




**national**  
**RIGHT TO LIFE**  
**NEWS**

**February 2018**

*Without life, there is no love*



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**HAPPY VALENTINE'S DAY**



# national RIGHT TO LIFE NEWS

## Repeal of Independent Payment Advisory Board applauded by National Right to Life

By Dave Andrusko

**Washington**--Last Friday, a large, bipartisan majority of Congress, led by Senate Majority Leader Mitch McConnell (R-Ky.), completed the repeal of the Independent Payment Advisory Board (IPAB).

The repeal of the bureaucratic body, created by Obamacare, was included in the broader appropriations measure, which passed the U.S. House and U.S. Senate, and applauded by National Right to Life.

“Little attention was given to the IPAB’s sweeping powers to limit not just Medicare spending,

but also even healthcare paid for with nongovernmental dollars,” said Carol Tobias, president of National Right to Life. “National Right to Life long opposed the IPAB because of the drastic limits it could impose on Medicare and the money Americans could spend out of their own funds to save their own lives and the lives of their families.”

The board composed of 15 unelected, unaccountable bureaucrats was not only

*See “Repeal,” page 16*



## Saying Goodbye to a man who was never without a smile...

By Jacki Ragan, Director, State Organizational Development & Convention Department

On Thursday evening, February 1, 2018, the world lost a wonderful, genuine, humble, funny, sincere, dedicated man, Mr. William D. “Bill” Molitor. He left behind, “His Queen” and grieving widow, MaryLou Molitor and four wonderful children, three of whom I have had the pleasure of meeting and spending time with.

I got to know the Molitors a little when their two daughters, Michelle and Teresa, came



*Bill and MaryLou Molitor*

to National Right to Life as Interns in the early ‘90s, but met them a year or two later. Teresa later returned as a full time employee for a few years. There are many fabulous and outstanding families in this world, and the Molitor family stands among the top.

I have the honor and privilege of planning and working

*See “Goodbye,” page 26*

# Editorials

## Filling America's future with "goodness, peace, joy, dignity, and life for every child of God"

We like to think the beauty of our daily pro-life update, **National Right to Life News Today**, is augmented and enhanced by our monthly in-depth **National Right to Life News**, in this case a 38-page compilation of the best pro-life news from over the last month.

There is so much to choose from which, when knit together, document what occurs when we individually and collectively put our shoulder to the wheel on behalf of innocent unborn babies and the medically fragile elderly.

To be clear this is Washington, DC where Sturm und Drang is routine anyway. However nowadays it is infinitely more combative because the entire Media Establishment is dedicated to attempting to bring down the administration of pro-life President Donald Trump. I mention this because the extraordinary progress we are making under this President can be overlooked in light of everything else that is taking place.

But we know better, as do those who fight us at every turn. The most recent good news came late last week in a report from the State Department. We learned that only four of 733 organizations refused to accept the conditions of the Protecting Life in Global Health Assistance, a significant reiteration and expansion of President Ronald Reagan's Mexico City Policy.

In a six month review [[www.state.gov/f/releases/other/278012.htm](http://www.state.gov/f/releases/other/278012.htm)], the report found, not surprisingly, that the International Planned Parenthood Federation and Marie Stopes International refuse to accept the limitation—that they not use the money to perform or promote abortion as a method of family planning.



*Pro-life Champion Chris Smith (R-Ca.), NRLC President Carol Tobias (center), and NRL Political Director Karen Cross at the 2018 March for Life*

Under previous Republican presidents, the policy applied to family planning programs administered by the U.S. Agency for International Development (USAID) and the State Department. When President Trump reinstated the pro-life policy on January 23, 2017, he also instructed the Secretary of State "to implement a

*See "Future," page 28*

## Question: How will pro-abortion Democrats explain voting against The Born-Alive Abortion Survivors Protection Act?

On January 19, with all Republicans supporting and all but six Democrats opposing, the House of Representatives passed The Born-Alive Abortion Survivors Protection Act (H.R. 4712) by a vote of 241-183.

Looking ahead, NRLC President Carol Tobias cut to the chase when she commented, "The 183 House Democrats who voted against the bill will need to try to explain why they voted against making it a crime to treat a born-alive human person as medical waste, as a source for organ harvesting, or as a creature who may be subjected to lethal violence with impunity."

As is always the case, Democrats insisted all is well and that there is no reason to pass a law that simply says if a baby survives an abortion attempt, he or she will receive "the same degree of care as reasonably provided to any other child born alive at the same gestational age." Not more but not less medical care.

"This bill is a solution in search of a problem," huffed Rep. Judy Chu, D-Calif. "It's unnecessary, redundant, and part of a broader attack on women's health and reproductive health from the chamber and the Trump administration."

To begin with, to all but a handful of Democrats, everything—**everything**—is always and forever will be a "part of a broader attack on women's health and reproductive health."

In this case they insist either that no baby is ever born alive during an abortion attempt; that if they are they would have died anyway soon after; or that there already is The Born-Alive Infants Protection Act of 2002 so there is no need for H.R. 4712. If all else fails, they will change the subject by telling us that most babies are aborted long before they could survive an abortion when, of

*See "Steep," page 33*

# From the President Carol Tobias

## ONE THING THAT MUST HAPPEN



There is one thing that *must* happen for the pro-life movement to be in a position to stop most of the abortions in America.

There is no substitute for this one thing. There is no clever piece of legislation, no magic wording, no silver bullet that will get us to our biggest, most important goal without this one thing happening first.

There is no way around the absolute necessity of achieving this one thing.

What is this thing so needed, so necessary? To change the membership of the US Supreme Court sufficiently so that it will overturn the evil, far-reaching, Court decision of *Roe v. Wade*.

The majority of current Supreme Court Justices are on record — with feet locked in concrete and firmly committed — in support of *Roe*. As long as these facts remain true, any and every bill passed at the federal, state, or local level that intends to end the majority of abortions-on-demand will be struck down by the Court as unconstitutional. Period.

The good news at this moment is, with a pro-life President in the White House and a (bare) majority of U.S. Senators likely to support his next Court appointments, this change in the Court is very possible.

The bad news is four-fold. Changing the court won't be easy. It will take time. It will take persistence. And our current opportunity **could** evaporate as early as November 2018.

These four truths make it imperative — literally a matter of life and death — that we deal with this reality, put first things first, and keep our eye on the ball.

The first thing for pro-lifers to keep first is to work hard now and through the rest of 2018 to elect and grow a pro-life majority in the U.S. Senate. The current majority is so slim, each and every single Senate seat counts.

Persistence is important because U.S. Supreme Court Justices are appointed for life. Or until voluntary retirement, which, historically, usually means they serve for life. With pro-abortion Presidents in office for 16 out of the last 25 years, appointing pro-abortion Justices whenever they could, the miracle is that today's Court composition isn't worse. This underscores the paramount need to keep the White House in pro-life hands and Senate support for the President's pro-life efforts.

However, in the meantime, until there is a pro-life Court, there is still much good that our movement can accomplish.

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*“It’s hard to  
beat a person  
who never gives up.”*

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Polls show we are winning the hearts and minds of more and more Americans — especially young adults — with educational outreach and with selfless acts that show the loving nature of the right-to-life movement.

Everything we do, we do because of, and with, love. We work to better inform our friends and neighbors, our communities, about the precious gift of human life; that

each and every human life has value, and is deserving of dignity and respect.

We work to elect pro-life candidates and pass pro-life laws to protect unborn babies and their mothers.

We work with young people to help them understand that ALL human beings, no matter how small, no matter how “imperfect” (to the human eye) have the right to live.

We work with pregnant women who aren't looking with excitement and joy at the new life growing inside them. This child is coming at a bad time in her life. We offer support, encouragement, and practical help as she works through the situation.

Increasing education and compassionate outreach are an essential part of our long-term strategy to restore the protection of life.

Because the courts (even the Supreme Court) have shown a willingness to tolerate some curbs on abortion, we continue to win victories with laws like those for parental notice, banning webcam abortions, and preventing the use of tax dollars to pay for abortion. These measures save lives and in the process also educate the public and promote the restoration of a culture of life.

Baseball legend Babe Ruth said, “It’s hard to beat a person who never gives up.” The road ahead for the pro-life movement will not be swift or easy. But because it is the right road, our course is clear and will be, ultimately, successful.

Go, team!

# With an increasing focus on the life issues, can I count on your support?

Dear National Right to Life Friend,

In January, there was an intense focus on the life issues in both the U.S. House of Representatives and the U.S. Senate.

I just received an email from Jennifer Popik, J.D., your National Right to Life legislative director, updating me on the status of pro-life legislation. I hope you are as excited as I am about our progress.

Pro-abortion Democrats are their usual obstructionist selves. Senate Democrats stalled the House-passed Pain-Capable Unborn Child Protection Act, but they are fighting a losing battle. More than **60%** of the America public is behind us.

If that weren't extreme enough, on January 19, the House of Representatives passed the Born-Alive Abortion Survivors Protection Act. All Republican members of the House voted for the bill, but only **six** Democrats voted in favor of providing just basic care to abortion survivors! It's sheer madness.

Just last week, a triumph years in the making. We repealed the Independent Payment Advisory Board (IPAB), that unelected bureaucratic monstrosity created by Obamacare. You may remember in 2010 it was dubbed the "**death panel.**" The IPAB would have imposed drastic limits on the money Americans could spend out of their own funds to save their own lives and the lives of their families.

This is very encouraging but only a beginning.

**I need your help** so that your National Right to Life can go toe-to-toe with organizations such as Planned Parenthood and NARAL with their billionaire backers like George Soros.

**I need your help** to build momentum so that bills can reach the desk of pro-life President Donald Trump.

**I need your help** because the babies rely on you and on me.

**With your donation of \$25 or \$50 today, we can help pass laws to protect pain-capable unborn babies and to stop those who would treat a born-alive baby as nothing more than a source for organ harvesting, or as a creature who may be subjected to lethal violence with impunity.**

Thank you for all you do.

For their lives,



Carol Tobias, President  
National Right to Life



**MAKE A DONATION**

# Judge deciding fate of gravely ill Alfie Evans will make his decision next week

By Dave Andrusko

A life and death decision in the case of grievously ill Alfie Evans will likely come down next week, a decision the presiding judge described as “extremely difficult.”

Tom Evans and Alfie’s mother, Kate James, are trying desperately to persuade Justice Hayden to allow them to take Alfie first to a hospital in Rome and perhaps to another in Germany. The staff of Alder Hey hospital in Liverpool, England, its attorney, and the woman appointed to represent Alfie’s “best interests” (his “Child’s Guardian”) believe Alfie is terminal with a “neurodegenerative disease” and unresponsive and that it serves no purpose to maintain him on the ventilator he has been on since May, let alone take him overseas.

Friday’s seventh and final day of the hearing that will decide the fate of Evans’ and James’ 20-month-old son was awash in tears, passion, and incredible eloquence.

Throughout the hearing, *Liverpool Echo* reporter Tom Belger’s almost minute-by-minute updates gave the reader a sense of almost being in the courtroom. And his reportage was as memorable Friday as it was powerful. He wrote

**Mr. Evans, who represented himself during the seven-day hearing at Liverpool civil and family court, said: “I feel so blessed to have Alfie here. It was meant to be to have Alfie as my son.**

**“Just the name Alfie Evans is a name that is going to be**

**remembered around the world.**

**“One day we hope and believe we can take him to a swimming pool, he might not be able to swim but he will have the ability to**

**served if Evans and James were not able to make the best case for their child.**

Mr. Evans was his own best witness and advocate. For example he asked of the Child Advocate

**if it is professional to**

**pick up on all this?”**

**He asks her to put medical evidence aside: “What does Alfie show to you to convince him he has no life?”**

In the summary phase, Evans said

**“We don’t want a timescale on Alfie’s head”**

**“We believe it’s more than likely Germany will give us the better outcome.**

**“We believe it is possible to give Alfie more quality of life than he’s got now.”**

**Mr. Evans says he wants further tests on the drugs Alfie has to see if they are taking full effect.**

**After exploring options in Italy and Germany he says they will consider where Alfie is then.**

**“If he does not present any change in a certain amount of time, we will bring Alfie home and to see the end of his days where he started it.**

**He says he will “take it on the chin” if there is no more to be done, but he believes Alfie is telling them he is leading his own path.**

**“We have always stuck by him, we’ve never written him off.”**



*Alfie’s parents Kate James and Tom Evans*

**experience the water.**

**“We’re not in denial. We see that our child has a life.**

**“Alfie is not just a child, he is our child. He is a child of God.”**

As we noted in numerous stories in *NRL News Today*, the kindness and empathy of Justice Hayden leaps off the page of Belger’s updates. He helped Evans (representing the couple, although not himself a lawyer) pose questions to witnesses and in some cases asked them himself.

Justice Hayden no doubt knew that whatever the outcome, justice could not be

**make a declaration about a child after just 20 minutes with him.**

He asks if she approached Alfie’s room in an appropriate way, “do you think you went in that room and took it all in?”

**“You don’t remember much from my perspective.”**

He says he can’t believe she can’t remember there was an Everton scarf on his bed and says that is “mortifying.”

**“There were at least 20 teddy bears on his bed. How could you not**

## Saying a special prayer for women whose hearts are broken over abortion

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

I will never forget the time when I was a radio reporter and I decided to do a feature on Valentine's Day.

I arranged to visit a second grade class at a local elementary school to record their impressions of the holiday. As I took out my microphone and tape recorder, the children gathered around me at lightning speed. They were eager to give their reflections of Valentine's Day. In that moment, I just felt surrounded by love.

I remember my own excitement as a grade school student anticipating Valentine's Day. My mother believed in celebrating to the hilt, so the day was filled with cards, gifts, cake, hors' d'oeuvres, and even flaming cherries jubilee. Again, growing up, I always felt great love on Valentine's Day.

It seems to me that the national public policy which permits abortion on demand erases a great deal of love from our lives. That is because it eliminates the children who carefully craft those handmade Valentine's and whisper "I love

you" at times of great grace.

Just think if we were to make a Valentine for every child lost to abortion, and for each woman who grieves a child that abortion has taken. The cards could stretch to the heavens and back.

