National RIGHT TO LIFE NEWS

April, 2014

STAND FOR LIFE

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June 26 - 28, 2014 Louisville, KY

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Breast Cancer Surgeon

O. Carter Snead, J.D.
University of Notre Dame

Melissa Ohden
Abortion Survivor

Wesley J. Smith, J.D.
The Weekly Standard & National Review

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National RIGHT TO LIFE NEWS

Staggering $5 Billion in Premium Subsidies to ObamaCare Exchanges that Permit Elective Abortion Coverage – for Starters

By Susan T. Muskett, J.D., Senior Legislative Counsel

Based on the number of persons who had enrolled in ObamaCare as of March 1, at least $5 billion in federal tax subsidies will be available to help purchase health plans that cover elective abortion, with the figure sure to increase as additional millions of Americans enroll.

Obamacare provides federal subsidies on a sliding scale for millions of American families whose household income is 400 percent or less of the federal poverty level ($95,400 for a family of four). These subsidies

are to be used to help purchase health insurance, and can only be used to purchase a health plan within an ObamaCare Exchange. An "Exchange" is a marketplace for the purchase of health insurance. ObamaCare requires an Exchange to be established in every state by 2014.

ObamaCare allows plans within a state's Exchange, including federally subsidized plans, to cover all abortion, unless a state passes a law to prohibit such coverage. As of today, 24 states

See "Staggering" page 29

NY State Health Commissioner's resignation follows report that abortion clinics rarely inspected

By Dave Andrusko

The administration of pro-abortion New York Gov. Andrew Cuomo says that is only a coincidence that hours after his likely opponent called for the resignation of State Health Commissioner Dr. Nirav Shah, word leaked out that Shah would be leaving in June to take a position with the Kaiser Health Foundation. They insisted "This has been in the works for quite awhile," as a source told the New York Post.

But this hardly passes the straight-face test.

As NRL News Today reported (nrlc.cc/1oQUbE3 and nrlc.cc/1oQUgYc), Rob Astorino, a Republican running against Cuomo, delivered a 2 1/2-minute video Wednesday in which he spent much of his time criticizing the State Health Department and Cuomo for saying nothing in the 48 hours following a blockbuster story in the New York Post.

Post Reporter Carl Campanile, operating on data secured through a Freedom of Information inquiry filed by the Chiaroscuro Foundation, reported that only 17 of the 225 abortion providers in New York had been

See "Commissioner" page 13

Rob Astorino (R) is running against Gov. Andrew Cuomo (D)

Editorials

"Muzzling those without the proper worldview" and the fight to expose the shadowy world of Kermit Gosnell

This past week I wrote a post for National Right to Life News Today, NRL News' younger sister, where I talked about the truly bizarre fact that paintings by the late "Dr. Death" were likely to fetch a whopping $45,000 per canvass. I contrasted Jack Kevorkian's love of publicity—he embraced the "Dr. Death" moniker--with abortionist/murderer Kermit Gosnell, who bristled with indignation when his Women's Medical Society was dubbed a "House of Horrors."

Kermit Gosnell

Jack Kevorkian

Where Kevorkian lusted after the limelight, Gosnell preferred to operate in the shadows. That allowed him to abort hundreds of viable babies, an unknown number of whom he then murdered by slitting their spinal cords.

Another contrast. Even though he "assisted" in over 130 suicides, Kevorkian spent only eight years in prison, convicted of a single charge of second degree murder. He came out more famous than ever.

Gosnell will never get out. And because (as the Grand Jury concluded) he manipulated his ultrasound readings to "disguise illegal late-term abortions"; and because of the absence of records, Gosnell could be charged with only eight counts of first-degree murder and found guilty on three counts. But that was enough to ensure he would never be paroled.

See "Muzzling," page 16

An update on NRL News and NRL News Today: we need your continued help

My thanks go out to all those who've read the first two entirely online edition of the "pro-life newspaper of record."

As we explained in January, it only made sense to switch from printing NRL News to making it available electronically online—and for free!

I am excited about the possibilities of our digital edition. Many of you forwarded entire issues to every pro-lifer you knew. Is that wonderful, or what? I'm hoping you will do the same for this, our April issue.

We want to remind our readers that in addition to NRL News, we continue to produce what we consider to be an invaluable resource, NRL News Today. We know that many of you have signed up at www.nrlc.org/mailinglist to receive our Monday through Saturday posts sent directly to your inbox because the number of NRL News Today readers grows and grows.

We also know indirectly because so many of you are kind enough to post links to individual NRL News Today stories on your Facebook accounts and on Twitter, to name just two social media outlets.

It's amazing how much impact just a few keystrokes can have!

Please read the entire April edition of National Right to Life News (and please pass it along). There is a great deal of timely, important news at your fingertips to share with pro-life family and friends.

And, if you are not already, please subscribe to National Right to Life News Today at www.nrlc.org/mailinglist and pass those stories along as well.

I promise that you will be glad you did!

From the President
Carol Tobias

Now Is the Time to come to the aid of your country

Remember those days before computers when we used typewriters to write letters, articles, and a variety of other necessary records? Most every typing class practiced typing the sentence, "Now is the time for all good men to come to the aid of their country." As we head into the 2014 elections, that is a great call to action for all pro-lifers.

Our country needs every pro-lifer to be involved in deciding who will set the agenda for Congress for the next two years. Will it be pro-life leaders who are willing to do everything possible to stop Obamacare and who will protect unborn children from abortion?

Or will it be leaders like House Minority Leader Nancy Pelosi and Senate Majority Leader Harry Reid, who will do everything possible to advance and promote Obamacare and the so-called "Women's Health Protection Act," which is a super-charged version of the old "Freedom of Choice Act"?

Various states will be electing Governors, Attorneys General, and other statewide offices, along with members of the state legislatures. Some states have already held their primary elections; the rest will continue throughout the coming months, culminating with the general election on November 4.

When our founding fathers were creating this wonderful new country, John Adams wrote, "It has been the will of Heaven that we should be thrown into existence at a period when the greatest philosophers and lawgivers of antiquity would have wished to live ... a period when a coincidence of circumstances without example has afforded to thirteen colonies at once an opportunity of beginning government anew from the foundation and building as they choose. How few of the human race have ever had an opportunity of choosing a system of government for themselves and their children? How few have ever had anything more of choice in government than in climate?"

The citizens of so many countries have no voice in their governments. They can influence their government no more than they can influence the weather. In America, we are blessed with a system of government that allows for the peaceful election and frequent transfer of power. In America, though, it is unborn babies who have no voice. Electing pro-life candidates is one way that we can be a voice for the voiceless.

The Pain-Capable Unborn Child Protection Act has passed the U.S. House of Representatives, but is being blocked in the Senate by Harry Reid (D-NV). Winning a net of only 6 U.S. Senate seats would remove Reid from his position as majority leader. The National Right to Life Victory Fund will do everything in its ability and power to elect candidates who will work to protect the innocent and vulnerable. Your support for the National Right to Life Victory Fund will help us elect strong pro-life senators and defeat those who would coldly let unborn babies suffer and die.

Electing pro-life candidates is one way that we can be a voice for the voiceless.

Obamacare is well on its way to implementation, but because of a variety of setbacks, deadlines for full implementation have been repeatedly pushed back. If Harry Reid and Nancy Pelosi control either or both chambers, we are likely stuck with Obamacare as our national health care system. NRLC's Director of Medical Ethics, Burke Balch, JD, points out that the health insurance exchanges established under Obamacare have not allowed many people to get the best specialists; many people are not allowed to use the top medical centers, and many are not allowed to get access to the most advanced cancer drugs. If government bureaucrats think your insurance plan allows you to spend too much money on your own health care, they have plans to make sure you can't.

And, of course, we know that despite President Obama's hollow executive order, massive tax dollars will subsidize abortion coverage in the health care exchanges.

Unfortunately, even with pro-life leadership in charge of both the House and Senate, President Obama still holds the veto pen, but having to fight both chambers of Congress will at least make his job more difficult and would allow us to build for the 2016 elections.

It's difficult to imagine how someone can claim to be pro-life but then vote for a candidate who is going to support the continued deaths of more than a million unborn children every year. In the coming months, encourage your pro-life friends, family members, fellow-church members, co-workers, and neighbors to seriously consider a candidate's position on the life issues when they are deciding whom to support for election.

Now is the time for all good men to come to the aid of their country. Encourage those around you to be a voice for the voiceless.

The 44th annual national meeting of the pro-life movement is coming to Louisville, Kentucky!

It will educate, motivate, and inspire you to **take a stand for life!**

STAND FOR LIFE

National Right to Life Convention 2014

Louisville, KY June 26-28

Some of our speakers

Kathryn Jean Lopez
Editor-at-Large
National Review Online

Dr. David Prentice
Family Research Council

Dr. Angela Lanfranchi
Breast Cancer Surgeon

O. Carter Snead
University of Notre Dame

Wesley J. Smith
The Weekly Standard
& National Review

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Stalwart Pro-Life Congressman Rep. Chris Smith, and wife Marie Smith, Awarded Prestigious Notre Dame Evangelium Vitae Medal

By Susan T. Muskett, J.D., Senior Legislative Counsel

The Notre Dame Center for Ethics and Culture awarded the prestigious Notre Dame Evangelium Vitae Medal to Congressman Chris Smith (R-NJ) and his wife, Marie Smith, at a banquet ceremony on the Notre Dame campus last Saturday evening, April 5. The center's director, Law Professor Carter Snead, presented the Medal, which bears the likeness of Blessed John Paul II.

The Notre Dame Center for Ethics and Culture awarded the prestigious Notre Dame Evangelium Vitae Medal to Congressman Chris Smith and his wife, Marie Smith, at a banquet ceremony on the Notre Dame campus April 5. With the Smiths is the center's director, Law Professor Carter Snead, who presented the Medal.

The Medal is named after Pope John Paul II's 1995 encyclical, Evangelium Vitae, which is Latin for "The Gospel of Life." It is awarded to those "whose outstanding efforts have served to proclaim the Gospel of Life by steadfastly affirming and defending the sanctity of human life from its earliest stages."

I had the honor of representing the National Right to Life Committee at the award ceremony. As a graduate of the law school at the University of Notre Dame, I was proud to see my alma mater recognize the Smiths for their unparalleled work on behalf of the unborn and innocent human life. I have witnessed first-hand Congressman Smith's efforts on behalf of pro-life legislation over the years as an NRLC lobbyist, and his passion, dedication, and perseverance for the cause of life are second to none.

"One could not imagine more worthy recipients of the Notre Dame Evangelium Vitae Medal," said Professor Snead. "In their work and in their persons, Congressman Chris and Marie Smith are extraordinary witnesses to the inalienable dignity and matchless worth of every member of the human family, born and unborn."

House Majority Leader Eric Cantor (R-VA) calls Congressman Smith "the 'moral compass' of the House" – a fitting description for a legislator who is known around the globe for his defense of human rights. His defense of the innocent, the abused, and the persecuted is well-known.

As co-chair of the House Pro-Life Caucus, Congressman Smith is at the forefront of efforts to enact pro-life legislation and defeat efforts to increase access to abortion. His work in defense of the unborn includes everything from defending the Hyde Amendment to helping to enact the Partial-Birth Abortion Ban Act. The "Smith Amendment," which he initiated, was first enacted in 1983 and prohibits federal employees' health plans from covering elective abortion. The Stem Cell Therapeutic and Research Act of 2005, a law authored by Congressman Smith, established a nationwide program to advance ethical stem cell therapies using umbilical cord blood and bone marrow cells. He is currently the sponsor of the No Taxpayer Funding for Abortion Act (H.R. 7), as well as the Abortion Insurance Full Disclosure Act (H.R. 3279), both of which passed the House of Representatives as a combined bill in January.

Congressman Smith has been a relentless opponent of the subjection of Chinese women to forced abortions, having held numerous hearings on forced abortion. During one such hearing, Chinese human rights activist Chen Guangcheng called in from his hospital bed in China and spoke with Smith about his plight and that of his family.

He has authored three anti-human trafficking laws, including The Trafficking Victims Protection Act of 2000.

Marie Smith is the director of the Parliamentary Network for Critical Issues, which helps lawmakers in countries overseas to organize working groups in their legislatures to help enact pro-life legislation. She has also served on Holy See delegations to United Nations' conferences.

The Smiths' involvement in the pro-life movement goes back to their college days at Trenton State College, where Chris Smith co-founded the Trenton State Pro-Life Committee, which Marie later chaired. Chris Smith later became executive director of the state right-to-life organization.

Past recipients of the Evangelium Vitae Medal include Mother Agnes Mary Donovan and the Sisters of Life; Helen M. Alvaré, professor of law, George Mason University School of Law; and Richard Doerflinger, associate director of the United States Conference of Catholic Bishops Secretariat of Pro-Life Activities.

Lethal drugs should be given patients regardless of family wishes, Belgian doctors say

By Burke Balch, JD, Robert Powell Center for Medical Ethics

The Belgian Society of Intensive Care Medicine has asserted the right of doctors to give lethal doses of sedatives to patients they claim have "no prospect of a meaningful recovery," a decision they say "should be discussed with and understood by the relatives (or the patient's surrogate if one has been appointed)" but "it must be made clear that the final decision is made by the care team and not by the relatives."

An article by ten Belgian doctors "on behalf of" the Society in the February 2014 issue of the medical *Journal of Critical Care Medicine*[http://download.journals.elsevierhealth.com/pdfs/journals/0883-9441/PIIS0883944113003201.pdf] makes clear--despite the use of euphemisms--that the intent of giving the "sedatives" is directly to kill the patient.

