guarantee a right to legal abortion.

“The broadly written language is so extreme that even pro-choice voters will see it goes too far. It clearly allows abortions up to the moment of birth and mandates that even the most basic limits on the profit-driven abortion industry are removed. The proposed constitutional amendment is not about limited government, it’s about forcing no-limit abortion on the people of Arkansas,” said Mimms.

The opinion released by Griffin said it found fault with the language and technical details of the ballot proposal, which backers said would make reproductive health decisions private up to the 18th week of pregnancy part of the state constitution. Cited were “ambiguities” preventing the Attorney General from approving the proposal were the use of the words “access” and “health” in several places, which Griffin said lacked clarity in the way the words were used.

Additionally, Griffin’s opinion said the popular name of the proposal is “tinged with partisan coloring.” Another reason for rejection stated in the opinion was a failure by the ballot language to describe its impact on existing laws, including Arkansas’ Constitutional Amendment 68.

Amendment 68 was created in 1988 and states that “The policy of Arkansas is to protect the life of every unborn child from conception until birth, to the extent permitted by the Federal Constitution.”

Arkansans for Limited Government may now resubmit a revised proposal that addresses the issues found in Griffin’s opinion.
Over 30,000 babies saved post-Dobbs, study shows

By Dave Andrusko

When even the endlessly pro-abortion New York Times admits that “The first estimate of births since Dobbs found that almost a quarter of women who would have gotten abortions carried their pregnancies to term,” you know the evidence for the pro-life impact of the decision that overturned Roe v. Wade must be solid.

Coming from the other end of the political spectrum Michael New, writing for the pro-life National Review Online, confirms Margot Sanger-Katz’s and Claire Cain Miller’s conclusion:

A new analysis of birth data published by the Institute of Labor Economics in Germany (“The Effects of the Dobbs Decision on Fertility”) provides powerful statistical evidence that post-Dobbs pro-life laws have saved tens of thousands of lives. This study analyzed U.S. birth data from the Centers for Disease Control (CDC) up to June 2023. It found that state pro-life laws enacted after the Supreme Court’s Dobbs decision in June 2022 resulted in 32,000 more children being born.

This analytically rigorous study compared birth trends in the 14 states that had enacted strong pro-life laws, the authors found that there were above-average birth-rate increases among both Hispanic women and women between the ages of 20 and 24. Furthermore, the study also found that there were also above-average birth-rate increases in Mississippi, Texas, and other states that were located longer distances from out-of-state abortion facilities.

The Times’s Sanger-Katz and Miller summarized the results of the study (no doubt to their chagrin) this way:

“The U.S. Supreme Court decision in Dobbs v. Jackson Women’s Health Organization sparked the most profound transformation of the landscape of abortion access in 50 years,” the study found. “These effects vary across demographic groups and tend to be larger for younger women and women of color.” …

The new analysis, published Friday as a working paper by the Institute of Labor Economics, found that in the first six months of the year, between one-fifth and one-fourth of women living in states with bans — who may have otherwise sought an abortion — did not get one. …

“The importance of our results is when you take away access, it can affect fertility,” said Daniel Dench, an economist at Georgia Tech and an author of the paper with Mayra Pineda-Torres of Georgia Tech and Caitlin Myers of Middlebury College. “When you make it harder, women can’t always get out of states to obtain abortion.”

“The data on births is preliminary,” the New York Times reporters wrote. “A fuller accounting of the effect of Dobbs on the fertility rate, including county-level data, will not be available for another year. The researchers can’t be certain that the increase in births is attributed to women who wanted abortions but couldn’t get them, but the timing and consistency of the results suggest so.”

Indeed. New concludes [T]he results of this Institute for Labor Economics study are broadly consistent with my Charlotte Lozier Institute study of November 2022 and with the June 2023 study in the Journal of the American Medical Association. Both showed an increase in Texas birth rate after the Texas Heartbeat Act took effect.
I am a singer by trade who has spent over 20 years recording and touring. In 2007 my husband, Pete, and I moved from Idaho to Nashville in hopes of furthering my music career. It didn’t go as planned. In fact, the bottom fell out.

I was in prayer one morning asking God why He’d opened the doors for us to move to Nashville (as it was no accident that we were supposed to be there) for me to sit and do nothing. I’ve never heard God speak so clearly before in my life. He answered,

“Jaime, I want you to be a voice for the unborn.”

I was shocked. Of course, I said ‘Yes,’ but I had no idea how I was going to be a voice when I had no places to share my music or this message? Besides, how was I ever going to make it in the music industry with such a controversial message?

Two weeks later I received an email from someone pitching the Pro-Life song, “My Chance.” We recorded and released the song along with a video.

Once released, my calendar began to fill up. This song connected me with NRLC. I have kept a relationship with this wonderful organization ever since.

With God, ALL things are Possible!

I was blessed that God chose me to carry this message and while I loved being a voice for our unborn, it was difficult to sing “My Chance.” The message resonated deep in my heart. I’d often shed tears when singing this song. I had never experienced an abortion but my husband and I have struggled with infertility our whole marriage.

Fast forward 10+ years. After 2 failed attempts to adopt and no success at conceiving, Pete and I are now discussing what we should do with the rest of our lives. We had finally moved back to Idaho, bought a house and settled into great jobs.

However, we were both feeling that we could serve our community in a larger way. From that conversation, the idea for Sacred Heart Ranch of Idaho was born.

SHR will be a transition home for young women who have experienced trauma and need a place to heal, learn, and grow and to have the opportunity for a promising future.

We will provide housing, food, life skills classes and plenty of love and support in a ranch style setting. (For more about Sacred Heart Ranch, visit www.sacredheartranch.org.)

We were well on our way in our fundraising efforts when we received a phone call—June of 2022— that there was a 9-year-old girl needing a home. We were surprised; we were not on any lists. This was a private call. Less than a month later Amelia came to live with us. A few short months later she turned 10.

On December 2nd 2022, we sat in a court room filled with family and friends. Pete and I promised to love and care for this beautiful girl no matter what.

I held the tears back that morning until we got home. I told Pete and Amelia that I had to go do something real quick. That ‘something’ was going into my closet where I shut the door, sat on the floor and shed so many tears of joy and gratitude to our Lord for answering our prayers after so many years. I had given up. I had grieved. I had moved on. But God hadn’t. He remembered my prayer. His timing and His gift of this little girl is so perfect.

Amelia fits in great with our crazy family. She has blessed our home with giggles, joy, and funny moments. Our lives have forever changed, and we are both happy and scared at being responsible for more than just dogs!

There are times I dwell on things I missed. Such as her first steps, first words, buying cute little clothes and lots of little snuggles…But as I write this, she’s home sick with a temperature of 101. Amelia just brought her blanket in and snuggled up in my lap.

God answers the cries of our hearts. While I did miss the beginning of her life, I have the privilege of guiding her through the tough teenage years. My husband and I are doing all we can to prepare her to love Jesus and be open to His will.

We continue to work on Sacred Heart Ranch but have had to divide our time between Amelia and our fundraising. We just passed the $400,000 mark. It will happen in God’s time.

For those struggling with infertility. Don’t lose hope! Trusting in God’s plan is not easy, but it’s what will bring you the most joy and peace in this life. It’s hard for me but it makes me stronger.

Let me end with this, Have I ever heard those words…”I Love You Mom”? No. She called me Mom once but was very hesitant about it. We don’t push or force anything like that.

For now we are just Jaime and Pete. Pete gets DAD sometimes and that will definitely come first as she didn’t have a Dad so that’s brand new. I came with some strikes against me as she already has a mom. She may think that calling me Mom in a way will replace her mom or cease to make her mom, her mom.

While I’d love to hear those words, it’s no biggie. I know she is my daughter (that still feels weird to say) and that I will love her with all of my heart even if she calls me Jaime until the day I die.

My heart aches for Amelia when I think about how hard the transition must be on her, but God has been faithful to provide for us. It helps that Pete is a Clinical Social Worker. He works as a counselor (mostly trauma clients), and he is a wonderful help when I need advice on how to handle some situations.

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Nevada judge nixes pro-abortion initiative petition: Nevadans for Reproductive Rights expected to appeal to state Supreme Court

By Dave Andrusko

In a decision handed down November 21, Judge James T. Russell concluded that a proposed ballot initiative that would have embedded abortion in the Nevada constitution is too broad, contains a “misleading description of effect” and has an unfunded mandate.

“This is probably the clearest case I have seen that I think there is a violation of the single-subject rule,” Russell said, according to KOLO-TV Reno. “I’ve seen a lot of them over the years and in respect to this particular matter, there are too many subjects. Not all of which are functionally related to each other.”

Writing for the Associated Press Gabe Stern explained the background to Judge Russell’s decision:

The political action committee Nevadans for Reproductive Rights filed the petition to enshrine reproduction rights in the constitution with the Nevada Secretary of State’s office on Sept. 14.

On Oct. 5, the Coalition for Parents and Children PAC filed a complaint with the court challenging the petition’s legality. If allowed to proceed, Nevadans for Reproductive Rights would need just over 100,000 signatures to get the issue on the ballot.

Asked about a possible appeal to the Nevada Supreme Court, Nevadans for Reproductive Rights attorney Bradley Schrager said the group is “considering its options.”

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Lindsay Harmon, president of Nevadans for Reproductive Rights, said the group “will not let one judge’s misguided ruling deter us from giving Nevadans the opportunity to vote to permanently protect their reproductive rights in the Nevada Constitution,” according to Stern.

“Jason Guinasso, an attorney for the Coalition for Parents and Children PAC, said he was happy with the ruling but expected the other side to appeal.”

To amend the constitution, it “requires either approval from two legislative sessions and an election, or two consecutive elections with a simple majority of votes,” Terri Russell reported for KOLO-TV Reno.

The two sides sparred at a November 11 hearing. Guinasso told Judge Russell that the petition “doesn’t just mention reproductive rights, but abortion, birth control, prenatal care, and post-partum care. Not only that, Guinasso said the petition as written protects those who provide that care as well as those who facilitate that care,” according to KOLO-TV.

Guinasso called it “log rolling” where the petition may address a topic the voter is interested in, then adds other subjects the voter may not know about. He also said the petition, if it ultimately became part of the constitution, would be an unfunded mandate, costing taxpayers here in Nevada.

If the pro-abortion group wins its appeal to the state Supreme Court, and if the initiative petition gains enough signatures—over 100,000 by June—it will appear as a question on the statewide Nevada ballot in November of 2024.
By Dave Andrusko

“Months of ads deliberately lying about the goals of pro-life Republicans misled many voters” — Olivia Gans Turner, President, Virginia Society for Human Life.

“Big money and big lies are a dangerous combination. That’s the chief takeaway of the 2023 general election in Pennsylvania” — Maria Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

“Backers of Ohio Issue 1 to enshrine abortion rights in the state constitution boast a hefty fundraising advantage over their opponents” — Jessie Balmert, Cincinnati Enquirer

We live in Virginia, and it is no exaggeration to say that for weeks on end the airwaves were clogged with one pro-abortion ad after another, after another, after another. Need I even mention that the ads were preposterous? Pro-life candidates were viciously caricatured as unfeeling monsters who would allow women to die.

For example, in the race for governor of Kentucky—as well as a race to the bottom— incumbent pro-abortion Andy Beshear “had run one of the sharpest abortion-related ads of the year, featuring a young woman who says she was raped by her stepfather at age 12.”

Ohioans endorsed “Issue 1,” which embedded abortion in the state constitution. (It’s interesting that most accounts say it “enshrined” the amendment.)

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They finessed the truth that Issue 1 means that there will be no limits on abortion up until the birth of the child.

How’d they do that?! The editors of National Review Online explained how:

The amendment was written in a way to give voters the wrong impression that it would permit meaningful limits on abortion after “viability.” Ohio voters who want some limited right to abortion may have a hazy understanding of what viability means or when a heartbeat begins. Ohio voters were also misled about the amendment’s true implications for taxpayer funding of elective abortions.

From a biased media, you would expect that the lion’s share of stories would focus on the most difficult cases. “It is telling that a large percentage of abortion stories in the mainstream media focus on the very small percentage of hard cases involving rape, incest, or fatal fetal-health conditions,” writes the editors of National Review Online.

“It is also essential that pro-life officials everywhere counter the lies of the abortion-industrial complex that hospitals may need to delay treatment of conditions that threaten the life of the mother due to pro-life laws. No law requires waiting until such a threat becomes imminent to act. There has been some progress in countering such misinformation, but there is more work to be done.”

The results last night were terribly damaging to unborn babies, to their moms, and, I would argue, to the soul of our nation. Personally, that just makes me work harder.

When we signed on to be a member of the greatest social justice movement of our time, we did so in season and out.

To borrow from the Bible, pro-lifers must continue to gird up our loins—prepare ourselves mentally and physically for the challenges ahead. I know you will join with National Right to Life as together we battle this despicable evil.
Pregnancy care centers are an important part of the safety net for women in the Commonwealth of Pennsylvania

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

Brandy is a woman whose story demonstrates the tremendous role pregnancy resource centers play in our communities. She had come to the Morning Star center in south central Pennsylvania in the midst of a tremendous ordeal. She had fled an abusive relationship, three little girls in tow, when she found out she was pregnant.

