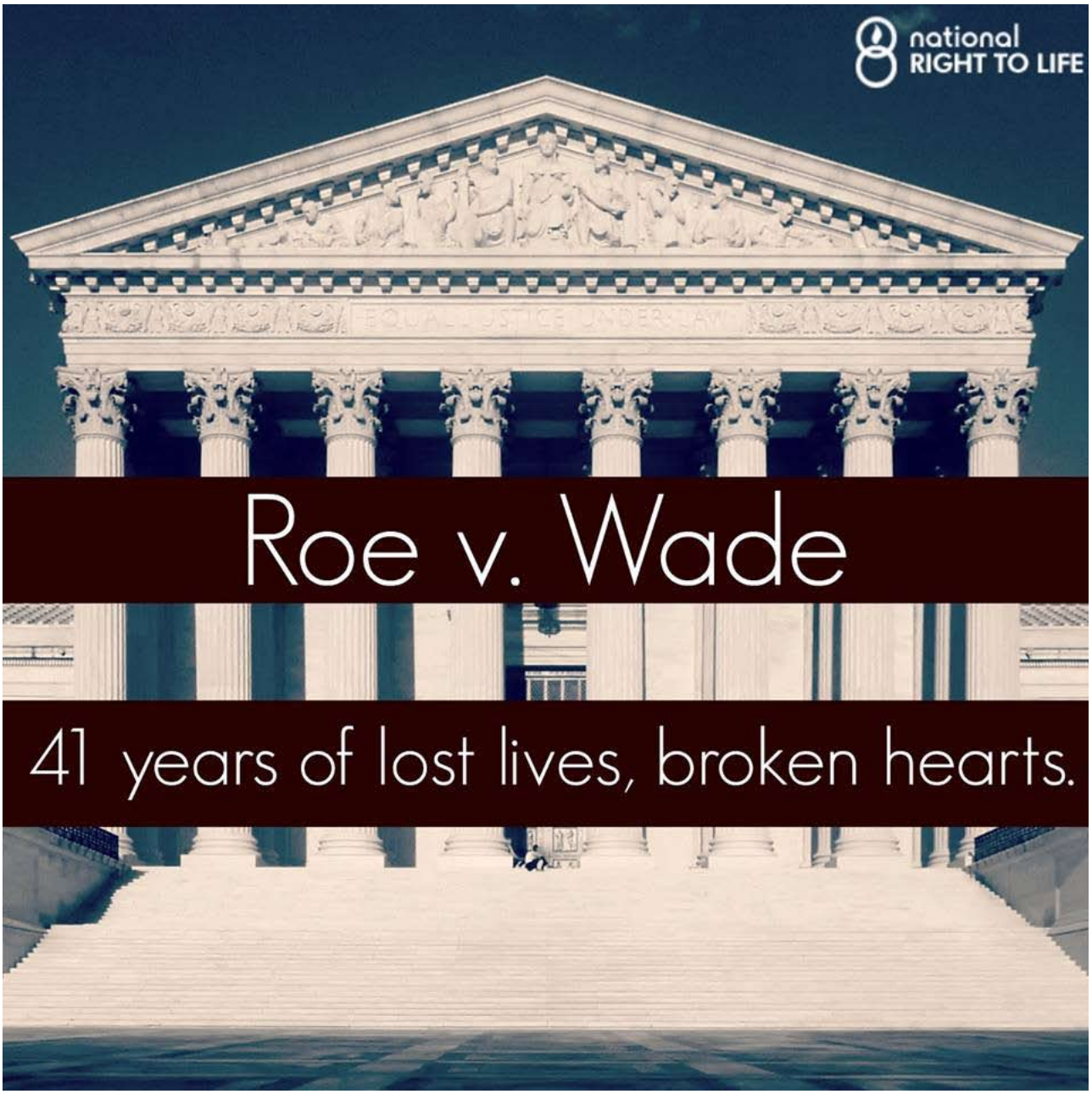
national RIGHT TO LIFE NEWS

January 2014



National Right to Life News

Supreme Court Inaction Does Not Deter Sen. Graham's Efforts to Pass the Pain-Capable Unborn Child Protection Act in the Senate

On January 13, the U.S. Supreme Court decided not to hear an appeal in the case of an Arizona abortion ban that was struck as unconstitutional by the 9th Circuit U.S. Court of Appeals last year. Pro-abortion advocates seized on the Court's inaction, and the 9th Circuit's decision regarding the Arizona law, to attack the proposed federal Pain-Capable Unborn Child Protection Act (S.1670), which has been introduced in the U.S. Senate by Sen. Lindsey Graham (R-SC). The House of Representatives approved a federal version of the bill (H.R. 1797) on June 18, 2013, by a vote of 228-196.

The federal version of the Pain-Capable Unborn Child Protection Act is based on model legislation developed by National Right to Life and was first enacted in Nebraska in 2010. Since then, nine other states have enacted the law.

However, as National Right to Life Director of State Legislation Mary Spaulding Balch, J.D., explained: "It is imperative to understand that Arizona's 'Mother's Health and Safety Act' differs greatly from the NRLC model 'Pain-Capable Unborn Child Protection Act.' The difference is fundamental. NRLC's Pain-Capable Unborn Child Protection Act protects unborn children from abortion beginning at 20 weeks fetal age, based on scientific evidence that by this stage of development the child would experience excruciating pain. Arizona's law, as its name implies, focuses on the health and safety of the mother."

Sen. Lindsey Graham (R-SC)

It's disingenuous for pro-abortion advocates to attack Sen. Graham's bill in the Senate based on the 9th Circuit's ruling (and the Supreme Court's refusal to hear the appeal) of the Arizona law since the two are fundamentally different. Under Sen. Graham's leadership, 40 senators have co-sponsored the legislation. Sen. Graham is not letting their criticism stop his forward advance to see the Pain-Capable

See "Graham's Efforts," page 17

Abortion Funding Ban Advances in the U.S. House

NRLC-backed legislation to permanently prohibit subsidies for abortion in federally funded health programs is advancing in the U.S. House of Representatives. On Thursday, January 16, the Judiciary Committee of the U.S. House of Representatives approved the No Taxpayer Funding for Abortion Act, H.R. 7, after conducting a hearing the week before at which key testimony was presented on the need for the ban.

The committee approved H.R. 7, by a vote of 22-12. Twenty-one Republicans, plus one Democrat, Resident Commissioner Pedro Pierluisi from Puerto Rico, voted for the bill. All 12 votes against the bill were cast by Democrats.

H.R. 7, introduced by Congressmen Chris Smith (R-NJ) and Dan Lipinski (D-Il.), would permanently prohibit subsidies for abortion and health insurance coverage of abortion in federal programs – both within longstanding federal programs and within the health care law signed by President Obama in 2010. The bill is strongly supported by NRLC.

House Judiciary Committee Chairman Bob Goodlatte (R-VA) explained that H.R 7 would codify "the two core principles of the Hyde Amendment throughout the operations of the federal government: namely, a ban on federal funding for abortions, and a ban on the use of federal funds for health benefits coverage that includes coverage of abortion."

For many years, the Hyde Amendment and other provisions on the annual appropriations bills have prevented federal funding of abortion through a patchwork of overlapping laws. But they must be renewed each year.

See "Funding Ban," page 28

Professor Helen Alvare

Heroes from the past . . . heroes from today

By Carol Tobias, NRLC President

British Member of Parliament William Wilberforce toiled for years – for many decades, actually – to end the scourge of slavery in Britain in the 18th and 19th centuries. At first, he was one of just a few voices to speak out. But after years of dedication, he helped pass a ban on the slave trade – not the complete ban on slavery he and others wanted, but a law that shouted out that slavery was wrong, putting it on the path to abolition.

Finally, after 40 years of service in the British Parliament and years more heading the Anti-Slavery Society in Britain, he finally saw his country ban slavery outright in 1833. He died three days later, having seen the work of his life come to fruition.

As we commemorate the 41st anniversary of the tragic Supreme Court decision that legalized abortion in the U.S., we can take a lesson from Wilberforce. He knew the institutions that supported slavery were strong – in Parliament, in the commercial sectors, among investors. But he knew if he and those he could persuade would continue to grow as a voice for the voiceless, they would win.

Our struggle in the United States to end another injustice has also gone on for more than four decades. And we are growing in strength. Today there are about 30% fewer abortions each year than there were 20 years ago. Polls show many more Americans consider themselves pro-life, with pro-life opinion especially strong among the young. Painful late abortions are now being banned in states around the country, something impossible under the early interpretations of *Roe v. Wade*.