I believe that every woman

who was coerced into abortion knows what she is missing—an irreplaceable child with a boundless capacity to love. How sad that a woman could be driven to surrender the one who would love her the most.

This Valentine's Day, I will

say a special prayer for those women—and men—whose hearts are broken over abortion. And I will pray that, as a nation, we will finally end the heartache by calling a halt to the senseless killing of so many tiny, loving souls.



## Judge deciding fate of gravely ill Alfie Evans will make his decision next week

From page 5

Just how much assistance Justice Hayden provided showed through in this exchange with the Child Guardian who says

**"I think everyone around Alfie has tried to give him as much dignity as they can.**

**"Equally Alfie can't experience the world**

**around him. He can't see, he can't hear, he can't feel his parents.**

**"He can't feel the love that is in that room for him.**

**"I have no doubt there is an immense amount of love in that room for him."**

**Mr. Justice Hayden**

**points out that just because someone is blind or deaf, it does not mean that their life has no dignity.**

**He says this is a view held by many countries across the world and it happens to be shared by Alfie's family.**

Of Mr. Evans himself, Justice Hayden

**paid tribute to the little boy's dad for the way he presented his case, saying: "It bears repeating that Alfie could have had no more eloquent, more effective advocate in this case."**

# Fighting inoperative brain cancer, teen delivers “miracle baby”

*Dana Scatton says, “This battle has already been won”*

By Dave Andrusko

*People* magazine categorized Dana Scatton’s story under “human interest,” which surely qualifies as the understatement of 2018.

This incredibly brave 18-year-old gave birth January 4th to Aries Marie, less than a month after receiving a diagnosis that she had an inoperative brain tumor.

A month before her diagnosis of diffuse intrinsic pontine glioma (DIPG), the deadliest brain cancer, Dana began to feel symptoms. She attributed them to her pregnancy or the stress at being a college freshman.

“I was really overtired,” Dana, who turns 18 on Jan. 12, told *The Daily Advertiser*. “But things kept getting worse. I was forgetting to swallow and my speech got weird. Then my legs started not responding to things — when I would walk, my legs would drag. That’s when I really got concerned.”

An MRI taken December 10th revealed Dana had a 2.3-centimeter brain tumor on the base of her brain which proved to be malignant.

Two days later, accompanied by her mother, Lenore Scatton, she went to discuss plans for treatment with doctors at the Children’s Hospital of Philadelphia [CHOP]. *People* reported.

**It was then that she asked Dr. Jean Belasco, a pediatric oncologist, what the survival rate was — and she was told “there is none.”**

The *Daily Mail Online*’s Kayla Brantley reported, “Dana said the first thing that

went through her mind when she heard the diagnosis was: ‘Is my baby going to be okay?’ Her mother Lenore, 51, told *Daily Mail Online* she had a similar thought: ‘Am I going to lose my baby?’”

**But the family didn’t lose faith.**

**It was a lot to take**



**in, but we prayed and thanked God in the office that day, Lenore said.**

In a beautiful story, written by Shari Puterman for the *Daily Advertiser*, we learn

**The week before Christmas, Dana returned to CHOP for radiation mapping and additional appointments. At that point, she had decided to deliver her baby early and start radiation immediately after that.**

**But Dana’s symptoms rapidly progressed. She could no longer go up and down the stairs at home and her breathing was becoming compromised.**

**On Christmas Day,**

**she was admitted to the hospital — and the next day, doctors decided to start radiation without delivering the baby early.**

**“I feel like God just directed the doctors to help decide what I should do,” Dana**

**says. “I wasn’t sure if I wanted to start radiation without having the baby because I didn’t want it to hurt her. But I couldn’t decide what to do — it was too hard.”**

**Doctors were very reassuring that the radiation wouldn’t harm the baby.**

And they were right.

Eight days after Dana began radiation, Aries Marie was born a month early weighing 4 lb., 6 oz. Doctors confirmed that the treatment had not harmed her baby.

“I am just the most proudest mother ever,” Dana wrote in a Facebook post after the birth of her daughter. “She honestly is stronger than me and I mean that. God has been working wonders in my life and has

been carrying us to the victory line. This battle already has been won.”

In the conclusion of her story, Puterman writes

**“For the past four or five years,” Dana says, “I always felt like people would remember my name ... that I was gonna do something super big for everyone else. I thought maybe I would be a singer and spread the word. But that wasn’t God’s plan. But ... I realize that this is what it was about. I never knew you could feel so strongly about something, that you’re gonna do something, and you don’t even know what it’s for. I always wanted to figure out what it was. Now that it’s here, I am trying to figure out what God wants me to do with it. But he’ll tell me.**

In a January 29 latest Facebook post, Dana reminds us

**So let’s take the time to not take the small things for granted like putting your own hair up, to opening your own bottle of water or even tying your own shoe. It’s the little things that count, and the important things that can’t be ignored. Thanking God every second, every hour of the day. He is worthy and capable of all things.**



# Obamacare Tax to Squeeze Healthcare Plans is Delayed in Spending Bill till 2020

By Dave Andrusko

In January Congress voted to reopen the government following a 3-day shutdown. While the focus was on the short term extension of funding levels, one small but very important measure was also attached to the bill and is now law.

The *New York Times* headline summarizes it aptly: “There’s a Surprise in the Government Funding Bill: More Tax Cuts.”

At stake was a scheduled enormous 40% excise tax on employer-paid health insurance premiums if they exceeded a governmentally-imposed limit. This so-called “Cadillac tax” was created by Obamacare, but facing vehement opposition from Democrats and Republicans alike, it had yet to go into effect.

The government funding bill, while not eliminating the tax, now delays it until 2020.

“Sen. Dean Heller (R-Nv.) has been a leader in securing the postponement of the Cadillac tax,” said Jennifer Popik, JD, Legislative Director for National Right to Life. “Millions of Americans owe a debt of gratitude to Sen. Heller for his work postponing this 40% excise tax on millions of employer-based health care plans—a number that would otherwise have rapidly increased.”

Tracy Watts, the U.S. Leader for Health Care Reform at Mercer and a Senior Partner in the firm’s Washington, DC office, told *Forbes* magazine, “(The) Cadillac Tax was the biggest concern for employers that provide health insurance to 178 million Americans. Nearly a fourth of employers were likely to get tagged by the tax in its first year, even though it was

supposedly going to affect only very rich – ‘Cadillac’ – health plans.”

## Background

As noted above, Obamacare is slated to impose this 40% excise tax on employer-paid health insurance premiums

**offering fairly standard plans... [Thresholds will] be linked to the increase in the consumer price index, but medical inflation pretty much always rises faster than that. Think of the Cadillac tax as the slow-**

much that is valuable in the health care system which has evolved to serve Americans. It is wrong to suppose— as does Obamacare— that in order to provide health care to those with low incomes the government must limit health care for others, or that the



above a governmentally-imposed limit. The so-called “Cadillac tax” will have its intended result of effectively imposing a price control on health insurance premiums. By design, the tax is constructed in such a way as to sweep an increasing amount of plans in year after year.

David Nather, in his 2013 September 30 *Politico* article “How Obamacare affects businesses – large and small” explained the coming phenomenon:

**For one thing, the thresholds were set in 2010, and even though the law has a method for raising them if there’s a lot of growth in health care spending, employers are still concerned that they’ll get busted for**

**moving car in the right lane, chugging along at 45 miles per hour. It may be pretty far in the distance, but if you’re an employer and you’re moving along at a reasonable clip in the same lane — say, 60 miles per hour — and you don’t slow down, you’re going to run smack into it.**

Employers could pass along these massive tax increases to employees as taxable income. However, it is widely projected that employers will instead offer skimpier plans that are far more likely to restrict access to life-saving medical care.

Like a ticking time bomb, Obamacare is set to slowly begin the process of destroying

government must “protect” ordinary Americans from using too many of their resources to save the lives of their family members by imposing arbitrary limits on what they are allowed to spend for health insurance and health care.

But that is just what the “Cadillac tax” intends to do—squeeze out plans that allow people access to sometimes expensive, but lifesaving, medical care.

Until the day this dangerous “Cadillac tax” can be fully repealed, Congress has taken the excellent step of delaying it.

For documentation on the way medical inflation exceeds the average rate given by the consumer price index (CPI), see [nrlc.org/uploads/medethics/MedicalInflationOutpacesCPI.pdf](http://nrlc.org/uploads/medethics/MedicalInflationOutpacesCPI.pdf)

# Pro-abortion senators alienate Millennials with vote against ban on aborting pain-capable unborn children

By Dave Andrusko

There is a lot to the old adage about not looking a gift horse in the mouth—especially in this case when the “horse” (the *Washington Post*) is unrelentingly hostile to our Movement and pro-life Republicans.

Eugene Scott, identified as someone who “writes about identity politics,” has a fascinating first two paragraphs in a story that ran at the end of January:

**When the Senate voted Monday to block a proposed federal ban on abortions after 20 weeks, one of the constituent groups they may have offended is one that both parties are highly interested in winning: millennial voters.**

**A January 2017 Quinnipiac poll asked Americans whether they would support a ban on abortions after 20 weeks of pregnancy if it were enacted in their state. Nearly half — 49 percent — of 18- to 34-year-olds said they would support it. The poll found that 35- to 49-year-olds were the only age group that supported the ban more.**

Okay, a couple of points of amplification before going

further. That 2017 Quinnipiac poll was, as they say, an outlier. It had only 46% of the entire sample opposing the ban. Other polls routinely have opposition in the 60s as we shall see in a second.

It also disagrees with the numbers Quinnipiac recorded a little over two years before. In a



November 2014, a Quinnipiac poll found that in a nationwide poll, 60% would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation. Women voters split 59-35% in support of such a law, while independent voters supported it by 56-36%. Almost exactly as many Democrats (46%) supported the bill as opposed it (47%). Such a law had majority support in all age groups, including 57% of those 18-29.

But what about the January

2017 results? Unless you looked closely, you wouldn't know that the Quinnipiac poll completely rewrote the question, most significantly by eliminating the exceptions for rape and incest that were included in the 2014 poll.

Back to other polls about the 20 week ban. There is, for

are pro-life, a source of great encouragement to us and worry to pro-abortionists

Two other related points.

#1. “Sen. Angus King (I-Maine) explained at a *Washington Post* Live event that he voted against the bill because ‘99 percent of abortions take place before 20 weeks, so this is a solution in search of a problem.’” So that would be approximately 10,000 abortions. The number, in fact, is at least 11,000 to 13,000 abortions and probably a lot more.

Even for Sen. King, an awful cavalier answer.

#2. Scott's spot-on conclusion:

**Nearly half a century after the historic Roe v. Wade Supreme Court decision, the political climate proves that the culture battle over abortion is not over — and will continue with the youngest generation of voters. With Republicans controlling the White House and both chambers of Congress, many conservative voters may put increased pressure on their representatives to end all forms of legal abortion. And a bit of that pressure will come from millennial voters.**

example, last month's Knights of Columbus annual Marist poll. The KOC asked about “banning abortions after 20 weeks of pregnancy” adding “except to save the life of the mother.”

Almost two-thirds (63%) would ban abortions at this stage while only 33% would support allowing such abortions—virtually a 2-1 margin. And 61% of their youngest demographic (18-29) supported the ban as well!

All of this must obscure the larger point: Millennials

# Whither outgoing Planned Parenthood President Cecile Richards?

By Dave Andrusko

Once Planned Parenthood CEO Cecile Richards made it official she was stepping down, what might be the single most important factor to remember in trying to figure out what she will do next now that she is no longer receiving a nearly \$1million compensation package for overseeing the deaths of 321,000+ unborn babies annually?

That the Media Establishment is dying for her to run for office and will roll out the red carpet to induce her (assuming Richards needs any inducement).

After all, her mother was the first female governor of Texas who lost her re-election bid to a future pro-life Republican president: George W. Bush. Although the scenario is not laid out in a typical fawning profile that ran in the *New York Times* under the headline, “Cecile Richards on Her Life after Planned Parenthood,” pro-abortionist salivate at the prospect of Ann Richards’ daughter running for governor of Texas and defeating a pro-life incumbent.

After recalling Ann Richards’s example, Amy Chozick’s story ended

**Raising the inevitable question: Does Ms. Richards plan to run?**

**After news of Ms. Richards’s departure became public, tweets**

**(mostly from women) erupted like popcorn: “Hopefully to run for office!” one read. And another: “Please run**



*Cecile Richards*

**for Texas governor, please run for Texas governor, please run for Texas governor.”**

**Ms. Richards’s reply is emphatic (if not entirely convincing).**

**“I’m not thinking of running for anything,” she said.**

So from a pro-abortion reporter’s point of view, what are the highlights of Richards’ twelve years at the helm? Well, “relish[ing] her role as the consummate rabble-rouser to Republicans,” for one. For another increasing PPFA’s “base of volunteers and supporters.”

However to Chozick’s credit, in the next paragraph she writes, “But Ms. Richards, who lives in New York City, also became a frequent presence in glitzy fund-raising circles, winning over billionaire donors who may have shied away from publicly supporting abortion rights in the past.”

By the end of fiscal year 2016-2017, private giving had shot up to \$532.7 million. What about abortions, Planned Parenthood’s bread and butter, so to speak? A couple of points in the story.

**She seemed more reserved about using the word abortion, masterfully pivoting to phrases like “women’s health” and “reproductive medicine” when a reporter brought them up.**

(Yes, indeed, the old “masterful pivot.”)

**Ms. Richards does see progress in the way abortion is depicted in popular culture, with Kerry Washington’s sexy Washington fixer Olivia Pope on the hit drama “Scandal” undergoing the procedure and articles in *Cosmopolitan*, *Glamour* and *Essence* discussing the issue.**

That would be evidence, Richards would no doubt say, of “normalizing” lopping off heads and tearing off limbs.

The other abortion reference would be almost comical if we weren’t talking about taking the lives of innocent children. The reporter quotes from a pro-life source “estimated” that PPFA aborted 328,348 children in 2016.