Ultimately, as a result of the compassionate support she received from Morning Star, Brandy chose to place her child for adoption. A difficult decision—but one she felt was the best option for herself and her baby.

This year, Morning Star has tallied more than 3,100 client visits. It is one of a number of pregnancy resource centers, maternity homes, and adoption agencies that are part of Pennsylvania’s Pregnancy and Parenting Support Services program.

That program is now in jeopardy, following Democrat Governor Josh Shapiro’s announcement that he plans to not renew the contract of Real Alternatives, which has successfully run the award-winning program for 27 years.

Organizations such as Morning Star empower women, helping them to make life-affirming decisions for themselves and their families. They are to be applauded for providing caring assistance to survivors of domestic violence and other pregnant women facing dire circumstances.

Pregnancy care centers are an important part of the safety net for women in the Commonwealth of Pennsylvania. Those who criticize the centers would do well to visit them—to see first-hand the success stories that are part of their everyday work.

At a time of economic uncertainty in our country, pregnancy resource centers are more critical than ever in providing material resources such as diapers and baby clothes for families. After all, you cannot get a onesie at a Planned Parenthood.

So let’s redouble our efforts to support centers such as Morning Star, which are building a bridge to the future with each woman’s life that they touch.
Understand why we lost this battle so we can win the war

By Sen. J.D. Vance (R-Ohio)

Editor’s note. This appeared the day after the November 7th Elections on X, formerly Twitter.

For pro lifers, last night was a gut punch. No sugar coating it. Giving up on the unborn is not an option. It’s politically dumb and morally repugnant. Instead, we need to understand why we lost this battle so we can win the war. I was very involved in the “no” campaign for issue 1, so let me share a few insights.

First, we got creamed among voters who disliked both Issue 1 and also Ohio’s current law (heartbeat bill). We saw this consistently in polling and in conversations. “I don’t like Issue 1, but I’d rather have that extreme than the other extreme.” This is a political fact, not my opinion.

Second, we have to recognize how much voters mistrust us (meaning elected Republicans) on this issue. Having an unplanned pregnancy is scary. Best case, you’re looking at social scorn and thousands of dollars of unexpected medical bills. We need people to see us as the pro-life party, not just the anti-abortion party.

Third, as Donald Trump has said, “you’ve got to have the exceptions.” I am as pro life as anyone, and I want to save as many babies as possible. This is not about moral legitimacy but political reality. I’ve seen dozens of good polls on the abortion question in the last few months, many of them done in Ohio. Give people a choice between abortion restrictions very early in pregnancy with exceptions, or the pro choice position, and the pro life view has a fighting chance. Give people a heartbeat bill with no exceptions and it loses 65-35. (The reason we didn’t lose 65-35 last night is that some people who hate “no exceptions” restrictions will still refuse to vote for things like Issue 1).

Fourth, we’ve spent so much time winning a legal argument on abortion that we’ve fallen behind on the moral argument. I talked to so many decent people who voted yes on Issue 1, and their reasons varied. Some described themselves as “pro life” but hated the lack of a rape exception in Ohio law. Some were worried that Ohio law would prevent them from addressing an ectopic pregnancy, or a late term miscarriage. Some didn’t understand the “viability” standard in Issue 1, and thought that of course you should be able to abort a “non-viable” pregnancy as that would be a danger to the mother. You can criticize the propaganda effort on the other side for lying to people about these issues or confusing the populace, but it suggests we have to do a much better job of persuasion. And I’m not just talking about 30 second TV commercials—I’m talking about sustained, years long efforts to show the heart of the pro-life movement.

Fifth, money. We got outspent big time on Issue 1, and across the country. Republicans are almost always outspent by Democrats. Relatedly, Democrats are better at turning out in off year elections. The national party should be focused on two, and only two issues: how to juice turnout in off year elections and how to close the finance gap with Democrats.

A lot of people put their heart and soul into this campaign. The local right to life organizations in Ohio, The Center for Christian Virtue, SBA, Governor DeWine, and so many others. I tip my hat to them.

A lot of people are celebrating right now, and I don’t care about that. I do care about the fact that because we lost, many innocent children will never have a chance to live their dreams. There is something sociopathic about a political movement that tells young women (and men) that it is liberating to murder their own children. So let’s keep fighting for our country’s children, and let’s find a way to win.
In the fight for life

By Monica Snyder, Executive Director, Secular Pro-Life

On November 7 Ohioans voted for Issue 1, which enshrines the right to abortion in their state constitution. This is a major loss for the pro-life side, not least of all because it comes as part of a series of state ballot initiative defeats since Dobbs (after California, Kansas, Kentucky, Michigan, Montana, and Vermont). And there will be plenty of additional state battles on abortion fought between now and the 2024 elections.

Many abortion advocates are optimistic about their momentum. Many pro-lifers are frustrated and demoralized. I get that.

But a few thoughts:

Don’t let recency bias mislead you.

It sucks to lose. Especially multiple times in a row. And each state loss means more lives left to a brutal, violent end, and more inertia for abortion that puts additional states in jeopardy. The losses are real and they are important.

But don’t confuse our current challenges with the idea that we are fated to defeat. We’re not.

The abortion debate is a long-term, complex battle. It’s difficult to predict what countless efforts, large and small, produce over time.

For nearly 50 years we were trapped in the seemingly intractable Roe regime. Many passionate pro-lifers dedicated years to the work and passed away before seeing Roe undone. I genuinely did not expect to be free of Roe in my lifetime. Then, in what felt like a very sudden turn of events, Dobbs meant Roe was gone.

I remember in the years leading up to Dobbs, when SPL spoke against Roe, people (pro-choice and pro-life alike) would occasionally admonish us to keep in mind that getting rid of Roe would not end the fight over abortion in the United States. Here’s a tweet responding to that banality in late 2020:

There was no need to remind us. Perhaps nominally pro-life people thought Roe was the point, but I don’t think I’ve met a pro-life activist who was working under that misperception. Dobbs wasn’t the end of the fight; it was the beginning. It took 50 years to spit out the poison that was Roe. It would be wonderful, but also incredibly wishful thinking, to expect the rest of this work to be short and sweet.

The state losses hurt. And Ohio won’t likely be the last. But the pro-life movement is still vastly further ahead now than we were when we were suffocating under Roe. Since its overturning, a dozen or so states have banned elective abortion from conception, with several more passing gestational limits earlier than Roe ever allowed (e.g. 6 weeks, 12 weeks, 15 weeks). Still more are fighting court battles to pass restrictions (outcomes remain to be seen). None of this was possible pre-Dobbs.

We have many fights ahead of us, and some of them will probably go on for decades. The fight over abortion in the United States is long standing and fierce. Abortion advocates aren’t going anywhere anytime soon. But then again, neither are we.

There’s always something you can do.

And since we aren’t going anywhere, the next question is: what can you do about this fight? There are a wide variety of ways people can help. If you haven’t already, be sure to find your niche.

If you want to go the political route, you can volunteer to do phone banking, door knocking, fundraising, or similar endeavors. If time and energy preclude all of that, you can more minimally make sure you talk with friends and family in your state about whatever battles are happening there.

You can support your favorite pro-life organizations as a donor or as a volunteer (many people do both). Contact those orgs to let them know what particular abilities and interests you have to offer or to ask them where they need help the most.

Argue online. Yeah, I said it. But do it the smart way.

If you want to avoid the abortion debate entirely, help support moms and babies locally, through a pregnancy resource center or other organizations in your community (crisis nurseries, domestic violence shelters, food pantries). Advocate for policies (local, state, national) that help protect and provide for moms and babies in difficult situations.

If you do nothing else, commit to letting people in your life know you’re pro-life. You don’t have to debate. Just memorize this sentence: “I don’t
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

Bertha Mallory, from Tom Huebinger
Patricia Caragher, from Georgette Jacquat
Marguerite Elizabeth Swann, from Alexander Rosario
Karen Apang, from Frank Apang
Phyllis Darnell, from Joanie Watson
Bertha Mallory, from Chris and Laverne Scott
Barbara Hellmers, from Dwight Hellmers
Phyllis K. Darnell, from Mark and Beth Hogan
Margie Montgomery, from Mary Payne

In Honor of

Bertha Mallory, from Cindy Wilson
John Timmerman, Jr, from Martin Timmerman
Raymond Warzynski, from Ida Frizzell
Abraham “Ramesh” Ramdular Singh, from Pamela Idriss'
Gail Kraynack, from John Kraynack
Karl Stockhausen, from William Stockhausen
Andrew and Coral Lawrence and Joseph and Silea Luchini, from Victoria Luchini
In memory of Edmund Shada, from Emilio Perez

You can make your contribution in loving memory or in honor of someone online at donate.nrlc.org or by sending your contribution along with memorial and tribute information to the address below.

Memorials & Tributes

Your name______________________________________________

In memory of_________________________________________  In honor of_________________________________________

Your address____________________________________________

Name/Address for acknowledgment card_____________________

Send with a check payable to National Right to Life Committee to:
National Right to Life Development Office | 1446 Duke Street | Alexandria, Virginia 22314
A baby born at just 26 weeks has become known as the Mayor of NICU (Neonatal Intensive Care Unit) after having spent over six months being cared for in the hospital.

Born almost four months early, weighing less than 1lb and clinging to life, baby Ellyannah was so small she could fit in the palm of her mother’s hand.

The baby was unable to receive adequate nourishment in utero and her mum, Cecilia Lopez, had to have an emergency caesarean section. Being so premature, doctors didn’t know if Ellyannah would survive.

But despite her tiny size, her mum said she screamed and cried as if expressing her will to live.

Baby Ellyannah had to be revived more than once, but six months later she’s still here and getting stronger every day.

12 ounces to 12 pounds in 6 months

Her father, Boris Lopez, said that when she was born “it was very shocking and difficult but we’re grateful that now she’s 12 lbs and she’s getting better every day”.

Her parents work in shifts to spend as much time with their daughter as they can, and even have a camera in her room to be able to monitor her from home.

“To be able to hold her today, to be able to interact with her, that’s what gratitude looks like for us today” her mum said.

The study, which took place between 2013 and 2018, assessed 10,877 infants born between 22 and 28 weeks gestation, “survival to discharge occurred in 78.3% and was significantly improved compared with a historical rate of 76.0% among infants born in 2008-2012”.

Outcomes for extremely premature babies are constantly improving.

A 2022 study, ‘Mortality, In-Hospital Morbidity, Care Practices, and 2-Year Outcomes for Extremely Preterm Infants in the US, 2013-2018’, by Dr. Edward F Bell of the University of Iowa, found that from 2013 to 2018, with infants born between 22 and 28 weeks gestation, survival to discharge occurred in 78.3% and was significantly improved compared with a historical rate of 76.0% among infants born in 2008-2012.

The study, which took place between 2013 and 2018, assessed 10,877 infants born between 22 and 28 weeks gestation in 19 academic medical centres across the US.

This means that almost four out of five extremely prematurely born babies survived and were able to be assessed at 22-26 months corrected age (22-26 months from their due date) for a number of health and functional outcomes.

Right To Life UK spokesperson, Catherine Robinson, said “Even though her life is so fragile, the Mayor of NICU is a little miracle whose parents are rightly grateful to have her.

“Like other babies born at this early stage, baby Ellyannah serves as a constant reminder of the preciousness of human life and the humanity of the unborn child”.

Premature baby nicknamed ‘Mayor of NICU’ after six months in intensive care

By Right to Life UK

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Planned Parenthood of Vermont leads the charge to shut down the Pregnancy Resource Centers

By Mary Beerworth, Executive Director, Vermont Right to Life

Article 22 was passed into law by Vermont voters last November. The deceptive language along with misinformation and outright lies generated a frenzy of public sentiment leading voters to believe that they must vote in favor or women would die and miscarriages would be investigated.

A far cry from the real truth that the wording “personal reproductive autonomy” would seal into our constitution abortion throughout pregnancy.

Fresh off that victory, Planned Parenthood of Vermont redoubled their efforts to further their real goals in the 2023 legislative session – expanding abortion rights to out-of-state residents (including minors) and shutting down the competition at the Pregnancy Resource Centers to ensure that abortion is the only choice.

The 2023 legislature passed Senate bill 37 (An act relating to access to legally protected health care activity and regulation of health care providers).

Once signed into law with Governor Phil Scott’s signature and enacted, the law is now referred to as Act 15. While the new law is cause for concern on a number of levels, most alarming is the blatant attack on Vermont’s Pregnancy Resource Centers to ensure that abortion is the only choice.

The legislation was a top priority for Planned Parenthood’s abortion business. Understandably so, since the seven PRCs in Vermont offer women real choices and alternatives to abortion.

When Planned Parenthood’s lobbyist, Lucy Leriche, was questioned in the Health Care Committee about the number of clients who had abortions versus how many clients carried their pregnancies to term she declined to answer stating: “So like, I don’t have those exact numbers because once a, once a patient gets to a certain gestational age, we tend to refer them to an OB/GYN at UVMMC or some other local hospital or OB GYN clinic.”