Historically, we are somewhere between Wilberforce's ban on the horrific slave trade and the complete protection against slavery he and his colleagues finally achieved. We've cut abortions substantially in the U.S. We're sensitizing a nation to the suffering abortion causes unborn babies and their mothers. We're moving the culture in our direction.

Carol Tobias

Just as Wilberforce couldn't possibly give up after his first major victories, we can't possibly give up now. Please consider how you can help this great movement for the rights of the unborn. Contact us to get involved. Join a chapter of Right to Life. Donate so we have the materials and resources needed to save lives, and as Wilberforce did . . . to change a culture.

One person can make an enormous difference! On this anniversary of *Roe v. Wade*, let that person be you!

If you can volunteer to help the Right to Life cause or join a local chapter, please email National Right to Life's State Organizational Development Department with a brief note, including your contact information, at stateod@nrlc.org.

And please enter www.nrlc.org/donate into your browser to contribute generously to National Right to Life. We are always massively outspent by our pro-abortion opposition, yet we continue moving the culture in our direction! Think how much we can do – and how many more lives we can save – with your sacrificial support. Thank you!

Abortions top 56 million since Roe v. Wade

By Randall K. O'Bannon, Ph.D. NRL Director of Education & Research
and Dave Andrusko, National Right to Life News editor

Given the trends seen in recent national reports, National Right to Life now believes that there have been over 56 million abortions since 1973.

One critical piece of evidence in that calculation arrived in November of 2013, when the U.S. Centers for Disease Control (CDC) reported its latest national figures. It was important to find out whether the drop in abortions for 2009 seen by the CDC–4.6%–would continue in 2010. If it dropped again, we'd have some confidence that the 2009 figure wasn't just some odd statistical aberration, that there really was some real and significant decline. It did.

As reported in NRL News Today, abortions for 2010 declined another 3.1%, according to the CDC. (See http://nrlc.cc/1f992kl)

We typically like to compare and confirm those trends with data from the Guttmacher Institute, the former special research affiliate of Planned Parenthood which publishes its own private study.

Guttmacher, which surveys abortion clinics, hospitals, and private practice physicians directly, has higher and what are widely thought to be more reliable abortion numbers. Unlike the CDC, however, they do not survey every year, and have not, as of this date, published anything more recent than 2008 data when Guttmacher reported there were 1,212,400 abortions.

The CDC publishes national totals of its own. However they have been missing data from several states, including the nation's most populous, California, since 1998, so their recent totals leave out hundreds of thousands of abortions. It creates a bit of a conundrum, because the new CDC data showing the trend doesn't really give a complete national count, while better national annual tally, from Guttmacher, is years out of date. Under the circumstances, the best one can do is to apply the trend from one to the total from the other and extrapolate. It's not ideal, but it allows you to produce a justifiable ballpark estimate.

Thus the 56 million+ figure comes from the mathematical application of the assumption that the Guttmacher numbers will roughly reflect the same declining percentage in the number of abortions that the CDC found.

LONG TERM TRENDS ENCOURAGING

The long term trend is fewer abortions, and the number is down significantly from 1990 when the country saw 1.6 million abortions a year. As one measure of the impact your work has had, if the number of abortions had remained at 1.6 million, more than seven **million** more babies would have died.

The publication of data from the CDC last November is good reason to believe there is a new major downward trend. The drop of 3.1% for 2010 was not as large as the 4.6% drop for 2009, but it is still considerable and the arrows are pointing in the same direction.

We obviously can't know in advance whether the numbers Guttmacher will publish later this year will show the same drop off. However if those same percentage of declines CDC found were applied to the number Guttmacher reported for 2008, the number of abortions for 2009 would become 1,156,630. Likewise, for 2010 the number of abortions would be 1,120,775.

So far, so good.

If one assumes that the 1,120,775 number held constant from 2011 to 2013, the total number of abortions would be 54,972,980.

But Guttmacher concedes that it might undercount the number by 3%. Add that 3% and it yields a total of 56,662,169 abortions since 1973.

Despite the seeming precision, this is not an exact number. No such number is possible. There will always be missed abortions, missed abortionists. Adjustments, however careful, will always be imprecise.

But given the data we have, we feel it is reasonable to assume that we have now seen at least 56 million lives lost since Roe and are looking at topping 57 million sometime in the coming year.

We will, of course, revise our numbers accordingly when Guttmacher publishes figures from its latest survey. But unless the trajectory of those numbers wildly diverges from trends recently reported by the CDC, we expect things to remain within that 56 to 57 million range.

Of course, we all know that we are talking about more than just numbers or statistics. The blood of more than 56 million aborted babies represents an enormous stain on our national conscience and a heavy burden on our hearts.

But these numbers also show us that our efforts have not been in vain. As noted above, if our nation had continued at the rate of 1.6 million abortions a year we saw in 1990, our cumulative total would have been approaching 64 million by now.

That would translate into approximately 7 million more babies alive today than would have otherwise been the case. That is the equivalent to the number of abortions performed over a span of six to seven years–living human beings alive today because of you!

Of course the Movement has a long way to go to return full legal protection to unborn children. But never underestimate the importance of what you, grassroots pro-life America, are doing.

What you do makes a real difference.

Editorials

Roe v. Wade: 41 years of lost lives, broken hearts

I'm penning this editorial the day before the annual March for Life, which takes place every January 22, commemorating the poisonous Roe v. Wade and Doe v. Bolton decisions which were injected into our nation's bloodstream 41 years ago.

We've been posting each day on the upcoming anniversary for sometime at Nationalrighttolifenews.org. (If you are not a subscriber, you can receive our daily posts sent to your inbox, Monday through Saturday, by taking 30 seconds to sign up at www.nrlc.org/mailinglist.)

At the risk of oversimplifying dozens and dozens of stories—not to mention the entire January edition of National Right to Life News of which this editorial is a part—let me offer three thoughts.

*No one would ever accuse our benighted opposition of understatement. Last week NARAL cranked out its annual "Who Decides? The Status of Women's Reproductive Rights in the United States."

In this the 23rd edition, the nation as a whole received a near failing grade: a D. In fact half of the 50 states flunked, at least in NARAL's eyes. (North Dakota won the honor of being the "worst.")

While you might be tempted to dismiss this as hyperbole, in fact it perfectly illustrates the central truth of the Abortion Establishment. There is never an abortion they will condemn. They will always find an exception that swallows the rule in every case, including abortions that take place in the ninth month.

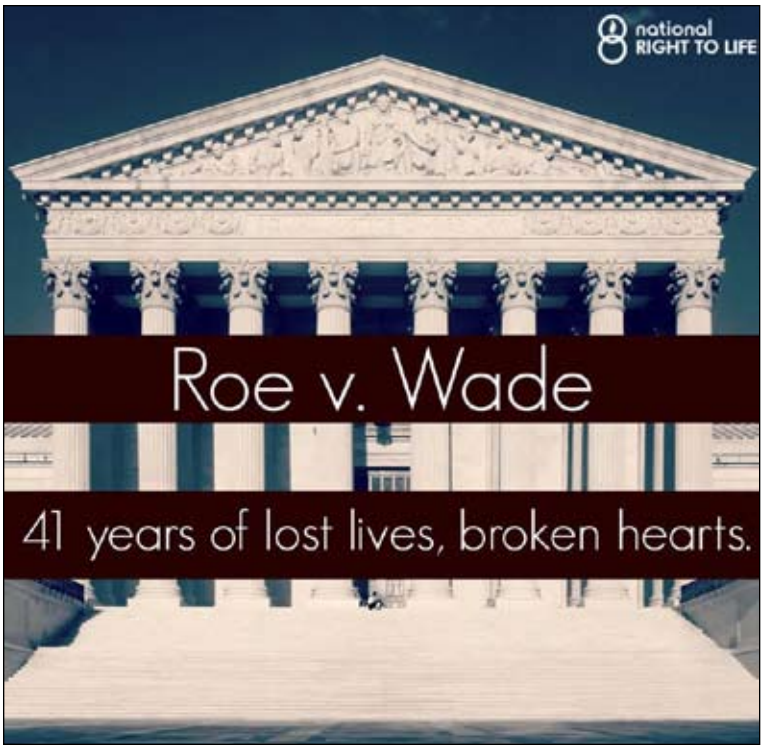
It is no accident that pro-abortion New York Gov. Andrew Cuomo flatly stated recently that "extreme Republicans" and pro-lifers "have no place in the state of New York, because that's not who New Yorkers are." Talk about seeing the speck in your brother's eye and missing the plank in your own!