"*This statement . . . is not about giving analgesics or sedative agents to combat pain . . ., nor about the so-called double effect, wherein analgesics given to alleviate pain may have the adverse effect of shortening the dying process. The discussion here is about the administration of sedative agents with the direct intention of shortening the process of terminal palliative care in patients with no prospect of a meaningful recovery.*"

Nor will the Belgian Society of Intensive Care Medicine permit conscientious objection to the imposition of lethal drugs by members of the patient's care team. "[A]ll team members, not just physicians" should be included in the decision, whereupon "a consensus should be obtained for every end-of-life decision, although the decision remains the responsibility of the ICU [intensive care unit] physician. Once this consensus decision is made, all members of the team must apply the plan that has been decided on."

When, beginning around the 1970's, the "Euthanasia Educational Council" changed its name to "Concern for Dying" and proponents used the enormously successful tactic of pushing for the "living will," they argued with great persuasiveness that dying patients ought to have their wishes not to be "hooked up to machines" respected, not overridden by "paternalistic doctors." When that notion had become widely accepted, then and only then did they move to the argument that when a patient is incapable of making health care decisions, the "family" should be able to decide to withdraw life support to "allow natural death."

But when that concept, as well, had become imbedded in both law and popular opinion, they gradually shifted to argue that doctors and health care facilities should not be forced to provide "futile" care for those with a "poor quality of life" just because a patient or the patient's family wanted life-saving measures. Forgotten were the diatribes against "physician paternalism"-- the mantra became that doctors should not be forced to practice "bad medicine."

At the beginning, they spoke only about withdrawing treatment from those "imminently dying." Then they moved to those in the so-called "persistent vegetative state." But they have long since expanded those for whom denial of treatment has become standard to any with significant mental or physical disabilities, although they cloud with euphemisms their description of the victims.

Similarly, death advocates began by trumpeting refusal of "extraordinary means." But when the time was ripe, they moved to cutting off assisted food and fluids. And then, of course--when they judged the climate was ripe--they turned to the legalization of direct killing. They now argue, as the Belgian doctors claim, "There is no clear ethical distinction between withholding/withdrawing [life] supportive therapy and increasing doses of sedative/opiod substances in patients in whom further treatment is no longer considered beneficial."

In the United States, advocacy of legalizing direct killing is still at the first stage of just "assisting suicide." But they're farther ahead of us in Europe. In the Netherlands, Switzerland, Luxembourg, and Belgium, assisting suicide has been well-entrenched for years.

Killing those who never asked to die, with the consent of relatives or surrogates, followed soon upon its heels. Now they are slipping into the next stage, killing patients against the will of their family members.

When the push for living wills first began, perhaps many could be excused for the naive assumption that withholding of life-saving treatment would occur only voluntarily. Now, when hospital ethics committees and nursing homes routinely decree the starvation death of patients despite the anguished pleas of their protesting families, there is no excuse for supposing that assisting suicide, once widely legalized, will long remain a supposedly voluntary "choice."

As the novelist John Updike once wrote, "Death, once invited in, leaves his muddy bootprints everywhere."

Here's why you should be at the 44th annual NRL Convention June 26-28

By Jacki Ragan, Convention Director, National Right to Life

Every year since 1973, National Right to Life has hosted a convention designed specifically for the state affiliates, chapters, leaders, and grassroots activists across the country. The convention moves around the country to make it easier and less expensive for people to attend.

This year, the 44th annual convention will be held in Louisville, KY on June 26, 27 and 28, at the beautiful downtown Galt House hotel.

What can you expect at this National Right to Life Convention?

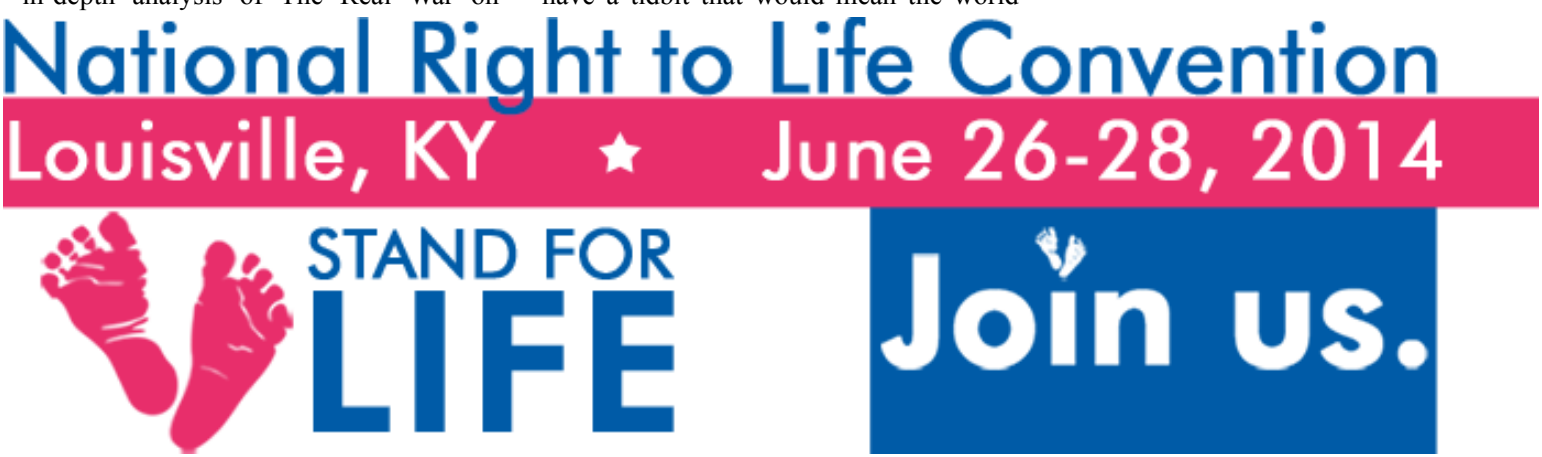
- Up to date information on all aspects of the right to life movement and how we are working to end abortion;
- Over 100 speakers from across the nation sharing their expertise;
- 5 General Sessions including an in-depth analysis of The Real War on Women, Bioethics, Abortion and Breast Cancer, and Political Action in 2014;
- 66+ workshops on every imaginable topic of interest to pro-lifers;
- A three-day National Teens for Life Convention packed with their own speakers, topics, activities, fun and entertaining tools to help them get the most out of their time in Louisville;
- Dozens of pro-life exhibits offering lots of different materials, stickers, hands on information, billboards, etc.;
- Childcare so that you can relax and learn knowing your children are being well cared for, entertained, and making life-long friendships;
- A chance to talk and interact with other pro-lifers who are often experiencing the same challenges you are. You may have a tidbit that would mean the world to them, and then may have solved the problem you are currently having years ago. What an awesome opportunity to sit and chat with folks from across the country who do what you do in the movement.

So, will you come? Or, better put, why wouldn't you come?

I encourage you to regularly check in at our website--www.nrlconvention.com -- so that you can keep up with the latest information on NRLC 2014. This will provide you with ALL of the information you would need about the convention.

We are here for you if you want to speak with someone. Just call 202-378-8843 and we will be happy to answer any questions or allay any concerns you may have.

I hope to meet you in Louisville. I promise you we at NRLC will do our very best to make absolutely certain it is worth your while!



What do all these abortion clinic closures really mean?

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

To hear the abortion industry and their media allies tell it, you'd think the sky is falling because of the passage of laws that require abortion clinic upgrades.

"Abortion Law Pushes Texas Clinics to Close Doors" said the New York Times (3/6/14). "Anti-Abortion Laws Take Dramatic Toll on Clinics Nationwide" hailed the Huffington Post (8/26/13). One NARAL activist from Arizona called it a "nightmare" in that HuffPost Post article, saying "If you're on a reservation or rural part of the state, unless you have reliable transportation, you're not going to get care."

$5 Million Planned Parenthood Abortion Clinic Announced for San Antonio. Planned Parenthood South Texas President and CEO Jeffrey Hons. Photo by Mark Greenberg

Trying to nail down exactly how many clinics have closed is difficult. Last summer, one report said there had been more than fifty that year. A report from another source at the end of the year put the number at closer to 100.

There have been stories of clinics closing or threatening to close or dropping abortion this year in Florida, North Carolina, Alabama, Mississippi, California, and more in Texas.

Is this real? If it is, what does it mean? Is the abortion industry on its way to collapse? Can we just pack our bags and head home, rejoicing at the lives saved?

The truth is that a lot of clinics have closed and a lot of lives have been saved. But the industry is hardly reeling and isn't simply going to fade away. In fact, the abortion business is doing what it always has, adapting, retrenching and using the crisis to raise money and build even bigger new clinics.

We've made some progress. To ignore or forget that is foolish. But it is equally shortsighted not to see that the struggle is far from over.

The facts behind the frenzy

Lost in the rhetoric is that abortion clinics have been closing at a significant clip since the mid-1980s. That reduction helps explain why the number of abortions performed annually in the U.S. has declined.

The number of abortion "providers" peaked at 2,918 in 1982 and has been going down ever since. According to the pro-abortion Guttmacher Institute's most recent report, there were just 1,720 in 2011.

As far as abortion numbers go, there were 1,573,920 abortions in the U.S. in 1982 and though the numbers remained steady for a few years, peaking at 1,608,600 in 1990, they began a steady decline from that point on, reaching 1,058,490 in 2011, the lowest figure reported in over thirty-five years. Abortion rates are also lower than they have been any time since 1973, the year abortion was legalized across the U.S.

More recent data confirms the coincidence of fewer abortions and fewer clinics. As we have explained virtually all of the recent huge decline in abortions in Guttmacher's report from 2008 to 2011--a drop of about 150,000 in just a three year period--is coincident with the closure of large abortion mills that perform a thousand or more abortions a year. (See http://nrlc.cc/1hvMCi3.)

More have since closed, and hopefully the coming years will show even fewer abortions. The Huffington Post counted 54 closures in 27 states for which it had data at summer's end last year (8/26/13). Breitbart reported that 87 surgical abortion facilities closed in 2013 (4/17/14). The closure of other clinics has been announced since.

The count changes every few days, so an up to the minute number is hard to come by. Add to that variations such as a clinic closing "temporarily" or two clinics combining into one or a clinic staying open but no longer doing abortions and probably the best you can do is keep a running tally.

The news stories cited above make it sound like this is an entirely new phenomena but, as we have seen, the number of clinics has been dropping for some time. While the laws that the abortion industry decries so loudly could, in some way, have been responsible for some of the recent closings, the trend began decades ago and has been occurring for a number of reasons.

Every story is different

Last year in Texas, reporters, along with their abortion allies, were ready to attribute any new clinic closure to HB 2. In addition to protecting pain-capable unborn children and requiring abortionist to follow the government approved protocol for RU-486 abortions, the law also mandated some basic clinic safety measures and required that abortionists have admitting privileges at a nearby hospital so that injured abortion patients could get prompt emergency treatment.

Of course, a moment's reflection demonstrates that this law couldn't have been a direct cause in most of those early cases. It wasn't scheduled to take effect until this year!

There are many reasons why a clinic may close, and over the years, across many states, we've seen a lot of different stories.

*An abortionist retires, or simply gets tired of traveling. His staff may abandon him. He may actually get fed up with the killing. And without an abortionist or staff, a clinic closes.

*A lease may become too expensive, a landlord may desire a more lucrative or socially respectable tenant. The neighborhood may suffer such decline that it isn't safe and business suffers.

*Financial mismanagement alone has done in more than one shabby operation.

*An all-too-rare clinic inspection may turn up health or safety issues that require the clinic's closure, the suspension of a license, or even criminal charges.

*Smaller clinics may consolidate to reduce staff and save money.

*It may be that demand has dropped so much that there simply isn't the business to keep the clinic open, especially if some giant abortion chain has opened up a shiny new megaclinic around the corner.

*It very well may be that prayer and caring has not only changed the intentions of abortion vulnerable women but also hearts inside the clinic.

It may be any of these reasons or even a combination of several.

See "clinic closures" page 9

Clinic Closures

from page 1

Sometimes the closure is temporary, sometimes it is permanent.

Clinics try to make hay of the situation

Even when a clinic regulation law isn't yet in effect and there have not yet been any state inspections or certifications, the passage of the law offers struggling clinics an excuse to make a big political statement and close down without admitting to the underlying problems that may have nothing to do with the law.

If the clinic is second or third rate, they could choose to close their doors rather than allow the public to find out how many of these "medical" facilities are poorly staffed, poorly equipped, decrepit, unsanitary, bizarrely configured, and ill prepared to handle inevitable complications.

This could help explain why some of these clinics close before clinic regulation laws actually take effect. Perhaps because they don't want to wait for the state health inspector to come around and prepare a public report on the actual clinic conditions and prompt a scandal that could taint the abortion industry as a whole. It's easier to preemptively close and blame the lawmakers who are attempting to protect women while the circuit-riding abortionist makes his money elsewhere.

The "brand" name, which would otherwise suffer, is maintained at the same time they blame pro-life laws for driving them out of business. The larger abortion chains can use the whole incident as an occasion to raise money to fight such laws and build megaclinics.

The Empire Strikes Back

Given the above, it's hardly surprising in the midst of all this media and industry handwringing to see abortion giant Planned Parenthood announcing plans to build new regulation compliant abortion mega-centers.

As NRL News Today reported (http://nrlc.cc/1hvO1VP), the closure of Femcare, Asheville North Carolina's only abortion clinic, after its license was suspended by the state for multiple health and safety violations, was followed by an announcement that abortion services would be shifted to a local Planned Parenthood not performing abortions at the time.