The question remains, why wouldn’t she have those numbers? Perhaps because they really provide only abortions? As pro-life Vermonters know, PRCs raise all of their funds from their local communities and exist to offer women and young girls the kind of support they need to choose life. Nearly all of the clinics offer free pregnancy testing, ultrasounds, parenting classes and much more.

Even more importantly, witnesses in favor of passage could not point to a single complaint that had ever been filed against the pro-life centers by any of their clients!

The newly-enacted law grants sole discretion to Vermont’s Attorney General Charity Clark (who is openly and stridently pro-abortion) to decide whether or not “limited services pregnancy centers” are engaging in “deceptive speech.” Act 15 allows the imposition of fines up to $10,000 on each center should the AG decide that any one of Vermont’s Pregnancy Resource Centers have engaged in what the law loosely defines as “deceptive speech.”

Thanks to the national legal team at Alliance Defending Freedom, along with the National Institute of Family and Life Advocates, a legal challenge was filed in Federal District Court on July 25, 2023. Essentially, “this case is a challenge by pro-life pregnancy services centers and their membership organization to a state law that unconstitutionally restricts the centers’ speech and provision of services.”


Alliance Defending Freedom (ADF) is one of the leading Christian law firms committed to protecting religious freedom, free speech, marriage and family, parental rights, and the sanctity of life.

National Institute of Family and Life Advocates (NIFLA) exists to protect life-affirming pregnancy centers that empower abortion vulnerable women and families to choose life for their unborn children.
COLUMBIA, S.C. – The South Carolina Supreme Court in a unanimous and brief opinion denied the appeal of two abortion businesses to enjoin the Fetal Heartbeat and Protection Act and to determine the meaning of “fetal heartbeat.” The order was signed November 14.

All five justices signed the order: Chief Justice Donald W. Beatty, and Justices John W. Kitteridge, John Cannon Few, George C. James, Jr., and D. Garrison Hill.

Planned Parenthood and the Greenville Women’s Clinic had asked the Supreme Court to take “original jurisdiction” over the question of when a fetal heartbeat is a fetal heartbeat. Original jurisdiction means the Supreme Court agrees to decide the issue without litigation first being filed in the lower courts. The Justices stated the abortion industry can file litigation.

Planned Parenthood alleged that “around 91 percent” of its clients seeking abortions in Columbia and Charleston were denied an abortion procedure from the time when the court upheld the Fetal Heartbeat Act. The Act defines the fetal heart is not developed until the ninth week of gestation – well after the heartbeat can be detected.

Planned Parenthood alleged that “around 91 percent” of its clients seeking abortions in Columbia and Charleston were denied an abortion procedure from the time when the court upheld the Fetal Heartbeat Act. The Act defines the fetal heartbeat as “cardiac activity, or the steady and repetitive rhythmic contraction of the fetal heart, within the gestational sac.” This activity can be heard and seen on ultrasound by at least the sixth week of pregnancy, if not sooner.

Background

On August 23, 2023, the South Carolina Supreme Court issued a 4-1 opinion upholding the Fetal Heartbeat Act. Beatty was the only dissenter. Planned Parenthood and the Greenville Women’s Clinic then asked the court to stop the law from being enforced on the grounds that the definition of fetal heartbeat is ambiguous.

The November 14, 2023, Court order reads: “Petitioners have filed a petition for original jurisdiction asking the Court to determine the meaning of the term ‘fetal heartbeat’ as used in the 2023 version of the Fetal Heartbeat and Protection from Abortion Act. … Petitioners further ask the Court to enjoin the enforcement of the Act. We deny the request for injunctive relief. The petition for original jurisdiction is otherwise denied without prejudice to Petitioner’s right to file an as-applied action in the circuit court.”
The pregnancy center would be there for her – whether or not she took the second abortion pill

By Tabitha Goodling

Krystle had come to a crossroads in her abortion pill process. She had two paper bags in her car as she drove to a pregnancy resource center. The one bag had misoprostol, the second and final drug in the abortion pill series. In the additional paper bag was progesterone which could stop the process started by the first abortion pill she had already taken.

Krystle’s story is very familiar to many women. She had a positive pregnancy test and an uncertain father of the baby. She made the call many young women make. She called Planned Parenthood.

Krystle shared her story as a testimonial for Heartbeat International, which manages the Abortion Pill Rescue® Network (APRN). In her testimony she describes the scene at the abortion facility.

An ultrasound was performed.

“The technician was in front of me,” Krystle said. “Her position was blocking the ultrasound machine, and I wasn’t sure if that was on purpose or not, but I couldn’t see anything, and I wasn’t really asked any questions at that point.”

Krystle said the technician informed her she was six weeks pregnant but did not offer any comfort or empathy.

“There wasn’t much empathy in the room,” she said. “So, I took the first pill and she asked to look under my tongue to make sure that I swallowed it.”

Krystle then said she left the room frantically wondering if she did the right thing. She drove away crying with the little paper bag of misoprostol on her passenger seat. Krystle managed to pull over and search Google for any information on stopping the chemical abortion process.

“I’m typing in, ‘What happens if I don’t take the second pill?’ ‘What are the odds that this is going to work?’” she said.

Krystle found the website for Heartbeat International and a link to Abortion Pill Reversal (APR). She decided to call the number, and discovered the person on the other line was not cold or uncaring. The person wanted to listen, Krystle recalled. Since she had only taken the pill a few minutes prior to making the call, Krystle was in a good position to get progesterone at a local pharmacy in hopes of reversing her chemical abortion.

Progesterone is the natural hormone in a woman’s body that sustains her pregnancy. If a woman takes the first abortion pill, experiences regret and acts soon enough, it may be possible to save her unborn child through Abortion Pill Reversal. APR is an updated application of a decades-old treatment using progesterone to combat miscarriage.

Krystle picked up the progesterone. The APR hotline referred her to a pregnancy resource center. Krystle took both paper bags into the center and explained her situation:

“So, I just walked in with my two little brown paper bags, and I met this woman named Kathy, and I walked her through my day and what I was feeling. And then I whipped out these bags and I’m like, I have this, what do I do? And I remember asking her, somebody make this decision for me because I don’t know what to do.”

Kathy at the pregnancy help center told Krystle that whatever decision she made, the center would be there for her. She told Krystle if she took the second abortion pill, they would offer her grief support. If she took the progesterone, they would offer her all their other resources.

Krystle left the center with both paper bags. She glanced over her shoulder and saw the women from the center waving from the front window.

Krystle did not drive very far before she made her decision. “I pulled over on the side of the road and I took the brown paper bag with the abortion pill, and I just threw them down a storm drain,” she said, “and I made the decision right there to start taking the progesterone.”

Leo was born in April 2022.

Krystle gave credit to pregnancy help centers for being there for women like herself. She noted such centers are not as well known, but she encouraged other women to really research their resources.

Krystle made her decision, she said, because of the support she knew she would have at the center.

Editor’s note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News where this first appeared. Reposted with permission.
Baby born at 27 weeks now thriving as her MSP father fights to keep neonatal unit open

By Right to Life UK

A Scottish MSP is determined to keep the neonatal unit of his local hospital open after the staff there kept his premature daughter alive.

The University Hospital Wishaw in Lanarkshire, Scotland has been named as having the top neonatal unit in the UK. Despite this, the unit has been marked for downgrading by the government, with Public Health Minister Jenni Minto claiming that this will give babies “the best chance of survival”.

But MSP Mark Griffin said that without the Wishaw unit, his daughter Rosa would not have survived. “There couldn’t have been a stabilization and transfer to Glasgow, Aberdeen or maybe even the north of England because she was too sick.

“What the government is proposing is that Lanarkshire parents of the sickest babies, the ones who need the most support will be left to make a journey they know isn’t in the best interests of their baby or leave them with a skeleton staff who don’t have the award-winning knowledge, experience or capacity which exists right now”.

He went on to say that any alterations would not improve the lives of the sick and premature babies in the area, as the “local heroes” at the Wishaw unit already gave the best possible care.

The government said that they currently had no plans to change their minds or meet with the staff at the hospital.

Catherine Robinson, spokesperson for Right To Life UK, said “Neonatal units like the one at Wishaw, along with skilled and dedicated medical staff, are vital for the survival of sick and premature babies like Rosa. The government should consider whether these plans for downgrading are truly in the best interest of these babies and their families”.

Born weighing only 535g [1.179 pounds]
Baby Rosa was born at 27 weeks weighing 535 grams and would go on to spend almost five months in the neonatal intensive care unit.

To complicate matters further, mum Stephanie suffered from a hemorrhage shortly after giving birth, which required emergency surgery to treat. Her husband said that while she recovered over the next week, “She felt incredibly guilty that she couldn’t be beside our baby’s cot with our daughter but at least she could be nearby in a close-by ward to provide the breastmilk which is so crucial for the survival of premature babies”.

Griffin pointed out the difficulty that transferring Rosa to another hospital would have caused. In addition to Stephanie’s ill health, the couple’s other daughter, Eva, was only a year old at the time and still needed a lot of care. Travelling to see Rosa on a regular basis would have been extremely difficult. “You are talking about moving mothers away from their communities, away from their families, away from their children, away from that vital support network”, he said.

An excellent recovery
Baby Rosa is now six years old, and has made an excellent recovery. She is small for her age, but has no other indications of her early birth. Griffin is adamant that this is down to the efforts of the Wishaw unit. “As soon as she was born she went straight onto a ventilator. They could not have moved a baby as tiny and sick as that”.

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“What the government is proposing is that Lanarkshire parents of the sickest babies, the ones who need the most support would go on to spend almost five months in the neonatal intensive care unit.
Government review shows abortion complication rates likely much higher than being reported by British abortion providers

By Right to Life UK

A Government review has revealed that abortion complication rates are likely much higher than has been previously reported in the annual abortion statistics.

Released earlier this past week, the review compared two different means of analysing complications following an abortion.

Over a five year period from 2017-2021, the Office for Health Improvement and Disparities (OHID) compared the complication rate derived from the annual abortion statistics which uses the Abortion Notification System (ANS) based on data provided by abortion providers, with the abortion complication rate from Hospital Episode Statistics (HES) over the same time period.

Over a five year period from 2017-2021, the review found the average abortion complication rate was 1.52 per 1,000 abortions using data derived from the ANS as used in the annual abortion statistics. However, the review also found the average abortion complication rate over the same time period using data from HES was 4.06–over 2.6 times higher.

When the HES data analysis also includes incomplete abortions, the complication rate over the same period is 18.16 per 1,000 abortions. This is over 11.9 times higher than the ANS-derived complication rate used in the annual abortion statistics which does not include incomplete abortions.

The review also found that the difference in reported complications rate is much higher for women under 20 than for the general population. For women under 20, the HES-derived complication rate is 4.43 times higher than the ANS-derived complication rate, compared to 2.67 times higher for the general population.

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**Abortion complication rate for medical abortion increases with gestational age**

ANS-derived complication rates by gestation show that the complication rate for medical [chemical] abortions taking place between 10 to 12 weeks compared to 2 to 9 weeks is 18.33 times higher. This complication rate increased to 110 times higher for abortions at 13 to 19 weeks and 160.33 times higher for abortions at 20 weeks and over when compared to medical abortions that occurred at 2 to 9 weeks.

The data from 10 weeks or more is for medical abortions that took place in a clinical setting, since medical abortion outside of this setting is not legal after 10 weeks. The complication rate for women who perform their own medical abortion outside of a clinical setting at 10 weeks or beyond is likely to be much higher than the rates when women are receiving in-person medical supervision.

According to the review, the most common abortion complications reported in the ANS data for 2021 were hemorrhage (65.8%), sepsis (11.4%) and cervical tear (11.1%) and for the HES data, delayed or excessive hemorrhage (81.4%), Other and unspecified (10.6%), genital tract and pelvic infection (8.0%) and embolism.

**Gaps in abortion complication data**

The review also identified that abortion providers were not recording complications that happened after discharge or after the form that they were recorded on was sent to the Department of Health and Social Care (DHSC). Abortion providers are required to submit a HSA4 form which contains any complications that occurred as a result of an abortion but only up to the point of discharge. However, when the review was undertaken in 2022, the OHID noted that there was “no evidence” that abortion providers were informing the DHSC to ensure the data was updated when a woman informed the abortion provider about a complication that occurred after the form had been sent.

**‘DIY’ home abortions**

The review also noted that complications may be less likely to be recorded for terminations where either both or one of the abortion medications is administered at home, because it is unlikely that the person filling in the HSA4 form will know if the woman experienced a complication following an abortion.

This underreporting is a likely explanation for why there was a reduction in ANS-reported complication rates in 2020, the same year that at-home abortion was introduced. This reduction in reported complication rates was referred to by Diana Johnson MP in a speech to Parliament when MPs were deciding on whether to make at-home abortion available permanently. She said that complications from abortion had reduced since the introduction of at-home abortion, without letting Parliament know that this was likely due to underreporting.