Cuomo is instinctively, gut-level pro-abortion, so he doesn't need to be egged-on by what his cronies are no doubt telling him: that there is electoral gold to be mined in the Democratic primaries by being the most pro-abortion 2016 presidential candidate in a field that will be awash with pro-abortion candidates.

This love affair with abortion helps explain two other facts: why they (particularly NARAL) are on a secular crusade to harass women-helping centers and why there is **never** enough "abortion access"---aka never enough abortions. It didn't take pro-lifers even 41 seconds to know that pro-abortionists like Bill and Hillary Clinton were completely insincere when they said they wanted abortion legal, safe, and rare. The first two, yes, the third, of course not!

And, come to think of it, this also explains what is obvious to anyone who follows what pro-abortionists say at their preferred websites. To anyone who is not already a dyed-in-the-wool abortion absolutist, it is simply shocking to see how extreme they have become.

See "Lost Lives, Broken Hearts," page 23



NRL News and NRL News Today: Two valuable pro-life information sources that perfectly complement one another

Congratulations. You are reading the first entirely online edition of National Right to Life News.

In a world of vanishing print newspapers it only made sense to switch from printing the "pro-life newspaper of record" to making it available electronically online. National Right to Life is very frugal and insists that your contributions are used in the most effective way possible.

NATIONAL RIGHT TO LIFE NEWS TODAY

For one—that would be me—I am excited about our January online edition. No matter how many copies of the print edition of National Right to Life News we rolled off the presses, that total would meet the demands of only a sliver of the potential audience; there are millions and millions of pro-life Americans.

By contrast, with just a click of your mouse, you can forward the entire January edition to every pro-lifer you know. Is that wonderful, or what?

Of course, we want to remind our readers that in addition to NRL News, we continue to produce NRL News Today. We know that many of you have signed up at www.nrlc.org/mailinglist to receive our Monday through Saturday posts 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.

I cannot tell you how much impact just a few keystrokes can have!

These are two invaluable resources. Which is the most important? To paraphrase C.S. Lewis, it's like asking which blade in a pair of scissors is most important.

Please read the entire January edition of National Right to Life News (and pass it along) and, if you are not already, please subscribe to National Right to Life News Today (and pass those stories along as well).

I promise that you will be glad you did!

From the President
Carol Tobias

Roe v. Wade: Moribund at 41

As we mark the 41st anniversary of abortion on demand in America today, we shake our heads in sorrow. The enormity of the self-inflicted damage is staggering.

Fifty-six million unborn children killed by abortion. Millions of mothers suffering because of their decisions to kill their children. And there is an untold number of largely invisible victims--men who suffer because they had no legal way to protect their unborn children from abortion.

And yet, we know we are making a difference. The evidence is everywhere.

Although abortion is widely available, any woman seeking an abortion knows someone close to her who would encourage her NOT to take her baby's life. To the chagrin of the Abortion Industry, abortion is still a very sensitive subject and most people regret its wide availability, not celebrate it.

While a woman may tell a friend or coworker that she is going to a dentist or a doctor for various medical reasons, it is rare that she will talk about going for an abortion. Even after 41 years and 56 million abortions, the conscience of this nation knows that killing unborn children is wrong.

Last week NARAL released a report on abortion, giving the nation a grade of D on "reproductive rights". Since NARAL has a position of not wanting ANY limits on abortion at ANY time during pregnancy, that D is another positive sign that America is headed in the right direction. We look forward to the day when they give us an F!

Most 40-somethings see the big 4-0 as a milestone that causes them to assess where they are, where they've been, and where they're going. So it is with the pro-life Movement of Love, now in its 40-something years.

At 40-something, we reflect and realize to a certain extent that we are mature. Being mature has an up side and a down side. Maturity usually brings wisdom. Most 40-somethings don't make the same silly mistakes they made when they were younger. They understand the importance of consideration for others. They have a better sense of when to pick a fight.

The downside for some us is that maturity comes with a certain sense of comfort, and maybe even complacency. And in the ordinary hum-drum of everyday life, that is hardly the end of the world.

But when you are on the frontlines of, literally, a life and death struggle, there is no room, let alone time, for complacency. The hundreds of thousands of pro-life Americans who are assembling in Washington, DC are a testimony to the unflagging energy of our Movement. Equally important, if not more so, are the tens of thousands who have been gathering in the state capitals over the last ten days.

Our Movement retains its agility and adaptability and mobility. Thanks to you, our Movement of Love can and does mobilize when opportunities call or comes together to make opportunities.

Once upon a time the party line among pro-abortionists was that Roe v Wade was "settled law." Now, they take the opposite tack—the sky is falling, "reproductive rights" are in grave peril, etc., etc.

While we know part of this is merely to energize their own base, in fact, the tide HAS turned. Polling over the last few years consistently shows that younger people, including those who are or soon will be young voters, are pro-life. With generational change on our side, our Movement is becoming younger than before and much younger than the other side.

Thanks to you we are meeting the challenge to attract these young, pro-life people as active participants, encouraging them to be a voice for the voiceless.

We've left the mimeograph machine behind. It's not newsprint anymore; it's text on a screen. Smart phones are a primary source of information and communication. And being smart is a part of both mature and mobile.

Roe v. Wade is moribund at 41. Our Movement is younger and more energetic than ever.

41 Years after Roe: are you committed to making a difference?

By Jacki Ragan

On January 22, 2014, and the weeks preceding and following that tragic date, the right to life movement will mark the anniversary of Roe v. Wade with sadness at the loss of life but also with a sense of victory. We KNOW we have the truth and that we are gaining ground and growing closer to the day that we will be able to legally protect innocent human life.

Over 56,000,000 innocent unborn babies have lost their lives to abortion. I don't believe that we can begin to understand how many 56,000,000 really is…

There are activities to commemorate the anniversary of the legalization of abortion all across the nation and you are encouraged to participate, attend, and promote. Coming together to mourn the lost lives, the maimed lives is something we do every year and we will not stop until the killing is stopped.

IF this is your first year to March for Life (locally or in our nation's capital), or participate in a memorial service, or attend a prayer breakfast, that is wonderful. You are making a statement of faithfulness that cannot be ignored!

But the question is, what are you going to do afterwards?

After you leave the March or the Rally or the Prayer Breakfast, what are your plans? How are you going to make a pro-life difference in the coming year?

Make no mistake: 2014 will be a long, and in many ways, difficult year. We need every voice possible, including yours.

So after you attend the pro-life events of your choosing, contact your local chapter or state affiliate and get involved. If there is not a local chapter in your area, then we will work with you to help you get one started!

You can email us at stateod@nrlc.org or call 202.378.8843.

The important immediate thing is to March for Life, but then go on and continue to make a difference. Be a voice for the unborn. Get involved and stay involved. We are here to help you and support you in all ways possible. It is in working together as a team that we will continue to make THE difference. Welcome aboard!

NRL-Endorsed David Jolly Wins Nomination in Florida's 13th to face Alex Sink

By Karen Cross, National Right to Life Political Director

National Right to Life endorsed candidate David Jolly won the Republican nomination with 45% of the vote, defeating state Rep. Kathleen Peters, who had 31%, and General Mark Bircher, with 24%, in the January 14 special Republican primary in Florida's 13th Congressional District.

David Jolly

The National Right to Life Victory Fund actively supported David Jolly in the primary.

Because the field was cleared for pro-abortion Democrat candidate Alex Sink, there was no Democrat primary.

David Jolly will face Alex Sink, an EMILY's List candidate, in the March 11 general election. EMILY's List supports radical pro-abortion candidates who support abortion-on-demand for any reason and who support taxpayer-funded abortions.

Some political pundits are calling this race a "bellwether" for the 2014 elections. The district went 51% for Obama in 2012.

Following the death of Congressman Bill Young (R-Fl.), Governor Rick Scott scheduled a January 14 special primary and March 11 special general election to fill the vacant 13th district seat.

Early voting begins March 1 through March 9, 2014, for the March 11 special general election.

You can help the National Right to Life Victory Fund win key Congressional elections this year by donating at https://nrlvictoryfund/donate/ The NRL Victory Fund uses voter identification and persuasion methods that have proven successful to get out the pro-life vote for over 30 years. Please support the Victory Fund and help us win pro-life control of the U.S. Senate and House this year!

A downloadable comparison piece may be found at www.nrlpac.org.

Look for election updates in future National Right to Life News Today.

National Right to Life Victory Fund
512 10th St. NW
Washington, DC 20004
202-626-8813 - www.nrlvictoryfund.org

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New Mexico Court Ruling on Assisting Suicide Endangers the Vulnerable

By Jennifer Popik, JD, Robert Powell Center for Medical Ethics

On January 13, Judge Nan G. Nash of the Second District Court in Albuquerque struck the decades-old New Mexico law which protected the state's citizens from assisted suicide.