Melissa Reed, the area's Planned Parenthood affiliate's vice president for public affairs, complained that new health and safety regulations recently passed by the North Carolina legislature were costly and not needed. But she also said the group would make sure their new Asheville location complies (Time Warner Cable News/Charlotte, 3/19/14).

Reed said that her affiliate was evaluating their four abortion-performing locations, figuring out what needed to be done, and was "working across the state to raise the funds that we need to meet those standards."

In Texas, Planned Parenthood has been one of the loudest voices howling about the new state regulations and wailing about the closure of a few of its clinics. The abortion giant is hardly folding its tent, however. To the contrary, it announced plans to open a new $5 million "full scale" abortion clinic in San Antonio that it assures everyone will be in full compliance with the new law (http://nrlc.cc/1oQ8OHK).

With $3.5 million already in the bank, Planned Parenthood South Texas President and CEO Jeffrey Hons told a fundraiser, "For those women who will have to scrape together the money for the bus ride from the Rio Grande Valley or Odessa or San Angel, we will be there for her" (http://nrlc.cc/1oQ9bSt).

Seeing an Opportunity to Expand

Planned Parenthood has been closing smaller, older, unprofitable clinics (many of which performed few if any abortions) and opening giant new megaclinics all over the country.

Data on some of their latest building projects is not fully available yet, but in the past ten years, there have been at least 23 new or refurbished clinics of 10,000 square feet or more opening across the country in states as varied as Texas, Colorado, Tennessee, New York, North Carolina, Illinois, Minnesota, and California.

It isn't just that these bright, shiny new buildings with decorator interiors will replace dirty, dingy old clinics, but that they can attract and process a lot more customers. They are often strategically located, near a major highway, on a major bus or train line, and set up so they can serve as a central hub for other feeder clinics in the area.

When what one rival abortionist termed "the Walmart of Abortion Clinics" moves in, it may make business "untenable" for a few smaller operations. At the same time, it could also mean a substantial increase in business for a deep pocketed abortion giant like Planned Parenthood.

Though its most recent annual report showed a very slight dip in the number of abortions it performed, it is very important to see that during this long stretch of time while the number of "providers" (and even the number of clinics at Planned Parenthood) has been dropping, this abortion chain has seen its abortion numbers and market share greatly increase.

The 129,155 abortions Planned Parenthood performed in 1990 represented just 8% of the total abortions performed in the U.S. that year. The 327,166 abortions it performed in 2012 would comprise nearly 31% of the total given for the U.S. in 2011—almost exactly four times its "market share" 21 years before.

It's the killing we want stopped

If there's one thing the murder trial of abortionist Kermit Gosnell made plain, it's that the abortion industry is populated with callous characters who have almost as little regard for the health and safety of mothers as they do for their unborn children.

The abortion industry likes to act as if it polices itself, but even rare government inspections have found dirty facilities, defective equipment, and the lack of adequately trained staff.

Few people realize that in addition to the millions of babies who have been butchered in America's abortion clinics, hundreds of women have died from *legal* abortions since 1973, and thousands more have been injured.

It's clear there are real health and safety issues in many of these clinics, and that laws addressing these issues are warranted.

If such laws lead to the permanent closure of some big abortion mill, women and their unborn children should be better off. While it is true that some in the abortion industry may irresponsibly point some women towards dangerous black market abortifacients (see http://nrlc.cc/1hvPHi5), studies show that when abortion is not available, many women adjust and end up welcoming those children into their lives (see http://nrlc.cc/1oQbBR6).

However it can also be that a clinic merely shuts down for a few weeks, addresses the violations, and reopens more determined than ever to accomplish its bloody mission.

The objective is to continue the steady decline in the number of abortions. That goal is much harder to attain if the closure of a handful of old small clinics only paves the way for the construction of giant new attractive megaclinics that are set up to perform thousands of abortions a year and generate lots of revenue for giants of the industry like Planned Parenthood.

National Right to Life Commends Senator Pat Roberts for Bill to Repeal Rationing in Obamacare

WASHINGTON – Senator Pat Roberts (R-Ks) has introduced the "Repeal Rationing in Support of Life Act," which targets the four key rationing components of Obamacare identified in a March 6, 2014, report by the National Right to Life Committee's Powell Center for Medical Ethics, "The Affordable Care Act and Health Care Access in the United States," available at www.nrlc.org/communications/healthcarereport.

"Senator Pat Roberts, who has been a tireless campaigner for the right to life, has since 2009 repeatedly taken a leadership role in fighting rationing of life-saving medical treatment, food, and fluids," said Carol Tobias, president of National Right to Life. "Although Americans are waking up to many of its flaws, too few are aware of what Senator Roberts has consistently highlighted – how Obamacare limits the right to use one's own money to get health insurance less likely to deny life-preserving health care."

The Roberts (S. 2191) bill targets four rationing provisions of Obamacare for repeal:

1) the "excess benefit" tax coming into effect in 2018,

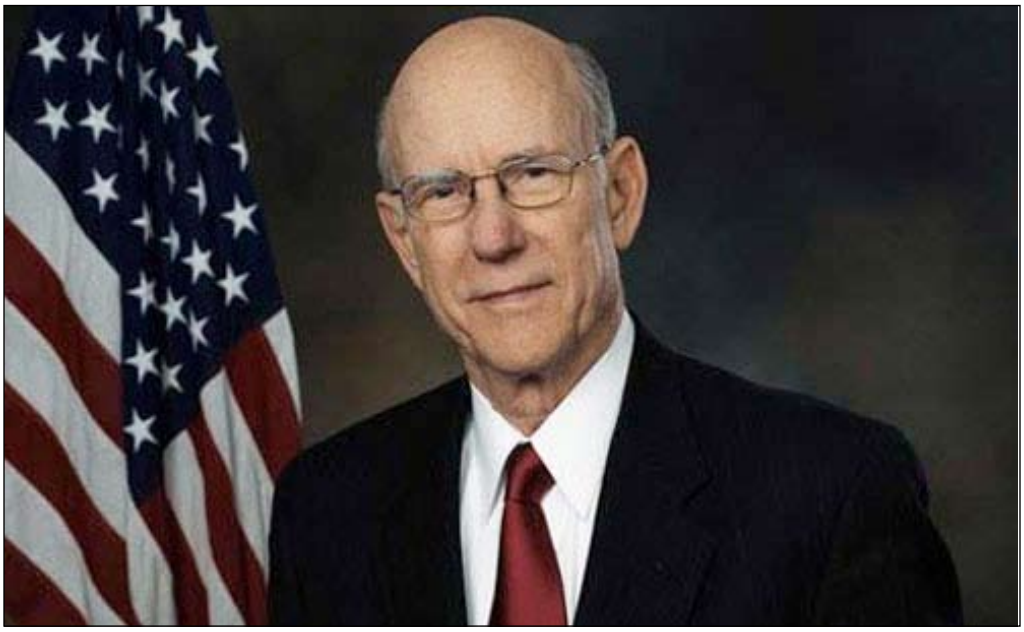
2) the current exclusion of adequate health insurance plans from the exchanges,

3) present limits on senior citizens' ability to add their own money on top of the government Medicare payment for health insurance in Medicare Advantage, and

4) federal limits on the care doctors give their patients to be implemented as soon as 2016.

Excess benefits tax. Starting in 2018, Obamacare will impose a 40% excise tax on employer-paid health insurance premiums above a governmentally imposed limit that does not keep up with medical inflation. Consequently, insurance companies will be forced to impose increasingly severe restraints on policy-holders' access to diagnostic tests and treatment—limits that will make it harder to get often-expensive treatments essential to combatting life-threatening illnesses. "Keeping employers from spending relatively little more to buy better insurance impacts us all, not just their employees," stated Mary Kay Culp, executive director of Kansans for Life. "When those who can afford to spend more on health insurance are prevented from doing so, it severely dampens the costly research and development that gives those at all income levels access to innovative drugs and treatments that improve the ability to save lives and improve health."

Excluding Insurers from Exchanges. Under Obamacare, consumers using the exchanges may only choose plans offered by insurers who do not allow their customers to spend what government bureaucrats deem an "excessive or unjustified" amount for their health insurance. "We are already seeing most exchange plans deny access to top specialists and medical centers," Culp noted, "but few reports explain this is because insurers who provide greater access to care are excluded from the exchanges."



Senator Pat Roberts (R-Ks)

Medicare Limits. Most senior citizens know that Obamacare will cut half a trillion dollars for Medicare over a decade, but they may not be aware of the law's provision allowing Washington bureaucrats to prevent them from making up the Medicare shortfall with their own funds by limiting their right to spend their own money to obtain insurance through Medicare Advantage less likely to limit treatments that could save their lives.

Independent Payment Advisory Board (IPAB). IPAB is directed to recommend measures to limit spending on health care to a growth rate below medical inflation – not just for Medicare, but also for all private, nongovernmental health care spending. The federal Department of Health & Human Services (HHS) is then authorized to implement these measures by placing limits on the treatments providers may give their patients by imposing so-called "quality and efficiency standards."

"Obamacare authorizes Washington bureaucrats to create one uniform, national standard of care that is designed to limit what private citizens are allowed to spend to save their own lives," stated Culp. "We are convinced most that Americans do not believe that the government should limit the right of Americans to use their own money for health insurance that is adequate to save their lives. We commend Senator Roberts for his bill and his consistent leadership to end Obamacare's rationing. "

The report is available from the National Right to Life Communications Department at: www.nrlc.org/communications/healthcarereport.

Little KJ dies, baby had survived death of his seven-month pregnant mother killed in drive-by shooting

By Dave Andrusko

Sad news compounding an already terrible tragedy. The baby boy who was delivered after his seven-month-pregnant mother was shot and killed in Miami Gardens, has died.

Qualeica James seen in a Facebook photo here with her four-year-old daughter.

Nicknamed KJ by the family of 21-year-old Qualecia James, he was delivered Sunday March 30 but passed away April 4.

James, the mother of a four-year-old girl, was a passenger in a car when another vehicle came along side and opened fire. The driver, who was not hurt, pulled into a driveway and called police. James was airlifted to Jackson Memorial Hospital in an extremely critical condition. She died but doctors at the time were able to save KJ.

Mary Pierce, James's cousin, told Maggie Newland of CBS4 in Miami that the family knew all along there was little hope for the baby, but couldn't let go.

"You see him and how gorgeous he was, you just refuse to let go," Pierce told Newland. "They already told us he had no brain activity but just to look at him and know we do have a God that can heal we decided to wait and see what God would say. He did what was best. We trust he did what was best."

Newland wrote that the pain to the family, already reeling from the loss of Qualecia, was devastating.

"She's so missed. She was a sweet young girl. She was respectful; she was helpful," Pierce said.

Bernadette Pierce, who is James' grandmother, lamented, "It's hurting to know that I lost my granddaughter and I lost her son too. It's just hard."

To date, police have not named any potential suspects.

The family is asking Qualecia James' killer to come forward.

"Have a mind and a conscience," said Bernadette Pierce, "turn yourself in. You got to work it out and ask God for forgiveness."

Paralyzed man with "no hope" for recovery unable to speak while doctors ask family about donating his organs

By Dave Andrusko

Jim Fritze's grief-stricken relatives came to Sahlgrenska Hospital to say their final goodbyes. Doctors said brains scans showed that the 43-year-old Fritze had "no hope" of pulling through.

"Doctors asked the family about the possibility of donating his organs when he died," reported The Daily Mail's Sara Malm, "not realising Mr. Fritze could also hear the conversation."

The victim of a stroke, Fritze was unable to talk while the people surrounding his bed were discussing taking his organs!

He was saved because another doctor took a second look.

Malm reports that Fritze had suffered a brain hemorrhage two years before when out with his family. "'I managed to catch my girlfriend's attention – I was bright red in the face, and she's a nurse so she managed to keep my airways open," he told Malm.

Unfortunately, because an air ambulance was unable to land on the Island where he had suffered his stroke, Fritze did not reach the Swedish hospital, by boat, for two hours.

"Only my ears and eyes were working," Fritze said. "They (the doctors) told my girlfriend that there was no hope."

Fortunately another doctor, who had returned from a holiday, looked at him three days later. "'She looked at my scans and said, 'This doesn't look too bad,' and told the staff to give me cortisone to bring down the swelling in my brain,'" Fritze said.

But he was still unable to speak—that would take another three weeks. Now, two years later, he has recovered enough to take action against the hospital.

"If that doctor hadn't come back from her holiday, would I have been made to lie there until my body couldn't take it any longer?" Fritze asked in his complaint.

Sahlgrenska Hospital's press spokesperson Stefan Sarajärvi said, 'We are of course taking this complaint very seriously, as we do with all complaints."

Fritze is now undergoing rehabilitation at Örebro hospital to regain full function in his limbs.

Jim Fritze/Photo Credit The Daily Mail

Doctors tell mom to abort her baby girl five times, now that baby is an internet sensation

By Nancy Flanders

After three miscarriages in a row, Angie Rodgers wasn't expecting her next unborn child to survive to 40 weeks. But she had hope. So when doctors repeatedly told her to abort her baby, she knew the answer was no. She knew she needed to give her baby a chance at life.

At three months gestation, doctors discovered that Rodgers baby girl had a rare form of dwarfism. According to the National Organization for Rare Disorders, Conradi-Hünermann syndrome is a rare genetic disorder characterized by skeletal malformations, skin abnormalities, cataracts and short stature. The specific symptoms and severity varies greatly from one individual to the next. It occurs almost exclusively in girls.

According to ABC News, doctors informed Rodgers that her daughter would likely be deaf and that her scoliosis could impair her lung function. Doctors also said her daughter would likely never walk.