In fact, the HES-derived data shows the highest complication rate for the 5 year period occurring in 2021, the year after at-home abortions were introduced. The complication rate for 2021 is 4.4 per 1,000 abortions excluding incomplete abortions and 19.3
Nebraska Governor Jim Pillen responds to Abortion Ballot Initiative that seeks to enshrine abortion in the State Constitution

By McKenna Snow

The governor of Nebraska issued a statement this past week responding to a Planned Parenthood-backed ballot initiative seeking to enshrine a right to abortion in Nebraska’s constitution.

This flawed initiative would radically expand abortion in Nebraska, resulting in the deaths of thousands of babies in mothers’ wombs,” stated Republican Gov. Jim Pillen on November 15, adding that the measure’s vague and deceptive language could throw open the doors to brutal late-term abortions, putting abortion providers in charge of judging whether, for example, a 39-week-old pre-born baby can be aborted. That is totally out of step with the pro-life principles of the overwhelming majority of Nebraskans… I will continue to fight to save as many babies’ lives as possible from abortion, including by working to defeat this initiative.

Pillen signed a bill in May of this year protecting life after the first trimester of pregnancy.

Planned Parenthood Advocates of Nebraska is a project coalition partner in the “Protect Our Rights Campaign,” a ballot initiative seeking to enshrine the right to abortion up until fetal viability in the Nebraska State Constitution.

The Protect Our Rights group on Wednesday released the official proposed policy language for the Nebraska state constitution:

All persons shall have a fundamental right to abortion until fetal viability, or when needed to protect the life or health of the pregnant patient, without interference from the state or its political subdivisions. Fetal viability means the point in pregnancy when, in the professional judgment of the patient’s treating health care practitioner, there is a significant likelihood of the fetus’ sustained survival outside the uterus without the application of extraordinary medical measures.

The ballot initiative’s goal is to put the amendment on the ballot next November. To accomplish this the group must collect about 122,000 signatures from Nebraska’s registered voters. Additionally, the signatures must be collected from 5% of registered voters in at least 38 of Nebraska’s 93 counties.

“I’m going to fight [the pro-abortion ballot initiative] with every ounce of energy that I have because what it will lead to, if enacted, it will lead to doctors deciding — women deciding, doctors deciding whether a baby being born at 39 weeks can live or not,” Pillen told reporters on Wednesday.

“We are a pro-life state,” Pillen concluded. “We will continue to support moms and help them choose life and love.”

Editor’s note: McKenna Snow writes for CatholicVote, where this column originally appeared.

Government review shows abortion complication rates likely much higher than being reported by British abortion providers

From Page 25

per 1,000 including incomplete abortions.

Right To Life UK spokesperson Catherine Robinson said “This Government’s review reveals that abortion complication rates are likely much higher than has been previously reported in the annual abortion statistics, which are based on reporting from abortion providers.

“We are calling on the Government to urgently introduce new measures to ensure that abortion complications data is accurately collected and reliably reported on”.

“A N S - d e r i v e d complication rates by gestation show that the complication rate is 160 times higher for abortions at 20 weeks and over when compared to medical abortions that occurred at 2 to 9 weeks. The data from 10 weeks or more is for medical abortions that took place in a clinical setting, since medical abortion outside of this setting is not legal after 10 weeks. The complication rate for women who perform their own medical abortion outside of a clinical setting at 10 weeks or beyond is likely to be much higher than the rates when women are receiving in-person medical supervision.

“This reinforces the urgent need for the Government to heed calls to reinstate in-person appointments before all abortions take place to ensure that the gestation of babies can accurately be assessed, given that the abortion provider, the British Pregnancy Advisory Service sent out abortion pills to a woman whose baby, Lily, was at least 32 weeks gestation, and given the fact that this does not appear to be an isolated case.

“It is likely that these cases would not have happened had the gestation of the babies been accurately identified by ultrasound or a physical examination during an in-person appointment.”
A United Kingdom Army veteran who is facing criminal charges for silently praying outside an abortion facility has released a statement warning others that their basic freedoms are in danger.

Adam Smith-Connor received a fine in December of 2022 for allegedly violating a Public Spaces Protection Order (PSPO) in Bournemouth. In a video of his interaction, he can be heard telling the police that he is standing there “praying for my son, who is deceased.” Though Smith-Connor’s actions were non-violent and non-confrontational, and he was simply praying to himself, he now faces criminal charges for this action.

According to Alliance Defending Freedom U.K., Smith-Connor paid for the abortion of his first son many years ago, before converting to Christianity. He now prays outside the abortion facility for his son and all the children and mothers affected by abortion. He purposely prays with his back to the facility, so as not to give any impression that he is trying to engage with the women entering or leaving.

In August, Smith-Connor was formally charged with breaking the “buffer zone” ordinance. He pled not guilty to the charges.

“You might think this is a story from Orwell’s 1984 – but in fact this is happening in England in 2023,” Adam Smith-Connor said in a statement released on November 9.

“Thoughtcrimes’ shouldn’t be prosecuted in the UK.”

“Britain has a history of upholding human rights we can be proud of, and a respect for freedom that I fought to uphold when I served this country for twenty years in the army reserves, including in Afghanistan,” he went on. “I fought to defend our freedoms – but now my own freedom of thought is in jeopardy.”

“How can we send our troops out to potentially make the ultimate sacrifice when back home, police are arresting people for peacefully practicing their faith and offering charitable support to families in crisis?” he added. “This Sunday is Remembrance Sunday. We remember the war dead by upholding the freedoms for which they sacrificed themselves. Sadly, today, we are in danger of dismantling the values for which they died.”

Jeremiah Igunnubole, legal counsel for ADF UK, noted that Smith-Connor was targeted simply because he told the police officers that he was praying for his deceased son. “If Adam had been thinking about an issue other than abortion – for example, climate change – then there would be no issue raised here,” he said.

Smith-Connor’s next hearing was originally scheduled for November 16 but was postponed until January 18, 2024.

Editor’s note. This appeared at Live Action News and reposted with permission.
Number of abortions in Indiana in August was “essentially zero”

By Dave Andrusko

Good news! According to the Guttmacher Institute, the preeminent pro-abortion think tank, “Guttmacher Data Show Virtually No Abortions in Indiana Following New Ban and Continued Impact of Recent Restrictions in North Carolina.”

Last week, Guttmacher released the latest round of data from its Monthly Abortion Provision Study, covering the period from January through August 2023. The latest estimates include initial insights into the effects of a total abortion ban in Indiana, where abortions dropped to essentially zero, as well as the continued impact of severe restrictions recently implemented in North Carolina.”

The Monthly Abortion Provision Study “continues to do what it is designed to do—giving us near-real time insights into how the rapidly shifting state policy landscape is impacting abortion access,” says Isaac Maddow-Zimet, data scientist at Guttmacher and project lead for this research effort. “Among other findings, this month’s data show the initial impact of the total ban in Indiana, where abortions dropped to essentially zero, as well as the continued impact of severe restrictions recently implemented in North Carolina.”

Guttmacher summarized the situation in Indiana thusly: “Abortions Drop 100% in Indiana.” The number of abortions in July was almost 700.

What about North Carolina? Last month Guttmacher reported that abortions in North Carolina had declined by 31% from June to July 2023. Reporting for North Carolina Health News, Rachel Crumpler explained:

The number of abortions provided in North Carolina has dropped significantly after the implementation of increased restrictions in the state on July 1, according to data estimates from a national organization that tracks trends in reproductive health.

During the first month operating under North Carolina’s new law that limits most abortions after 12 weeks of pregnancy and requires two in-person appointments for anyone seeking an abortion, the Guttmacher Institute reported that medication and procedural [surgical] abortions provided in the state in July dropped by 31 percent from the previous month. A new round of data released this week demonstrates how the state’s restrictions hinder access to abortion care.

What about August? Guttmacher wrote:

The number of abortions in North Carolina increased only slightly in August from July, and the total was still down by 28% compared with June 2023, before the restrictions went into effect.

What about the “three states bordering Indiana where abortion remains legal (Illinois, Michigan and Ohio)”?

Guttmacher wrote, “All had increases in the number of abortions in August compared with July, but it is unclear to what extent these increases reflect seasonal fluctuations in pregnancies, more abortions obtained by residents of those states, or increased travel from Indiana or other states with an abortion ban.”
Renewing our culture one heart and one life at a time

From Page 1

joy of his youth after being visited by the Ghosts of Christmas Past, Present, and Yet to Come.

One line of that classic story states:

“For it is good to be children sometimes, and never better than at Christmas, when its mighty Founder was a child Himself.”

The child in all of us can relate to the child of the Christmas narrative. We realize that we started out as dependent infants who relied on our parents or caregivers for our survival. We identify with that vulnerability that defines childhood.

With each Christmas comes a renewed hope—that somehow, some way, life will improve—that we can be better, more compassionate people. That joy can truly co-exist—even overcome—the trials and tribulations of the world.

We may live in red states and blue states, but in the bliss of Christmas, everything appears golden. There is so much promise, so much possibility, with the recognition of Christ’s birth.

As advocates for life, we recognize the mighty struggles ahead. But we do so knowing that our culture can be renewed one heart and one life at a time.

Tremendous transformations are, indeed, possible. Witness the many abortion center workers who have not only left their death-dealing professions behind, but that have now embraced the pro-life cause.

As Scrooge is transformed, he has faith that although “Men’s courses will foreshadow certain ends, to which, if persevered in, they must lead,” his new-found humanity offers the hope that “But if the courses be departed from, the ends will change.”

Long after the last of the Christmas trees have been placed on the curb, I know that each one of you will do your part to keep hope alive.

For it is in that hope that precious children’s lives will be saved, mothers will be empowered, fathers will be honored, and families will thrive.

As Tiny Tim said, “God bless us, everyone!”

Do You See What I See?

From Page 2

How many times, I thought, had I brushed past these magnanimous folks, who patiently waited for some sign my heart was at least a few degrees warmer than the temperature outside? How many times had I been so self-absorbed that these devoted volunteers simply blended into the brick facades behind them?

I was mortified when I recalled that even though I had occasional given money, never once had I emerged from my self-absorption long enough to actually “see” them, let alone grasp what their silent vigil stood for. Because I had always looked through them, they never really existed for me.

I hastily volunteered for several assignments. (In what was surely In what was surely.

The moral of this story needn’t be belabored to tenderhearted pro-lifers. When our culture “looks” at the vulnerable, all too often there is a failure to recognize and therefore an inability to reach out in love and compassion. This is never more true than in our treatment of the littlest Americans, the unborn child.

However, it wasn’t just because of the news account and the subsequent phone call that I saw these kindly souls with new eyes. I was already predisposed, if you will, because Christmas was approaching, to Christians the celebration of the birth of the Messiah.

Even those who do not share the faith honor Jesus for his unconditional expression of love for widows and orphans, the sick, and the social outcast, his loving admonition to care for the least among us. This most assuredly included little children, as the poignant gospel account in Luke 18:15-17 reminds us so beautifully.

Jesus healed out of a deep well of compassion. He restored many whose bodies, hearts, and souls were weighed down with immense physical and emotional burdens. But he was also teaching us a timeless lesson: unless we are willing to open our eyes, we will be blind to the hurting around us.

While it is not my intention to idealize pro-lifers, it would be false modesty to ignore that they demonstrate a tremendous capacity to truly “see” what others either cannot, or choose not, to see. It is no accident that pro-lifers defend unborn babies. Love and concern for the downtrodden, the dispossessed, and the marginalized is what gives their lives a rich unity of purpose.

The great hope of the pro-life movement is that despite our nation’s descents into inhumanity and indifference, the self-image of Americans is deservedly of a good people, blessed in a unique way. And it is because Americans are fundamentally decent people that the significance of the debate over partial-birth abortion cannot be exaggerated.

People needn’t be anywhere near where we are to be virtually sent reeling. Witnessing even a simple line drawing of this abomination can turn opinions upside down. A pseudo-serious support for “choice” in the abstract cannot coexist for long with the concrete reality of this brutal assassination of helpless children. For many, many people, head knowledge will become heart knowledge and ambivalence will be transformed into empathy.

Our culture has chosen to willfully suppress what it always knew—that unborn children are children yet to be born, a classic example of what historian Russell Jacoby once called “social amnesia.” But the monstrous evil that is partial-birth abortion — a procedure that is essentially indistinguishable from infanticide — is shearing away the excuse people have used from the time immemorial to explain away their complicity in evil: “I didn’t know.”

And because eyes are being opened, ears unstopped, and hearts unshackled, what William McKenna once called our “unforced revulsion” at abortion is finding a wider audience. These telltale signs suggest we are cutting through the static of lies and distortions, establishing a clear channel to convey our message of love and hope for mother and unborn child.

We pray that one day soon, the ethos of discrimination and brutality that marks the abortion ethos will prove itself to have been an aberration, a loathsome interim ethic. And when that glorious day comes, it will be because you have proven yourselves to be the antitoxin to the poison of inhumanity, the antidote to indifference, and the answer to injustice.

Let me say, humbly, bless you for all you have done.
Christian Music Artist Jordan St. Cyr’s Personal Pro-life Testimony

By Mike Fichter, President and CEO, Indiana Right to Life

When Jordan St. Cyr’s daughter was diagnosed with Sturge-Webers syndrome as an infant, he and his wife couldn’t imagine what their future held.