Ruling in a lawsuit brought by the ACLU of New Mexico and Compassion & Choices, Judge Nash concluded that that killing a terminally ill patient with that person's consent is a "fundamental right" under the state constitution. The state attorney general's office said is still in the process of deciding whether to appeal Nash's ruling to the State Supreme Court.

Jennifer Popik, JD,
Robert Powell Center for Medical Ethics

New Mexico now joins a small minority of states that have legal doctor-prescribed suicide. Currently, the practice is legal in only Oregon, Washington, and Vermont–and may have some legal protection in the state of Montana, due to a court decision in state supreme court.

Other efforts to legalize the practice, which would put countless patients at risk, have been defeated in dozens of state legislatures, most recently in Massachusetts.

In 1997 the U.S. Supreme Court ruled that there is no federal constitutional right to assisted suicide, but there has been an aggressive campaign underway by Compassion and Choices (formerly the Hemlock Society) to have state courts "redefine" assisting suicide as somehow being medical treatment.

In her 14-page opinion, Judge Nash did just that. She asserted that prescribing lethal drugs to a patient, or as she defines it, "aid in dying," is merely another type of medical treatment.

Under the guidance of Compassion and Choices and the ACLU of New Mexico, two physicians and a cancer survivor served as the plaintiffs in the lawsuit. They sought to have the courts find that doctor prescribed suicide somehow did not fit the state's longstanding prohibition criminalizing assisting suicide.

Following a two-day bench trial in December, Judge Nash's opinion adopted this argument and is riddled with dangerous legal consequences. For example, Judge Nash claims that this option is available to competent "terminally ill" individuals.

However, the court's reasoning contains no logical basis for restricting its application to them. Assume there is indeed a "fundamental right" to have one's suicide assisted. Numerous court decisions have held that an incompetent person has a "fundamental right" to reject treatment that surrogates must be permitted to exercise supposedly on their behalf. Judge Nash's opinion creates a strong precedent to extend that logic—to hold that incompetent people who never asked to die can be actively killed at the direction of relatives or other surrogates.

People who could live indefinitely if provided life-preserving treatment but who would die without it, could be deemed to fit the definition of "terminally ill." Shockingly, this could result in authorizing the killing of many whose death is not inevitable.

Looking at one example , under this definition insulin-reliant diabetics who stop taking their medication could qualify for a lethal prescription. Nor is there any requirement that a terminally ill individual's death be imminent, or even near. Pro-death doctors could well argue that Judge Nash's decision shields them from being held accountable if they kill any patient with an illness that has a statistical chance of shortening life.

Then there are the lessons from laws in other states. Oregon and Washington State, at least purportedly, contain such safeguards as waiting periods, the possibility of a psychological examination, and requiring that the suicide victim personally take the lethal drug, although in practice these have proved meager and often unenforceable. More on the failure of safeguards can be found here.

But like the Vermont statute[1], the New Mexico ruling provides for no "safeguards" whatever, not even a written and witnessed consent by the victim. Nor does it even require that the victim be an adult. A doctor may kill a "mentally-competent, terminally ill" minor without the consent of or even notice to the child's parent.

This ruling puts New Mexico citizens in a dangerous position, with a doctor-prescribed death law, and no way to monitor abuse or protect the vulnerable. How is a doctor supposed to determine competence? Are there consequences if the doctor diagnosis someone as terminally ill when they are not? How will the state ensure that vulnerable populations like persons with disabilities are not pressured on the basis that a doctor thinks they have a "low quality of life"?

These questions will go unanswered, and doctors will be allowed under the ruling to start prescribing and administering lethal medication to patients. (Since the means of killing is not limited, doctors are equally immune if they shoot, gas, or suffocate their patients as if they inject them with a lethal drug.)

Judge Nash wrote in her opinion that "Some terminally ill patients find the suffering caused by their illness to be unbearable, despite the best efforts of the medical profession to relieve their pain and other distressing symptoms." This ought to be a burning shame with today's medical knowledge of pain management that

Judge Nan G. Nash

people still suffer. The solution should never be to kill the patient when the problem is pain management.

New Mexico residents are urged to contact Attorney General Gary King to appeal Judge Nash's ruling and reinstate the decades-old legal protections against doctor-prescribed death and other forms of assisting suicide. Failure to take swift action could result in the deaths of vulnerable countless older people and those with disabilities.

[1] For more about Vermont's law, passed last year, see www.nrlc.cc/LOjpkW

Once your eyes are open to the tragedy of abortion, you cannot "unsee"

By Dr. Jean Garton

Long after time passes, it is often the little things that remain in a person's memory. One of my favorite "little things" took place in a very big setting – Australia.

My friend, Molly Kelly, and I were there on a speaking tour when, one afternoon, driving to our next engagement, the sun was beginning to set. As I glanced out the car window I said, "Oh, look. Molly, there on that hill are those unusual trees I like so much, and with sunlight shining behind them they look like open fans or peacock tails."

My artistic description did not impress Molly at all because, after a pause, she grunted and said, "They look like broccoli to me!" Two people looking at the same thing but seeing something different.

That is how we are about many topics–especially political or social issues. Fortunately, in most cases of "seeing" things differently, 56 million human beings don't end up dead as they have in the case of abortion. Next week on the 41st anniversary of the legalization of abortion on demand, what some people see in the womb has led to a staggering destruction of human life, untold numbers of women experiencing guilt and pain, disenfranchised fathers and a coarsened view of human life at all stages.

Yet, on this 41st anniversary of Roe v. Wade, the American people increasingly are "seeing" the abortion issue with a clearer vision. We can be more hopeful than ever that the youngest, most defenseless members of the human race will once again be protected by law from the moment of conception.

My involvement in the abortion battle began on the "choice" side back in 1968 when I found myself pregnant at 40. We already had three children and number four was definitely not on my agenda. "Every child a wanted child" claims the pro-choice slogan, and this child wasn't.

The practical solution was an abortion. However, where I lived the State law prohibited abortion so I joined an abortion-rights group to help change the law. What changed, however, was that that unwanted pregnancy became a very wanted child.

I eventually became a convert to the pro-life position and, in 1973, found myself speaking at a U.S. Senate hearing because, as the old line says, "Once you see, you can't unsee."

However, there were a multitude of great and wise teachers along the way whose "little things" have encouraged, enlightened and energized me for the battle.

There was John Cardinal O'Conner, who responded to the charge against pro-lifers that unless we are feeding the hungry or housing the homeless we are hypocritical. He said: "You can be hungry but alive! You can be homeless but alive! You can be in a wheelchair but alive! You can be handicapped or injured or battered but alive! But you can't be killed and be alive."[1]

His response was a "little thing," but it affirmed and strengthened my belief that to put one's energy into simply keeping unborn babies alive is a natural, needful and noble work.

Then there was Ruth Bell Graham, wife of Billy Graham, speaking to a few of us at her home where she made a powerful point through the "little thing" of telling a story from the past.

There was a small village in Europe during World War I, she said, where all the men and boys were off to war. One day the townspeople saw the dust of the approaching enemy army. The women gathered their children, the old people collected their prized possessions and off they ran in the opposite direction to hide in the hills.

One little old lady, however, with a broom held high in her hand, ran out into the street in the direction of the oncoming army. "Crazy old lady," shouted the fleeing villagers. "What good will a broom do against tanks and guns?" "Well," she replied, "it might not do any good but at least they'll know whose side I'm on." [2]

It is a mighty and powerful broom we hold in our hand when we walk into a voting booth, when we witness to others about the sanctity of life, or when we financially and prayerfully support those on the front line of this battle. As President Ronald Reagan once said, "Evil is powerless when the good are unafraid." [3]

A name not found among well-known pro-life warriors is Matthew Dulles de Bara whom I came to know only through national news reports.

The story told of a young couple bound for Disney World with their 3-year old in tow. A short time into the flight, the woman–7 months pregnant– went into labor. A flight attendant used the P.A. system to locate a doctor on board while other passengers relocated so the woman could stretch out across a row of seats.

Within minutes the baby was delivered but, with the cord around his neck, he wasn't breathing and was turning blue. A nearby paramedic shouted for a drinking straw which she used to suction fluid from the baby's lungs. A man gave his shoelace to tie off the umbilical cord. Other travelers took turns amusing the mother's three-year old daughter while the remaining people stayed in their seats in order to keep the aisle clear.

See "Tragedy," page 22

A letter from an abortion survivor to her unborn baby

By Melissa Ohden

Editor's note. Melissa is the survivor of a "failed" saline abortion in 1977. She speaks all over the world including at the last three National Right to Life Conventions. She has written many times for NRL News Today, but none is more moving than this essay.