Chozick tells us “Planned Parenthood disputed those figures.” What did PPFA’s own annual report say the death toll was? 321,384 babies died in Planned Parenthood affiliated clinics. Guess what? If you look back a year, you know how many babies PPFA aborted? **328,348.**

Alas, we will be seeing lots of Ms. Richards over the next year. She’s going out on a book tour to promote her memoir coming out in April, *Make Trouble: Standing Up, Speaking Out, and Finding the Courage to Lead — My Life Story*.

Moreover, “Ms. Richards said she planned to pour herself into the midterm elections, fund-raising and campaigning for Democrats, and advising the expected record number of women candidates.”

But pro-lifers will be ready to fight back, as they always have, to protect the babies.

# Ohio Supreme Court upholds Department of Health order shutting down Toledo's last abortion clinic

By Dave Andrusko

On February 6, the Ohio Supreme Court upheld a state order to close Capital Care Network, Toledo's lone abortion clinic, for failing to secure an emergency patient transfer agreement with a local hospital within 30 miles of the abortion clinic. The justices also rejected a challenge by Preterm, Cleveland's largest abortion facility, agreeing with the trial court that Preterm lacked standing and was not injured by any provisions of the regulation.

The 5-2 decision overturned two lower courts—the Lucas County Common Pleas Court and the Sixth District Court of Appeals—which sided with Capital Care Network. They'd concluded the regulation was an undue burden on a woman's right to abortion access. When the Capital Care Network case was heard last September, Ohio Right to Life said

**Capital Care, Toledo's last abortion facility, has been violating state law and regulations for years, putting women's lives at risk.**

**The abortion clinic attempted to skirt Ohio laws by sending women who are suffering from abortion complications 52 miles away to Ann Arbor. The Ohio Department of Health has consistently determined that this course of action was unacceptable. Should the Department of Health succeed before**

**the Ohio Supreme Court, greater Toledo will arguably be abortion free.**

The Capital Care Network case had gone on for years and went up and down the legal chain. In 2013, after the University of Toledo Medical



Center did not renew its transfer agreement with the abortion clinic, Capital Care Network went five months without an agreement before finally negotiating one with a University of Michigan Health System hospital which is 52 miles away in Ann Arbor.

In 2014, the clinic's license was revoked by the Ohio Department of Health "because transporting a patient to Ann Arbor would take longer than the department's 30-minute standard."

*The Toledo Blade's* Jim Provance observed that Justice

Terrence O'Donnell, who wrote the majority opinion, **said Capital Care owner Terrie Hubbard admitted Capital Care lacked a written transfer agreement with a hospital between August 1, 2013, and January 20, 2014. She**

**also testified, although a helicopter could be used to transfer patients 52 miles to the Ann Arbor hospital, the clinic had no contract with an air-ambulance provider to ensure that one would be available when needed, Justice O'Donnell wrote.**

"Even if one were available, she admitted it could take an hour for it to reach her facility before flying another 15 to 20 minutes to Ann Arbor," he wrote.

NARAL Pro-Choice Ohio Executive Director Kellie Copeland bashed pro-life Gov. John Kasich's "anti-abortion agenda," adding, "Today's politically-motivated decision is devastating to women who can't afford to leave town, who can't find childcare for an extended time, or can't pay for the increased costs that come with delayed care."

Following the decision, Ohio Right to Life President Mike Gonidakis said he

**is grateful that a super majority of the Supreme Court agreed that this abortion clinic's so-called safety proposal was preposterous at best. Clearly, the abortion clinic callously disregarded the health and safety of women with a ridiculous proposal to fly women out of state for emergency medical attention. The Court, like our pro-life government, got it right.**

**Now that this issue is settled, Ohio Right to Life expects that this abortion clinic in Toledo will be closed immediately by the Ohio Department of Health.**

Justice O'Donnell was joined by Justices Sharon Kennedy, Pat Fischer, Pat DeWine, and Judith French.

# 2018 Gerber Baby Shines Light on Special Needs Community

By Eileen Haupt

Last Wednesday, I awoke to the happy news that an 18-month-old boy with Down syndrome had been chosen as this year's "Gerber Spokesbaby!" The announcement was made on the *Today Show*, in an interview with the parents, Jason and Courtney Warren, and their now famous son, Lucas.

In a video shown during the interview, Courtney tells us, "I never met anyone [who has] come in contact with Lucas and not smiled." This is a typical reaction from people when they encounter a little one with Down syndrome; they spread their infectious joy!

From the *Today Show* news story: "Every year, we choose the baby who best exemplifies Gerber's longstanding heritage of recognizing that every baby is a Gerber baby," said [CEO and President of Gerber Bill] Partyka. "This year, Lucas is the perfect fit."

This is the first time a baby with Down syndrome has been chosen for this honor. For parents of children with Down syndrome, this is a proud moment, to know that children like theirs can be recognized as a "Gerber Baby," just like other babies.

This is a far cry from the days, when only several decades ago, parents were told to put their newborn with Down syndrome in an institution and forget they were ever born. So much has changed.

Laws now protect the rights of those with special needs, such as ensuring they have equal access to education. There is much more

understanding and acceptance of people with disabilities. More than ever, individuals with Down syndrome are reaching their potential, and we are discovering that they are capable of doing so much more than had previously been

understanding and acceptance of people with disabilities. More than ever, individuals with Down syndrome are reaching their potential, and we are discovering that they are capable of doing so much more than had previously been

syndrome for their baby will choose to abort their child. According to a study published in 2012, the rate of abortion for babies prenatally diagnosed with Down syndrome in the United States, is estimated to be 74%. In some

attitude toward the unborn child with special needs was shocking to me. My first act of advocacy was to write to the *Today Show* host and the guest gynecologist. (I received no reply.)

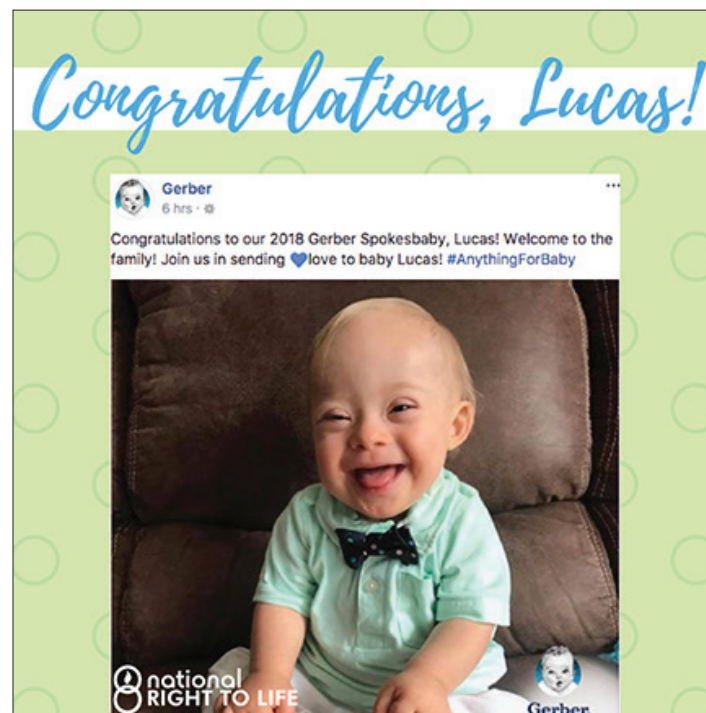
Just as I believe that the 1999 *Today Show* segment had an influence on the number of mother who chose to abort their unborn baby with Down syndrome, I believe this *Today Show's* coverage of the new Gerber Spokesbaby with an extra 21<sup>st</sup> chromosome, will encourage more pregnant mothers to bring their unborn child with Down syndrome to birth.

As Lucas's mom Courtney says in the *Today Show* video, "I hope it sheds light on the special needs community. Showing that they are just like you and me. They should be accepted, not based on their look, but based on who they are."

I hope and pray for that acceptance to begin in the womb.

Congratulations to Lucas and his parents, and thank you to Gerber and the *Today Show*, for shedding light on the special needs community!

*Editor's note. Eileen Haupt is the mother of two daughters, one of whom has Down syndrome. She is co-founder of Keep Infants with Down Syndrome (KIDS), and an alternate delegate from Vermont to the National Right to Life Committee Board of Directors.*



thought.

There is so much to celebrate. People with Down syndrome are living healthier, longer, and more enriching lives than ever before.

And yet, there is a dark cloud that overshadows this sunny optimism.

Even though there has never been a better time, in the history of the world, to bring a baby with Down syndrome into the world, overwhelmingly most pregnant mothers who receive a prenatal diagnosis of Down

European countries it is even higher--approximately 90% in England, 98% in Denmark, and a shocking 100% in Iceland!

Ironically, it was a *Today Show* segment 19 years ago when my daughter with Down syndrome was an infant that catapulted me into the pro-life movement.

A guest gynecologist casually suggested that a pregnant mother could decide whether to terminate her pregnancy, after a positive result from amniocentesis. Her dismissive

# Abortion is not health care: Why the abortion industry embraces scientifically absurd euphemisms

By Paul Stark

“Abortion. Is. Health care,” emphatically proclaims NARAL Pro-Choice America. That group is not the only one who says so.

Defenders of abortion often call it “health care” or “reproductive health care.” They routinely use the term “abortion care.” They say abortion is a “medical procedure” and call drug-induced (non-surgical) abortion “medication abortion.”

This use of terminology should strike everyone, including those who support abortion, as simply ridiculous.

The purpose of health care is to preserve or restore healthy functioning. *Merriam-Webster* provides this definition: “efforts made to maintain or restore physical, mental, or emotional well-being.” Medicine, similarly, is defined as “the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease.” Medication and medical procedures are about treating illness.

So is abortion health care? Is it medicine?

In rare and tragic cases, such as ectopic pregnancy and uterine cancer, correcting a pathology threatening a pregnant woman’s life entails removing her unborn child—even though that child may not be able to survive. These situations are not at issue in the abortion debate.

At issue, rather, is what is sometimes called elective

abortion or “direct” abortion. To be a form of health care (or medicine), it would have to “maintain or restore” health. But the pregnancy that abortion ends is not a disease. On the contrary, pregnancy indicates that the reproductive system is functioning properly. It

shows reproductive health, not disease. The sensations of dismemberment flow through the forceps like electric current.”

“Abortion is killing. Nobody can argue with that,” abortion practitioner and clinic founder Bertran Wainer acknowledges. “When the fetus is inside the

use Orwellian euphemisms that are scientifically absurd.

The motivation is clear enough. Abortion doesn’t exactly strike most people as a good thing. Abortion dismembers and crushes and poisons. But health care is good, and if abortion is health care, then abortion is good. Medicalizing killing—couching it in medical terminology—makes the killing seem more legitimate.

This reality-obscuring language is *doublespeak*. Abortion defenders have long employed doublespeak euphemisms like “termination of pregnancy,” “products of conception,” “emptying the uterus,” and even (courtesy of Planned Parenthood) “taking a pregnancy out of the uterus.” But calling abortion “health care” or “medicine” is a different level of deception. It’s like saying that up is down and health is sickness and death is life.

“It is ... words, not facts, that shape reality for many people,” warned the late Jean Staker Garton in her book *Who Broke the Baby?* “We must insist that words and images describe, comprehend, and recognize what *really is* rather than what is only an *unreality* manufactured through word games that reduce us to intellectual and emotional children.”

Abortion. Is. Not. Health care.

uterus it is alive and when the pregnancy is terminated it is dead.”

One is free to argue, as many do, that such killing is morally acceptable or that the individual whose life ends doesn’t have a right to exist (though these arguments are mistaken). But one cannot claim, with intellectual honesty, that it is health care. That’s just a lie.

There’s no getting around this. A whole industry has chosen to



# Two-Thirds of Abortions Now When Unborn Child 6 Weeks Old or Younger

By Randall K. O'Bannon, Ph.D., National Right to Life Director of Education & Research

As the number of chemical abortions surged, the percentage of early abortions has grown, to the point that more than two-thirds of abortions are performed when the unborn child is just 6 weeks old or less. (Some refer to this at "8 weeks gestation," measuring pregnancy from the date of the mother's last menstrual period, or "LMP," though fertilization or conception does not occur until two weeks later.) And while later abortions were common in the early days following *Roe v. Wade*, today more than 90% are performed in the first trimester.

For practical purposes, this means that while a law geared towards protecting unborn children older than six weeks postfertilization would have saved about half the babies aborted forty years ago, today it would only affect about a third. And if trends continue as they are, it would protect even less in the years to come.

According to the most recent surveillance report from the U.S. Centers for Disease Control (CDC), which monitors abortions reported to state health departments, 67% of abortions in 2014 were performed at 8 weeks gestation (when the baby is 6 weeks old) or less. An additional 24.5% were performed that year at 9-13 weeks gestation (fetal age 7 to 11 weeks).

The CDC says that "gestational age," the measurement it uses in reports, is "based on the clinician's estimate" in most states it studies and from a woman's last menstrual period in a couple of others. In the two states where the state records probable postfertilization age (Arkansas and Texas), two weeks are added to that age "to provide

a corresponding measure to clinician's estimate."

Again, what this means is that those babies the CDC says were aborted at 8 weeks gestation were actually 6 weeks old, and those listed at 9 to 13

child's head and eyes are easy to pick out, these babies bodies are smaller, their bones less calcified, making it easier for someone seeking to perform a surgical or chemical abortion.

Abortionists doing surgical

stimulates powerful uterine contractions to dislodge and expel the tiny corpse. The bigger, more developed the baby, the harder the prostaglandin has to work, sometimes requiring additional doses.

Abortions have been being performed earlier and earlier since the earliest days of *Roe v. Wade*, when the Supreme Court, in 1973, legalized abortion throughout all nine months of pregnancy

In 1973, the first year of the *Roe* regime, just over a third (36.1%) of abortions were performed at 8 weeks gestation or less (again six weeks fetal age), the CDC says. That figure reached a majority (51.1%) in 1977 and, except for two years, 1988 and 1989, where it briefly dipped to 48.7% and 49.8%, it remained in the 50th percentile until 2002, when it hit 60.1%. 2014 appears to be the year it crossed the two-thirds mark, hitting 67%

Increasing chemical abortions, specifically targeting younger babies, have been a part of this trend. With the abortion pill RU-486, or mifepristone, first approved for U.S. sale in September of 2000, the use of chemical abortions has taken off. CDC figures show chemical abortions accounting for about one in eight abortions in 2005, and then nearly a quarter in 2014. Another source, the Guttmacher Institute, which has data on some states the CDC lacks, put the figure at 29.4% for 2014.