And when Grace Anna was born via C-section, she was quickly rushed away due to meconium aspiration, a life-threatening condition that occurs as a result of a baby inhaling her first stool during or before delivery. Rodgers told ABC News:

"I didn't know if she would make it – they didn't tell me anything. I never saw her for the first 12 hours and when I did, she had scales on three-quarters of her body. The only place with no scales were her face and butt. They fell off in three months."

Now, three years later, Grace is an adorable internet sensation, singing for the world on You Tube and gaining over 200,000 likes on her Facebook page. It all started when her mother shared a video of her singing The Star Spangled Banner. That video has over 350,000 views. And Grace has been invited to sing at events including a veterans' benefit.

Her sweet voice and face have brought joy to thousands. And while she hasn't yet begun to walk, Grace's mom knows that her daughter has overcome ever obstacle thrown her way, and they've learned to take the advice of doctors with a grain of salt.

Grace, a little girl whom doctors thought wasn't worthy of life, is singing her way into America's hearts and hearts around the world.

Editor's note. Nancy is a work at home mom who writes about parenting, special needs children, and the right to life. She is the lucky mother of three spirited little girls, one who has cystic fibrosis, and she spends any free moment she can find fundraising for a cure for CF. This appeared at liveactionnews.org.

You can watch Grace Anna sing the National Anthem at www.youtube.com/watch?v=FLdjwpfcC8w

Grace Anna

"A Baby's First Months" brochure in stock and ready to be ordered

National Right to Life just received a shipment of the wonderful and educational pamphlet "A Baby's First Months!" We are fully stocked and ready to take your orders.

"A Baby's First Months" is a truly remarkable, full-color brochure which follows the development of the unborn child in utero from fertilization until birth. It documents the development milestones that occur during a baby's first months of life, including the development of her fingers and toes, ears, and her capacity to feel pain. A must-have for every pro-lifer!

All pricing includes regular United States Postal Service (USPS) or ground shipping in the USA. There is a minimal order of 5 pamphlets.

To place your orders, please email us at stateod@nrlc.org. If you are ordering from outside the United States, call 202-378-8843 for shipping information.

The prices of the pamphlets are:

5 – 99	**$.50 each**
100 – 499	**$.40 each**
500 plus	**$.30 each**

So stock up now and get your order in early for one of the best educational tools available in the pro-life movement!

NY State Health Commissioner

from page 1

inspected in 13 years. To illustrate just how un-seriously the Health Department took its job, "city eateries are inspected every year and graded, while a new law requires tanning salons to undergo inspections at least once every other year," the Post reported.

Noteworthy is that pro-abortionists acknowledged there are 225 abortion service providers in the state. Yet, as Campanile explained, the Health Department inspectors only "regulate 25 diagnostic and treatment clinics and surgery centers that provide abortion services." What about those 25?

"Eight of the 25 clinics were never inspected over the 2000-12 span, five were inspected just once, and eight were inspected only twice or three times — meaning once every four or six years," Campanile wrote. "A total of just 45 inspections were conducted at all 25 facilities during the 12-year period."

In addition the New York State Department of Health told the Post that the agency had only taken legal action against one abortion clinic in all time.

In his video, Astorino said, "I am calling on Commissioner Shah to resign as state health commissioner." And "if he refuses, I call on Governor Cuomo to replace him."

Astorino told his audience, "Regardless of anyone's feelings about abortion, these clinics must be clean and safe to protect women." He added that the "State health department has completely ignored its responsibility to insure that," warning, "That's how the horrific Gosnell case in Pennsylvania occurred."

Astorino then talked about the "the very few inspections" that had taken place "over the past dozen years." The health department "found egregious sanitation violations at clinics–cringe-worthy violations–yet the department refuses to tell women at which clinics these violations occurred," Astorino charged.

Even some pro-abortionists were willing to go public with their criticism.

"It's kind of scary. The lack of inspections is really quite frightening," state Sen. Diane Savino, a Democrat, told the Post. "These are facilities where women are seeking medical care. We shouldn't allow these medical facilities to take second fiddle to inspections for tanning salons and restaurants."

Losing the future, pro-abortionists conjure up an imaginary past

By Dave Andrusko

Pro-abortionists are forever criticizing pro-lifers for what might charitably be called an overactive imagination: Our "love affair with the fetus," in the memorable words of Dr. Joyce Elders, Bill Clinton's Surgeon General for about a minute and a half.

For our NRL News regulars, you'll recall that Dr. Elders' quote was one of the "notecards" that was part of the "4000 Years for Choice: A Graphic Guide to Reproductive Justice" exhibit [http://nrlc.cc/1joR6Fu]at the University of Michigan which we've wrote about.

I thought of the demented symbolism that ran through the exhibit when I read the defense offered by Val Vilott, President of the DC Abortion Fund. Vilott was responded to commentary that ripped DC Abortion Fund's practice of "giv[ing] away a silver coat hanger pendant to our monthly supporters."

In a moment we'll double back to Vilott and her organization which "gives out grants to women and girls in DC, Maryland, and Virginia who can't afford the full cost of abortion care."

Graphic courtesy aclj.org

The back and forth over wearing coat hanger jewelry about the neck inspired spirited defenses, such as Patt Morrison's opinion piece in the Los Angeles Times.

Morrison's op-ed tied declining "access" to abortion clinics to the days prior to Roe v. Wade. What better visual representation of back alley/illegal/dangerous abortions, both Morrison and Vilott believe, than coat hangers?

We've written umpteen times about the myth of millions of illegal abortions and thousands of women dying from them. To take just one illustration, there is "A Primer on 'Abortion Distortion'" [www.nrlc.org/archive/news/2004/NRL06/a_primer_on.htm]

As I wrote, prior to Roe even members of the pro-abortion establishment conceded the mythology (at least amongst themselves).

"*Mary Calderone, who edited the report of a 1955 Planned Parenthood abortion conference and who would later become president of Planned Parenthood, wrote in the American Journal of Public Health in 1960, "'Abortion is no longer a dangerous procedure. This applies not just to therapeutic abortion as performed in hospitals but also to so-called illegal abortions as done by physicians. In 1957 there were only 260 deaths in the whole country attributed to abortion of any kind.'*

"*But this was no recent development. According to [scholar Germain] Grisez, Calderone 'went on to note the decline in deaths between 1921 and 1951, and she explained it by drugs and by the large proportion of abortions performed by physicians.'"*

Aside from flashing their trademark coarseness, what does the coat hanger jewelry accomplish? Certainly flouting coat hangers has nothing to do with a sober analysis of the truth of abortion history. It is, rather, an attempt to hijack emotions and silence the brain. And, equally obvious, its primary goal is to render the millions of unborn victims invisible.

Does anyone, even Vilott, really believe that if we pass laws requiring that abortion clinics not be the pit holes she insists they were in the bad old days prior to legalization, this will end legal abortion? Or as a result of requiring that abortionists have admitting privileges at a nearby hospital when the inevitable complications occur? Or because legislators insist that the abortionist actually is in the room when a woman receives the two-drugs that will kill her unborn child, rather than sitting behind a desk hundreds of miles away pushing buttons?

In a vain attempt at moral equivalency, Morrison compares the coat hanger penchant to "the fetus-feet lapel pins bought and worn by abortion foes." Pro-lifers ought to understand that both are "political statements"; the coat hanger pendant is not "a piece of jewelry that trivializes the matter," Morrison writes.

But **of course** it does. And—equally obvious—the penchant is an attempt to rile up the younger generation of women, particularly feminists. That's understandable, given the nasty "intensity" gap.

A 2010 NARAL poll taken of 700 young Americans found that "Most antiabortion voters under 30 (51 percent) considered it a 'very important' voting issue," Sarah Kliff, then of the Washington Post, wrote. "Among abortion-rights millennials, that number stood at 26 percent." That's almost precisely a 2-1 deficit. That will get your attention.

When Nancy Keenan stepped down as NARAL president in 2012, she insisted that a majority of younger folks were with them, but that abortion was not "a voting issue for them." Keenan added, "If we want to continue protecting abortion rights in this country," this had to change.

The problem for Keenan and other older pro-abortionists is that younger women find the older generation's default resort to outdated,irrelevant rhetorical devices like coat hangers almost painfully embarrassing, old geezers harkening back to when they walked ten miles to school in subzero temperatures.

But, then again, what do they have? If the future belongs to pro-lifers, what choice do they have than to conjure up an imaginary past?

"Autos for Life" gears up for spring!

By David N. O'Steen, Jr.

Winter is FINALLY drawing to a close, and it's time to start thinking about spring cleaning! While you are busy cleaning your attic and closets, don't forget about what's in your driveway or garage.

Maybe you've got a project car that you just don't have time to finish, a minivan that is no longer needed because the kids are all grown, or an extra car that is rarely being used but you're still paying insurance on it! We'll take it!

By donating your vehicle to the National Right to Life, you can help save the lives of countless unborn babies, and you receive a tax deduction for the FULL SALE AMOUNT! The "Autos for Life" program has received strong support, and a great variety of vehicles from pro-lifers all across the country. We have received everything from classic and luxury cars to minivans, boats, economy cars and jet skis!

This is where you can help.

Your donated vehicles can be of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better), and we'll take care of the rest. Digital photos preferred, but other formats work as well. You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! All vehicle information can be emailed to us directly at dojr@nrlc or sent by regular mail to:

"Autos for Life"
c/o National Right to Life
512 10th St. N.W.
Washington, D.C. 20004

As all of us in the pro-life movement know, we now face some of the greatest challenges ever. With our educational efforts we will continue to see a dramatic reduction in the number of abortions each year. We also know that we will continue to see those numbers decline even more as we teach the truth about how abortion hurts babies and their mothers.

"Autos for Life" wishes to thank all of the dedicated pro-lifers that have donated their vehicles to this great program We need your continued support in making 2014 a great year for the pro-life movement!

If you or someone you know has a vehicle to donate, please contact David O'Steen Jr. at (202) 626-8823 or dojr@nrlc.org. Please join us in helping to defend the most defenseless in our society. With your prayers and continued support, we know we will win!

"Muzzling those without the proper worldview"

from page 2

hang with the beautiful people when Al Pacino played him in the HBO production of 'You Don't Know Jack."

"Kevorkian cut a vivid image at premieres and awards, sometimes wearing his iconic blue thrift-store sweater with a tuxedo," wrote Joe Swickard of the Detroit Free Press at the time. "He almost glowed at receptions as women circled him and powerful men elbowed their way through the adoring crush to shake his hand."

Gosnell was the subject of a remarkable film, "3801 Lancaster," which in a mere 21 minutes and 11 seconds, explained in

almost clinical detail the circumstances that culminated in Gosnell's trial and subsequent convictions. Whereas Pacino portrayed Kevorkian as a noble figure, the "actors" in the Gosnell documentary told a harrowing tale.

We watch interviews with two of the women who aborted at Gosnell's abortion clinic. Their testimony reinforced the overwhelming conclusion of the Grand Jury report that resulted in Gosnell's original indictment: it's actually worse than what was heard in court. There is a sequel in the works—3801 Lancaster: Part II which will be released May 13, 2014, to mark the one-year anniversary of Gosnell's conviction.

'You Don't Know Jack" earned Pacino an Emmy and Golden Globe. "3801 Lancaster" was invisible to virtually everyone outside the pro-life community.

But a new film about Gosnell by Phelim McAleer and his wife, Ann McElhinney--while it will no doubt be panned by the same people who glorified Kevorkian and couldn't be bothered with "3801 Lancaster"--is getting some publicity. Not for what it will tell but in response to the blatant double standard that has existed from the beginning.

McAleer and McElhinney are raising funds for a film that will tell the story the media did its collectively best of squelch. But as we noted over at NRL News Today, they ran into a buzzsaw when (as columnist Kirsten Powers wrote) "Kickstarter, the nation's biggest crowd-funding site, refused to accept a film about convicted abortion doctor Kermit Gosnell unless descriptions of his crimes were removed." Stuff like "stabbing babies" and the like.

In explaining its decision (in language that Powers described as "dissembling and contradictory"), Kickstarter wrote, "We understand your convictions … however … our Community Guidelines outline that we encourage and enforce a culture of respect and consideration, and we ask that that language specifically be modified."

Now as many, many people have noted, Kickstarter regularly helps to raise funds for projects that would turn the stomachs of most people.

More relevant to us is (as Powers wrote) "What type of movie on late-term abortion do our meddling gatekeepers want? Kickstarter accepted *After Tiller*, a hagiography of the abortionists who took over when Wichita doctor George Tiller was murdered. The film presumably doesn't belabor the *process of late-term abortion*, where babies are often stabbed in the neck with scissors and the contents of their skulls suctioned out. One wouldn't want to violate Kickstarter's culture of respect and consideration. Or provide factual information."

So, the Mainstream Media almost completely avoids the Gosnell trial until shamed into a few stories and ignores the very existence of "3801 Lancaster." To its credit, some media outlets are at least talking about how McAleer and McElhinney are being treated--"muzzling those without the proper worldview," in Powers' words.

She rightly concludes, "Mob rule enforcing groupthink is as illiberal as it gets, and yet it was liberals demanding uniformity of thought — or else."

Before there was Gosnell there was Kevorkian. All the while before he was finally convicted and sent to prison, Kevorkian basked in the glow of uncritical media attention for shouting from the rooftops that his bizarre behavior was good and proper and done on behalf of his "patients." He ran a victory lap when he was released from prison, being feted by the Hollywood types and compared to Martin Luther King, Jr!

Gosnell gave one reporter a rambling, confused, self-justifying set of interviews. Otherwise nothing since his imprisonment.

No one playing Kermit Gosnell will ever win an Emmy. The only "win" for Gosnell is if the truth is ignored, minimized, or rationalized away.