Sixty-two days. Today, my dear son or daughter, you are 62 days old. I say son or daughter, because, you are 62 days old in the womb today, so we don't know a whole lot yet about you. But what we do know is this. You are ours and you are loved.

Without yet even seeing you, I feel your presence each day, and I look forward to your presence being made more aware to the world through a soon-to-be burgeoning belly and through movements that make your sister and father squeal with joy.

If you could look into our house right now, you would already find your room being prepared by your older sister, who the days until your birth just can't pass by quickly enough for. You would see her wrapping her arms around me multiple times a day, laying her head to rest on my belly, where I can already feel all of the twinges and pulls of your growth, and kissing the spot where you lie deep within. You would also see her curled up by my side, reading books to you each morning.

For a woman who thought she knew what love was, I have been greatly schooled so far in your life. Your sister, Olivia's, love for you is one of the truest, deepest loves that I have ever experienced, and your father and my love for you, of course, runs just as deep.

If you could look into our world right now and understand what was happening around you, I'll be honest—some things would make you stare in wide-eyed disbelief and others would likely make you cry. Euthanasia thrives in countries like Belgium; parents must fight to have their children provided medical care; and abortion up until the point of birth in many states across the U.S. The culture of death is all around us.

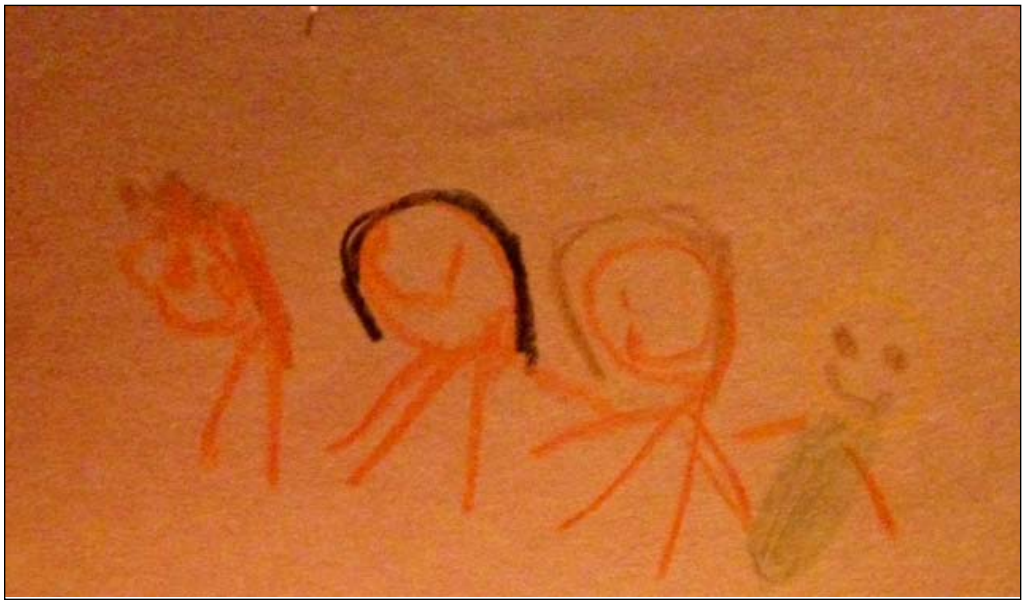
Yet, if you could look into our world right now and understand what was happening around you, there are also many things that would make you stare wide-eyed in beautiful wonderment and cry tears of joy. On January 22, 2014, we will unfortunately be marking the 41st anniversary of the Roe v. Wade decision that has resulted in 56 million deaths through legalized abortion, which was meant to include my own and therefore prevent your own conception, let alone, your upcoming day of birth.

As much as the Roe v. Wade decision has wreaked havoc on our nation and deeply damaged my life and the lives of my biological family, people you will once get to hear about and likely even meet, I take great joy in knowing that we are winning the war in the battle against abortion. God-willing, in your lifetime you will someday witness an end to the Roe v. Wade decision.

If you could look into our world, in just nine days you would see well over a half a million people, fellow pro-lifers like us, marching in Washington, D. C. for the March for Life, advocating for an end to abortion and commemorating the lives that have been lost and those that have been forever changed. What I wouldn't give, my dear child, (I am choking back tears as I type this), for you to never have to know the horrible truth about abortion and what it has done to our world and to your own family.

But this terrible truth is a part of our history, and will lead you to appreciate events like the March for Life and those that fought for a culture of life to be restored to our country and world.

My perspective is unique. I am one of the survivors who were intended to add to total of 56 million lives lost. Instead I am a mother, a wife, and a dedicated pro-lifer.



The Ohden family, by five-year-old Olivia, drawn just minutes after finding out about her new sibling.

I carry that knowledge that I was not meant to survive in my heart and in my spirit every day. Although there is great pain, my joy is much greater. My purpose, your purpose, as the child of a survivor of the abortion holocaust, brings me immeasurable joy, which I hope that you someday experience, too.

You, my dear child, are one of the reasons why pro-lifers will soon be gathering in Washington for the March for Life, even though it will be a long time before you understand this. I look forward to the day when I can tell you the story of marches past, and how millions upon millions of people day in and day out, fought for lives like yours and mine.

"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!

Abortion: a reckless and inhumane abandonment of women and babies to abortionists

Editor's note. On Wednesday nearly two dozen pro-life members of the House of Representatives rose to denounce the infamous Roe v. Wade decision. You can watch all their speeches at www.nrlc.co/1bgkCY3. The following are the remarks of pro-life champion Chris Smith (R-NJ).

Mr. Speaker, 41 years ago next week–January 22–marks the U.S. Supreme Court's infamous, reckless, and inhumane abandonment of women and babies to abortionists. Forty-one years of victims–dead babies, wounded women, shattered families. Forty-one years of government–sanctioned violence against women and children.

Since 1973, more than 56 million children have been killed by abortion –a staggering loss of children's precious lives–a death toll that equates to the entire population of England.

The passage of time hasn't changed the fact that abortion is a serious, lethal violation of fundamental human rights, and that women and children deserve better, and that the demands of justice, generosity, and compassion require that the right to life be guaranteed to everyone.

Rather than dull our consciences to the unmitigated violence of abortion, the passage of time has only enabled us to see and, frankly, better understand the innate cruelty of abortion and its horrific legacy–victims–while making us more determined than ever to protect the weakest and the most vulnerable.

All life is sacred, Mr. Speaker. No one, regardless of sex, race, religion, disability, or condition of dependency, is a "throwaway." All of us, especially lawmakers and policymakers everywhere in this town and throughout the country, have a profound moral duty to protect the innocent and the inconvenient.

Cong. Chris Smith (R-NJ)

The Big Three Obamacare Abortion Lies of the Year

Editor's note. The following came from the office of pro-life Rep. Chris Smith (R-NJ).

Washington, D.C. — Even as President Obama's now infamous claim, "[i]f you like your plan you can keep it," is being recognized as the "Lie of the Year" by an independent media watchdog, Rep. Chris Smith (NJ-04), Co-Chair of the Congressional Pro-life Caucus, issued the following statement regarding the "Big Three Obamacare Abortion Lies of the Year."

Big Lie No. 1:

"The Act maintains current Hyde Amendment restrictions governing abortion policy and extends those restrictions to newly created health insurance exchanges." (Obama Executive Order 13535)

Rep. Chris Smith (R-NJ)

In the run-up to passage of the Affordable Care Act (ACA)—Obamacare—Americans were repeatedly told and reassured by President Obama himself, including in a speech to a joint session of Congress in October 2009, that "under our plan, no federal dollars will be used to fund abortion…" In an 11th-hour ploy to garner the votes of a remnant of pro-life Congressional Democrats absolutely needed for passage in the House, the President issued an Executive Order that said "the Act maintains current Hyde Amendment restrictions governing abortion policy and extends those restrictions to newly created health insurance exchanges."

At its core, the Hyde Amendment has two parts. It prohibits funding for abortion and funding for any insurance plan that includes abortion except in the case of rape, incest or to save the life of the mother. Yet, many Americans woke up to the launch of the Obamacare exchanges only to discover that they had been misled and deceived.

Rollout of the Obamacare exchanges reveals that many health insurance plans will subsidize abortion-on-demand. For example, the preliminary data suggests that every insurance plan on the Connecticut health care exchanges will pay for abortion-on-demand. In the most recent example, we learned that 103 of the 112 insurance plans for Members of Congress and congressional staff include elective abortion coverage. Only nine plans offered exclude elective abortion. (Click here to view flyer regarding the nine plans.)