With the abortion industry pushing chemical abortions heavily and hoping to offer these by internet and mail, all signs point to abortions at this stage continuing to skyrocket, skewing abortions overall more and more towards earlier gestations.



weeks were actually between 7 weeks and 11 weeks old.

Babies are still quite developed at this age, displaying brain waves at 6 weeks, a heartbeat at somewhere near three weeks (though it may take a few more weeks to be picked up on ordinary ultrasound) and, of course, their full complement of DNA, which from the moment of conception determines physical characteristics like sex, eye color, shoe size, and brain capacity.

Though limbs are present, fingers are forming, and the

abortions prefer earlier ones because they are easier to perform. At this stage, the bones are softer, the skull is smaller, the cervix does not need to be as dilated for the surgical instruments to be inserted and for the baby, in whole or in parts, to be pulled or suctioned out.

A younger age also makes chemical abortions easier. One drug (typically mifepristone) attempts to shut down the baby's life support system, while a second (usually the prostaglandin misoprostol)

# 5th annual “State of Abortion in America,” 2018 a must-read for pro-life activists

By Dave Andrusko

Like its predecessors, the fifth annual “State of Abortion in the United States” is crammed full of highly comprehensive, equally readable information about the topics and subjects that matter most to pro-lifers [www.nrlc.org/uploads/communications/stateofabortion2018.pdf].

This 69-page overview of the state of abortion in our culture produced by expert staff at National Right to Life, begins with an introduction from NRLC President Carol Tobias. She ends with

**This fifth annual “State of Abortion in the United States” is not just a snapshot of where we are at as we observe the 45th anniversary of *Roe v. Wade* and *Doe v. Bolton*, but also a blueprint for how we move forward to build a culture that values life and respects mother and their children.**

There are five sections in “State of Abortion in the United States” along with a very helpful appendix:

- United States Abortion Numbers
- Planned Parenthood’s Billion-Dollar Empire
- Public Opinion Polling
- Federal Policy &

Abortion

- State Laws & Abortion
- Appendix

Included in the Appendix are a Synopsis of U.S. Supreme Court Cases and the presidential records on life of Donald Trump, Barack Obama, George W. Bush, Bill Clinton, George H.W. Bush, and Ronald Reagan.

I’m going to focus on “Planned Parenthood’s Billion-Dollar Empire” for reasons that are obvious going in (they aborted 321,384 unborn babies in 2016) and for others that will become apparent.

In the fiscal year ending June 30, 2017, PPFA took in \$1,459,600 in revenues even though the number of patients it saw dropped by 20%, cancer screenings plunged by almost 2/3rds, and their much vaunted (but barely existent) prenatal services declined by more than 3/4ths—from 40,489 in 2009 to just 7,762 in 2016.

How’d they increase their revenue stream at a time when in addition to all that, the number of clinics has dropped from 872 in 2010 to 600 in 2016? For one thing, they erected megaclinics which can abort huge numbers of babies.

For another, an enormous increase in private giving. In 2015, it was \$353.5 million. A year later it had jumped to

\$445.8 million. In 2017 the figure had risen to \$532.7 million.

As Dr. Randall K. O’Bannon, NRLC director of Education & Research, has written, “This is a clear indication that Planned Parenthood has been able to

funding to full service clinics.”

There is much more in the report about Planned Parenthood, including that a majority of the public to this day doesn’t believe PPFA performs abortion or doesn’t know whether it does or not.

THE  
STATE OF  
**ABORTION**  
IN THE UNITED STATES  
JANUARY 2018



turn well founded criticism against their reputation and their industry to their own financial advantage. It also illustrates, ironically, that there are non-governmental sources that PPFA can tap into if states chose to prioritize health

The importance of this huge gap in basic information cannot be overstated.

Be sure to read “State of Abortion in the United States.” at [www.nrlc.org/uploads/communications/stateofabortion2018.pdf](http://www.nrlc.org/uploads/communications/stateofabortion2018.pdf)



## “Embodying the goodness of our Nation”

*Police officer and his wife adopt baby of heroin-addicted mother who wanted to find a safe home for her baby*

By Dave Andrusko

The day after President Trump’s first State of the Union address, *Newsbusters* posted a terrific story, the gist of which was that the SOTU address was an overwhelming hit with the public. To deny this, *CNN* had to disregard its own poll.

BTW, “Three in four Americans who tuned in to President Trump’s State of the Union address tonight approved of the speech he gave. Just a quarter disapproved,” according to *CBS News*.

Looking back, there were a number of powerful moments January 30, but from the pro-life perspective, the story that tugged at your heartstrings the most was clearly that of police officer Ryan Holets and wife, Rebecca. President Trump said

**As we have seen tonight, the most difficult challenges bring out the best in America.**

**We see a vivid expression of this truth in the story of the Holets family of New Mexico. Ryan**

**Holets is 27 years old, and an officer with the Albuquerque Police Department. He is here**

**heroin. When Ryan told her she was going to harm her unborn child, she began to**

**said he felt God speak to him: “You will do it — because you can.” He took out a picture of his wife and their four kids. Then, he went home to tell his wife Rebecca. In an instant, she agreed to adopt. The Holets named their new daughter Hope.**

**Ryan and Rebecca: You embody the goodness of our Nation. Thank you, and congratulations.**



*Pro-life President Donald Trump with Ryan, Rebecca and Hope Holets*

**tonight with his wife Rebecca. Last year, Ryan was on duty when he saw a pregnant, homeless woman preparing to inject**

**weep. She told him she did not know where to turn, but badly wanted a safe home for her baby.**

**In that moment, Ryan**

“The Holets named their new daughter Hope.” When I heard President Trump say that—and watched the expressions on Mr. and Mrs. Holets’ faces—I was instantly reminded of the goodness and generosity of pro-life Americans.

Rebecca Holets held their daughter in her arms and just before the President congratulated them, she kissed Hope on her head.

What a moment. Even the Democrats applauded.

## Repeal of Independent Payment Advisory Board applauded by National Right to Life

*From page 1*

directed to limit Medicare spending, but also to limit private, nongovernmental spending on health care to a growth rate below medical

inflation. The media paid scant attention to this more sweeping danger of rationing healthcare paid for with nongovernmental dollars.

IPAB’s powers went well beyond an effort to control Medicare spending. IPAB would have created drastic limits for the Department of Health and

Human Services to impose on what Americans are allowed to spend out of their own funds to save their own lives and the lives of their families.

# On Abortion Pill Reversal, It's Time to Hear from the Women

By Jay Hobbs

For all its fuss and bluster about the need to “Believe Women,” the Left—and in particular, its fervently pro-abortion core—sure is bad at believing women.

Case in point, over 400 women say they’ve rescued their children from abortion after having taken the first of two pills in a chemical abortion—euphemistically called “the abortion pill” or RU-486.

Each woman says she changed her mind after taking the first pill and rescued her baby through a life-saving treatment known as abortion pill reversal (APR).

Yet, despite the first-hand testimony of these women, abortion activists insist that APR is a scam, cut from whole cloth to advance a pro-life political or religious agenda.

In their blind opposition to APR, abortion cheerleaders—who once pretended the high ground on “choice”—are robbing actual women of the very real choice to stop their own abortions and rescue their children instead.

Meanwhile, abortion supremacists are treating mothers who’ve saved their babies through APR as if they don’t exist, or worse—as though they’re lying about their own stories and children in order to push a treatment they know to be a farce.

Same goes for the Left’s loyal army of junk journalists, who are working overtime to keep abortion-survivors unseen and unheard rather than run the risk of the truth sneaking out into the open.

## Believe Women? Okay, Let’s.

What to do, then, with 400-plus troublesome women like Rebekah Buell, Shanelle Felder, Amy Mendoza and Cynthia Galvan—let alone their precious children?

Rather than obediently accepting the fate of her unborn son after she took the first pill of

and she found a local doctor who gave her an emergency dose of progesterone to save her child’s life that night.

In the days that followed, doctors started Shanelle on an ongoing treatment of progesterone injections to off-set the effects of the first abortion pill. Between

and started looking for options to rescue her son, Cruz.

“I heard the baby’s heartbeat,” Amy said. “I always say, ‘Live life without regret,’ and at very moment, I felt that very regret come full throttle. Every time I look at him, I’m just so thankful.”

Like Rebekah, Shanelle and Amy, Cynthia Galvan—one of the first women to reach out to APR and its founder, Dr. George Delgado—was told by Planned Parenthood staff it was too late to change her mind after she’d taken abortion pill No. 1.

Instead, Cynthia’s son, Christian, will turn 8 later this year.

These are just four snapshots of women who have chosen life after starting a chemical abortion. Are they not newsworthy? Are they not compelling enough stories to tell?

Why aren’t these women worthy of belief?

## Blackout Beyond Belief

Recent coverage at Politico is a perfect example of the media’s role in silencing women like Rebekah, Shanelle, Amy and Cynthia.

As she cheers on one abortion company’s billboard campaign meant to discredit APR, Politico’s Victoria Colliver spends a dozen paragraphs warning readers of APR’s “unproven” and “dangerous” nature—never bothering to explain that APR is just a



*Rebekah Buell and her son, Zechariah, who she rescued through the abortion pill reversal in 2013.*

*Photo Courtesy: Focus on the Family*

the chemical abortion regimen back in 2013, Rebekah Buell rescued her son’s life through the 24-7 Abortion Pill Reversal hotline.

An employee at Planned Parenthood told Rebekah her baby would suffer deformities, complications or worse if she chose to stop her abortion once it was started, but she eventually welcomed a perfectly healthy baby boy she named Zechariah—“The Lord has remembered.”

Shanelle Felder was fed a similar line at a Planned Parenthood in Denver, where she buckled under pressure from the abortionist and took the first pill. “I had no chance to plead with him,” she said.

Thankfully, a friend connected Shanelle to the APR network,

appointments, she also visited Alternatives Pregnancy Center, where she was able to see her baby, Lillian, with a free ultrasound.

“Upon seeing her daughter’s heartbeat on the ultrasound screen, Shanelle recalls the sensation of ‘knowing what love is,’ and the ‘euphoria of knowing that my child is still alive,’” reads an amicus brief filed with the U.S. Supreme Court. “Although she was still anxious, it was ‘amazing to see this baby that still survived.’”

Amy Mendoza had read stories like Rebecca’s and Shanelle’s on social media by the time she resorted to abortion in late 2015. The moment she took the first pill at Planned Parenthood, Amy realized she’d made a mistake

*See “Reversal,” page 36*

# Minnesota's research funding should respect the worth of all human beings

By Paul Stark

Regenerative Medicine Minnesota (RMM) was established by the state Legislature in 2014 to advance regenerative medicine therapies, which often involve stem cells. RMM recently announced the winners of 13 research grants for 2018-2020.

One grant winner is Alexander Revzin of the Mayo Clinic Medical School. The funding supports his research “engineering microcapsules for stem cell cultivation and transplantation.” The research, according to Twin Cities Business, uses embryonic

the union of egg and sperm in the mother's body, or in a petri dish in the process of [in vitro fertilization], or by the processes of reproductive or therapeutic cloning.”

Human beings ought to be treated with respect regardless of their age, size, appearance, ability, location, or method of origin. They are not a natural resource to exploit. They are not things whose useful parts we may harvest for our own purposes. They are human beings. Embryos are what we all once were. Each one of them is one of us.

adult tissues, umbilical cord blood, and other places, without harm to donors—have successfully treated human patients for many years. Researchers continue to find new ways to employ ASCs for the benefit of patients suffering from many different conditions.

Moreover, the development of induced pluripotent stem cells (iPSCs) has seemed to make ESCs scientifically obsolete. These cells have the same prized characteristic as ESCs (pluripotency), but creating them doesn't require the destruction of embryos. And iPSCs can be generated from a patient's own body so that there is less risk of immune rejection.

RMM's other grant selections point to the increasing dominance of non-embryonic research. One grant is for a clinical trial using ASCs from a patient's own fat tissue to treat spinal cord injury. Another grant supports a trial using ASCs to repair cartilage. One is for research to improve the effectiveness of iPSCs. And another is for research into the possible use of cord blood stem cells to treat infant brain injuries.

Yet another RMM grant supports research to increase the speed at which ASCs work in order to prevent infection after bone marrow transplants. And, finally, one grant is for research using a patient's own ASCs to create heart and vein valves.

Only the Revzin grant goes to embryonic research. That's just not where the action is.

In an article for the Mayo Clinic website back in 2012, Timothy J. Nelson, a stem cell scientist and director of Mayo's Regenerative Medicine Consult Service, noted that “use of [ESCs] has significantly

declined due to the discovery of induced pluripotent stem cells.” Indeed, iPSCs, he explained, “may help researchers avoid the controversy that comes with embryonic stem cells and prevent immune system rejection of the new stem cells.”

The article also pointed out that “the use of adult stem cells continues to be refined and improved.” Researchers, Dr. Nelson said, “are discovering that these cells may be more versatile than originally thought, which means they may be able to treat a wider variety of diseases.”

Nelson and three Mayo colleagues authored an article in the *Mayo Clinic Proceedings* arguing that the advent of iPSCs “obviates many ethical and resource-related concerns posed by [ESCs] while prospectively matching their potential for scientific use.” They agreed with James Thomson, the discoverer of human ESCs, who acknowledged that the creation of iPSCs means that ESCs “will turn out to be a historical anomaly.”

“When the question is as truly important and fundamental as the nature of the human being,” added Dr. Nelson and colleagues, “perhaps it is best not to plow continually ahead in the name of scientific progress.”

They're right. There is a more ethical and therapeutically beneficial way to go—a way that respects the worth of both those who are sick and disabled and those who are young and vulnerable to exploitation.

*Editor's note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life (MCCL), NRLC's state affiliate. This article appeared on their blog.*



stem cells (ESCs). Its apparent ultimate goal is to better facilitate the use of human ESCs to treat patients.