“That first year of life was tumultuous,” he said in an interview with Indiana Right to Life. “We just felt so helpless. There wasn’t really much we could do other than just rely on God and the path forward.”

St. Cyr was just starting to hit his stride as a Christian musician, making multiple trips from his home in Manitoba, Canada to Nashville each year to make connections. His and his wife’s dream was to one day move their family to Nashville.

But with Emery’s birth, the St. Cyrs decided to hit pause on that dream and hunker down as a family unit as they tried to understand and care for their new baby. The St. Cyrs already had three other children, with baby Emery making number 4.

“When stuff goes down as a family, you huddle, you just get close,” St. Cyr said. “And I just remember when she was born, we brought the TV from downstairs up in the living room, and we put it on the wall and we brought the couch over. And this was just our room that we gathered in, and we just stayed close for a while.”

A Light for All of Us

Sturge-Webers Syndrome is a neurological condition marked by an overgrowth of blood vessels usually on one side of the face and head. Sometimes the condition can affect both sides. For Emery, it affects her left side. Sturge-Webers Syndrome is associated with a port-wine birthmark on the face, seizures, high risk of stroke, blood clots, weakness on one side of the body, developmental delays, and increased pressure in the eye (glaucoma).

Emery’s first seizure struck when she was 5 months old.

“We knew early on that, though we prayed for that miracle and though the church rallied around us to pray for that, we knew early on that God was going to provide a miracle in a different way,” St. Cyr said.

“With Emery, there was just this depth that God was drawing us to a sense of compassion for the needs of others around us,” he said. “The work that he did in our kids with a child with special needs in our family is just—it’s miraculous the way everybody softens. If you allow yourself to soften. That’s what we saw. And our eyes began to open up to the needs of the others around us.”

Before Emery was born, St. Cyr had admired another family in his neighborhood. He saw how loving the children in the family were and he told his wife, “Man, I just hope and pray our kids turn out like them. They’re so sweet and they’re so kind.”

And St. Cyr knew why: The family’s youngest child had Down syndrome. As with Emery, the whole family had softened to the special needs of their littlest child. St. Cyr couldn’t have imagined God’s plans for how a little girl named Emery would do the same for his family.

“I don’t know what God’s intention is in all this,” he said. “I don’t believe He causes the bad stuff, but I do know He uses it. And to just know that Emery came into our life to draw us so close to Him, and it’s giving us the kids we prayed for. I don’t see it all as bad. Our little one is a light for all of us just leading away.”

Emery helped St. Cyr to really zero in on Christ’s words in Matthew 22: 37-39: “[Jesus] said to him, ‘You shall love the Lord, your God, with all your heart, with all your soul, and with all your mind. This is the greatest and the first commandment. The second is like it: You shall love your neighbor as yourself.’”

“Before Emery, I saw my neighbor, but I didn’t see my neighbor,” St. Cyr said. “And so just to see so many people that stood in between their miracle and the not yet—people that believed in God, believed in His greatness, His sovereignty, His miraculous healing power, but have not received it. It just blew my mind.

“And so for me as a songwriter, that’s kind of just been my lane,” he said. “To just write songs that provide comfort, that point people back to the hope and mercy of Christ.”

Fires

St. Cyr’s song “Fires”—which would eventually become a Top 20 hit on Christian radio—is one such song. St. Cyr had written it about six months before Emery’s birth. The song was about a man named Nathan, a husband and father of three who worked multiple jobs to provide for his family. He was on the verge of losing his home, but a community of Christians volunteered to pay off his house and some additional debt that he owed.

“Looking back now, I realize that God gave me Nathan’s story so that I could walk through mine,” St. Cyr told KLOVE in an interview in 2021.

About 18 months after Emery’s birth, St. Cyr released “Fires” in the U.S. market. Its success allowed the St. Cyrs to finally follow their long-term dream and move to Nashville.

While the St. Cyrs were overwhelmed as they moved their whole lives to a new country, after several months, they eventually began to feel more and more settled in their Nashville community.

“It wasn’t leaving one home for another,” he said. “It was really God just calling us to expanding.”

Two years later, the St. Cyr family is feeling still more rooted in their Nashville home. And Emery, who is almost 5, has achieved remarkable milestones—milestones the St. Cyrs once wondered would be possible.

“She’s doing really good,” St. Cyr said. “She started preschool this year. She learned how to ride her bike. You just would never know at this point. She does have some weakness on the right side of her body, so she’s very much left-handed. But we are so grateful for the season that we’re in. We just feel that God has been so good to us, and we just feel like we’re back.”

Emery has now gone 18 months without any seizures.

“The MRIs are kind of revealing that she should be having a lot more activity,” St. Cyr said. “So the theory is that most of that wiring that is shared by the left and the right lobe has really
Vice President-Elect of Argentina heralds “new era” for pro-life movement as she seeks repeal of “disastrous” 2020 abortion law

By SPUC—the Society for the Protection of Unborn Children

Victoria Villarruel, 48, the vice president-elect of Argentina, has backed a repeal of the nation’s 2020 abortion law that legalised abortion up to 14 weeks.

On November 19, Javier Milei, an avowed anti-abortion politician, was elected President of Argentina, securing 55.6% of the national vote, as reported by SPUC. President-elect Milei will assume office on December 10th.

During his campaign, Milei vowed to launch a referendum on Argentina’s abortion law, which he and his vice president, Victoria Villarruel, hope to overturn.

Villarruel, now vice president-elect of Argentina, is also an outspoken pro-lifer who has used her position as a writer and politician to condemn abortion and affirm the “right to life, because life begins at conception”, stating that her stance is not “a matter of religion” but of “pure biology”.

The congresswoman has also stated that she’d support a repeal of the “disastrous” 2020 law that legalised abortion up to 14 weeks, explaining that “there was a lobby here that was also promoted from abroad, abortion is big business and there is a lobby that promoted this issue”.

Milei is expected to give Villarruel, a lawyer, a significant role in his new government, saying: “Obviously, she will not have a decorative role… She is a brilliant woman.”

Pro-life groups around the world have lauded Villarruel as signifying “a new era”, with 40 Days for Life stating on X, formerly known as Twitter, that “we’re thrilled to anticipate her impact on upholding the sanctity of life”.

SPUC comment
A SPUC spokesperson said:

“Victoria Villarruel is a new type of unashamedly pro-life politician who is not afraid to push back against the abortion lobby and its harmful ideology that has harmed so many women and unborn children.

“To make a world where abortion is unthinkable, it is vital that pro-life leaders stand up and be counted, as Villarruel has done. We hope that she can help steer Argentina towards a brighter future for all lives, including the unborn.”

Christian Music Artist Jordan St. Cyr’s Personal Pro-life Testimony

rewired onto the right side. And so yeah, we’re again, just grateful for the season we’re in.”

Even so, St. Cyr says that he wouldn’t undo his families’ harder times, even if he could.

“I think having a child with special needs—and a child for that matter, I think every parent would testify to this—is that they literally take the life out of you to give you a new one,” he said. “And the quality of life that we’ve experienced is just…we wouldn’t trade it for the world. We wouldn’t give it back if we knew that our little Emery could be healed in this moment. Yet we’d have to give up all the things we’ve learned, all that we’ve grown, and all that this little girl has taught us. We couldn’t do it. We believe the world is better off. We are better off because of who she is and how she is right now.”

See Jordan St. Cyr perform live at Indiana Right to Life’s 10th Annual Christmas Gala, featuring keynote speaker Banjamin Watson!

For more information and to buy tickets see https://irtl.org/gala/
Elon Musk’s ‘accidental pregnancy’ tweet elicits powerful responses from moms

By Nancy Flanders

Elon Musk recently sent out a tweet on X discussing the false notion that an unplanned pregnancy is the worst thing that could happen to a woman. The responses confirmed that many women who thought having a baby would destroy their lives actually experienced the opposite.

“Women in the West have been taught that an accidental pregnancy is the worst thing that could possibly happen to them. Thus, they strongly oppose abortion bans as being an existential threat,” wrote Musk. “Many men also fear that they will be unable to have ‘fun’ if abortion is outlawed.”

Many responses to this tweet proved that unplanned babies were definitely not the worst thing to happen to a woman. They were actually one of the best.

Virginia wrote, “I was ‘accidentally’ pregnant, didn’t want to be, looked for an abortion, couldn’t find one, had the child and wouldn’t trade him for Elon’s fortune today.”

Another woman wrote, “All 3 of my children were ‘accidental.’ They were all my greatest loves also. Just because something isn’t on purpose doesn’t mean it can’t be amazing.”

Christy shared, “Having a baby in high school didn’t stop me; I took my child to college and law school. An unplanned pregnancy doesn’t mean the end of your dreams. Women need to know this.”

Jessica wrote, “Being a mother is the single best thing that has ever happened in my entire existence.”

Another woman said, “I was almost aborted. Thankful my mom heard a sermon that opened her eyes. 2 of my 3 boys were unplanned. All 3 are the best things that ever happened to me, and I never even wanted to be a mom till it happened. I’m glad few moments God gave me my answer[,] God said ‘trust in me and I will make a way’. My son is 22 now.”

Another woman explained, “I was single and had an unplanned pregnancy at 18. It made it more difficult logistically, but I still went on to earn a doctorate. Even so, she is the very best thing I’ve ever done! I don’t even want to think what my life would’ve been without her.”

One mother simply said, “Having a baby at 17 changed my life for the better.”

Chrissy explained, “All three of mine were accidents, and every one of them was exactly what I needed then, and I don’t want to remember my life without them. It’s just like everything else. It’s what you make of it, and where there’s a will, there’s a way. I did it alone, and while fighting cancer.”

One X user shared her point of view as the child who was considered the “accident.” She wrote, “I am the result of an unplanned pregnancy. I’m not supposed to know but an abortion was considered and decided against. I started off in government housing, now I have a college degree, a nice home, husband and 4 kids. Pretty glad I wasn’t aborted.”

Mikaela had a different take on the subject, as someone who had an abortion. “They think a kid is the worst thing that will happen to them, well I’m here to tell them abortion is the worst thing. Truly horrific and you can’t take it back,” she said.

Millions of Americans are alive right now, not knowing that their lives were “unplanned” or “accidental” in the view of their parents. But this doesn’t mean that they were unwanted or unloved, as the abortion industry wants women to believe. When women aren’t sure how they are going to handle motherhood, there are pregnancy centers in every state that are there to support them and provide them with material goods and assistance with education, health care, child care, housing, emotional support, and more — despite the fact that pro-abortion politicians want to shut down these vital resources for women.

Editor’s note. This appears at Live Action News and is reposted with permission.
It appeared in the *New York Times* so it must be true: “Why Biden’s Weakness Among Young Voters Should Be Taken Seriously”

From Page 2

It appeared in the *New York Times* so it must be true: “Why Biden’s Weakness Among Young Voters Should Be Taken Seriously” particularly young people of color.

Here are Cohn’s opening paragraphs:

Could President Biden and Donald J. Trump really be locked in a close race among young voters — a group Democrats typically carry by double digits — as the recent Times/Siena polls suggest?

To many of our readers and others, it’s a little hard to believe — so hard to believe that it seems to them the polls are flat-out wrong.

And, of course, the poll he references—Times/Siena—could be wrong. (Those were the results that caused a tsunami of panicky stories.) “I’ve thought our own polling might be wrong before, and I would be very apprehensive if it were just our poll out on a limb,” Cohn writes.

“But this isn’t about one Times/Siena poll: Virtually every poll shows a close race between Mr. Biden and Mr. Trump among young voters.”

Indeed, “When dozens of polls all say the same thing, it’s worth taking the polling seriously,” Cohn writes. “It’s easy to remember that the polling can be wrong, but it can be easy to forget that the polling is usually in the ballpark.

Ok. But why? Cohn’s answer is…

I think it’s fairly straightforward to explain Mr. Biden’s weakness among young voters today, much as it was easy to explain Mrs. Clinton’s among white working-class voters in 2016. Young voters are by far the likeliest to say he’s just too old to be an effective president. Many are upset about his handling of the Israel-Hamas war. And all of this is against the backdrop of Mr. Biden’s longstanding weakness among young voters, who weren’t enthusiastic about him in 2020, and Mr. Trump’s gains among nonwhite voters, who are disproportionately young.

Biden is experiencing “a drop-off of support among Black voters, a generally loyal Democratic bloc,” Curtis Bunn wrote for NBC News. “Several polls have shown that at least 20% of Black voters say they’d support Trump, who who is the current GOP front-runner, if the election were held now. That’s a significant increase from the 12% who voted for Trump in 2020.”

Perhaps it is the way polls are conducted—“partisan nonresponse bias, in which young Democrats simply aren’t answering their cellphones (99.8 percent of our young respondents were reached by cellphone).”