That is why the McAleer/McElhinney film is so important. We need to remember all those murdered babies, all those exploited women.

We need to be reminded (as the Grand Jury wrote, in explaining what police found) "*There was blood on the floor. A stench of urine filled the air. A flea-infested cat was wandering through the facility, and there were cat feces on the stairs. Semi-conscious women scheduled for abortions were moaning in the waiting room or the recovery room, where they sat on dirty recliners covered with blood-stained blankets."*

That is the real face of the Abortion Industry.

Pro-abortionists file another lawsuit challenging portions of Texas' HB 2

By Dave Andrusko

Another day, another lawsuit. On April 2, the Center for Reproductive Rights (CRR) announced it was filing another two-part attack on provisions of Texas's omnibus HB2.

Judge Edith Jones

They targeted the admitting privileges provision and the requirement that abortion clinics meet the same building standards as ambulatory surgical centers.

The move came six days after a three-judge panel of the U.S. Court of Appeals for the 5th Circuit unanimously upheld provisions of HB 2 that required abortionists to have admitting privileges to a hospital located within 30 miles of the abortion clinic and regulated how far into pregnancy chemical abortifacients can be administered.

Undeterred by the panel's unanimous opinion, CRR sent out a press release stating it was filing a federal lawsuit in Austin (1) seeking "an immediate court order blocking the law's requirement that abortion providers obtain admitting privileges at local hospitals as it applies to Whole Woman's Health in McAllen and Reproductive Health Services in El Paso"; and (2) to "strike down HB2's provision that every reproductive health care facility offering abortion services meet the same building requirements as ambulatory surgical centers." The latter provision does not effect until September 1.

Judge Jennifer Walker Elrod

CRR argues the former provision has forced Whole Woman's Health to close its door and that the latter would force even more abortion clinics, especially those west or south of San Antonio, out of business.

Noteworthy is the CRR has not challenged (and did not April 2) the Pain-Capable Unborn Child Protection Act, which is part of HB2. This provision prohibits killing unborn children who have reached the developmental milestone of being able to feel pain, which substantial medical evidence places at 20 weeks, if not earlier.

The requirement that abortionists have admitting privileges at a hospital within 30 miles was originally challenged by Planned Parenthood and the Center for Reproductive Rights, and struck down by U.S. District Judge Lee Yeakel in Austin. The state appealed and the U.S. Court of Appeals for the 5th Circuit subsequently upheld the law.

Judge Catharina Haynes

At the end of November, the Supreme Court rejected an appeal by pro-abortion plaintiffs for a stay, which meant Texas could implement the law.

LIFE CAMP

June 26, 27, & 28, 2014
Louisville, Kentucky

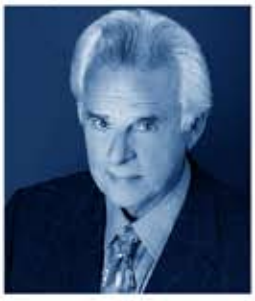
LIFE CAMP is the 2014 National Teens for Life Convention.

LIFE CAMP will prepare you to be a Pro-Life leader who strengthens your school, your community, and your local right-to-life group!

nrlconvention.com/teens

Speaker profiles

Wesley J. Smith
bioethicist, author



David Prentice
family research council

Melissa Ohden
abortion survivor

and many more.

+ CONTESTS
NEW FRIENDS
A LIVE ULTRASOUND
MUSIC & PIZZA

You're not the future of the Pro-Life movement...

YOU ARE THE PRO-LIFE MOVEMENT.

Pro-abortion author tells us that: "Abortion is a Blessing, Grace, or Gift"

By Dave Andrusko

In "Former abortionist describes how he became callous to the horror of performing abortions," a piece Sarah Terzo wrote for LiveAction News which we are reprinting on page 26, Terzo recaps how one former abortionist went from initial horror at what he saw ("It was like somebody put a hot poker into me") to casual indifference when he actually performed abortions ("But after a while it got to where it didn't hurt.") His explanation?

David Brewer likened it to what happened to his hands when he did summer yard work as a youth. "That's what happened to my heart as I saw the abortions and then began doing them. My heart got callused. My heart was callused against the fact that I was murderer."

I can only wonder what personal trajectory could possibly explain Valerie Tarico's "Abortion as a Blessing, Grace, or Gift: Changing the Conversation on Reproductive Rights and Moral Values."

I could easily devote the same 3,368 words she expended in her post to critiquing her amazingly obtuse case for abortion. And it will require discipline not to. Here goes.

What opens Tarico's op-ed? A graphic of hands holding a baby's feet with lipstick on his/her left foot. The caption? "Every baby should have its toes kissed." (The illustration is shaped like a heart.)

You can pretty much figure out the gist of what follows. First she has to set the stage. She tells us that "most reproductive rights advocates," like "most Americans," think of "childbearing as a deeply personal or even sacred decision." Glad we got that straight.

But, Tarico asks, if we pro-abortionists think the same way, how is it that we "have failed to create a resonant conversation about why, sometimes, it is morally or spiritually imperative that a woman can stop a pregnancy that is underway"? Glad you asked. She is eager to explain why the oversight and how to rectify it.

If you're short on time, just read the next paragraph. Everything else is a garbled, question-begging footnote. Tarico writes

"*My friend Patricia offers a single reason for her passionate defense of reproductive care that includes abortion: Every baby should have its toes kissed. If life is precious and helping our children to flourish is one of the most precious obligations we take on in life, then being able to stop an ill-conceived gestation is a sacred gift. Whether or not we are religious, deciding whether to keep or terminate a pregnancy is a process steeped in spiritual values: responsibility, stewardship, love, honesty, compassion, freedom, balance, discernment. But how often do we hear words like these coming from pro-choice advocates?"*

Oh. Okay. Let's go through these "spiritual values" as they are expressed when "stop[ping] an ill-conceived gestation" and see what we see.

#1. Responsibility. I get it. It is the unborn baby's responsibility that she is there in the first place. She willed herself into existence. In case she doesn't know, she is also responsible for not getting in Mom and Dad's way, too.

#2. Stewardship. Tarico helps us understand that we misunderstand what true stewardship is. Pro-life dummies think this means we are stewards of the little ones, not their owners. Why? Because we have all the power and are responsible [whoops, there's that word again] for protecting the powerless. Those of us who disagree with Tarico are probably thrown off because there are such deep religious connotations to the word.

#3. Love. Love is…what? Never having to say you're sorry. Love is most certainly not bearing burdens for others (that is sooooo old-fashioned). Love is expressed

See "Pro-Abortion author," page 25

Mother of Jahi McMath still convinced "she will have a recovery"

By Dave Andrusko

After the mother of Jahi McMath, the teenager whom doctors had diagnosed as brain dead, won the right to move her from Oakland Children's Hospital to an undisclosed location where feeding and breathing tubes were successfully inserted into the 13-year-old Jahi, the family attorney told reporters the family would not be talking for a while (http://nrlc.cc/1hwj42n).

That silence was not broken until last month when Jahi's mother Nailah Winkfield, gave an exclusive interview with NBC Bay Area and NBC's affiliate in Philadelphia.

Nailah Winkfield, the mother of Jahi McMath

Lisa Fernandez of NBC Bay Area began by quoting Winkfield.

"She's still asleep," of Oakland said in a satellite camera interview. "I don't use the word 'brain dead' for my daughter. I'm just waiting and faithful that she will have a recovery. She is blossoming into a teenager before my eyes."

For those coming late to the story, Jahi has been on a ventilator since going into cardiac arrest following December 9 surgery to remove her tonsils and clear tissue from her nose and throat. Three days later she was diagnosed as brain-dead. A legal battle began in earnest when the hospital sought to remove Jahi from a ventilator over the family's vigorous objections.

A truce was brokered in early January during a hearing before Alameda Superior Court Judge Evelio Grillo, allowing Nailah Winkfield to remove her daughter from the hospital as long as she assumed full responsibility.

Hospital spokesman Sam Singer vigorously disagreed.

"We have done everything to assist the family of Jahi McMath in their quest to take the deceased body of their daughter to another medical facility," he said at the time. Singer told reporters that Dolan is "perpetuating a sad and tragic hoax on the public and the McMath family. Tragically, this young woman is dead, and there is no food, no medical procedures and no amount of time that will bring back the deceased."

But Nailah Winkfield painted an entirely different picture of her daughter's condition. She described Jahi as "very response." Fernandez wrote that Winfield said her daughter is "now moving her head side to side, something she hadn't done before."

Jahi, who is undergoing physical therapy, can bend at the waist and turn over in bed, according to her mother.

"No matter how many times you position her to the right or in the middle, she always ends up on the left side," Winfield said. "She will reposition herself over and over if she is uncomfortable."

But Winkfield did tell NBC Bay Area that her daughter "is unable to speak or squeeze her hand. Jahi is on a ventilator and is nourished through a feeding tube. Her mother gives her vitamins and fish oil herself 'to feel useful,'" Fernandez wrote.

Fernandez solicited input from outside experts who did not share Winkfield's optimism. Fernandez wrote

"*In a phone interview on Thursday from the University of Washington where he is head of pediatric neurology, Dr. Sidney Gospe, said he couldn't put a 'whole lot of weight' into what Jahi's mother had to say about her movements without a neurological examination. 'Someone with expertise would have to characterize those movements as either reflexes or something initiated by her cerebral cortex,' he said. Gospe added that a ventilator has the ability to help maintain a patient's vital signs.*"

But, as you would imagine, Winkfield was not dissuaded. As a measure of her determination, she quit her job at Home Depot to sit by Jahi's bedside. Relatives are caring for her other three children—two daughters and a son.

Fernandez ends her story by noting

"*There are many who have criticized the family for keeping a brain-dead daughter on machines.*

"*Winkfield, however, is paying those critics no mind.*

"*She's too focused on spending her days caring for Jahi, giving her a manicure and pedicure every Friday, like she did at home. On St. Patrick's Day, she painted her daughter's toes and nails green with black and silver tips.*"

"*Winkfield also pores over case studies on people who have come out of deep comas, and she spends long hours reading the pages of the Bible, looking for hope and wisdom.*

"'*Literally,' Winfield said. 'That's the only book I read.*'"

"Team Oz" Helps Woman Starve to Death

By Wesley Smith

I remember early in my anti-euthanasia activism being approached by a Hemlock Society member after a speech. "How do you envision your death, Mr. Smith?" she asked sweetly. I could only shake my head. "Ma'am," I replied. "I'm trying to envision my life. My death will take care of itself."

That experience taught me that some believers of assisted suicide are obsessed with dying. More evidence: A healthy elderly woman named Dorothy Conlon–a member of the Hemlock Society Compassion and Choices and devotee of assisted suicide–decided she wanted to die by self-starvation because she could no longer travel the world and worried about being in a nursing home.

A decent response would be to get help for the woman to live! But no: A group of "friends" decided to help her starve to death. From the Sarasota Herald Tribune story, entitled as so many such articles are, "Dorothy's Choice:"

Conlon began to formalize what she called her "G2G" ("Good to Go") plan, and to assemble volunteers who would become her "Team Oz." ("Get it?" she would say gleefully. "Oz? Dorothy? Somewhere over the rainbow?")

Eventually the team consisted of four women: Helen, who had met Dorothy through the church in 1989 though she was no longer a member; Susan, nearing 70, a former psychotherapist and Conlon's massage and Reiki therapist; Heather, 53, a member of the meditation group Conlon regularly participated in; and Carmen, a longtime neighbor and friend of 25 years, who was already established as Conlon's health care surrogate.

None considered themselves intimate friends, but all fulfilled her essential requirements: They approved of her right to make the decision and promised to help her accomplish it, while pledging to refrain from pursuing any medical intervention.

I'm sorry–-actually, I'm not–-but what kind of people would agree to participate and assist in such a horrible endeavor? Why not just pull out the chair to help her hang herself or close the garage door after she started her car?

Look how they romanticized what they thought would happen:

Susan had presumed she would quietly and calmly perform Reiki or massage. Heather anticipated her friend might open up at last and talk about her sons and her marriage. Helen, with whom Conlon had shared more intimate conversations, figured she would just "hang out" and keep her friend company. And Carmen, who would be on an out-of-town trip for the first 10 days of the process, secretly hoped that Conlon might pass peacefully before she returned

Dorothy Conlon in Dubrovnik, Croatia in 2009.

It wasn't pretty:

As the days went on, "Team Oz" frayed. Not quite two weeks into the process, Conlon was increasingly agitated and her caretakers debilitated, drained and overwhelmed emotionally and physically. At least one team member felt an urge to call 911, but squelched the impulse after one of the others acknowledged it was too late to restore Conlon to health.

"I think this is a real dilemma that would challenge anybody's morality," says Tidewell's Angsten of responsibility the team members assumed. "Then, to watch someone suffer adds a whole other dimension." Since calling in medical personnel went against everyone's vow to respect Conlon's wishes, Carmen looked elsewhere for support.

Even after death, the terminal nonjudgmentalism is so thick you can eat it with a fork:

At 5:48 a.m. the next morning, Helen and Samantha remember waking abruptly from a deep sleep at their respective homes. Conlon was still warm to the touch when they arrived shortly after. She had one arm raised above her head, as if waving to someone. There was a faint upward curve to her lips. "She looked very peaceful," said another friend, who assisted with calling a doctor to obtain a death certificate.

"She was entirely in control to the end and ultimately, it was the dignified death she wanted." And yet, for everyone involved, an unease lingered. "I admire what she did," the friend concluded. "But I think it was a very hard way to do it."

At least a few saw the selfishness in Dorothy's approach, not that it mattered:

No one had a change of mind about their support of Conlon's choice and her right to make it. But they all agreed they would never again offer to help in a similar circumstance.