It is clear that there are numerous Obamacare plans that include elective abortion and billions of taxpayers' dollars will now be handed out as credits to buy abortion-covering health insurance — a clear violation of the Hyde Amendment's fundamental principle of restricting funds to abortion-subsidizing health insurance plans.

As with Mr. Obama's promise that Americans can keep their current health insurance policy if they like it, implementation in the Obamacare exchanges of massive public funding of abortion coverage undermines the President's credibility and word. As a direct result, hundreds of thousands of unborn babies will painfully die from dismemberment in surgical abortion or from chemical poisoning and forced expulsion from the womb.

Big Lie No. 2:

Information about which Obamacare plans cover abortion "is on the website…it is available…" (Health and Human Services Secretary Kathleen Sebelius at a December 11 hearing.)

For months pro-life leaders have sought to get consistent clarity as to which Obamacare plans cover abortion and for months they have found the information nearly impossible to discern in any consistent way. Consumers deserve to at least know if the Obamacare plan they select includes abortion. Many Americans object to the destruction of human life and would be appalled to know they are purchasing a plan that includes such a brutal procedure. Yet, Secretary Sebelius remains unwilling to disclose that information even after telling Rep. John Shimkus (IL-15) she would do so at an October 30th appearance before the Energy and Commerce Committee.

Then on December 11, 2013, Secretary Sebelius appeared before the Health Subcommittee of the Energy and Commerce Committee and Rep. Shimkus questioned her on why she has not provided the list. In an apparent backtracking from her October 30th commitment to provide a list, Sebelius told Rep. Shimkus that "every plan lists plan benefits and the one plan benefit that they must list by law is abortion services, so as a shopper goes on, I would highly recommend that they look in the plan benefits section…" When Rep. Shimkus pressed further pointing out that he had examples of summary of benefits documents that do not indicate whether or not abortion is covered, she replied "It is on the website…it is available…"

Unfortunately her assurances ring hollow. Specifically, numerous summaries of benefits and coverage documents which can be viewed through www.healthcare.gov do NOT indicate whether or not abortion is covered. On December 13, 2013 the Charlotte Lozier Institute(CLI) issued a report demonstrating that this basic information that the Secretary stated is available is not available for many plans in New Jersey, Texas, Wyoming, and Alaska. The Lozier Institute concluded "[f]rom this survey sample of online websites via the federal exchange CLI concludes that clear statements of coverage of elective abortion via the [benefit summaries] and other plan documents are not the rule. If anything, they are the exception."

Big Lie No. 3:

"[I]n the Senate bill [which later became law], if you are receiving Federal assistance to buy insurance, and if that plan has any abortion coverage, the insurance company must bill you separately, and you must pay separately from your own personal funds–perhaps a credit card transaction, your separate personal check, or automatic withdrawal from your bank account–for that abortion coverage. Now, let me say that again. You have to write two checks: one for the basic policy and one for the additional coverage for abortion.The latter has to be entirely from personal funds." (Senator Ben Nelson (NE), Dec. 24, 2009)

Obamacare further breaks with long-standing law by establishing new abortion surcharges. The new law requires premium payers to be assessed a separate abortion surcharge every month to pay for abortions. Section 1303 clearly states that every premium payer in an abortion-covering plan will contribute a surcharge to an abortion fund to pay for other people's abortions. Senator Nelson wrote this policy so the surcharge would be billed separately (as described in his statement above). However, new research published by Susan Muskett with the National Right to Life Committee indicates that insurance carriers are not actually billing the surcharge separately—despite the clear letter of the law.

National Right to Life's research provides a detailed outline of the Nelson Amendment and

See "Lies" page 25

ObamaCare and the chances President Obama's approval numbers will climb from 39%/40%

By Dave Andrusko

What a coincidence! Here I am about to write a story about what some see as President Obama's tumble into irrelevance when Obama biographer David Remnick writes, "GOING THE DISTANCE: On and off the road with Barack Obama" for the New Yorker. Given that Remnick, the editor of the New Yorker, wrote a highly sympathetic biography, you'd expect exactly what you got in the profile which runs in the current edition

In her Washington Post review of Remnick's 2010 biography-- "THE BRIDGE: The Life and Rise of Barack Obama"-- Gwen Ifill (hardly a tough critic of Obama) observed,

"A less admiring author -- one who did not invest the considerable time Remnick did in interviewing Obama's family members, childhood and college friends, Chicago allies, and the president himself -- might have spun this tale more harshly. Instead of Obama the heroic change agent, we might have seen more of Obama the cagey political animal."

Later, speaking of Obama's remarkable ability to grow bored in record time, Ifill notes,

"Remnick obviously admires the president, so he does not interpret such lofty boredom as peevish or self-absorbed, as critics might. Perhaps it is that generosity to Obama -- gushy praise, Nobel Peace Prizes -- that drives his political competitors nuts."

Of course another way of saying the exact same thing is that Obama's "political competitors" are enraged because Obama is given a pass for behavior that would bring the harshest criticism if someone else were involved.

In his New Yorker interview with Remnick, Obama demonstrates all the qualities that explain why his popularity has bottomed out (for now!) at 39%-41%. He pretends to take his fair share of responsibility but quickly blames others. And, of course, he imputes the worse possible motives to his opponents.

For President Obama, no one can ever honestly disagree with him, and certainly not over ObamaCare. To point out that the rollout of Healthcare.gov. has been a disaster—and that this is only the first round of problems that could grow exponentially over the next year—is, to Obama, nitpicking partisanship.

But is it? And is the President likely to regain some/much/all of his popularity? Let's consider a few components of the formula for disaster that President Obama has mastered.

Pro-abortion President Barack Obama and pro-abortion HHS Director Kathleen Sebelius

Over at NRL News Today, we've written or reposted dozens and dozens of stories about the disaster that is the unveiling of Healthcare.gov. You already know about the sticker shock—how high premiums are and how huge the deductibles are for many people. Likewise with the countless people who have lost coverage and don't whether they have been signed up for new (and more expensive) coverage. Ditto for the haste to hit the October 1 deadline which resulted in a phalanx of security problems.

But it just keeps on keeping on.

For example, security. I happened to be listening to a rebroadcast of Fox News Sunday last weekend when I heard security expert David Kennedy explain why thing were worse, not better, after reprogramming efforts in November. Why/how?

To simplify, the "corrections" did not include the necessary security components, meaning there are more opportunities than ever for hackers (haste =easier hacking).

And to take only one more example, as we reported in NRL News Today, figures from a recent monthly progress gave a first glimpse at who was enrolling. It found that "Young adults account for slightly less than one-fourth of the Americans who signed up for health plans during the initial three months of federal and state insurance marketplaces — fewer so far than the government has said will be needed to make the economics of the new exchanges work, " according to the Washington Post.

"The figures mean that the proportion of young adults is lagging behind what both government and outside health policy analysts have said will be required for the exchanges to remain stable. Analyses have concluded that, to prevent health plans' premiums from rising and some insurers from potentially dropping out, roughly two in five Americans in the plans should be young adults. …

And as a kind of addendum, the story notes, "The report also showed that, of four tiers of coverage, named for different metals, by far the most popular are the 'silver' plans — the second level from the bottom — which outside health analysts have found have a typical insurance deductible of $2,500, far more than traditional health coverage."

By no means is it certain that the President cannot bounce back. Fortunes can change in a heartbeat, although usually those dramatic changes in direction are downward. But there are certain inexorable fundamentals which box the President in.

For example, as Chris Cillizza, of the Washington Post recent explained, the huge drop over the last six months (11 to 12 points, depending on the poll) cannot be explained by Republicans. They already didn't like him. Nor is it the slight decline among Democrats.

The plunge is largely explained by a drop of 14 points among Independents! And while it is perfectly true the "trigger" for his decline here is the rollout of Healthcare.gov, ObamaCare itself has always been unpopular.

Which is why the President is out and about, trying to change the subject. But CNN's Peter Hamby may have said it best recently, referring to a conversation he'd had with a former White House official.

"I talked to a former Obama White House person, just before Christmas, when Obama was sort of adrift, figuring out what to do, his poll numbers were pretty low. And he said, 'Look, the president needs to find an issue to campaign on. This is what he's good at. He's really good at campaigning. Maybe not governing,' according to this Democrat."

Roe v. Wade's Toxic Fruit

By Wesley J. Smith

It has been 41 years since Roe v. Wade "settled" the abortion controversy, leaving in its wake ever-increasing societal divisions and a crumbling of our culture's commitment to the equality and sanctity of human life.