RMM's decision to support this work is problematic for two reasons. First, acquiring ESCs for research requires the destruction of human embryos. And embryos, as the science of embryology has established, are living human organisms—individual members of the species *Homo sapiens*—at the earliest (embryonic) stages of their development.

“[E]ach member of the human species indeed starts his or her existence as one cell, the zygote [a one-cell embryo],” explains Dr. Micheline Mathews-Roth of Harvard Medical School. “[T]his fact applies whether the zygote was formed by

RMM should not fund research that requires the deliberate ending of human lives. Even if ESC research produced real therapies, millions of pro-life Americans would not be comfortable using them. Taxpayer money should be spent to develop therapies that all people can use without ethical human rights conflicts.

The second problem with the Revzin grant is that there's no compelling scientific or medical rationale for continued ESC research. The prospect of using ESCs to treat patients has faced a number of serious obstacles, including the tendency of the cells to form tumors and the danger of rejection by the patient's immune system.

By contrast, adult stem cells (ASCs)—taken from various

# The steep price Democrats pay for defending “late term” abortions

By Dave Andrusko

*New York Times* columnist David Brooks is the kind of “conservative” places like PBS love to tout. He challenges few liberal orthodoxies (in most cases, he agrees) but allows PBS to check the “we-have-a-conservative-in-house” box.

But it is no less true that on occasion Brooks is positively brilliant. For example, “The Moral Bucket List” from which I learned a great deal.

In a recent column, Brooks was once more brilliant. But more importantly, he also challenged the pro-abortion orthodoxy which has become a kind of idolatry for Democrats. Starting with leadership, Democrats now dutifully worship at the secular throne of abortion on demand throughout the entire pregnancy.

The price for this absolutism, however, is to render them profoundly out of step with most Americans—be they Republicans, Independents, and even many-to-most Democrats!

Brooks’s column takes the form of a letter:

**To: Democratic Party Leaders**  
**From: Imaginary Democratic Consultant**  
**Re: Late-Term Abortions**

His thesis is found in his first paragraph:

**Last week I watched as our senators voted down the Republican bill that would have banned abortions after 20 weeks. Our people hung together. Only three Democrats voted with the other side. Yet as I was watching I**

**kept wondering: How much is our position on late-term abortions hurting us? How many**



**progressive priorities are we giving up just so we can have our way on this one?**

This “Imaginary Democratic Consultant” [IDC] makes any number of unassailable points. For example, as pro-life “withered” on the Left, it blossomed on the conservative side of the political aisle.

Democrats kowtow to the Planned Parenthoods, NARALs, and EMILY Lists of this world which provide massive amounts of dollars but not the votes that Republicans receive because they are overwhelmingly pro-life.

Why? Simply because single-issue pro-lifers, the IDC/Brooks writes,

**consider the killing of the unborn the great moral issue of our**

**time. Without pro-life voters, Ronald Reagan never would have been elected. Without**

**single-issue voters who wanted pro-life judges, there would never have been a President Donald Trump.**

It is a measure of the dilemma Democrats find themselves in that most online responses to his column hated Brooks’s argument. Even a cursory read shows us that what they offer is a kind of seamless garment of the Left on steroids.

While you can have lots and lots and lots of issues that are “progressive,” the hub out of which everything else must radiate must be abortion extremism. The argument, flimsy as it is, is that no other issue can compete in importance with the “right to control our reproductive lives” for 51% of the population. Never mind that women are

more pro-life than men. For ideological purposes, “women” are always treated as if they are a pro-abortion monolith.

The “letter” to Democratic Party Leaders warns, “We need to acknowledge our vulnerability here.” Unalterable support for abortions up to (and way past) 20 weeks is a losing proposition in the face of what Emma Green wrote about in *The Atlantic*: “Science Is Giving the Pro-Life Movement a Boost: Advocates are tracking new developments in neonatal research and technology—and transforming one of America’s most contentious debates.”

The IDC/Brooks writes

**We’re learning how cognitively active fetuses are. A researcher from Britain recently found that fetuses prefer to look at face-like images while in the womb. Early in the pregnancy they can recognize and distinguish between tastes. Late in the term they can recognize words, tunes, languages. They seem to begin crying, for example, by the 28th week. It could be that one of the current behaviors that future generations will regard as most barbaric is our treatment of fetuses.**

As important as all this issue, there is this political factor which makes pro-

*See “Steep,” page 32*

# Pro-abortion myths, fables, and fairytales about fetal pain

By Dave Andrusko

We all know the French adage, “the more things change, the more they stay the same.” Never, ever was that more true than in listening to the pro-abortion drivel on display in the Senate January 29 as Democrats successfully prevented Republicans from cutting off a filibuster of the Pain-Capable Unborn Child Protection Act. (Sixty votes were needed to “invoke cloture” so there could have been an up or down vote.)

But I was wrong. There is a worse example of recycling myths, fables, and fairytales about fetal pain. I didn’t notice it at the time but evidently Maggie Fox of *NBC News* had read twitter posts from a “doctor” and decided to interview him after the Senate vote.

By way of preface, Fox can be very perceptive reporter, but less so when she wanders into politics. For example, “the doctor just explained late-term abortion—on Twitter” is Dr. Daniel Grossman.

Grossman is not some ordinary M.D. He is a nearly full-time abortion apologist who composes such convoluted half-truths it takes five times as much space to rebut them as for him to compose them.

For example, he tells Fox **“I really feel like it’s important for policy-makers, legislators, to use the best available scientific evidence when they are making policy related to health. I also think it’s important for them to**

**listen to the patients that are affected by this healthcare and neither of those things were done related to this recent bill.”**

Small problem. Everything—**everything**—he told Fox is wrong. Demonstrably wrong.



Wrong in the sense of being debunked years ago.

For instance, using data from the pro-abortion Guttmacher Institute, we’ve already posted many times that **they** understand that the reasons women have “late abortions” are not (as Grossman says)

**for many reasons... including a late diagnosis of a severe fetal abnormality that means it would not survive after birth, or be in severe pain.**

**Women may also need an abortion to save their lives.**

“Many reasons,” yes, but reasons having to do with relationship problems, having other children, suffering from depression, or denying to themselves they are pregnant/

why Grossman says this nonsense when he adds, “There is some data to suggest that the fetus is kind of in a semi-anesthetized state throughout all of the pregnancy and that all of the perceptions are blunted.”

**Birth?!** Yikes. This is so over-the-top, so at odds with research as to be almost laughable. Grossman is presumably relying on the infamous August 24, 2005, study in *JAMA* authored by pro-abortion activists, a canard which NRLC, among others, demolished more than a decade ago.

For the bizarre “semianesthetized state throughout all of the pregnancy” assertion, he’s probably referring to a 2010 “Fetal Awareness” paper issued by Britain’s Royal College of Obstetrics and Gynecologists (RCOG). But as one neurologist said of the notion that the unborn child is not fully awake, “This belief has not been a topic on the radar screen of fetal pain discussions in recent years, and appears to come out of left field. It is hard to avoid the impression that the authors view this new proposal as a kind of scientific trump card.”

As so it goes. Grossman is sloppy and Fox can’t be bothered to even alert her readers to Grossman’s status as an abortionist and abortion apologist (or even correctly identify Senate Majority Leader Mitch McConnell as a Republican, not a Democrat).

Say this for the likes of Grossman and Fox. They keep us busy correcting their errors and omissions.

putting off a decision.

Grossman, for example, wrote and talked a lot about abortion clinic closings in Texas, but never fully disclosed why they closed, something our own Dr. Randall K. O’Bannon did in much detail on these pages.

But the principal gaffe—and it is colossal—is his breezy assurance that “Research has shown a fetus does not yet have the capacity to experience pain until at least the third trimester, and unlikely until birth.”

But you kind of understand

# HHS's new protections for medical personnel who oppose abortion

By Dave Andrusko

*Editor's note. This was a follow-up post expanding on an earlier National Right to Life News Today story about the latest pro-life initiative from the Trump administration: the announcement from the Department of Health and Human Services of the formation of a new Conscience and Religious Freedom Division in the HHS Office for Civil Rights (OCR).*

The creation of this new division is a very, very important move. As NRLC president Carol Tobias explained

**"We commend the Trump Administration for creating a new Conscience and Religious Freedom Division within its Office for Civil Rights that will focus on enforcement of and compliance with existing laws that protect conscience.**

**"We are pleased to see this new division in the face of a growing number of actions by some state governments to compel participation in abortions by health care providers and others, and because the Obama Administration had effectively adopted a non-enforcement policy with respect to existing federal conscience-protection laws.**

**"Rights of conscience are extremely important to the right-to-life movement to protect medical professionals, religious institutions, and employers from being forced to participate in abortion."**

At a morning event to announce the addition of the division, OCR Director Roger Severino said, "Laws protecting religious freedom and conscience rights are just empty words on paper if they aren't enforced. No one should be forced to choose between helping sick people and living by one's deepest moral or

"new steps to protect doctors, nurses and other health workers who have religious or moral objections to performing abortions..."

Under the headline, "Health Workers Who Oppose Abortion Get New Protections," Pear and Peters made clear that the new division would be eager to be responsive to complaints.

**them with "outright hostility."**

*POLITICO's* Dan Diamond and Jennifer Haberkorn wrote "The department's leaders have repeatedly criticized the Obama administration for rolling back regulations dating to the George W. Bush administration that legally insulated health care workers while affirming their religious freedoms. Roger Severino, the Trump administration appointee who now leads the HHS civil rights office, has repeatedly stressed that strengthening conscience protections for health care workers is a top priority for his office."

Russell Moore, president of the Southern Baptist Convention's Ethics & Religious Liberty Commission, also welcomed the creation of the new division.

**"Health care professionals do not put their consciences in a blind trust when they pursue medical training. The Department of Health and Human Services' announcement of this new office to safeguard conscience protection is a welcome and positive move. I am thankful that HHS recognizes how imperiled conscience rights have been in recent years in this arena and is actively working and leading to turn the tide in the other direction. Healthcare professionals should be freed up to care for the bodies and minds of their patients not tied up by having their own consciences bound."**

National Right to Life commends the Trump Administration for creating a new Conscience and Religious Freedom Division within its Office for Civil Rights that will focus on enforcement of and compliance with existing laws that protect conscience. Rights of conscience are extremely important to the right-to-life movement to protect medical professionals, religious institutions, and employers from being forced to participate in abortion.



religious convictions, and the new division will help guarantee that victims of unlawful discrimination find justice. For too long, governments big and small have treated conscience claims with hostility instead of protection, but change is coming and it begins here and now."

I was curious to see how the Media Establishment would respond. Some stories, of course, bordered on the hysterical. No telling what will happen next if medical personnel were not forced to violate their consciences.

But, lo and behold, of all places, the *New York Times* did a decent job. Robert Pear and Jeremy W. Peters gave those who disapproved their turn but largely focused on the

[Underlining added.]

**Administration officials urged people to report discrimination to a new unit of the federal government: the conscience and religious freedom division of the office for civil rights at the Department of Health and Human Services.**

**Roger Severino, the director of the civil rights office, promised that he and his staff would thoroughly investigate every complaint.**

**For too long, Mr. Severino said, the federal government has ignored such complaints or treated**

# Bill to mandate public universities to offer chemical abortions passes California Senate

By Dave Andrusko

Pro-abortionists are nothing if not persistent, especially in states which are prone to advance the culture of death in every way possible, including by compulsion.

Ten months ago we wrote a story under the headline, “Bill introduced to require publicly funded California colleges to provide abortion pills.”

And pro-abortion state Sen. Connie Leyva (D-Chino), the bill’s author, is back at it again, only this time the law (SB 320) that would require the on-campus health centers of public universities in California to offer abortion-inducing drugs such as RU-486 has passed the state Senate. The proposal still needs approval by the state Assembly.

“California would be the first state to require public universities to offer medication [chemical] abortion under legislation approved in the state Senate Monday, a bill that if signed into law would mark a vast expansion of a service that’s rare on college campuses,” the Associated Press’s Jonathan J. Cooper reported.

“Rare”? “None of the 34 University of California or

California State University campuses currently offer abortion services at their health centers, instead referring students to outside providers,”



Cooper explained.

Quoting a proponent, Cooper added, “A 2015 survey by the American College Health Association found that just one of the 139 schools that completed the survey offered medication abortion services on site, said Joanne Brown, chair of the organization’s Sexual Health Education and Clinical Care Coalition.”

Judging by what they told

Cooper, officials from the California State University (CSU) are none too happy.

**But CSU officials worry the mandate would**

**impose severe costs for liability insurance, safety improvements, medical training and round-the-clock phone support for medical emergencies, said Toni Molle, a spokeswoman for the CSU chancellor’s office.**

“Currently our CSU health centers offer basic health

services, however, the administration of medications still requires a level of expertise that our health center staff may not have,” Molle said.

So who would fund the initial “implementation costs”? The Tara Foundation in San Francisco, according to the *Associated Press*,

**which funds health and wellness programs for women, the Women’s Foundation of California and another donor have agreed to cover implementation costs estimated between \$14 million and \$20 million, Shaber said. She and Leyva declined to identify the other donor, saying the organization wished to remain anonymous.**

As is always the one-sided way with pro-abortionists, the California Catholic Conference observed, “SB 320 also invites health centers to offer abortion counseling services to their students but is specifically written in such a way to exclude pro-life counseling.”

# “A dark day for our republic”: Irish Government confirms abortion referendum

## *An extreme proposal that will lead to abortion on demand*

By SPUC—the Society for the Protection of Unborn Children

Following a Cabinet meeting, the Irish Government has officially announced a referendum on abortion.

Taoiseach [Prime Minister] Leo Varadkar used his first day in office to reveal his intention to bring forward a referendum on repealing the Eighth Amendment, which upholds the equal right to life of mother and unborn child. On January 29, after months of debate and speculation, the details were confirmed.

### **Voting to strip babies of the right to life**

“This evening, the Cabinet gave formal approval to the holding of a referendum on abortion which will be held in late May or early June this year. We will know the exact date following a debate and vote in the Dáil and Seanad, and I am confident this timeline can be met,” Mr. Varadkar said. “The Minister for Health has been given approval to prepare a Referendum Bill to amend the Constitution. It will be the 36th amendment to the Constitution.”