"It did not change my views morally, spiritually or ethically at all, but if someone asked me to do this again, I'd tell them I want no part of it," says Helen. "I'd strongly suggest they look into all the reasons they want to leave — and then that they get some goddamn pills."

Carmen remembers sitting in her car one day after pulling into her driveway, watching and listening to the rain and thinking how much she valued living. "I don't think Dorothy ever considered the burden you are putting on people by asking them to help," she says. "It's heavy, even just the knowledge of it.

I would not offer to do this again." Like the others, Heather, who is dealing with a parent suffering from dementia, believes there should be a better option than the one Conlon chose, one that is legal and swiftly accomplished.

Right. Because the death obsession is the all-important point! And the media, as here, is increasingly complicit in pushing suicide memes.

What can I say, folks? This is what we are becoming.

Editor's note. This appeared on Wesley's blog at www.nationalreview.com/human-exceptionalism

Newly Elected Chilean Government Turns Back on That Nation's Most Vulnerable

By Rai Rojas

There is a truth universally acknowledged that elections have consequences, and earlier this morning that truth was made manifest during national reports at the United Nations 47th Commission on Population and Development (CPD) being held at UN Headquarters in Manhattan. Chile has a new leader and this is the first meeting where the newly sworn-in Chilean President, Michele Bachelet, has sent a representative to speak on behalf of the people of Chile.

Chilean President, Michele Bachelet

We who are regulars here at the UN knew a Chilean policy change was sure to be forthcoming – we just didn't know how great a change it would be. There was a sense of anticipation when the Chairman of the Commission recognized the delegate from Santiago and the seismic shift in Chile's international abortion policy was felt by everyone in the room almost as soon as she began to speak. The new representative wasted no time in underscoring Bachelet's penchant for turning radical abortion policy into law.

"Based on the Montevideo Consensus on Population and Development in Latin America and the Caribbean, we prioritize our revisiting of sexual and reproductive rights as an integral part of human rights: its exercise is essential to the enjoyment of other fundamental rights and achieving social justice in a society free from all forms of discrimination and violence. We endorse the objective to promote, protect and ensure the health, sexual rights and reproductive rights which will contribute to the full realization of people – especially girls and young women.

It is imperative to put a stop to the rates of preventable maternal deaths that result from the difficulty of access to adequate sexual and reproductive health. In order to cut maternal mortality, we must reduce the gap between wanted pregnancies and actual fertility by focusing actions on the most vulnerable sectors of our population.

Therefore, the Government of Chile has introduced a program that includes policies to strengthen the autonomy of women. This law seeks to decrease the barriers to sexual and reproductive health and effective contraceptive methods, including emergency contraception, information on affordable and accessible contraception.

This law will also consider the decriminalization of abortion for three reasons: danger to life of the mother, rape, and fetal anomaly – to guarantee and ensure the physical and mental integrity of women in these circumstances."

And just like that – decade's long history of pro-life, pro-woman, pro-family national policy flew out the proverbial window (would that the conference room in the belly of the UN had a window.)

But not so fast. The political profile of Chile's government has changed – but their pro-life laws are still in place. And Ms. Bachelet may believe these radical changes are her mandate due to her landslide win with 62 percent of the vote, but only 40 percent of Chile's citizen's cast votes. That means that more than 70 percent of the country didn't vote for her, and many who did were not aware of her zeal for abortion on demand.

In fact – she has no pro-abortion mandate at all.

The people of Chile are also "Constitutional Amendment" weary. Since 1980, Chile's constitution has been amended 16 times by both referendum and legislative action. In order for Ms. Bachelet to carry out these sweeping pro-abortion changes, a constitutional amendment is required because as even she has admitted in regards to her pro-abortion positions, "A president can't impose views on society – I think we have to discuss this."

And there is much to discuss.

For years the government of Chile has produced and aired brilliantly touching ads on national television that address the need for mothers and fathers to care for their unborn children. These ads, focusing on maternal health and fetal development, coupled with Chile's strong protective pro-life laws, have made the country the leader in low maternal and infant mortality rates in the region.

Elections do have consequences, and Ms. Bachelet and her liberal pro-abortion government will insist on radicalizing her country's abortion laws – but the people of Chile, including those not yet born, are protected by a strong pro-life Constitution. Let's pray it holds up to the looming pro-abortion onslaught.

One additional truth is also evident – the victory lap taken by pro-abortion NGOs [Non Governmental Organizations] and abortion profiteers gathered at the UN today in the form of whoops and hollers was not only puerile – but incredibly premature.

Editor's note. In addition to being NRLC's director of Hispanic Outreach, Mr. Rojas also represents NRLC as an accredited non-governmental organization (NGO) at the United Nations where he works with members of South and Central American delegations and other pro-life NGOs.

West Virginia Governor's veto of Pain-Capable Unborn Child Protection Act demonstrates a "lack of compassion for children suffering horrific pain during late-term abortions"

By Dave Andrusko

Since it was essentially the governor's decision to make, pro-life West Virginians were not shocked when Gov. Earl Ray Tomblin, who had campaigned as pro-life but who had vetoed the Pain-Capable Unborn Child Protection Act, chose not to call a special session to revisit HB 4588.

John Carey, legislative coordinator for West Virginians for Life, speaking at a press conference held in the lower rotunda of the state Capitol.

Nonetheless it was important that a coalition of pro-life organizations, led by West Virginians for Life, gathered in the lower rotunda of the state Capitol to express their disappointment in the governor. They were also there to remind the legislature and the governor that they were not about to forget this initiative to save babies capable of experience the horrific pain of abortion, a capability they have no later than at 20 weeks.

Jennifer Popik, JD, is legislative counsel for the National Right to Life Committee's Robert Powell Center for Medical Ethics.

"Let's be clear -- this is a very developed child," she said at the press conference. "This is a child the medical community sees as a second patient, and this is a child who can feel pain."

Popik added, "There is a very strong case that this law, if heard by the Supreme Court, would be found by five Supreme Court justices to be constitutional."

Tomblin's veto message was only 127 words long, but what he did when he vetoed HB 4588 can be summarized in even fewer words. Five to be exact.

He totally abandoned unborn babies.

I can live, although the babies can't, when governors just tell you they don't want to sign pro-life legislation. That tells us that they their cast their lot with the Planned Parenthoods and NARALs and EMILY's Lists of the world. (Indeed, when Tomblin vetoed the bill, Melissa Reed, Planned Parenthood Health Systems' vice president for public affairs, patted him on the back: "We commend Governor Tomblin for taking a principled stand and vetoing HB 4588, which is an unconstitutional and cruel measure.")

But when they try to clothe their abandonment in lofty-sounding introductions like this—"I believe there is no greater gift of love than the gift of life. I have stated this time and again throughout my career and it is reflected in my legislative voting record"—then it makes their betrayal all the harder to swallow.

John Carey, West Virginians for Life legislative coordinator, explained that Gov. Tomblin "claimed the bill was unconstitutional—a determination that that is usually left to the courts." Tomblin failed to note both that ten other states have passed similar laws, Carey said, and that none have been found unconstitutional. It also did not go unnoticed by other speakers that in his veto message, Tomblin criticized the bill for components that were no longer it in.

Carey concluded his remarks with an important reminder:

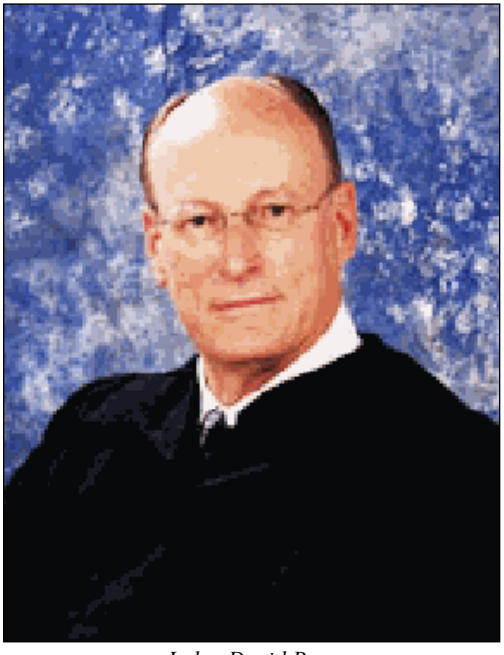
"*In this legislative session, our compassionate legislators passed legislation designed to protect children from bodily harm due to child neglect and abuse. It was only appropriate that they also passed the Pain Capable Unborn Child Protection Act, which recognizes the need for such protection beginning at 20 weeks in the womb.*

"*The Governor's veto has demonstrated a lack of compassion for these innocent children suffering horrific pain during late-term abortions."*

9th Circuit blocks enforcement of Arizona's HB 2036 until May 12

By Dave Andrusko

To the surprise of absolutely no one, the famously liberal, pro-abortion 9th U.S. Circuit Court of Appeals Tuesday issued an injunction against Arizona's HB 2036 until the three-judge panel hears the case.



Judge David Bury

That will be no sooner than May 12 when a hearing on the law is scheduled.

The 2012 law requires that any abortion-inducing drugs be administered "in compliance with the protocol authorized by the U.S. Food and Drug Administration."

In 2000, the FDA approved RU-486 for use only for the first seven weeks of pregnancy and with a particular combination of the two drugs, mifepristone and misoprostol.

The plaintiffs want the period the combination can be used extended to nine weeks and for the woman to take the second drug at home. They told U.S. District Court Judge David Bury that the limitation would affect 800 women who take the combination after the seventh week and before the tenth week of pregnancy.

Judge Bury had barely decided to refuse to block the law's enforcement while deciding the legal issue [nrlc.cc/1kLg29U] before the 9th Circuit granted a temporary stay. The panel said it needed a full briefing to decide whether it would issue an emergency stay. At that time, the panel asked for briefs by April 4 [nrlc.cc/1kLfQat].

According to reporter Howard Fischer, in its brief order Tuesday, the appeals court "said it is possible some women in Arizona will suffer 'irreparable harm' if their access to certain kinds of abortions is curbed while the legality of the law is litigated, so it issued an injunction blocking the law from taking effect until arguments on the issue are heard. That will not happen until May 12."

If there were any doubt where the three-judge panel is likely headed, it was probably resolved when they said the law "raises serious legal questions" of whether the statute creates an "undue burden" on women who want to abort.

David Brown, the attorney for the Center for Reproductive Rights, concedes the use of the prostaglandin misoprostol is "off-label," but argues the "medical community" has found that it is safe to use the two drugs in different quantities than recommended by the FDA and up to nine weeks in pregnancy.

(NRL News Today has addressed those contentions and the real reasons the abortion industry is pushing chemical abortions in a five-part series written by Randall K. O'Bannon, Ph.D., NRL-ETF Director of Education & Research. The series, "Five Reasons behind the Abortion Industry Push for Chemical Abortions," began at nrlc.cc/1j5LMa1)

But Judge Bury was not persuaded. He harkened back to Supreme Court precedents and held that HB 2036 did not place an "undue burden" on the right to abort nor did it place a "substantial obstacle" in the exercise of that right.

Federal courts have upheld similar but not identical protocols in Ohio and Texas. (See nrlc.cc/1hw7hB7and nrlc.cc/1mwrasc).

Why Ipas is wrong to say legalizing abortion worldwide would save lives

By Paul Stark

The international abortion advocacy organization Ipas helped convene a meeting in late March calling for governments to "repeal laws that criminalize abortion and remove barriers on women's and girls' access to safe abortion services," making "safe, legal abortion universally available, accessible and affordable for all women and girls." The conference attendees say abortion must be legalized to "sav[e] women's lives."

That is false. Maternal health depends far more on the quality of medical care (and related factors) than on the legal status or availability of abortion. Consider:

Maternal mortality declined dramatically in the developed world as a result of advancements in modern medicine that took place before the widespread legalization of abortion.

Today Ireland, Poland, Malta and Chile significantly restrict or prohibit abortion and yet have very low maternal mortality ratios.

Among the few countries that achieved a 75 percent reduction in their maternal mortality ratios (a target of Millennium Development Goal 5) by 2010, Maldives, Bhutan and the Islamic Republic of Iran did so while generally prohibiting abortion.

After Chile banned abortion in 1989, its maternal mortality ratio continued to decline significantly and at about the same rate, dropping 69.2 percent over the next 14 years, according to a 2012 study by Elard Koch, et al. Even maternal deaths due specifically to abortion declined—from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 percent after abortion was made illegal.

Legalizing abortion, the Chilean study's authors conclude, is demonstrably unnecessary for the improvement of maternal health and the saving of women's lives.

In fact, legalizing or expanding abortion can be detrimental to the health and safety of pregnant women. Abortion poses physical and psychological risks. These risks include immediate complications such as hemorrhage, infection and death as well as long-term risks such as breast cancer.

A wealth of worldwide research has established that abortion increases the risk of subsequent preterm birth, which can cause death or disability in newborn children. Abortion is also associated with a variety of psychological and social problems, including depression, drug abuse and suicide.

The health risks of abortion are exacerbated in countries where basic health care is lacking. The legalization or expansion of abortion in such countries can increase the incidence of abortion, increasing the number of women subjected to the risks of abortion.

The evidence shows that better maternal health care, not abortion, is the way to save lives.

Editor's note. Paul Stark is Communications Associate for Minnesota Citizens Concerned for Life, NRLC's state affiliate. This appeared at prolifemn.blogspot.com.

Pro-abortion author tells us that: "Abortion is a Blessing, Grace, or Gift" *from page 19*

by transcending all those patriarchal obligations that keep women in chains. Love is "stopping an ill-conceived gestation," not for the good of the mother (although that's also true for Tarico), but for the good of the child. Nothing is worse than going through life with our toes unkissed.