Law doesn't just reflect our values. In these days of cultural relativism, it teaches right from wrong. If something is "legal," many see it as "morally right."

If I am correct, that explains why abortion became so ubiquitous post-Roe. Pregnant women—and often, their persuasive boyfriends/husbands who didn't want to bear the responsibility of fatherhood—came to see abortion not only as "a right" but "the right thing to do" when a baby was not planned.

More than that, Roe helped create a social environment in which the most weak and vulnerable among us came to be viewed as less than human.

Roe certainly wasn't the first Supreme Court ruling to engage in dehumanizing rhetoric. The first was the 1857 Dred Scott v. Sandford, in which Chief Justice Roger B. Taney ruled that black human beings are of "an inferior order," as a consequence of which, they have no rights" which whites were "bound to respect." That decision not only helped create the climate for civil war, but validated blatantly racist views.

The second such case was the 1927 Buck v. Bell, which authorized the involuntary sterilization of Carrie Buck, the daughter of a prostitute, because she gave birth out of wedlock. Subsequently, tens of thousands of innocent Americans who ran afoul of the pernicious junk science of eugenics were sterilized under color of law. Chief Justice Oliver Wendell Holmes' assertion that "three generations of imbeciles are enough" deserves a special place in jurisprudential infamy.

In its turn, Roe relativized nascent human life by making the moral value of a fetus dependent on whether he or she is wanted. Perhaps even more destructively, it also legitimized the dangerous notion that taking human life—killing—is a morally acceptable answer to human suffering.

In the years since, that meme has expanded to threaten human life outside the womb. For example, it helped create the environment in which people with profound cognitive disabilities—such as Terri Schiavo—are not only viewed as less than human ("nonpersons"), but killable through intentional dehydration. Worse, there is now much advocacy in bioethical and medical journals to make instrumental use of such patients as sources of organs—as is sometimes already done with the bodies of aborted fetuses.

Meanwhile, assisted suicide advocates explicitly tie their death agenda to the abortion license, claiming that anyone who supports the right of "pregnancy termination" should also support the right of for the sick and disabled to self-terminate.

Following Roe's legal playbook, assisted suicide advocates have repeatedly sought court rulings creating a constitutional right to what they euphemistically call "aid in dying." Thankfully, the U.S. Supreme Court unanimously refused to impose an assisted suicide Roe v Wade in 1997—a decision that I believe might have been different had the pro-life movement not rebelled so effectively and energetically against legal abortion.

But the assisted suicide crowd didn't quit. In the years since, they have filed repeated state lawsuits seeking a state constitutional right to become dead. They failed in Florida, Alaska, Connecticut, and elsewhere, but partially succeeded a few years ago in a muddled ruling by the Montana Supreme Court.

And just the other day, a New Mexico judge ruled that "aid in dying" is a fundamental constitutional right in New Mexico. Time will tell whether that ruling sticks on appeal.

The legal and philosophical grounds that justify abortion have also been invoked as reasons to permit infanticide—or "after birth abortion"—as one bioethics article put it. That remains illegal in the U.S.—although the mercy killing of infants is common in the Netherlands where euthanasia is legal.

That should not make us sanguine. It is cause for great worry that the world's most prestigious academic chair in bioethics is held by Princeton's Peter Singer, not in spite of—but because—he happens to be the world's foremost proponent of the moral propriety of killing babies whose lives do not serve the interests of their families.

Roe has also subverted the Hippocratic Oath. In fact, the Oath isn't taken anymore by most new doctors precisely because it precludes abortion and assisted suicide. Once doctors don't feel bound by "do no harm" Hippocratic values, anything becomes possible in the medical context.

See "Toxic," page 24

Judge recuses herself from lawsuit to take pregnant woman off of life support

By Dave Andrusko

Last week, without explanation, the Texas judge hearing a suit brought by the family of a pregnant woman said to be brain dead recused herself from the case.

The family of Marlise Machado Muñoz brought the lawsuit against JPS Health Network to compel the hospital to take Mrs. Munoz off of life support. John Peter Smith Hospital said it cannot, citing a provision of the Texas Advance Directives Act as that reads: "A person may not withdraw or withhold life-sustaining treatment under this subchapter from a pregnant patient."

State District Judge Melody Wilkinson's "order of recusal" was filed on Thursday. According to the Star-Telegram, in her letter to Jeff Walker, administrative judge for this region, Judge Wilkinson wrote, "The Munoz case has time sensitive issues which require immediate attention. Thank you for your prompt attention to this matter."

The Tarrant County district attorney's office is representing JPS in the suit. Through a spokeswoman it declined to comment on Judge Wilkinson's recusal.

The Muñoz family also did not wish to comment. But their attorney Jessica Janicek emailed a statement, saying, "We have recently received Marlise Muñoz's medical records, and can now confirm that Mrs. Munoz is clinically brain dead, and therefore deceased under Texas law."

How this came to pass was not explained. Previously, Mrs. Munoz's husband, Erick Muñoz, said only that "a doctor told him his wife is considered brain-dead," the Associated Press reported.

Mrs. Muñoz entered her 22nd week of pregnancy January 20.

The family filed their lawsuit January 14 in Tarrant County civil court Tuesday, requesting the court to issue an order requiring John Peter Smith Hospital "to immediately cease conducting any further medical procedures and to remove Marlise from any respirators, ventilators or other 'life support,'" the Star-Telegram newspaper reported.

Mrs. Muñoz, 33, the mother of 15-month-old Mateo, was 14 weeks pregnant when she collapsed on her kitchen floor in November. Muñoz tried to resuscitate his wife and called for an ambulance. Doctors restarted Mrs. Muñoz's heart in the emergency room.

Her mother, Mrs. Lynne Machado, told the New York Times' Manny Fernandez and Erik Eckholm that "the doctors had told her that they would make a decision about what to do with the fetus as it reached 22 to 24 weeks, and that they had discussed whether her daughter could carry the baby to full term to allow for a cesarean-section delivery."

Doctors are monitoring the baby's condition. For reasons not explained in current or recent stories, Mr. Muñoz says he believes his wife was without oxygen for some time before he found her early the morning of November 26.

Erick and Marlise Munoz with their first child, Mateo

Start the new year off right by making a donation to Autos for Life

By David N. O'Steen, Jr.

With the New Year upon us, and 2014 having the potential to be a pivotal turning point for the pro-life movement, the National Right to Life needs your help more than ever!

Our "Autos for Life" program is one way that you can help the most defenseless in society.

Thanks to dedicated pro-lifers like you, Autos for Life has received a wide variety of donated vehicles from across the country! Each of these special gifts is vital to our ongoing life-saving work in these challenging times.

Please, keep them coming!

Recent donations to Autos for Life include a NICE 2002 Lincoln Navigator from a pro-life gentleman in Tennessee, a 1995 Chevrolet Corsica from a pro-life supporter in Pennsylvania, a 1997 Ford F150 from a pro-life family in Maryland, and a 1993 Mitsubishi Expo from a family of pro-life supporters in Virginia. As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life.

This year will be very important to the pro-life movement, and you can make a big difference in helping to save the lives of unborn babies as well as the lives of the most vulnerable in our society! By donating your vehicle to Autos for Life, you can help save lives and receive a tax deduction for the full sale amount!

Your donated vehicle 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 are preferred, but other formats work as well.

To donate a vehicle, or for more information, call David at (202) 626-8823 or e-mail dojr@nrlc.org

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.org or sent by regular mail to:

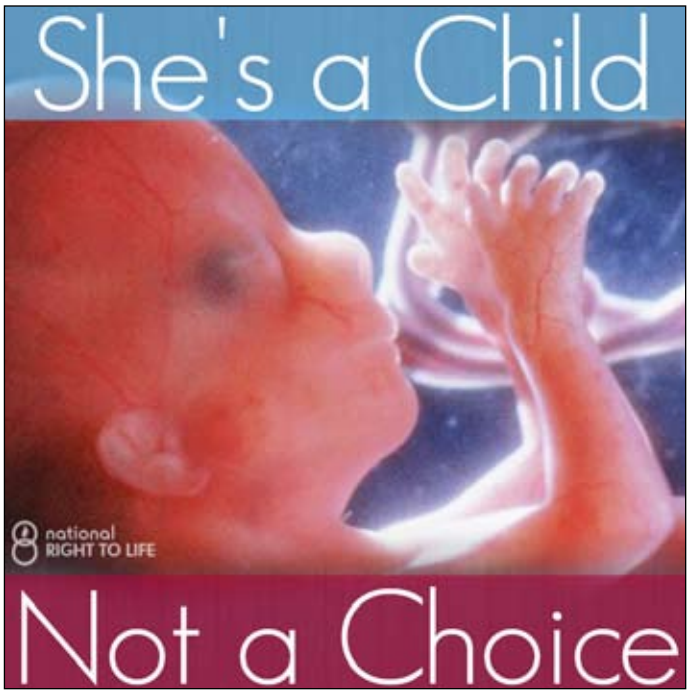
Autos for Life
c/o National Right to Life
512 10th St. N.W.
Washington, D.C. 20004

"Autos for Life" needs your help in making 2014 a great year for the pro-life movement! Please join us in helping to defend the most defenseless in our society, and remember that we are so thankful for your ongoing partnership and support!