The exact wording of the referendum question was not given, but the vote will be on repealing the Eighth Amendment and replacing it with a clause allowing the Oireachtas (houses of parliament) to legislate for abortion.

### **Extreme proposal**

The Taoiseach also insisted that the vote would be on the amendment, not the abortion

legislation that would be introduced. However, the Health Minister, Simon Harris, is preparing draft legislation, based on the conclusions of the Oireachtas [Parliamentary] Committee that examined

Minister), Simon Coveny saying they will not support it.

### **A dark day**

The Save the 8th Campaign slammed the Taoiseach and the Health Minister, both of whom

Life Campaign agreed that “it is a very sad and serious moment for our country. Tonight, the Government brought forward a proposal that for the first time in our history would withdraw basic human rights from a group of vulnerable defenceless individuals instead of strengthening their constitutional protections. They can’t disguise the fact that what’s being proposed is solely about stripping unborn babies of all meaningful legal protections.”

However, she said, “In the coming weeks, it will become clear that the Government’s proposal would lead to abortion on demand if voted for in the referendum. As people come to realise this, I have every confidence they will vote to retain the Eighth Amendment with a renewed commitment to building a more welcoming society for expectant mothers and their unborn babies.”

### **Abortion discriminates**

On January 30, a new group, Disability Voices for Life, joined the Save the 8th Campaign at a press conference in Dublin. A billboard campaign, featuring Joseph Cronin, a little boy with Down’s syndrome, and the statistic that 90% of babies in Britain with the condition are aborted, is also beginning nationwide today. Health Minister Simon Harris said it is “offensive” to suggest that women would seek abortion because of their child’s disability.



*Taoiseach Leo Varadkar (centre) flanked by Children’s Minister Katherine Zappone, and Health Minister Simon Harris, announces the abortion referendum.*

the issue. The Committee recommended abortion on demand up until 12 weeks gestation, and abortion up to birth when a mother’s life, physical health and mental health is at risk, or if the baby is diagnosed with a life-limiting condition.

Mr. Varadkar made it clear that he would be campaigning for repeal, and that he is in favour of the recommendations allowing abortion up to the 12-week time period, stating that in reality Ireland “already has abortion, but it is unsafe.” The 12 week recommendation has proved controversial with many politicians, including the Tanaiste (Deputy Prime

have called themselves pro-life in the past. Spokeswoman Niamh Ui Bhrian said: “This is an extreme proposal that places the rights of the unborn in the hands of fickle and poll-driven politicians...If this proposal is passed, we will never be given a say over the rights of the unborn again, because politicians will have nobody to answer to except an avowedly pro-abortion media. When the public come to see this proposal for what it is, it will be rejected. But that it is even being proposed is a dark day for our republic.”

### **When voters know the truth**

Dr. Ruth Cullen of the Pro-



# Lyin' about late-term abortions

By Right to Life of Michigan

“Lie” and “gaslighting” are strong words, but they are necessary to use in this case.

On January 29 a majority of the U.S. Senate voted to ban most abortions past 20 weeks based on evidence that the unborn child can feel pain. The bill was blocked by a filibuster of 44 Democrats and 2 Republicans.

The most frequent argument against the bill that we saw was that most women who have abortions past 20 weeks have some health issue, or the child has a fatal condition or disability. Here's an example, from Planned Parenthood:

**Abortion later in pregnancy is rare and often happens under complex circumstances — the kind of situations where a patient and doctor need every medical option available.**

It's a bad argument for three reasons:

A) Killing someone is not an appropriate response to suffering.

B) Having a disability doesn't diminish your human rights.

C) It isn't true. It's a lie.

It's not like this is a mistake, or an assumption, or wishful thinking. The Guttmacher Institute, formerly Planned Parenthood's own research institution, has studied the issue. They found most women who have late-term abortions past 20 weeks fit one of these five profiles:

1) Single mothers with other children.

2) Depression or substance abuse.

3) Relationship issues or domestic violence.

4) Trouble deciding earlier in the pregnancy.

5) Young and without children.

These are reasons for many early abortions as well.

Conspicuously absent is any mention of a child with a disability or health issues.

It's also a disingenuous argument. Planned Parenthood doesn't oppose a ban on late-term abortions because of health issues, they oppose them because they believe no unborn child has a right to life at any point in pregnancy. If such an exception were included in a late-term ban, Planned Parenthood would move on to a completely different and equally-deceptive argument to oppose it. Planned Parenthood knows that late-term abortion bans usually poll in the 60 percent range, and that even many self-identified pro-choice Democrats support such bans, so they have to skirt the issue.

Planned Parenthood gaslights the public, they gaslight the media, and they gaslight their own supporters. Gaslighting is a term for emotional/mental abuse that involves repeatedly lying and deceiving someone, with the goal of having them question their own perceptions and instead rely on the deceptive person for their view of reality.

Practically every common argument or talking point from the abortion industry involves deception of some kind: only 3 percent of Planned Parenthood's work involves abortions, “heavily edited” undercover videos involving fetal tissue trafficking, Planned Parenthood's fictitious mammogram machines, or the lie that launched the movement into the mainstream itself: back alley abortions. We could go on and on.

Why do Planned Parenthood and others do this? Because the second you acknowledge even a sliver of the truth or the humanity of the unborn child, the entire abortion house of cards comes tumbling down. Abortion rests on the idea that a child has

zero moral worth before the moment of birth, or as former Sen. Barbara Boxer put it, a baby doesn't have value until you take her home from the hospital.

Recently in discussing with someone the reasons women have abortions past 20 weeks, the

That's why it's important to keep your cool when debating people who support abortion. Most abortion supporters aren't dismissing your claims to purposefully lie or deceive. Their support of abortion rests on denying the reality



**Planned Parenthood** ✓

@PPFA



Abortion later in pregnancy is rare and often happens under complex circumstances — the kind of situations where a patient and doctor need every medical option available:

[p.ppfa.org/2nkJnSc](http://p.ppfa.org/2nkJnSc) #StopTheBans

2:12 PM - Jan 29, 2018



**'I Had An Abortion When I Was 21 Weeks Pregnant'**

When my husband and I found out we were pregnant with our first baby, we were ecstatic.

womenshealthmag.com

person was unable to accept that the study discussed above from the pro-abortion Guttmacher Institute was legitimate. The person claimed the study was about abortion after 14 weeks, even though the title of the study is, “Who Seeks Abortions at or After 20 Weeks?” She was unable to accept the truth, and confabulated a reason to ignore the evidence.

That's why you can show someone a video of Planned Parenthood talking in their own words about selling the organs of aborted babies, and the person will likely find an excuse to assume what they've just seen isn't real or must be a deception itself. They are incapable of believing Planned Parenthood is in the wrong.

of the unborn child, and they have been conditioned to accept claims from Planned Parenthood uncritically and doubt everything the profile movement says. Getting angry at them only drives them further away from your point.

That doesn't mean the pro-life movement should abandon debunking pro-abortion claims. You can still sow seeds of doubt in abortion supporters, and sometimes they do see the truth when they are ready to emotionally accept it. So be patient, and continue keeping your arguments grounded in the facts and on point.

You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time.

# Dept. of Justice, Members of Congress weigh in on behalf of pregnancy help centers

By Dave Andrusko

The mounting list of *amicus* (“friend of the court”) briefs filed with the United States Supreme Court on behalf of pro-life pregnancy centers has grown to include *amici* from the Trump administration’s

**public programs that provide immediate free or low-cost access to comprehensive family planning services (including all FDA-approved methods**



Department of Justice and from 148 members of the House of Representatives and 16 Senators.

The High Court is set to hold oral arguments in *National Institute of Family and Life Advocates (NIFLA) v. Becerra* later this spring.

At issue is the so-called “Reproductive FACT Act,” passed on a strict party line vote in California in 2015. The law forces “privately funded pro-life pregnancy centers to promote taxpayer-funded abortions, threatening crippling fines for noncompliance,” according to Pregnancy Help News. The law is a blatant infringement of First Amendment freedoms of speech and free exercise of religion.

As Jay Hobbs explained **Targeting over 100 state-licensed medical facilities that offer free ultrasounds—none of which receive any government funding—California’s law orders the pro-life organizations to prominently post and distribute the following notice. “California has**

**of contraception), prenatal care, and abortion for eligible women. To determine whether you qualify, contact the county social services office at [insert the telephone number].” The penalty for noncompliance is \$1,000 for a first-time offense, and \$500 for subsequent offenses.**

Meanwhile, pregnancy centers that do not offer free medical services such as ultrasounds must post the following disclaimer “conspicuously at the entrance to the facility” “in no less than 48-point type”: “This facility is not licensed as a medical facility by the State of California and has no licensed medical provider who provides or directly supervises the provision of services.”

Similar laws have been struck down in New York City, Austin (Texas), and Montgomery County (Maryland). Most recently, the 6th Circuit U.S. Court of Appeals unanimously affirmed a ruling by U.S. District

Judge Marvin J. Garbis that a Baltimore ordinance targeting pregnancy care center violates the First Amendment.

In its 44-page *amicus* brief, the Department of Justice forcefully maintains that the required notice “does not describe petitioners’ own services at all. Instead, it effectively conscripts licensed clinics like petitioners into advertising state-supported services, including abortion, that they do not provide and that they strongly oppose.” The brief goes on to argue

**Petitioners have a very strong First Amendment interest in refraining from speaking. Opposition to abortion is at the core of petitioners’ beliefs and a basic purpose of their institutional existence. ... The Licensed Notice requires petitioners effectively to advertise—by name—a procedure they fundamentally oppose. Petitioners are compelled to disclose the availability of state-funded abortion services and instruct clients as to how to obtain those services—which distorts petitioners’ communications with clients in a manner that petitioners contend violates their most deeply held beliefs and undermines their organizations’ purposes.**

The 20-page brief submitted by members of Congress concludes

**The effects of California’s mandatory speech requirements on pro-life centers’ protected speech are “impermissible.” Because the law targets only centers that oppose abortion, it “penalizes the expression of particular points of view and forces speakers to alter their speech to conform with an agenda they do not set,” and one they specifically exist to oppose. Although “[m]andating speech that a speaker would not otherwise make” always “alters the content of the speech,” that is especially the case here. Not only have these pro-life centers chosen “not [to] otherwise make” abortion referrals, they exist to communicate precisely the opposite viewpoint and offer life-affirming options to women. To promote a mother’s option to get an abortion would defeat these centers’ core message. Moreover, many pro-life centers’ deeply held moral convictions and religious beliefs would be violated by forced involvement in abortion referrals.**

[Internal citation were omitted for clarity.]

Kudos to the Department of Justice and to the 148 members of the House and 16 members of the Senate.

## Saying Goodbye to a man who was never without a smile...

*From page 1*

events for National Right to Life Committee. This can be anything from National Right to Life's annual convention, to previous and future Proudly Pro-Life Awards Dinners, etc. Being an inner part of these provides a unique ability to really get to know some wonderful people. Bill and Mary Lou Molitor are two such people.

I first actually met the Molitors in 1993 at the annual convention in Milwaukee, Wisconsin. Mr. Molitor (Mr. Bill as we fondly referred to him), was our official photographer and he and his wonderful wife, MaryLou, did this as volunteers and out of the kindness of their hearts. MaryLou took on many, many, many other tasks as a volunteer and made beautiful signs, transcribed sessions, ran errands, manned the office, brought snacks, and did a multitude of other jobs that she willingly and expertly took on.

But above all, she was Mr. Bill's right arm and helped him with his primary job as a volunteer photographer. They not only took fabulous photos of every aspect of any event we did, but they then printed them out, and placed the photos in a wonderful photo album so that we could refer back to them as

needed as a pictorial history.

I do not believe I ever saw Mr. Bill without a big smile on his face. A few years ago, we began having a quiet, catch up Monday night dinner before the convention madness began. I

looked forward to sitting with Mr. Bill and Mary Lou for an hour to just catch up. Life stays too busy.

Last year, once again in Milwaukee, Wisconsin, for NRLC 2017, Mr. Bill took

photos. He did his normal and usual wonderfully fabulous job at it. He took photos of every speaker, every event, every workshop, every exhibitor, every teen session...he left nothing out. At some point, he mentioned to me that he thought this was his 25th year.

And so it was. 25 years of attending every main event we hosted, taking fabulous photos, being friendly and kind and getting to know folks who would do anything for him. Twenty-five years of being a dedicated, wonderful volunteer.

What I wouldn't give to go back to last June and honor him publicly as he deserved. He would have hated it, but it would have been well deserved.

Everyone here at NRLC is in mourning the loss of Mr. Bill and for his Queen. Everyone's best memory of Mr. Bill is of him standing on a chair, camera in hand, saying, "just a minute folks, let's get one more shot," with his infectious grin and winning personality.

I can't quite imagine NRLC 2018 without Mr. Bill...and I am not yet ready to try. I hope everyone will say a prayer for Mr. Bill's Queen, MaryLou and for their children, Michelle, Teresa, Michael, and Mark.



# The War on the Hippocratic Oath

By Wesley J. Smith

*Editor's note. This is excerpted from an essay that appeared at First Things.*

**I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. — The Hippocratic Oath**

The screaming was so loud, you would have thought that the Trump administration had overturned *Roe v. Wade*. It hadn't, of course. But it had directed needed attention at the existing legal protection that allows doctors and nurses to refuse to participate in abortions without fear of firing or other job sanctions. This protection is sometimes called "medical conscience rights."

The occasion for the uproar? The Department of Health and Human Services announced its intention to create a new office of Conscience and Religious Freedom Division in the HHS Office for Civil Rights (OCR) to enforce medical conscience. It is worth noting that this proposed action will not change the law.

But it will revitalize enforcement efforts after years of the Obama administration's hostility toward religious liberty generally and medical conscience rights specifically.

Indeed, the newly created enforcement office will put medical employers on notice that the current administration considers medical conscience rights to be fundamental. As the HHS press release put it:

The creation of the new division will provide HHS with the focus it needs to more vigorously and effectively enforce existing laws protecting the rights of conscience and religious freedom, the first freedom protected in the Bill of Rights.