Pro-abortion President Joe Biden

Nope. Cohn writes

In our polling, the problem for Mr. Biden isn’t too few young Democrats. It’s that many young Democrats don’t like him. Mr. Biden has just a 76-20 lead among young voters either registered as Democrats or who have previously voted in a Democratic primary. It’s just a 69-24 lead among young nonwhite Democrats. The dissent exists among self-identified Democrats, Democratic-leaners, Biden ’20 voters, and so on.

And so on and so on. We get the point: that any poll is just a “snapshot”—that the election is a little over 11 months away, and things could change dramatically in ways that favor President Biden. But…

John Sexton, writing for *HotAir* ended his column this way:

Don’t forget that Biden got through the 2020 election out of sight a lot of the time thanks to COVID. He has no such excuse this time around. We’re going to be seeing a lot of him in the next year and if what we see is a frail old man who can’t remember which members of his party are alive or dead then Democrats have every reason to worry.
Woman charged with threatening to kill judge who ruled against FDA approval of abortion pills

Alice Marie Pence allegedly placed the threatening phone call the day after a hearing on mifepristone was announced.

By Calvin Freiburger

A Florida woman has been arrested for allegedly phoning a death threat to a federal judge in Texas who suspended the U.S. Food & Drug Administration’s (FDA’s) approval of the abortion drug mifepristone earlier this year.

In April, Judge Matthew Kacsmaryk issued a temporary nationwide pause on mifepristone (better known as RU-486), which works by blocking the natural hormone progesterone that developing babies require to survive and is followed by taking misoprostol within the next 48 hours to expel the baby’s remains from the uterus. That order has since been suspended while the Biden administration appeals the matter to the U.S. Supreme Court.

On November 8, Reuters reported that Alice Marie Pence has been charged with threatening interstate communication and influencing a federal officer by threat for allegedly placing a phone call threatening to kill an Amarillo federal judge. The indictment does not identify Kacsmaryk by name, but he is the only federal judge in Amarillo. The indictment also reportedly says the threat was made in retaliation for something the judge did as part of his official duties – i.e., something in his rulings or written opinions.

What exactly that “something” was is not mentioned, and Kacsmaryk had scheduled a “major” hearing on the abortion pill case.

“Ms. Pence is scheduled to make her initial appearance before U.S. Magistrate Judge Renee Harris Toliver on Wednesday, November 22, 2023,” the U.S. Department of Justice (DOJ) said in a press release.

The case cuts against the common left-wing narrative that abortion-related violence is primarily or exclusively from the pro-life side. Across the nation, pro-abortion vandalism as well as worse acts, including arson, have been on the rise since Roe v. Wade was overturned in 2022.

According to the Washington Times, since May 2022 (when the Supreme Court’s intention to overturn Roe was first leaked), the federal government has charged more than 30 pro-lifers for allegedly violating the federal Freedom of Access to Clinic Entrances Act, but only four pro-abortion activists, despite America experiencing 88 attacks on pregnancy centers and more than 200 on Catholic churches during that same period.

Meanwhile, evidence shows that abortion pills carry specific risks for the mothers who take them (on top of being lethal to their preborn children), especially when the standards for taking them continue to be relaxed.

A 2020 open letter from a coalition of pro-life groups to then-FDA Commissioner Stephen Hahn noted that the FDA’s own adverse reporting system says the “abortion pill has resulted in over 4,000 reported adverse events since 2000, including 24 maternal deaths. Adverse events are notoriously underreported to the FDA, and as of 2016, the FDA only requires abortion pill manufacturers to report maternal deaths.”

Pro-lifers warn that with the Biden administration completely eliminating requirements that abortion pills be taken under any medical supervision or with medical support close by, those events are certain to increase.

“A November 2021 study by Charlotte Lozier Institute scholars appeared in the peer-reviewed journal Health Services Research and Managerial Epidemiology,” Catholic University of America research associate Michael New wrote. “They analyzed state Medicaid data of over 400,000 abortions from 17 states that fund elective abortions through their Medicaid programs. They found that the rate of abortion-pill-related emergency-room visits increased over 500 percent from 2002 through 2015. The rate of emergency-room visits for surgical abortions also increased during the same time period, but by a much smaller margin.”

Yet the White House and the abortion lobby have determined that, with Roe’s overturn last year allowing states to directly ban abortion for the first time in half a century, easy distribution of abortion pills across state lines is one of their most potent tactics for preserving abortion “access.”

Editor’s note. This appeared at Life Site News and reposted with permission.
Another brief filed asking the Iowa Supreme Court to uphold the state’s Heartbeat law

By Dave Andrusko

A week after Iowa’s Attorney General Brenna Bird asked the state Supreme Court to uphold Iowa’s Heartbeat law, the Alliance Defending Freedom filed a supportive brief built around the premise that “States have the strongest possible interest in protecting the most fundamental of our human rights—the right to life.”

The Heartbeat law prevents abortions after the fetal heartbeat can be detected, approximately after six weeks of gestation.

Alliance Defending Freedom Senior Counsel Chris Schandevel said, “Iowans are eager to affirm that life is a human right, which is why the legislature has passed the fetal heartbeat law multiple times, trying its best to enshrine into law further protections for unborn children. Iowa women deserve the dignity and respect that comes from receiving life-affirming health care—not the abortion industry’s false choice between doing what’s best for women and protecting the lives of their unborn children. We are urging the court to allow the state’s fetal heartbeat law to finally take effect. “We know that every moment counts when it comes to protecting the unborn and are working diligently to ensure the Heartbeat Law is upheld,” Attorney General Bird said in a statement. “I’m confident that the law is on our side, and we will continue fighting to defend the right to life in court.”

Iowa’s pro-life Gov. Kim Reynolds said “The people of Iowa and their elected representatives have spoken clearly and by a wider margin than before: it’s time for the Fetal Heartbeat Law to be upheld once and for all.” She added, “The injunction placed on Iowa’s Fetal Heartbeat Law has already led to the innocent deaths of children. It needs to end. Every life is valuable and worth our state’s protection – no matter what stage of life they are in.”

In her 64-page brief Attorney General Bird wrote, “That ruling was [in]error. The State of Iowa has a vital interest in protecting unborn human life at all stages of development. The injunction precluding enforcement needs to end.”

Using whatever talents we have to rebuild a culture of life

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

Often, when tragedy strikes, a meme reappears on social media. It features a quote from beloved children’s show host Mister Rogers, saying that we should look for the helpers in the situation. These are the first responders who run in to meet the needs of those who are in danger. They give hope in circumstances that can seem bleak.

It is important for people to know that advocates for life are helpers. They help pregnant women facing challenging times to get to prenatal appointments, obtain baby clothes, and prepare for the birth of their children. They help women who have suffered the loss of children to abortion to obtain emotional healing at a time of tremendous tragedy.

Advocates for life reach out to their communities with life-saving, life-changing information. They display soft-touch fetal models...share ultrasounds...and post positive, life-affirming messages on social media.

They use whatever talents they have to rebuild a culture of life. They may make the music that gives voice to the voiceless...or create the artwork which humanizes the preborn child. They are a sign of optimism in what can seem like a despairing world.

Let us salute these helpers who strive to make our country a more compassionate, more loving place. They hold within their souls the spark of divine life which can light up our towns and cities, illuminating a path for others to follow.
Another evasive “analysis” pretending late-term abortions are “vanishingly small”  

By Dave Andrusko

Pro-abortion Democrats have long since slid right past President Clinton’s 1992 insincere but effective pronouncement that abortion should be “safe, legal, and rare.” Today’s Democratic party now treats this as a concession that would place limitations—any limitation—on what ought to be a woman’s unbridled right to “terminate her pregnancy” up until birth.

Let’s talk about a post written by veteran reporter Julie Rovner, currently Chief Washington Correspondent for Kaiser Health News. It’s headlined “Abortion ‘until the day of birth’ is almost never a thing.” As you see, tearing apart of a huge unborn baby “is almost never a thing”—it virtually never happens.

Let’s start with a statement that comes about 2/3rd of the way into her analysis. Rovner employs a ruse to define “late-term” out of existence.

According to the American College of Obstetricians and Gynecologists, late-term refers to the period after 40 weeks, when the pregnancy has exceeded full-term. The Associated Press in 2022 changed its stylebook to read: “Do not use the term ‘late-term abortion.’"

It’s true. The Associated Press happily decided to just blindly follow the ACOG recommendation: “Do not use the term ‘late-term abortion,’” the AP intoned. “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.”

Think about that. 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?

Having won the approval of the Medical Establishment to pretend “late-term abortions” don’t exist, Rovner writes “Abortions after 21 weeks are rare and usually the result of tragedy. Republicans want voters to think otherwise.” PS “There are only three providers publicly known to offer abortion after 28 weeks,” Kimport said. To the best of my knowledge, that is true.

Laura Echevarria, NRL’s Director of Communications and Press Secretary, succinctly dismantled this and many other ploys in the November issue of National Right to Life News.

As Echevarria writes Abortions late in pregnancy are not reported in many states and the number of such abortions is not fully known. What is known comes from public statements made by abortionists—including how many they have done and for what reasons.

Only a handful of abortionists in the United States perform late abortions. One of them, Warren Hern of Colorado, was recently profiled in The Atlantic. (May 2023):

He specializes in abortions late in pregnancy—the rarest, and most controversial, form of abortion. This means that Hern ends the pregnancies of women who are 22, 25, even 30 weeks along.

In The Atlantic interview, it is noted that, “Hern is reluctant to acknowledge any limit, any red line. He takes the woman’s choice argument to its logical conclusion…”

Rovner trots out her trump card, Katrina Kimport, a medical sociologist and professor at the University of California at San Francisco, who has interviewed “more than 50 women who terminated pregnancies after 24 weeks.”

There is nothing new in Prof. Kimport’s report, certainly nothing that challenges the number of late-term abortions which Rovner dismisses as “vanishingly small.”

John McCormack of National Review, put this “vanishingly small” number in context:

NBC’s Dasha Burns pointed to the fact that 1.3 percent of abortions happen at 21 weeks or later, but 1.3 percent of 930,000 total abortions still equals 12,000 unique human beings killed each year at 21 weeks or later, when babies are capable of feeling pain and sometimes capable of surviving outside of the womb. There are fewer than 12,000 total gun homicides in the United States each year. Burns, in an attempt to minimize the horror of late-term abortion, actually ended up agreeing that late-term abortions do in fact happen in the United States.

Legislatively, we must remember that every Democrat but one in the Senate and one in the House back the Women’s Health Protection Act (WHPA). As a National Review editorial noted: “When Democrats in Washington speak of ‘codifying Roe,’ what they mean in plain English is protecting a right to kill a baby through all nine months for virtually any reason.”

To wrap it up, The Atlantic profile of Hern written by staffer Elaine Godfrey is headlined

Hern admitted that at least half of the late-term abortions he’s performed over the past half-century were elective, meaning that there was no underlying medical condition in the baby or the mother. Abortion advocates regularly assure the public that late-term abortions of this sort are exceedingly rare, if existent at all. But here we have it from the horse’s mouth. Who knows how many thousands of these abortions Hern has performed? Again, he’s been doing this for half a century.

It gets worse. If you have the stomach for it, you can read it at www.washingtonexaminer.com/ restoring-america/patriotism-unity/late-term-abortionists-warren-hern-is-secular-materialists-logical-conclusion

The defenses for abortion on demand up until birth are god-awful in their own right on those few occasions where pro-abortionists concede they exist. But for Democrats and their limitless supply of obliging reporters to attempt to shift the onus to pro-lifers is a stark reminder of just what we are up against.
Jackson, Wyoming’s only abortion clinic to close December 15

By Dave Andrusko

After 30 years of ending the lives of unborn babies, the Women’s Health and Family Care clinic, located in Jackson, Wyoming, is shutting down permanently on December 15.

According to Hanna Merzbach, reporting for KHOL radio, a sign hanging on the front door attributes the closing to rising costs, particularly rent. “With the rising costs of overhead, including rent, labor, and supplies, our private practice is no longer sustainable,” it read. “We have had the privilege of serving the community for over 30 years and plan to continue doing so, just at different locations.”

According to State health statistics, 98 abortions were performed in 2021 and 91 in 2020.

December 15 is the day after Judge Melissa Owens considers Wyoming’s appeal to uphold Wyoming’s Life Is A Human Right Act which prohibits abortion except in cases of rape or incest or to save a woman’s life. Back in March Judge Owens blocked the law from taking effect. “Rent for the clinic has been going up every year,” Office Manager Tulsa Versey told Merzbach. “She didn’t have the numbers for rising wages or supplies on hand, but she said — just this spring — rent went up about $1,100, from $8,300 to $9,400.”

A brief aside from Merzbach placed the closing in a broader perspective: Private clinics closing is a trend nationwide. According to a report from the American Medical Association, between 2012 and 2022, the share of physicians working in private practices dropped by 13 percent — largely due to financial reasons.

The immediate backdrop is what happened to Dr. Mary Girling, who stopped serving patients in June, and whose office is located in the same building. The high cost of housing in the region is “out of reach for even doctors.” Speaking of rent, the clinic rents its office space from its neighbor, St. John’s Health.