#4. Honesty. Now everyone can agree on this, right? A woman (or her significant other) doesn't want that kid. Honesty demands that neither (or both) is weighed down by burdens that they honesty don't want. What could be more plain? If I honestly don't like my two-year-old screaming at night, then I should honestly eliminate the source of my irritation. And that does not mean my short-temper.

#4.Compassion. Luckily we have the likes of Valerie Tarico to clarify for us that true compassion is not to be confused with that gooey, sentimental stuff. You don't need that to put the unborn child first--in a manner of speaking, sort of, kind of.

#5. Freedom. What needs to be said about that? We need to appreciate that freedom is not the right to do what we ought to do in the first place. Besides, even if it was, who knows what is right but the individual woman? After all what's true for you is not true for me. (As someone once said in a different context, "what is truth?) I need to be free, not weighed down by what Tarico's sees as countless "antiquated," "brittle," "illusions" that cumulatively "lie" to women.

#6. Balance. Let's see. If the adult has all the power, possessed of the right kind of lethal compassion, free to help the child understand she is better off being put out of her misery (remember, she may not get her toes kissed), then honestly the scales clearly tip against the kid. And rightly so!

#7. And if all else were to fail, there is always discernment. Meaning? Seeing through all those stodgy stereotypes, burying (literally and figurative) instincts that reach back to the beginning of time, and, most of all, finding the redemptive meaning behind an act of incalculable brutality: we killed you for the best of reasons.

Yup, that Valerie Tarico is one deep thinker.

Former abortionist describes how he became callous to the horror of performing abortions

By Sarah Terzo

Dr. David Brewer is a former abortionist who spoke at the "Meet the Abortion Providers" convention in Chicago which was hosted by the Pro-Life Action League. The full text of his speech can be found here.

Dr. Brewer lived in New York, one of the first states to legalize abortion before Roe versus Wade. Like many practicing OBGYNs, he considered performing abortions once they became legal. At the time, Dr. Brewer described himself as having "no real convictions [on abortion], caught in the middle."

He describes witnessing his first abortion during training. It was a first trimester suction abortion.

I can remember that day watching the first abortion with the resident doctor sitting down and putting the tube in and removing the contents, and I saw the bloody material coming down the plastic tube and it went into a big jar. The first one. I'd never seen one before. I didn't know what to expect. Well, it was my job afterwards to go undo the jar and see what was inside. It was kind of neat, learning about a new experience. I wasn't a Christian; I didn't have any views on abortion; I was in a training program; this was a brand-new experience. I was going to get to see a new procedure and learn, and that was exciting.

And it got more exciting as I opened the jar and took the little piece of stockinette and opened that little bag, and the resident doctor said, now put it on that blue towel and check it out. We want to make sure that we got it all. I thought, oh, that will be exciting hands-on experience, looking at tissue. And I opened the sock up and I put it on the towel and there were parts in there of a person. I'd taken anatomy; I was a medical student; I knew what I was looking at. There was a little scapula and an arm and I saw some ribs and a chest, and I saw a little tiny head, and I saw a piece of a leg, and I saw a tiny hand, and I saw an arm. You know, it was like somebody put a hot poker into me. I believe that God gives us all a conscience and I wasn't a Christian, but I had a conscience and that hurt.

I checked it out and there were two arms and two legs and one head, etc., and I turned and said, I guess you got it all. That was a very hard experience for me to go through, emotionally.

Dr. Brewer was horrified by the abortion he witnessed, but not convinced to oppose abortion. He describes the next abortion he saw.

I got to see another abortion. You know what? That one hurt, too. But I didn't do anything again and kept seeing abortions, and do you know what? It hurt a little bit less every time I saw one. Do you know what happened next? I got to sit down and do one, because you see one, you do one, and you teach one….

The first one that I did was kind of hard. It was like hurting again like a hot poker. But after a while it got to where it didn't hurt.

In his speech, Dr. Brewer attempted to illustrate what happened to him by recounting a story from his youth. He spoke about a summer in his teen years when he did yard work around the neighborhood:

My dad had a lawn mower and I got a sickle and I had some trimmers, and went out and took care of people's yards and had a little lawn and garden service. I did pretty well financially that summer. But, you know, the first couple of weeks, my hands hurt and I got big blisters. I was using tools that my hands were [not] used to, all day, every day. That was like my heart when I saw and did abortions. But then you know, after a few weeks, I got calluses on my hands and pretty soon they didn't look real good, but, boy, my hands could work all day and no blisters and no pain.

That's what happened to my heart as I saw the abortions and then began doing them. My heart got callused. My heart was callused against the fact that I was murderer.

As he continued to participate in abortion work, his conscience became more and more callused. He would later go on to assist in late-term abortions. I will talk about his experiences with them in my next article.

Editor's note. Sarah Terzo is a pro-life author and creator of the clinicquotes.com website. She is a member of Secular Pro-Life and PLAGAL. This appeared at liveactionnews.org.

Knitting caps for the newborns he delivers provides happiness to doctor, and "an abundance of joy for the new parents"

By Dave Andrusko

Here's a wonderful change of pace courtesy of an entertainment website called popsugar.

We're only a few months removed from the delivery of our second grandchild. His arrival brought to mind the hustle and bustle (although done calmly and professionally) that ensued after each of our four kids was born.

Flash forward to more recent times. Of late (or so it seems to me), medical personal appear more keenly aware of the need to keep those little ones warm.

Enter Dr. Robert Sansonetti who fits the mold of the concerned obstetrician who has gone one important step further. Leah Rocketto reports that Sansonetti, a veteran practitioner, has knit a cap for every baby he's delivered for the past four years! More than 200 overall, which he documents at drbobsbabybeanies.blogspot.com.

Dr. Sansonetti explained to Rocketto how he had once bought a book by Trond Anfinnsen, titled "HatHeads: 1 Man + 2 Knitting Needles = 50 Fun Hat Designs," that documented how after teaching himself to knit, Anfinnsen began personalizing the hats for family, friends, and friends of friends.

"The book, which includes detailed knitting instructions, sent the Sansonetti family on a knitting frenzy," Rocketto writes.

"I started by knitting a small hat in hopes of practicing before trying to knit a larger hat," Sansonetti says. "It turned out pretty well, and by chance was the perfect size for a newborn. The doctor decided to give the practice cap to the next baby he delivered. He recalls the look of surprise and delight on the mother's face, which he says prompted him to knit more miniature hats."

The caps have both a personal and practical significance. As you can imagine, the new mothers are very happy with this personal token of affection and concern. And the caps help prevent the baby from losing heat.

Rocketto says that it takes about four hours to knit each hat. So when does Sansonetti possibly find time? While waiting for his patients to deliver.

Rocketto concludes

"Several grateful patients have even provided me a gift of yarn to allow me to create additional hats for other babies," Sansonetti says. To keep track of his creations, Sansonetti takes a photo of the baby in their new beanie and posts to his blog. Even as his patient load grows, the doctor plans to continue his tradition.

"It provides a great deal of happiness for me in addition to providing an abundance of joy for the new parents."

Posted by Bob Sansonetti at http://drbobsbabybeanies.blogspot.com

Breathe deep and Exhale the truth: abortion hurts unborn children and their mothers

By Dave Andrusko

The unintentional irony—tragedy, really—of the graphic that accompanied the celebration of April as "Abortion Wellbeing Month" is hard to miss: two hands grasping each another with "You are" written on one and "Not alone," on the other.

There **is**, however, a "you" who is alone: the unborn child.

We've written about Exhale and its founder, Aspen Baker, before. The goal for its fourth annual celebration of "Abortion Wellbeing Month," Baker tells us, is so "those with personal abortion experiences and their allies can come together to honor and acknowledge the importance of wellbeing."

Why? Baker says [the boldface is in the original]

*"**Women with personal abortion experiences are too often told how to feel or judged for feeling certain ways**. Allies are too often unsure how to acknowledge and support those with personal experiences.*

*"This month is a time when, together, we can raise awareness that emotions of all kinds after abortion are common; and **that feeling heard, supported and respected – without judgment – is important to the wellbeing of every woman who has an abortion**."*

Baker argues that health and wellness after abortion requires "Understanding the whole picture of abortion in our lives." She maintains,

"Each of us is more than just one person with our own thoughts and feelings—we are members of our families and communities. We're in relationships. We experience nature. We share faith and spiritual beliefs. And abortion, while an event that happens in our body, is connected to so much more of who we are and what we believe in the world."

So, she concludes, "Join us in celebrating wellbeing, connectedness, compassion, respect for those with personal abortion experiences by modeling the change you want to see in the world."

What can we say?

We can say that just as much as her mother, the unborn child is a member of the family and the community.

We can say that the failure to "judge" the decision to abort is making a judgment—that none is needed. We can also say that condemning the woman (as opposed to the action] who has aborted is very unhelpful and highly unlikely to help her heal.

We can say to Baker, who describes the "storytelling" approach at Exhale as "provoice," that we agree with her that abortion is "connected to so much more of who we are and what we believe in the world." That is known as relationships, which we celebrate and which abortion severs.

We can say that where we most vigorously disagree is that in stilling the voice of the smallest, most vulnerable member of our family, she is "modeling the change you want to see in the world." Abortion is the very opposite of what all of us ought to be striving for: win-win solutions.

Were it only so that there would be no need for an "Abortion Wellbeing Month" because there are no abortions.

Staggering $5 Billion in Premium Subsidies

from page 1

have enacted laws restricting Exchange-participating insurance plans from covering elective abortions.

But taxpayers in those 24 states still will be subsidizing the purchase of abortion-covering health plans in the other 26 states and the District of Columbia, which have not passed such laws – "abortion-covering states" for short.

The Kaiser Family Foundation estimates that the federal premium subsidies total $10 billion nationwide, based on federal enrollment data as of March 1, 2014. States with the most liberal abortion laws in the nation are among those receiving the largest share of the federal tax premium subsidies. California alone will receive over $2 billion in federal premium subsidies, New York another $466 million, Washington state another $285 million. (A full listing of the Kaiser Family Foundation's state-by-state estimates can be found at http://kff.org/report-section/how-much-financial-assistance-table-8569/)

These figures do not reflect enrollments in Obamacare made on or after March 1, so the totals – both aggregate totals and totals for the largest, abortion-covering states – can be expected to increase sharply as later enrollment figures are analyzed.

A preliminary analysis, beginning with the $10 billion figure and subtracting the subsidies for the 24 states that have restricted elective abortion coverage, leaves an estimated $5 billion in federal tax subsidies that will flow in 2014 to ObamaCare Exchange plans in abortion-covering states.

To make matters worse, these federal premium subsidies are projected to dramatically increase over time. The Congressional Budget Office (CBO) projects that these federal premium subsidies will cost over $100 billion per year nationwide by 2018. The CBO's February 2014 premium subsidy projections for 2015-2024 can be found here: www.cbo.gov/sites/default/files/cbofiles/attachments/45010-breakout-AppendixB.pdf

For the federal government to pay for health plans that cover elective abortion is a sharp departure from decades of federal policy under the Hyde Amendment, the Federal Employees Health Benefits program, and other federal programs. But because the ObamaCare law sharply departed from these principles, billions in tax subsidies now will flow to plans that cover elective abortion – and a lot of it will be paid for with taxes paid by people who live in states whose elected legislatures have made it clear, by enacting laws preventing Exchange plans from covering abortion, that they don't favor tax-subsidized abortion coverage.

With respect to individual abortion-covering states, there is not sufficient data to estimate what percentage of the subsidies will end up paying for individual health plans that actually cover abortion. That is because information on which individual health plans cover abortion is difficult to obtain in many states – a situation that the Obama Administration has done nothing to remedy (*see* "Sebelius Continues to Take the Dodge Regarding Abortion Coverage Lawlessness on ObamaCare Exchanges" at www.nationalrighttolifenews.org/news/2014/03/sebelius-continues-to-take-the-dodge-regarding-abortion-coverage-lawlessness-on-obamacare-exchanges/#.U0bevDbD_cs). But what evidence exists suggests that a major portion of the $5 billion will flow to abortion-covering plans.

In December 2013, *Commonweal Magazine* reported that "officials in Rhode Island and Connecticut confirmed that on their exchanges customers cannot buy plans without abortion coverage. A representative of Hawaii's exchange said he thought all plans covered abortion, but couldn't say for sure."

The *Huffington Post* reported in September 2013, that "women in California, Connecticut, the District of Columbia, Hawaii, Maryland, Massachusetts, New York, Rhode Island, Vermont and Washington state will have access to health plans to cover abortion, officials from those states told HuffPost."

Michigan is among the 24 states that enacted legislation restricting abortion coverage by the ObamaCare Exchange plans in their state. Pro-lifers in Michigan were forced to conduct a petition drive to put the bill before the legislature after the governor vetoed similar legislation the first time around, but it proved to be well worth it based on the projected federal premium subsidies that will flow to health plans in the Michigan Exchange. The Kaiser Family Foundation estimates that 126,000 Michigan residents will receive $328 million in federal premium subsidies, as of March 1 enrollment data.

A list of the states that have enacted laws preventing Exchange-participating insurance plans from covering abortions is posted on the NRLC website here: www.nrlc.org/uploads/stateleg/InsuranceCoverageofAbortionStateStatus.pdf

(Note: The Georgia legislature also recently passed legislation restricting abortion coverage by plans in their state's ObamaCare Exchange and as this story goes to print the bill is awaiting the Governor's signature, which would make Georgia the 25th state.)