In a country with a long and venerable history of honoring

compromise our responsibility to heal the sick based upon a patient's racial identification, national or ethnic origin, sexual orientation, gender identity, religious affiliation, disability, immigration status, or economic status.

The *New York Times* was equally condemning. In an editorial titled, "The White House Puts the Bible Before the Hippocratic Oath," the editorialists warned hyperbolically:

**The decisions may make it more difficult for teenagers wanting**

of medical conscience seek to authorize doctors and nurses to discriminate against individuals.

Rather, medical conscience prevents doctors and nurses from being forced to act in opposition either to their religious beliefs—e.g., commit a grievous sin—or to their moral consciences by being forced to participate in morally objectionable procedures, such as taking innocent human life in abortion, assisted suicide, or lethal injection euthanasia. ...

People of good will can hold radically divergent moral beliefs, including about legal medical services and procedures. The stakes in this controversy are very high. As I have written here before, there is a concerted effort underway to drive pro-life and Hippocratic Oath-believing doctors, nurses, and other professionals out of medicine—a lamentable potentiality. We need increased comity and tolerance for those medical professionals who object to reigning moral paradigms and hold to sanctity-of-life ethics. The new HHS office represents a positive step toward achieving that end.

**Post Script:** The best and most efficient way to protect medical conscience would be for the states and the federal government to allow medical conscience rights to be enforced via private causes of action in civil court, which is not currently allowed generally. I will discuss that idea in a future column.



conscientious objection and protecting the free exercise of religion, one would think this step would be met by applause. But for some, it was akin to a declaration of social war. The Massachusetts Medical Society sniffed in opposition:

As physicians, we have an obligation to ensure patients are treated with dignity while accessing and receiving the best possible care to meet their clinical needs. We will not and cannot, in good conscience,

**to get tested for sexually transmitted diseases, for gay men looking to prevent HIV and even for women seeking breast exams or pap smears.**

Please. No one who supports a robust protection of medical conscience advocates compromising the physician's responsibility to "heal the sick." No one wants to prevent women from obtaining cancer screenings. Nor do supporters

## Filling America's future with "goodness, peace, joy, dignity, and life for every child of God"

*From page 2*

plan to extend the requirements of the reinstated Memorandum to global health assistance furnished by all departments or agencies."

The family planning programs previously covered were funded in the range of \$500-600 million annually. The current aggregate funding for the programs covered by the expanded policy is about \$8.8 billion annually, according to the State Department.

Over the course of the last three weeks we used *NRL News Today* to summarize just some of the initiatives which have pro-abortionists frenzied. You know them— everything from the nomination and confirmation of Justice Gorsuch to the Supreme Court to protections for conscience and religious freedoms of doctors, nurses, and other medical professions who want no part of abortion to the inclusion of a huge number of pro-life people in his administration. ("Personnel is policy" as the saying accurately goes.)

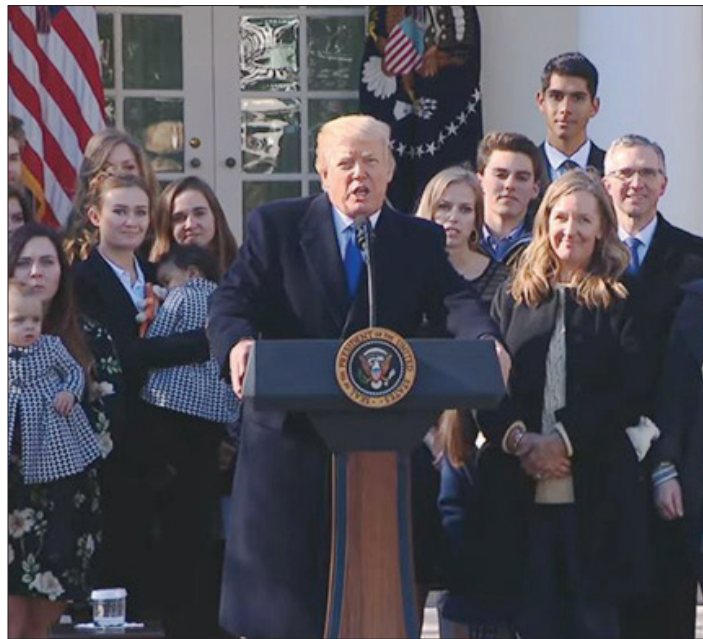
Moreover the Trump administration reversed a last-minute policy instituted by the Obama administration. Pub. Law No. 115-23 restored the previous authority of states, if they so choose, to direct Title X funds to the providers they deem suitable.

Following an affirmative vote in the House, the President encouraged the Senate to take up

the Pain-Capable Unborn Child Protection Act. While unable to muster the 60 votes needed to overcome a pro-abortion filibuster, a vote against the bill will be a reminder to all voters just how unquenchable

four had resisted pressure to abort their babies."

In his remarks to the March for Life, the President vowed that "Under my administration, we will always defend the very first right in the Declaration of



*Pro-life President Donald Trump*

is the pro-abortionist's thirst for unlimited abortion.

But there are many examples of, if you will, soft power. I can't begin to tell you moving it was the day of the March for Life to see President Trump and Vice President Mike Pence host "four women (plus their children) who joined him on stage at the White House Rose Garden," as Jay Hobbs wrote. "All four women had faced an unexpected pregnancy, and all

President Trump concluded

**Even more importantly, it has given them hope. It has shown each woman she is not forgotten, that she is not alone, and that she really now has a whole family of people who will help her succeed.**

**That hope is the true gift of this incredible movement that brings us together today.**

**It is the gift of friendship, the gift of mentorship, and the gift of encouragement, love, and support. Those are beautiful words and those are beautiful gifts.**

**And most importantly of all, it is the gift of life itself – that is why we March, that is why we pray, and that is why we declare that America's future will be filled with goodness, peace, joy, dignity, and life for every child of God.**

**Thank you to the March for life, special, special people. And we are with you all the way. May God bless you and may God bless America. Thank you. Thank you.**

Independence, and that is the right to life." It's a big deal that we have a friend in the White House after eight years of Barack Obama.

You read the entirety of his speech here [<http://bit.ly/2E17Ugy>]. He ended his remarks with sincere praise for the woman-helping "Room at the Inn has provided housing, childcare, counseling, education, and job-training to more than 400 women."

# Late-term abortion ban fuels emotions of abortion advocates

By Right to Life of Michigan

The Senate's January 29 vote on the Pain-Capable Unborn Child Protection Act once again sent abortion advocates into a tail spin. Unfortunately it was clear the bill was not going to get enough votes to overcome a filibuster, and the cloture vote on it failed. It is effectively dead for now. Pro-abortion groups didn't rest on their laurels, however, and were busy deceiving people about abortion statistics and medical research.

The failure of this bill came after a poll was released showing that 60 percent of Americans who say they are "pro-choice" believe that second and third trimester abortions should be restricted. *New York Times* writer David Brooks wrote a high-profile article as a hypothetical Democratic Party political consultant urging the national party to abandon their platform of unlimited tax-funded abortions. Brooks' fictitious consultant realizes that such an extreme position on abortion alienates millions of voters that would otherwise be a part of their base.

The popularity of late-term abortion bans and the extreme unpopularity of our current status quo of abortion-on-demand through all nine months of pregnancy forces the abortion industry to deceive as many people as possible in

order maintain the state of the law.

The news website *Salon.com* recently provided an excellent example. Writer Amanda Marcotte slammed the prolife movement's recent

babies she works with—some at 23 weeks gestation—are obviously capable of reacting to painful or uncomfortable procedures.

Dr. Pierucci said, "For example, when you poke them

that they would also be able to feel pain inside the womb?"

Who are those "legitimate scientists" Amanda Marcotte mentioned, anyway? Marcotte is relying on a 2005 article written to oppose efforts to ban partial-birth abortions; it wasn't an actual study. The first author listed is a lawyer who worked for NARAL, not a scientist. Her co-authors include abortionists who financially profit from late-term abortions. Would you say that's a slight conflict of interest? It's doubtful Amanda Marcotte took the time to actually read who the authors were, or perhaps to even read the article herself.

If you want to read what actual scientists with expertise on studying and caring for unborn children have to say, see [www.nrlc.org/abortion/fetalpain/](http://www.nrlc.org/abortion/fetalpain/)

The abortion industry's understanding of science is stuck in 1876, back when we still only had theories that fertilization was the beginning of every human life (and even then theories were compelling enough for the unborn child to be protected in law).

+There is no denying that Americans generally oppose late-term abortions. It is going to be very difficult for abortion-on-demand supporters to hold up their claims forever when they are so easily rebutted.

**UNBORN BABIES CAN FEEL PAIN**

THESE U.S. SENATORS VOTED AGAINST PROTECTING THEM FROM EXCRUCIATING LATE ABORTIONS:

Baldwin	Feinstein	Markey	Schatz
Bennet	Franken	McCaskill	Schumer
Blumenthal	Gillibrand	Menendez	Shaheen
Booker	Heinrich	Merkley	Stabenow
Brown	Heitkamp	Mikulski	Tester
Cantwell	Hirono	Murphy	Udall
Cardin	Kaine	Nelson	Warren
Carper	King	Peters	Whitehouse
Collins	Kirk	Reed	Wyden
Coons	Klobuchar	Reid	
Durbin	Leahy	Sanders	

Not Present:  
Boxer, Murkowski, Murray, Warner

national RIGHT TO LIFE

push towards late-term abortion bans, saying we are now openly challenging *Roe v. Wade*. Her article makes a claim that "legitimate scientists" say that the earliest possibility that unborn babies can feel pain is at 29 weeks.

Let's consult one, shall we? How about Dr. Robin Pierucci, a board-certified neonatologist in Michigan?

Dr. Pierucci wrote an article for the website *The Federalist* talking about how the premature

for blood work, the babies wrinkle up their faces, kick their feet, clench their hands into tiny fists, curl their toes, arch their backs and try to wriggle away, or smack at the offending person. Just ask the nurses."

Will Amanda Marcotte claim these babies aren't actually reacting to painful stimuli and showing natural reactions to pain every other human being does? If these babies born at 23 weeks can feel pain outside of the womb, wouldn't that mean

# “Loose Women” star reveals trauma of miscarriage after abortion

*Nadia Sawalha has spoken out powerfully about her experiences with miscarriage and abortion.*

By SPUC—The Society for the Protection of Unborn Children

English actress and television presenter Nadia Sawalha has revealed how she felt that her multiple miscarriages were a “punishment” for an earlier abortion].

The “Loose Women” star mentioned the abortion during a moving podcast titled ‘Dealing With the Heartbreak of Miscarriage’, produced with her husband, TV producer Mark Adderley.

## “I felt it was a punishment”

While discussing the trauma of her first miscarriage, she said: “Of course, I had had a termination years before. And I think, you know, all that guilt came up. And I was thinking, ‘Is this a punishment?’ “And with each subsequent miscarriage, I felt like that. I felt it was a punishment.”

Clare Bremner, a counsellor with the Abortion Recovery Care and Helpline, says that feeling like this is not uncommon.

## You are not alone

*“Nadia Sawalha is far from alone. Post-abortion women often think they will be or are being punished and can, in effect, punish themselves in many*

*ways. The burden of grief and regret is so heavy and often the woman carries it in secret or have no-one who really understands*

*they hear Nadia and other women talking about their experiences, and that they will find whatever it would take for them to pick up the*



Nadia Sawalha

*the depth of her loss. The accompanying self-loathing may deter women from seeking help, believing they don't deserve any. We hope that women carrying that burden will realise they are not alone when*

*phone and call our Helpline, to speak in confidence and without fear of being judged.”*

## It doesn't matter how long you've known

The podcast as a whole is an eloquent and emotional

insight into the heartbreak of miscarriage. Nadia explains that the pain doesn't depend on how far along the pregnancy is. “It doesn't really matter if you've known for a day or eight weeks, it doesn't really make any difference. You can see their face, you can see their smile. You start worrying about where they'll go to school and what holidays will be like. That all happens from day one...”

“And that's why I am such an advocate of telling everyone from the second you're pregnant. If we'd kept it a secret for three months and then told everyone we wouldn't have got that support in that grief.”

## Men matter too

It was also an important reminder of how pregnancy loss affects fathers. As well as talking about his sense of helplessness as he tried to support his wife through the miscarriages, Mark recalled how seeing the body of one of their babies was “burned onto his retinas” forever.

The video can be viewed at <https://www.youtube.com/watch?v=L2E3-xvMa3w>

# With more than 70 co-sponsors, bill introduced to protect Down syndrome children in Pennsylvania

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

A just-introduced bill to protect children with Down syndrome in Pennsylvania already has impressive, bipartisan support.

More than 70 co-sponsors have already expressed their approval of House Bill 2050, which would ban the abortion of unborn babies who have been diagnosed with Down syndrome.

The bill's introduction came Thursday, just a day after one-year-old Lucas Warren, a baby with Down syndrome from Georgia, received worldwide acclaim after being named the 2018 Gerber Baby. Many Americans are thrilled that Gerber Foods has chosen to recognize the promise and potential of children with special needs by selecting Lucas as its spokesmodel.

Lawmakers from both sides of Pennsylvania's political aisle are backing the bill in recognition of the inherent rights and dignity of children with disabilities.

One of the bill's chief sponsors, PA House Speaker Mike Turzai (R-Allegheny

County) notes, "Studies show that as many as nine out of 10 children diagnosed in utero with Down syndrome are aborted in the United States, and mothers are being indirectly or



*PA State Representative  
Judy Ward*

directly pressured or advised to make this decision by genetic counselors and the culture."

A female chief co-sponsor, Representative Judy Ward (R-Blair County), said, "We've learned too much to accept that Down syndrome citizens should be considered anything

less than full members of the community. They deserve respect and the protection of our laws."

Leading legislators note that historically, Pennsylvania



*PA House Speaker  
Mike Turzai*

has been at the forefront of protecting vulnerable children from harm. The Keystone State banned sex selection abortions years before the issue gained international attention amid news reports that female unborn babies were being targeted for abortion.