Karen Connelly, chief communications officer at St. John’s, said the hospital is required by law to charge “fair market values” to its renters. “Unfortunately in Jackson, it’s like chasing your tail sometimes,” Connelly said. “Those fair market values have risen, just like all of our rents, for the apartments we rent, our property taxes.” “It’s just becoming harder and harder for independent providers to have a sustainable practice nationally and definitely in high cost of living places,” Connelly said.

AMA Retains Policy against Assisted Suicide

By Wesley J. Smith

I am a frequent critic of the medical establishment. But not this time. It didn’t make much news, but the American Medical Association had another vote to repeal its existing policy against assisted suicide, and for the fourth time — good on them — the delegates refused to budge.

The current policy remains in place, which states in part:

Euthanasia is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Euthanasia could readily be extended to incompetent patients and other vulnerable populations. The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient’s life.

Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

(a) Should not abandon a patient once it is determined that a cure is impossible.

(b) Must respect patient autonomy.

(c) Must provide good communication and emotional support.

(d) Must provide appropriate comfort care and adequate pain control.

The AMA also refused to change the descriptive and accurate term “assisted suicide” to the euphemistic “medical aid in dying.” As I described here, the Danish Council of Ethics recently reached the same conclusion.

The death agenda can be stopped. Onward.

Editor’s note. Wesley’s great columns appear at National Review Online and are reposted with his permission.
How ‘Medical Aid in Dying’ Became the Euphemism of Choice for Assisted Suicide

By Wesley J. Smith

The word engineering never stops, does it? When radical policies are proposed, the first step is to change the lexicon to make it seem less extreme, even mundane.

That has certainly been true in the euthanasia movement. Indeed, as described by Ian Dowbiggin in A Concise History of Euthanasia, the term “euthanasia” — which originally meant a peaceful death, in a state of grace — was the first word co-opted by advocates of mercy killing or assisted suicide as a tactic to obscure the fact that the practice involves killing.

But “euthanasia” no longer obscures, so the current gooey euphemism of choice in the euthanasia/assisted-suicide movement is “medical aid in dying,” or MAID. Once the death activists started pushing it, most — albeit not all — media adopted that terminology. Science writer Rachel E. Gross describes the purpose for the word engineering in the pages of the New York Times. From, “How Aid in Dying Became Medical, Not Moral”:

Many health advocates and medical professionals insist that a terminally ill patient taking medication to hasten the end is doing something fundamentally different from suicide. The term “medical aid in dying,” they say, is meant to emphasize that someone with a terminal diagnosis is not choosing whether but how to die.

“There is a significant, a meaningful difference between someone seeking to end their life because they have a mental illness, and someone seeking to end their life who is going to die in the very near future anyway,” said Dr. Matthew Wynia, director of the University of Colorado’s Center for Bioethics and Humanities.

What poppycock. To “assist” means to provide support or aid in an endeavor. “Suicide” means to take one’s own life voluntarily or intentionally. It describes what is done, not why.

Hence, the term assisted suicide is both accurate and descriptive.

The focus on terminal illness as the reason for asking for doctor-prescribed suicide is yet another deflection. True, laws allowing assisted suicide in this country still require a diagnosis of six months or less to live — although measures permitted by the law, which allows patients with a terminal illness and the approval of two doctors to receive life-ending medication. The practice is now legal in 10 U.S. states and Washington, D.C.

The drugs used to end life are not “medications.” They are poisons — substances capable of causing the illness or death of a living organism. These substances are taken with lethal intent, not to cure, palliate, or heal. Indeed, in some cases, the same drugs used to execute murderers by lethal injection are the ones used by people who commit assisted suicide.

As Gross notes, the whole point of this lexicon charade is to encourage more assisted
Another brief filed asking the Iowa Supreme Court to uphold the state’s Heartbeat law

From Page 35

of Iowa’s Fetal Heartbeat Statute undermines that interest, ignores recent developments in State and federal law, and misapplies this Court’s recent abortion precedent”.

Robin Opshal of the Iowa Capital Dispatch wrote “The Republican attorney general argues in the brief that the challenge by Planned Parenthood North Central States, the Emma Goldman Clinic and the ACLU of Iowa should be rejected, as it relies on the legal test rejected by the U.S. Supreme Court in the 2022 Dobbs v. Jackson Women’s Health Organization decision. Bird also argues ‘abortion providers cannot sue at all, given that there is no constitutional right to provide abortions,’ according to a news release.”

Opshal explained that in a June decision, the state Supreme Court let an injunction stand for a nearly identical law approved in 2018. Reynolds had asked the court to lift the injunction. Justice Thomas D. Waterman wrote for the majority that the 2018 abortion law was passed by lawmakers during a time when its restrictions were unconstitutional under state and federal precedents. However, he wrote, the law could be upheld if passed again now that the U.S. and state supreme courts have found there was no constitutional right to an abortion.

Within weeks of the decision, Reynolds convened the Iowa Legislature for a one-day special session to pass the six-week abortion ban legislation again. She signed the law July 14.

The new law was immediately challenged, and a Polk County district judge issued an injunction on the law three days after Reynolds’ signing.

How ‘Medical Aid in Dying’ Became the Euphemism of Choice for Assisted Suicide

From Page 38

suicides by providing a medical imprimatur:

A phrase like “medical aid in dying,” [assisted-suicide advocates] concluded, would reassure patients that they were taking part in a process that was regulated and medically sanctioned. “Medicine has that legitimating power, like it or not,” says Anita Hannig, an anthropologist at Brandeis University and author of the book “The Day I Die: The Untold Story of Assisted Dying in America.” “That really removes a lot of the stigma.”

I don’t believe in judging people who commit suicide, whatever the circumstance. None of us knows what our limits might be. But if we ever enter that darkness, shouldn’t we — including when we are dying — receive prevention rather than facilitation? Otherwise, we are distinguishing among those we think have lives worth living and those we are — at least implying — do not.

I knew several people who were dying and wanted assisted suicide, who changed their minds and lived the remaining days of their natural lives very glad they didn’t receive it. Besides, if people don’t kill themselves because of concern about stigma, isn’t that good? I mean, shouldn’t we want fewer people to commit suicide?

Bottom line: Just as when one calls a dung beetle a butterfly it remains a dung beetle, so too advocates who call assisted suicide “medical aid in dying” are still talking about suicide. If that simple fact keeps people from taking a lethal prescription, the more the better.

Editor’s note. Wesley’s great columns appear at National Review and are reposted with permission.
Idaho asks the Supreme Court for a stay of a law forcing emergency room physicians to perform abortions

By Dave Andrusko

The Alliance Defending Freedom and Cooper & Kirk, acting on behalf of the state of Idaho, filed an emergency application for a stay pending an appeal to the U.S. Supreme Court in the case of *State of Idaho v. United States of America*.

“Idaho’s law allows state officials to prosecute or revoke the professional license of doctors who perform abortions unless it was necessary to prevent the woman’s death, or the pregnancy was a result of rape or incest,” according to Michael Macagnone.

So it was that in 2022 the Biden administration sued, using the federal Emergency Medical Treatment and Labor Act [EMTALA] as a lever. EMTALA, established by the pro-life Reagan Administration, is “a federal Medicare statute meant to protect access to emergency treatment regardless of a patient’s ability to pay.” Among the vulnerable patients “were pregnant mothers in labor,” as Ashley Leenerts of Texas Right to Life, explained. They would receive essential care for themselves and their preborn children.

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

Judge B. Lynn Winmill of the U.S. District Court for the District of Idaho was in the federal government’s corner.

He ruled that state officials for now can’t enforce the state law against doctors who are also required to follow a federal law to stabilize emergency patients.

Winnmill wrote that a doctor making those complex, difficult decisions in a fast-moving, chaotic environment “may well find herself facing the impossible task of attempting to simultaneously comply with both federal and state law.

In a petition filed last week, the state urged the justices to intervene to pause the lower court ruling that “strips Idaho of its sovereign interest in protecting innocent human life and turns emergency rooms into a federal enclave where state standards of care do not apply,” the application further notes.

The motion “asks the nation’s high court to immediately halt the 9th Circuit’s ruling holding that the federal Emergency Medical Treatment and Labor Act preempts Idaho’s Defense of Life Act,” the ADF said. “Idaho’s pro-life law imposes penalties on physicians who perform prohibited abortions unless doing so is necessary to save the life of the pregnant woman or other exceptions apply. The federal government claims—and the lower court ruled—that EMTALA requires abortions in violation of this law if an emergency room doctor thinks it is appropriate.”

Hospitals—especially emergency rooms—are centers for preserving life. The government has no business transforming them into abortion clinics,” said ADF Senior Counsel Erin Hawley, vice president of the Center for Life and regulatory practice. “Emergency room physicians can, and do, treat ectopic pregnancies and other life-threatening conditions. But elective abortion is not life-saving care—it ends the life of the unborn child—and the government has no authority to override Idaho’s law barring these procedures. We urge the Supreme Court to halt the lower court’s injunction and allow Idaho emergency rooms to fulfill their primary function—saving lives.”
Pregnant and alone? A message for women facing unplanned pregnancy

By Chris Alexis

Expectant mothers need support; that’s no secret. But when their surrounding environment or relationships don’t offer that, social media can be a place to discover it.

It is an important reminder that no one is truly alone, and if they look beyond their immediate circumstance, they will see that good people are out there.

CHOICE42 (Choice For 2) is a Facebook page that offers the opportunity to connect in spades. For example, on one post a story told in bullet points relays how a young mom leaned on the church. She states she was homeless, pregnant, slept in her car, and considered abortion for 16 weeks.

But it continues, revealing how this young woman found a church where she would choose a foster family; she ended up finding “a home” — for her and her child. It ends with the reveal that her 2-year-old daughter is “asleep upstairs.”

The post received many heartfelt supportive replies. They include:
- “I applaud your courage, your wisdom, your integrity, and most of all, your decision to be a mom to your amazing daughter. May you continue to be awed by her power to change your life for the better. Blessings to you both.”
- “I loved reading this. The best decision. Babies are truly a blessing and God has blessed you.”
- “You are so courageous.”

Another example is a Facebook page called “Albany Rose: Pro-Life Atheist.”

One post asks followers to on the church, but Albany Rose (a motivational speaker) concurrently shares in the same post her experience with similar dire circumstances through her own bullet points, including being pregnant and homeless — having also slept in her car.

Despite the bullet-point format, Rose paints a harrowing, emotional illustration of her life: (slept on a hard floor next to an abusive couple, suicidal, trusted no one…). But this one also has a happy ending:

“My 8yo is doing the dishes singing Elvis”

#ShoutYourMotherhood

Commenters in response “shout their motherhood” with a variety of horrific stories entailing abuse, homelessness, and more. But they include how they were, in fact, able to have their babies after all. A couple examples include:
- “told I was going to fail by many
- “told I had ruined my life

My almost 9 yo is playing Minecraft

#shoutyourmotherhood

Another reveals:

I was:
- newly 21 years old
- halfway through a university degree
- several thousand dollars in student loan debt
- pregnant
- just told I was actually the side chick
- told I should put my child up for adoption to “break the cycle” in my family
- barely recovered from a deep depression

My 8 year old is downstairs playing with her 4 year old sister instead of cleaning her room.

The immediate takeaway is clear: No one is alone.

Any woman who is pregnant and struggling has a community whose members have or are experiencing similar trials. And these moms all chose life. They are mothers to children whom they do not regret. These women found the strength and courage to endure. And they want you to know that you can do it too.

Social media is a handy tool and can facilitate making real connections — but the key is to connect.

You’re not alone. If you are facing an unplanned pregnancy, reach out. There are people who will support you. They’ve been where you are, they were able to have their children and you can too.

You are strong; you can do this. The pregnancy help community will assist and support you.

Log on to optionline.org or text “HELPLINE” to 313131, and let Option Line’s consultants be there for you. And all the while, make sure you stay connected to others – you are not alone.

Editor’s note: Chris Alexis is a writer and marketer in the education sector. He started out as pro-choice but over time abortion became harder and harder for him to justify, and through the course of personal experience the married father of three came to a profoundly different place, where he now feels the call to use his gifts to save unborn children. Option Line is managed by Heartbeat International, which manages Pregnancy Help News where this appeared, Reposted with permission.
Why are so many celebrities suddenly revealing they aborted their children?

In almost every instance, money was not an issue for the celebrities.

By Jonathon Van Maren

It is the year of abortion memoirs.

In her memoir Paris, published earlier this year, the first “famous for being famous” celebrity Paris Hilton revealed that when she was 22 years old, she had an abortion. Hilton was – and is – a scion of one of the wealthiest families in the world. When she was 22, she was already on the trajectory to a life of fame:

In November 2003, after we had filmed the first season of The Simple Life and before it premiered, I was living my best life. The show started getting tons of great press. My co-star Nicole Richie and I were working it, showing up, doing interviews. I was out clubbing almost every night, posing for the paparazzi, talking to everyone about this crazy, wonderful show about to come out, promising everyone that they’d be blown away. I shuttled between New York and L.A., working the red carpet at premieres and award shows, and wherever I went, the growing army of paparazzi followed. I was having a wild-child moment, and it was sort of glorious. It all came crashing down when I realized I was pregnant at 22.