Beginning in 2011 and as recently as this January, the Republican-controlled U.S. House of Representatives has repeatedly approved bills that would remove the abortion subsidies from Obamacare, but the Senate Democratic majority has refused to allow votes on such bills.

What does it mean to be pro-life? Every human being matters, and we ought to act accordingly

By Paul Stark

The media often use the label "anti-abortion" to describe pro-life advocates. It's true that we oppose abortion—and infanticide, euthanasia and embryo-destructive research. But we are only against those things because we are for something else.

What we are for

What are we for? We are for the proposition that human life is good, that it is worth living, that it deserves respect and protection. We are for the proposition that every human being has an equal worth and dignity—that every human being has a right to live.

The pro-life position rejects all attempts to divide humanity into those who have rights and those who don't. Our society now recognizes that past discrimination on the basis of race, gender, ethnicity and social status was deeply unjust. We recognize that the worth of a human being does not depend on such characteristics.

Nor, however, does the worth of a human being depend on age, size, ability, dependency, stage of development or the desires and decisions of others. The big are not more valuable than the small. The strong do not have more rights than the weak. The independent do not matter more than the vulnerable and needy.

No, we have value and a right to life simply because we are human—not because of what we can do, but because of what (the kind of being) we are. That's why everyone matters. Everyone counts.

What we are against

It is because we support equal human dignity that we oppose the intentional killing of innocent human beings. And that means we oppose abortion, infanticide, euthanasia and embryo-destructive research.

Pro-lifers oppose abortion because it takes the life of a human being before he or she is born. The scientific facts of embryology and developmental biology make clear that the unborn (the human embryo or fetus) is a distinct and living human organism, a full-fledged (though immature) member of the species Homo sapiens. Each of us was once an embryo and a fetus, just as we were once infants, toddlers and adolescents.

And all human beings, at all stages, have a right to life, whether or not they are "wanted" or "convenient."

We oppose euthanasia and assisted suicide because killing is never the answer to the difficulties of life. All human beings should receive our compassion and care, irrespective of disease, disability or perceived "quality of life."

We oppose embryonic stem cell research (but not adult or non-embryonic stem cell research) and human cloning because they require the destruction of human embryos. Human embryos are human beings in the embryonic phase of life. And all human beings, regardless of appearance or location (e.g., a petri dish), ought to be treated with respect and not as mere raw material to use for the hypothetical benefit of others.

Living our conviction

But being pro-life is about more than just holding an ethical position. To be truly pro-life means to live and act accordingly.

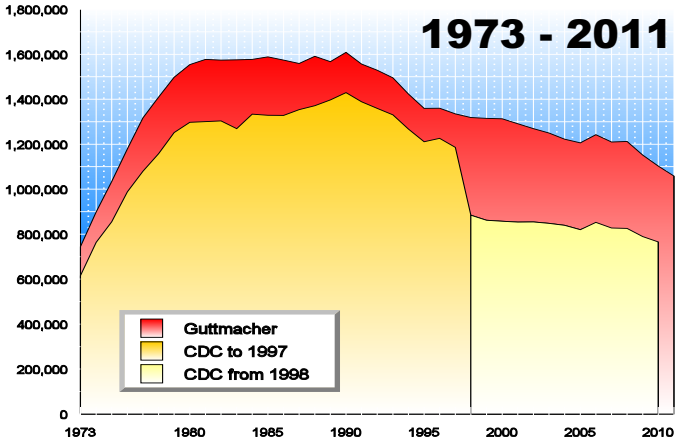
It means treating other people with dignity and respect—even those with whom we disagree. It means helping pregnant women in need and those who suffer from illness or disability.

It means recognizing the moral gravity and scale of abortion—the premier injustice and leading cause of death in American society today—and taking action to save lives. Educating ourselves, talking to others, persuading them. Supporting pro-life educational and legislative efforts through organizations like Minnesota Citizens Concerned for Life (MCCL).

Being pro-life, ultimately, is about loving others, especially the most vulnerable. It is about loving our neighbors as we love ourselves. And love isn't just a feeling. It is a commitment.

This article was first published in MCCL News, the newspaper of Minnesota Citizens Concerned for Life, NRLC's state affiliate.

Reported Annual Abortions



	Guttmacher	CDC
1973	744,610	615,831
1974	898,570	763,476
1975	1,034,170	854,853
1976	1,179,300	988,267
1977	1,316,700	1,079,430
1978	1,409,600	1,157,776
1979	1,497,670	1,251,921
1980	1,553,890	1,297,606
1981	1,577,340	1,300,760
1982	1,573,920	1,303,980
1983	1,575,000	1,268,987
1984	1,577,180	1,333,521
1985	1,588,550	1,328,570
1986	1,574,000	1,328,112
1987	1,559,110	1,353,671
1988	1,590,750	1,371,285
1989	1,566,900	1,396,658
1990	1,608,600	1,429,247
1991	1,556,510	1,388,937
1992	1,528,930	1,359,146
1993	1,495,000	1,330,414
1994	1,423,000	1,267,415
1995	1,359,400	1,210,883
1996	1,360,160	1,225,937
1997	1,335,000	1,186,039
1998	1,319,000	884,273*
1999	1,314,800	861,789*
2000	1,312,990	857,475*
2001	1,291,000	853,485*
2002	1,269,000	854,122*
2003	1,250,000	848,163*
2004	1,222,100	839,226*
2005	1,206,200	820,151*
2006	1,242,200	846,181*
2007	1,209,640	827,609*
2008	1,212,350	825,564*
2009	1,151,600	789,116*
2010	1,102,670	765,651*
2011	1,058,490	
2012-13	1,058,490§	

§ NRLC projection for calculation

*excludes NH, CA and at least one other state

ABORTION statistics

United States Data and Trends

Significant Downward Trend

After reaching a high of over 1.6 million in 1990, the number of abortions performed annually in the U.S. have dropped to around 1.06 million a year.

Two independent sources confirm a downward trend: the government's Centers for Disease Control (CDC) and the Guttmacher Institute (GI), which was once a special research affiliate of abortion chain Planned Parenthood.

The CDC ordinarily develops its annual report on the basis of data received from central health agencies (the 50 states plus New York City and the District of Columbia).GI gets its numbers from direct surveys of abortionists conducted every few years.

Because of its different data collection method, GI consistently obtains higher counts than the CDC. CDC researchers have admitted it probably undercounts the total because reporting laws vary from state to state and some abortionists may not report or under-report. Increases and decreases for the CDC and GI usually roughly track each other, though, so both sources provide useful information on abortion trends and statistics. The CDC also stopped reporting estimates for some states in 1998, making the discrepancy larger.

Abortions from CA and NH have not been counted by the CDC since 1998, and other states have been missing from the totals during that time frame: OK in 1998, AK from 1998 to 2002, WV in 2003 and 2004, LA in 2005 and 2006, MD from 2007 to 2010. For areas that did report, overall declines were seen from 1998 through 2010. The CDC showed significant declines in both 2009 and 2010 of 4.6% and 3.1% respectively.

Guttmacher's latest report also shows a significant recent decline, seeing abortions fall 13% from 2008 to 2011. Most all of this decline appears to have occurred at clinics with annual caseloads of a thousand abortions a year or more. The number of abortions wth RU-486 and other chemical abortifacients were up despite the overall decline.

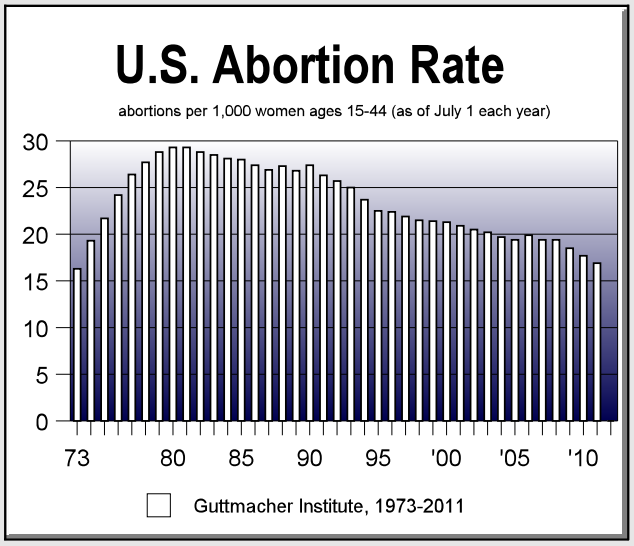
Cumulative abortions since 1973 were generated using GI figures through 2011 and then using the 2011 number as aprojection for 2012 and 2013. Then a 3% undercount GI estimates for its own figures was added, yielding the total below.

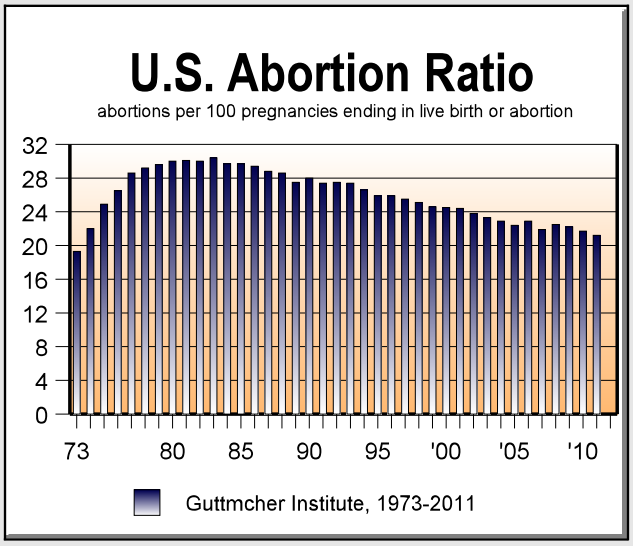
The Consequences of *Roe v. Wade*

56,405,766

Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2011, with projections of 1,058,490 for 2012-13. GI estimates a possible 3% under reporting rate, which is factored into the overall total. 2/14





Factors Affecting Abortion Trends

Not surprisingly, abortions surged when they were first legalized in states like Colorado, California, and North Carolina in the late 1960s, and then in the nation as a whole in 1973 under *Roe v. Wade*. They continued to climb throughout the 1970s as the number of abortionists grew and many in society began to acclimate themselves to the idea of abortion on demand.

A large segment of the public, though, saw abortion for what it was – the destruction of innocent human life – and undertook legislative, educational, organizational, and practical steps to protect the lives of unborn children and their mothers. Over the years, this began to have an impact.

Abortions as a whole first reached around 1.55 million in 1980 and hovered at this level for about ten years. After peaking at 1.6 million in 1990, they fell by about 34%, reaching an annual level of about 1.06 million in 2011.

Several factors can impact the numbers of abortions. If there are fewer women of reproductive age (15-44) in one year rather than another, and if that group skews older, from population shifts or bubbles, that will reduce the numbers of abortions even if the likelihood of abortion for any given woman stays the same.

In theory, anything that impacts female fertility, such as a successful national teen abstinence campaign, the large scale use of birth control, or even high rates of reproductive injuries or diseases, can reduce the likelihood of pregnancy and hence abortion.

Economic factors may play a role as well, but their impact is unclear. Many women cite a sense of inability to afford the care of a child in their decisions to abort, but this may also affect their willingness to risk pregnancy.

Abortion rates and ratios, which measure the prevalence of abortion in a society and the choices made by pregnant women, give a little clearer idea of what may be going on.

Guttmacher measures the **abortion rate** as the number of abortions per 1,000 women aged 15-44 as of July 1 in a given year. This gives us an idea of how common abortion is in our culture at a particular time.

Looked at in this way, abortion reached its highest prominence around 1980, when there were about 29.3 abortions for every thousand women of reproductive age. Though, owing to population, the raw number of abortions stayed the same or even rose during the decade, the prevalence of abortion, with a higher population, began to decline from around 1982 on.

By 2011, the rate had dropped to 16.9, nearly half the peak rate, meaning abortion was a significantly less common feature in women's lives in 2011 than it was in 1980. Population changes don't tell the whole story, however.

The **abortion ratio**, for Guttmacher, is the number of abortions per 100 pregnancies that end in either abortion or live birth (miscarriages and stillbirths are not counted). This number is significant, since it tells us the likelihood that any given pregnant woman will choose to abort or give birth to her baby.

Like the rate and the raw numbers, the abortion ratio rose swiftly after *Roe*, reaching 30 by 1980. Though estimated to have gone as high as 30.4 in 1983, it trended down after that point, dropping to 21.2 in 2011.

This is an indicator that real changes in attitudes and behaviors are involved, as a higher proportion of pregnant women are choosing life, rather than death, for their babies.

What accounts for this? There were fewer abortionists, but a correlation between them and the number of abortions may say as much about demand as supply. Economic conditions?– mixed throughout the long decline.

It is notable that during the time of these changes, pro-life legislation has been passed in many states. Since 1989, 26 states have passed right to know legislation, making sure women know not only the risk and realities of abortion, but also of alternatives better for them and their unborn children. Caring volunteers at pregnancy care centers all around the country make these alternatives realistic.

Twenty-nine states now have substantive parental involvement laws in place, protecting teens from adolescent fears and exploitation by the abortion industry. Waiting periods, limits on taxpayer funding, and ultrasound viewing laws have surely played significant roles. Partial-birth abortion laws and laws protecting pain-capable unborn children have also brought awareness of the child's humanity to a broader public.

Millions of pieces of pro-life literature illustrating fetal development have been distributed, confirming what so many women have seen for themselves in sonograms and heard on fetal heartbeat stethoscopes, that abortion stops a beating heart and ends the lives of children with hands, feet, and faces.

The abortion industry has not abandoned the market, however, building glamorous new mega-clinics and pushing pills like RU-486 with false promises of easy, safe chemical abortions.