Four other states have passed legislation to protect babies with Down syndrome from abortion. It's a trend that's likely to continue as people become better educated about the lives of children with Down syndrome. Over the past decades the life expectancy of people with Down syndrome has improved dramatically. In addition, people with Down syndrome have made tremendous contributions to families, schools, communities, and places of employment.

As Rep. Ward points out, "The future has never been brighter for babies born with Down syndrome. Medical and social advances have changed what it means to live with this condition. Down syndrome means that opportunities exist in every area of school, community and even professional life."

**Action Item:** If you live in Pennsylvania, please contact your state representative and urge him or her to support House Bill 2050.



## 23% of pro-choicers believe life begins at conception

By Sarah Terzo

According to one study:

**“14% of pro-choice advocates say life begins when the fetus has measurable brain activity or motion.**

**Even among pro-choice advocates, 23% believe life begins at fertilization.**

**38% of pro-choice advocates believe life begins when the fetus would be able to survive outside the womb.**

**15% believe life begins at birth.”**

“When Does Life Begin?”

The Harris Poll, Harris Interactive, February 18, 2007.

Cited in Johannah Haney, *The Abortion Debate: Understanding the Issues* (Berkeley Heights, NJ: Enslow Publishers, Inc., 2009). P. 19

Brain waves have been measured in an embryo at 42 days after conception.

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



## The steep price Democrats pay for defending “late term” abortions

*From page 19*

abortion leaders tremble. [The underlines are mine.]

**We also shouldn’t take millennial voters for granted. Boomers saw the pro-choice movement as integral to their feminism. Millennials do not. In 1991, 36 percent of young voters thought abortion should be legal in all circumstances; now only 24 percent do. Young voters don’t like the Republican total ban. But they don’t like our position, either. Moreover, young pro-**

**choice voters are much more ambivalent or apathetic than young pro-life ones.**

The IDC/Brooks conclusion for Democrats who are not wholly in thrall to Planned Parenthood and NARAL, truly ought to be the last and decisive word:

**I’m asking us to rethink our priorities. What does America need most right now? One of our talking points is that late-term abortions are extremely rare. If they are extremely rare,**

**why are we giving them priority over all of our other issues combined?**

Exactly. The evasive answer is that these late abortions are necessary because the baby is dying or will die soon after birth, or because continuing the pregnancy poses a threat to the physical health of the mother. As I have written before, these are canards recycled from the failed attempt to stop the ban on partial-birth abortions.

Overwhelmingly women abort late in pregnancy because they: are unmarried with other children; put off deciding;

have issues with depression and substance abuse, or; have relationship issues. And this courtesy of the Guttmacher Institute, the abortion movement’s in-house think tank.

Will Democrats listen? Very unlikely. Politically they sold their souls for the gobs of money the Abortion Establishment can raise, a Faustian bargain if ever there was one.

That this cynical bargain has resulted in an almost unparalleled position of weakness has been, is, and likely always will be ignored by Democrats.

## Question: How will pro-abortion Democrats explain voting against The Born-Alive Abortion Survivors Protection Act?

*From page 2*

course, the question is what medical care do you extend to those babies who **do** survive?

What really annoyed the 183 Democrats is that H.R. 4712 has enforcement teeth. Majority Leader Kevin McCarthy (R-Ca.) explained, “doctors who fail to provide medical care to newborns will be held criminally accountable. There is absolutely no ambiguity here. This is about protecting babies who are born and alive, and nobody should be against that.”

What about the idea that nobody would fail to give medical treatment to abortion survivors? Watch the undercover videos taken by the Center for Medical Progress and ask yourself would this crew be the least bit interested in helping born-alive abortion survivors?

And remember, these babies were not being treated prior to the 2002 *Born-Alive Infants Protection Act* (BAIPA), passed without a dissenting vote, subsequently signed into law by President George W. Bush and codified as 1 U.S.C. §8. The law stated that “every infant member of the species homo sapiens who is born alive at any stage of development” is a “person” for all federal law

purposes.

But there are those abortion “practitioners” who still evade the law. Beyond them, there is the specter of abortionists changing their abortion

Infant Lives issued in January 2017.

In the quest for “intact fetal cadavers,” the change in technique increases the likelihood that unborn infants

Critics of The Born-Alive Abortion Survivors Protection Act flatly ignore the CMP videos, the House Panel report, and the thirst for “intact fetal organs.”



procedures because “many researchers want tissue from late-gestation infants ‘untainted by feticidal agents,’” according to the final report of The House Select Investigative Panel on

are born alive during late second-trimester abortions. The *Born-Alive Abortion Survivors Act* would strengthen enforcement of existing law, such as BAIPA

But...is anyone surprised by that?

Kudos to House Republicans for the vote, a fitting present on the day of the March for Life to our Movement.

# Pro-abortion clergy “sanctify” late-term abortion clinic

By Dave Andrusko

A little over a year ago, I wrote a post headlined, “Religious representatives ‘bless’ new PPFA abortion clinic in Washington, DC.” I observed

**Planned Parenthood of Metropolitan Washington medical director Serina Floyd said she plans to tell patients that the abortion facility is a “blessed space” and that she is looking forward to telling patients that “those of faith also support your decisions.”**

**Other contributors chanted a mantra which “gives a good vibration to the building and anyone who comes in will be healed soon.” That is, everyone but the unborn child who is slaughtered**

You should read the piece in its entirety. What took place was demented on so many different levels but paled in comparison to “Clergy gather to bless one of the only U.S. clinics performing late-term abortions,” written by the *Washington Post’s* Julie Zauzmer, which ran January 29.

What could be worse than what happened last year when “once the ceremony was over and people were cleaning up the chairs, the two remained to flick holy water around the downstairs space because ‘when we chant mantras, vibrations go through the water,’ [Bragadeesh] Balasubramanian says, leaving the negative energy behind”?

How about blessing the clinic of notorious late-term abortionist LeRoy Carhart whose specialty is offing unborn children well into the third trimester?

The “hook” for the blessing and the story was the procedural vote on the Pain-Capable Unborn Child Protection Act which required 60 votes to actually vote on the substance of S. 2311, and the opening of Carhart’s new abortion clinic. As *NRL News Today* readers recall, the owner of the property in Germantown Maryland where Carhart housed his killing factory sold the property to a pro-life group.

But Zauzmer assures us all’s well that ends well:

**He found this Bethesda [Maryland] location as a replacement, and offers the same rare service there that he provided in Germantown — late-term abortions that are outlawed in many states and available in only a few locations in the country.**

Of course in the upside world of pro-abortion orthodoxy all the more reason to (a) “give honor to all of these women who choose to come to this space,” (b) “sanctify this space, and we honor this as holy,” and (c) “as a symbol of sanctification, sprinkle water in each room of the clinic and in the parking lot.”

Zauzmer was surely only stating the obvious when she began her story with

**When clergy gather at an abortion clinic, it’s usually in protest, outside the building.**

**Rarely are they huddled inside the clinic, not to condemn but to bless the procedures that happen there.**

Which, of course, is why this group, representative of the Religious Coalition for

Reproductive Choice (RCRC) and similar pro-abortion clergy, even exist. With the cover provided by RCRC (which bills itself as “Pro Faith. Pro Family. Pro Choice”), it’s intended

**clinic’s staff members hummed, “Amen.”**

“Moral agency” — the right to make (in this case) life and death decisions based on one’s



Late-term abortionist Leroy Carhart

to challenge what Zauzmer describes as the “everyday conversation about abortion [which] tends to cast it as a question of faith on one side — the antiabortion side — versus secular liberalism on the other.” Which the assembled clergy assured her was “not the case.”

One last quick thought. God, of course, is on the side of aborting huge babies, babies capable of experiencing horrific pain as they are killed. If you have any doubts, former RCRC President Rev. Carlton Veazey cleared it up:

**“The Supreme Court affirmed a woman’s right to choose an abortion. But before the Supreme Court did it, God had already done it, because it affirms a woman’s moral agency,” he preached.**

Several of the

own sense of what is right and wrong— is the all purpose catchall to cover a myriad of sins. The tag is that a moral agent is supposedly held accountable for those choices.

But not to worry. Pro-abortion clergy, like those gathered in Bethesda, Maryland, offer a kind of prefabrication absolution in advance.

She ends her story by telling us that Carhart believes in God “very strongly” but doesn’t attend church. He doesn’t need to because he “feels he is living out his faith” at the abortion clinic.

**“I think in itself, that’s religious,” he said.**

**Most days, though, he doesn’t have a clinic full of clergy in their vestments to back up his viewpoint.**

Amen.

# Kylie Jenner Posts Pro-Life Video of Unborn Baby Girl to Millions

By Katie Yoder

While many big name celebrities regularly champion abortion, one reality TV star is calling pregnancy the “most beautiful, empowering, and life changing experience I’ve had in my entire life.”

Over the weekend, Kylie Jenner, of the Keeping of with the Kardashians clan, revealed that she gave birth to a baby girl on February 1. And, in a video (<https://www.youtube.com/watch?v=BhIEIO0vaBE>) shared with millions of her fans, Jenner stressed the value of her daughter’s life – well before she was born.

In celebration of her new little one with boyfriend Travis Scott, Jenner posted a short documentary on YouTube. The video dedicated “To Our Daughter” began with Jenner’s own birth and concluded with her daughter’s. Among other things, the heartwarming video contained footage of the unnamed baby, before birth, kicking her mother’s stomach, moving in an ultrasound, and providing audio of a heartbeat.

“We counted all her toes

today,” Jenner says as one point, while showing friends a 3D ultrasound of her baby’s face at 25 weeks.

Serving as narrator, Jenner’s best friend, Jordyn Woods, addressed the new baby about her mother’s certainty in having her.

“When you’re 20 years old, you’re just figuring out your life. You don’t know what you want ... you’re just becoming a young adult,” Woods said. “There was one thing your mom knew for sure, and that was you.”

On Sunday, Jenner apologized to her social media fans for keeping her “blessing” a secret – but had no regrets. She wrote:

**I’m sorry for keeping you in the dark through all the assumptions. I understand you’re used to me bringing you along on all my journeys. My pregnancy was one I chose not to do in front of the world. I knew for myself I needed to prepare for this role of a lifetime in the most positive, stress free, and healthy way**

**I knew how. there was no gotcha moment, no big paid reveal I had planned. I knew my baby would feel every stress and every emotion so I chose to do**

**moment as private as we could. my beautiful and healthy baby girl arrived February 1st and I just couldn’t wait to share this blessing. I’ve never felt love and**



**it this way for my little life and our happiness.**

**Pregnancy has been the most beautiful, empowering, and life changing experience I’ve had in my entire life and I’m actually going to miss it. I appreciate my friends and especially my family for helping me make this special**

**happiness like this I could burst! Thank you for understanding.**

The video came as a pleasant surprise after the Kardashian family visited Planned Parenthood, America’s largest abortion provider, last May.

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

## On Abortion Pill Reversal, It's Time to Hear from the Women

*From page 17*

new use of an FDA-approved medical treatment around since the 1950s.

In spite of her dire warnings, Colliver is unable to produce even one example of an APR client to illustrate the “danger,” even though APR has been attempted close to 1,000 times since 2007 with a success rate of 57 percent.

And forget about hearing from women who’ve saved their babies through APR. Colliver goes out of her way to sideline them. Consider the following quotation, which is the nearest Colliver comes to acknowledging the women:

**Advocates of abortion reversal, including Ohio-based Heartbeat International... point to firsthand accounts that they say show abortions can be stopped. ‘A woman who regrets starting a chemical abortion should get to change her mind and find help,’ said Jay Hobbs, spokesman for the group, using the anti-abortion movement’s term for a nonsurgical or medical abortion. ‘What’s at stake here is a woman’s right to choose life for her child.’”**

You’d think a person identifying as a journalist would be more interested in following up on “firsthand accounts” wouldn’t you? After all, that seems like the logical starting place if you’re looking

for the truth—or at the very least, if you’re pretending to “Believe Women.”

No such luck at *Politico*,

“unethical” and “unproven,” it fails to mention ACOG’s straightforwardly pro-abortion stance.

makes just a passing reference to the first seven women who rescued their children through the treatment as of 2012—



*Rebekah Buell with her two sons. The youngest, Zechariah, was rescued from abortion through Abortion Pill Reversal.  
Photo Courtesy: Rebekah Buell*

and it’s no better at most news sources either.

In the same vein, *VICE News*, Salon and others have reported breathlessly since late January that they’d uncovered emails between top officials in the Office of Refugee Resettlement (ORR) discussing APR as an option for illegal immigrant teens who might want to change their minds after starting a chemical abortion.

Though *VICE News* is more than happy to point out that the American College of Obstetricians and Gynecologists (ACOG) denounces APR as

Coverage from *VICE News* and others also leaves out the fact that over 350 physicians and counting have put their medical licenses and reputations on the line to join the APR network over the past five years.

Tellingly, *Vice News* also leaves out key APR endorsements from even pro-choice physicians—including Yale School of Medicine’s Harvey Kliman, who told *The New York Times* he would recommend the treatment to his own daughter in an interview last summer.

More to the point, the piece

ignoring the vast majority of women who’ve turned to APR to rescue their children from abortion.

It’s long past time for journalists to get curious about APR. We know what the Left’s radicals have to say, and we know what those of us on the Right have to say.

Now let’s hear from the women.

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

# “The Beauty of Life”

*Editor's note. The following beautiful message was written by a 15-year-old pro-lifer who was unable to attend this year's March for Life.*

## The Beauty of Life

By Lizzie Pope



A human life is not yours to take,  
Life and death is nobody's decision to make.

Listening to their little hearts beat,  
And seeing their little hands and feet.

A human life is not yours to take  
A tiny heart, you choose to break.

Soft bare skin you will never feel  
With a Mother's mind unable to heal.

A human life is not yours to take,  
A child's faint heartbeat is not fake.

A quiet laugh and a heart-warming smile,  
Are things you want to last for a while.

A human life is not yours to take,  
Seeing their first steps they make.

Endless love and constant care,  
To a child that will never be aware.

Because a human life is not yours to take,  
So I take a stand against that great mistake..

Never being able to hear that innocent voice,  
Should never be someone's freedom of Choice.