Hilton was certain she wasn’t ready. Her boyfriend at the time, unsurprisingly, was supportive of this view. And so the baby had to die:

Choosing to have an abortion can be an intensely private agony that’s impossible to explain. The only reason I’m talking about it now is that so many women are facing it, and they feel so alone and judged and abandoned. I want them to know that they’re not alone, and they don’t owe anyone an explanation. When there is no right way—all that’s left is what is. What you know you have to do. And you do it, even though it breaks your heart.

Now, writes Hilton, she “looked back on all this with sorrow, even though I know I made the right choice.” She’s had “thoughts like, What if I killed my Paris?” But still, she’s certain that “I was in no way capable of being a mother” and that “denying that would have jeopardized the forever family I hoped to have in the future, at a time when I was healthy and healed.”

Years later, Hilton would purchase that family via rounds of IVF and the rented womb of a surrogate, and tens of thousands of dollars later, received her son Phoenix Barron Hilton Reum. She does not say how many of his siblings died during the process.

Actress Kerry Washington also released an autobiography this year, titled Thicker Than Water: A Memoir, and writes about her own abortion. Like Hilton, she uses her personal experience to advocate for abortion in general, writing that life is complicated, and that she never imagined that she would be in an abortion clinic, “surrendering my insides to a surgical vacuum.”

It is her baby who was surrendered to that vacuum, but the brief lives of aborted children are ghosts that lurk on the margins of memoirs, their deaths merely teaching moments for the main character. Washington had the abortion in her late 20s, after she was already a famous and successful actress. She is famous for a scene when her character on Scandal had an abortion, literally, to the tune of “Silent Night.”

Comedian Leslie Jones of Saturday Night Live published Leslie F***ing Jones: A Memoir in September. She is proudly childless, and has launched many viral tirades against pro-life legislators, one which had her wearing a shirt with an arrow pointing down and the word “Mine” across the front.

Jones writes that she had three abortions between the ages of 18 and 27, and that she was using it as birth control (she admitted this was a bad idea). This taught her nothing about the tragedy of abortion – only that it was, to her mind, necessary. Without aborting those three babies, perhaps she never would have become a TV comedian making angry jokes about laws protecting pre-born babies from abortion. The trade-off, she makes clear, was worth it to her.

And finally, in The Woman in Me Britney Spears famously described the brutal abortion she underwent at the behest of her then-boyfriend Justin Timberlake, who desperately did not want to be a father. Spears wanted to keep the child, but she caved under pressure, and lay sobbing on the bathroom floor as she bled her baby after taking abortion pills because Timberlake refused to be a father.

Celebrities are telling their abortion stories to normalize a “procedure” that is the focal point of fierce political fights across post-Roe America. But their stories are actually revealing in a different way. In almost every instance, money was not an issue.

The parents were financially secure – some even wealthy. Each of these children died because the parents insisted that they were “not ready” in some way despite being financially well-off adults. Each engaged in the baby-making act while not wanting babies; each had succumbed so thoroughly to the contraceptive mindset that the children which naturally arrived after acts of reproduction were treated as an unwelcome shock, as if it were somehow unnatural that sex frequently results in babies.

And inadvertently, each of these abortion memoirs tell us something profound about our culture – not that abortion is normal, but why:

Because we are so broken that we have forgotten basic facts about what it means to be mothers, fathers – and human beings.

Editor’s note. This appeared at Life Site News and is reposted with permission.
Kelsey Hatcher learned she had a double uterus at 17 years old.

Now, the Alabama woman is double surprised: She’s pregnant with twins, one in each uterus.

When Kelsey watched a home pregnancy test turn positive, she shared the news with her husband, Caleb, who has always been “the greatest encourager.”

The couple didn’t expect another baby, but Kelsey recalled, “When I told him I was pregnant again, he’s like, ‘OK, well, what’s one more? It’ll be great. It’ll be fine.”

About eight weeks into her pregnancy, the 32-year-old mother had some minor complications, which, she said, led her to set up an OB appointment.

“As the tech scanned and said everything looked great, I confirmed, ‘There is only one, right?’” Hatcher said.

“She smiled and said yes, so I took a breath and relaxed. But I then told her, ‘I’m not sure if it’s on my chart, but I do have a second uterus, just so you aren’t alarmed.”’ Kelsey’s condition, called uterine didelphys, is found among only about 0.3% of the population, according to Cleveland Clinic.

“Essentially, the uteri are the size of one split in half,” Kelsey explained to Fox News.

The ultrasound tech then scanned over to find the other uterus.

“And as soon as she moved the ultrasound wand over to the other side of my belly, I said, ‘Oh, my gosh! There’s another one.’”

The chances of a woman having this type of pregnancy is about one in 50 million, an OB/GYN at Baylor College of Medicine told Scientific American.

“All I could do was laugh,” she said. “I immediately called my husband, Caleb, to tell him, as he was not at the appointment with me. He and I just laughed together.”

Hatcher had her first three children in “normal” pregnancies — Raelynn (6), River (4) and Rhemy (2).

Dr. Shweta Patel, assistant professor at the University of Alabama at Birmingham’s Department of OB/GYN, who is also Hatcher’s doctor, described the pregnancy as “very surprising.”

“I had to see the images of the ultrasound myself to believe it,” she told Fox.

“Since the pregnancies are in separate uteri, we know that they occurred with two separate eggs and two separate sperm, meaning they will be fraternal twins,” Patel explained.

Genetically, the babies — both girls — fit the definition of fraternal twins.

Fortunately, Hatcher’s double pregnancy does not carry any greater risk than an ordinary pregnancy with twins, the doctor said.

“Certainly children are a gift from the LORD, the fruit of the womb, a reward.” Psalm 127:3

“They are mostly just watching the girls more closely, to make sure they are growing properly and to discuss all our options for delivery,” Hatcher said.

“I have complete faith that this delivery will be great and will continue to beat the odds,” the mother told Fox.

Hatcher’s doctors are letting her carry her pregnancy beyond the typical duration for mothers expecting twins. They hope she’ll go into spontaneous labor—whether in both uteruses or just one.

“They will allow me to deliver one completely if only one side goes into labor, as long as the other baby and I are well. Then they will start an induction for the second baby,” Hatcher said.

Join us in praying for Kelsey, her preborn babies, and the medical team caring for them!
Despite challenges, the pro-life movement has the same simple, straightforward, and righteous calling it has always had: to save babies’ lives.

From Page 1

No, it’s not over, and it won’t be as long as there are babies to save

From Page 9

Now pro-life federal election activity remains crucial to keep the federal government out of the abortion business. However, due to Senate filibuster rules requiring sixty votes for passage of contested legislation, a national law directly protecting unborn children is not possible in the foreseeable future.

However, post-Dobbs, state activities necessarily vary much more widely.

States facing pro-abortion ballot initiatives must focus all resources on defeating them.

States that have lost ballot initiatives that established a “right to abortion” in their state constitution may seek to test the limits of that “right” legislatively, while also focusing on life-saving education and support for pregnancy resource centers, and building for the time that the initiative can be reversed.

States that are so heavily pro-abortion Democrat that they are essentially one-party states may also focus on life-saving education while seeking to thwart abortion promoting legislation including that aimed at pregnancy resource centers.

There are states that are pro-life politically but face hostile or mixed state supreme courts forcing legislation to be tailored accordingly while pro-lifers work to improve the court.

Then there are more than one fourth of the states that are sufficiently Republican and pro-life so that very strong protective legislation has already been passed and is saving lives.

A recently published report from the Institute For Labor Economics found that the number of births were up in such states for the first six months of 2023!

No, it’s not over, and it won’t be as long as there are babies to save.
Over 100 Pro-Abortion Groups release abortion wish list for the Biden-Harris administration

By Marie Smith

Over 100 leading pro-abortion organizations released an abortion wish list for the Biden-Harris administration. The 2023 Blueprint for Sexual and Reproductive Health, Rights and Justice Policy Agenda presents additional policies and actions the groups want the Biden-Harris administration to take to further advance abortion as part of what they call sexual and reproductive health, rights and justice (SRHR).

The groups explain their view that abortion is necessary for gender equality and bodily autonomy stating: “There is no gender equality or bodily autonomy for all without meaningful progress in reproductive justice, freedom, and liberty.” Translation: Access to the killing of unborn children is reproductive justice, reproductive freedom, and reproductive liberty. The NGOs say Dobbs “was an attack on bodily autonomy and is part of an ongoing global assault on human rights to undermine access to contraception, sex education, gender-affirming care, the rights of women, girls, and LGBTQIA+ people, and more.” They believe that as a result of Dobbs there are “escalating efforts to undermine sexual and reproductive health, rights, and justice here and around the world.”

To counter pro-life movements in the U.S. and overseas, they want the Biden-Harris administration to take action on abortion policy, including on funding for abortion in the U.S. and globally. These include:

- Work with Congress on budgets that reflect “a commitment” to the “sexual and reproductive health and rights and justice” agenda domestically and globally.
- Eliminate the Hyde Amendment and its abortion funding restrictions and veto legislation that extends, reiterates, or incorporates the Hyde Amendment and related restrictions, including in annual appropriations bills.
- Modify the Siljander Amendment to only prohibit the use of U.S. funds to lobby against abortion but allow the funds to be used to lobby in favor of abortion. Eliminate the conscience protections of the Weldon Amendment and commit to veto legislation that would expand it or make it permanent.
- Launch a comprehensive abortion initiative that would integrate, elevate, and prioritize the abortion agenda across foreign policy priorities and global health, development and humanitarian programs.

This includes that all U.S. agencies that administer global health programs and U.S. Missions would “provide clear, ongoing and proactive communication that reflects U.S. support for sexual and reproductive health and rights (SRHR).”
- Conduct education and outreach to the public on use of abortion pills to “combat widespread misinformation regarding medication abortion”.
- Nominate individuals who have a proven pro-abortion record for all executive-branch positions.
- Use the White House bully pulpit to promote access to abortion and de-stigmatize abortion.
- Champion sexual and reproductive health and rights in diplomacy and multilateral settings and including in outcome documents, policies at international negotiations, and participation in multilateral bodies and executive boards.
- Champion sexual and reproductive health and rights in diplomacy and multilateral settings and including in outcome documents, policies at international negotiations, and participation in multilateral bodies and executive boards.


Many of these organizations are seeking a 5-year reauthorization of over $30 billion for PEPFAR funding with no restrictions on funding for organizations that perform legal abortion services.

Editor’s note. Marie Smith is the director of the Parliamentary Network for Critical Issues where this first appeared. Reposted with permission.
A large part of this surge in early abortions comes from two sources. The first is the development of the early surgical technique called MVA or manual vacuum aspiration. That accounted for nearly three out of every ten abortions that occurred at six weeks or less.

Chemical or “medication” abortions account for the other 70.6%. Largely thanks to chemical abortions, more than half (54%) of the abortions the CDC tracked for gestational age happened at nine weeks or less.

Value of 2021 data today?
It is legitimate to ask what value 2021 data has in this new post-Dobbs environment. One thing this data helps the concerned pro-lifer see is how the abortion industry has long been preparing for Roe’s demise.

Maternal Deaths
Various studies have shown that government agencies miss a lot of abortion related complications and maternal deaths, but it is remarkable nonetheless that the CDC continues to find and report instances of women dying from abortion.

Figures are always a year behind, but the CDC reports that six women died from legal abortions in 2020. This is important to keep in mind amidst constant assertions of chemical and surgical abortion safety.

Chemical abortions also enabled the move towards earlier, supposedly less controversial abortions. Most of these are chemical. As seen above, more and more abortions are performed at nine, or even six weeks or less.

Though the humanity of these children is scientifically beyond question, their size and development make these an easier sell to the public and to women distressed by the discovery of their pregnancy.

Spurred abortion tourism
Look into the details of this report and previous ones and one can see that many abortion patients have “migrated” from one state to another.

Missouri’s abortions dropped to less than a hundred while Kansas saw nearly half of its abortion patients coming from other states. New Mexico and Oklahoma abortion clinics saw lots of out of state traffic when protections for unborn children went into effect in Texas.

This is not random consumer traffic. Clinic employees in Texas specifically helped arrange for and in many cases funded the travel of abortion patients to clinics in other states.

Abortion friendly states have advertised for abortion tourism. Abortion giants like Planned Parenthood have set up mobile clinics and built giant mega-clinics just across state lines to pick up customers from nearby states which have protections in place for unborn children and their mothers.

Chemical abortions by mail, recently authorized by the Biden administration, also enable unscrupulous abortion pill promoters to ship their deadly pills into states where they might not be legal. There is some concern that these will be difficult to count and monitor.

Strands of all these elements can be found in the CDC’s 2021 Abortion Surveillance.

Improved, but not done
We’ve clearly made a lot of progress since the 1990s when abortion peaked at 1.6 million a year and we’re obviously a lot better off with Roe now on the ash heap of history. But numbers like this show us that the abortion industry has been preparing for this day and has been hunkering down for the long term.

We’re certainly in a better situation today than we were in 2021, but we still have a long way to go.