Graham's Efforts *from page 1*

Unborn Child Protection Act brought to the floor of the Senate for vote.

"The Pain Capable Unborn Child Protection Act is the new front in protecting the rights of the unborn," Sen. Graham said. "Should we be silent when it comes to protecting these unborn children entering the sixth month of pregnancy? Or is it incumbent on us to speak up and act on their behalf? I say we must speak up and act. Every United States Senator needs to be on the record either supporting or opposing this important legislation."



Former Planned Parenthood abortionist reprimanded and fined for behavior at Wilmington abortion clinic

By Dave Andrusko

On January 7 the Delaware Board of Medical Licensure and Discipline approved the disciplinary terms agreed upon last year by the state and itinerant abortionist Timothy Liveright.

"According to the agreement, Liveright admitted to misconduct including: sexual harassment and failure to adequately document procedures and results of procedures in patient charts while performing medical or surgical abortions," Beth Miller of The News Journal reported.

His punishment was a $1,500 fine and a letter of reprimand. (Kay Warren, deputy director of the state Division of Professional Regulation, told Miller that the sanctions are also reported to the National Practitioner Databank.)

Liveright was the most prominent figure exposed by two former Planned Parenthood nurses, Jayne Mitchell-Werbrich and Joyce Vasikonis, in their stinging rebuke of the Planned Parenthood clinics in Wilmington and Dover, Delaware. The list of allegations against Liveright and the abortion clinic went on and on and on.

Interviewed by columnist Kirsten Powers, Mitchell-Werbrich said she saw Liveright "'slapping a patient,' and placing patients on 'operating tables still wet with the blood from the previous patient.' He refused to wear sterilized gloves during procedures and would sing 'hymns about sin to girls during the painful dilation phase of an abortion' and play 'Peek-A-Boo' with patients. She said he 'rushed abortions' and allowed 'sedated patients to wander down [the street] dazed and confused.'"

In May the two self-identified "pro-choicers" testified before a packed Delaware Senate hearing room. In their remarks delivered at an ad hoc hearing called by one Republican and one Democratic state senator, Mitchell-Werbrich and Vasikonis reiterated and elaborated on charges they had made in an April investigative report on WPVI-TV ABC News.

In her prepared statement Vasikonis said, "It would take me the entire afternoon to discuss all the deficiencies I discovered at Planned parenthood of Delaware during the 10 months I worked there." She listed 22 separate problem areas that included severe management problems and insufficient staff training; outdated (and broken) equipment; "Quality and Risk management policies were not followed or enforced'; an abortionist who did not wear sterile gloves; and sexual and racial harassment.

Abortionist Timothy Liveright

In her prepared statement, Mitchell-Werbrich explained that she had worked only 27 days at the Willingham and Dover sites. "I was forced to resign on August 8, 2012 as the conditions at Planned Parenthood continued to very unsafe and potential life threatening for the patients" despite numerous reports provided to Planned Parenthood administrators and a flock of state health regulatory agencies.

She said that "one abortion would be completed every 8-10 minutes" at the Wilmington PP site—evidence of what she called its "meat-market style assembly line abortions." Her charges were every bit as lengthy and even more critical of the "poor, unsafe patient care." To quote just part of one paragraph, Mitchell-Werbrich alleged that she had reported to two state agencies "that most of the Planned Parenthood Staff members did not wear protective gear or utilize universal blood and body fluid precautions; consent for sedation and procedures were sometimes obtained late as staff was rushed and hurried; registered nurses had to hide the patient's chart from [one abortionist] so the pre-procedure medications could have time to take effect because he was in such a rush to get to the next patient; lab work not being performed correctly thus the lab value results were incorrect; patients given sedation were found outside walking down Market Street dazed and confused. …[the same abortionist] once left sedated patients in the middle of an abortion procedure waiting for hours in order to handle a mechanical issue with his private airplane; and more."

The day after the two nurses testified in May, the state Attorney General's Office filed its complaint, calling Liveright a "clear and immediate danger to the public." The complaint accused Liveright (who has performed over 50,000 abortions) of incompetence and negligence in five abortions that took place last February and March. Miller wrote

"The state's complaint cited Liveright for numerous problems including: over-sedating patients, performing unnecessary suction procedures, failing to properly assess patients, failure to properly administer oxygen, causing at least one perforation during surgery, failing to properly supervise resident physicians during procedures and failing to act with due competence and diligence to avoid unnecessary complications, resulting in patients requiring emergency hospital treatment."

Without an actual copy of what Liveright and the state agreed to, it's impossible to know how many of these other specific allegations Liveright admitted to.

Judge finds drug caused abortion of Remee Lee's unborn baby

By Dave Andrusko

On January 10 U.S. District Judge Richard A. Lazzara ruled that the drug John Andrew Welden tricked his pregnant girlfriend into taking caused the abortion of Remee Jo Lee's 6-7-week-old unborn baby.

"There is not a shred of evidence to support the defendant's suggestion of miscarriage," he said, after hearing two days of testimony.

Welden's defense team offered two complementary explanations for why Ms. Lee lost her baby last March, or at least why it could not be attributed to Welden's actions.

John Andrew Welden

First, they called on experts to testify that was not possible to definitively prove that the one 200 microgram dose of Cytotec (misoprostol) Weldon told Lee was an antibiotic caused her abortion. Lazzara rejected that out of hand. Reporting for the Tampa Tribune, Elaine Silvestrini wrote "The judge said defense experts merely served as conduits for information they found in scientific literature, which the judge said amounted to no more than case studies with little supporting information. This, he said, was 'useless to me in determining a relationship of Misoprostol to a particular side effect.'"

On Thursday lawyers for Welden tried another tack, citing "medical records showing Lee was already experiencing bleeding in her seventh week of pregnancy suggesting other factors may have led to the miscarriage," reported WTSP's Eric Glasser.

But Lazzara was having none of that either.

"The suggestion that prior to the ingestion of this highly toxic drug, this victim was experiencing a spontaneous abortion is just speculation not supported by the record," Judge Lazzara said. "The only rational explanation for what caused the demise of the victim's embryo was her ingestion of one dose of 200 micrograms of Misoprostol."

Welden's defense team spared no expense, according to local media reports. "Defense attorneys flew in experts from New York City, one of which was affiliated with the World Health Organization," according to WFTS's Jacqueline Ingles.

"Welden's stepmother said she was disappointed in the ruling because the defense's experts are 'world renowned, '" Ingles reported. "However, the judge was not impressed with their lofty resumes and discounted their testimony."

Welden's father, Dr. Stephen Welden, told Glasser that over the next two weeks he'd be "telling John Welden what a father 'normally would tell his son. That he loves him. You want a future for him and I'm still praying for a miracle.'"

Lee was not in court when the verdict was handed down and her parents were unwilling to speak on her behalf.

The prosecution said Welden's motivation was that he wanted to keep his other girlfriend from learning of Lee's pregnancy.

U.S. District Judge Richard A. Lazzara

Last September Welden pleaded guilty to lesser charges of consumer product tampering and conspiracy to commit mail fraud as part of a plea bargain to avoid first-degree murder charges under the NRLC-inspired Unborn Victims of Violence Act. The agreement between prosecutors and Foster recommended a prison term of 13 years and eight months for Welden.

Whether Judge Lazzara sticks with the sentence agreed to by both parties will not be known until January 27.

Euthanasia's Busy Year: Rationing, Involuntary Denial of Treatment, and Direct Killing

By Jennifer Popik, JD & Burke Balch, JD, Robert Powell Center for Medical Ethics

2013 was an active year for pro-lifers across the spectrum of issues, particularly in the area of euthanasia. Threats to life addressed by Federal and State governments have run the gamut, from the early signs of rationing under the Obama healthcare law to a variety of issues surrounding protective treatment legislation in the states. An overview of last year follows.

THE EARLY SIGNS OF OBAMACARE RATIONING

A year-end article from The Hill, which covers DC politics, might have said it best — "The healthcare law faced a very tough year in 2013,

Burke Balch, J.D.

but that could pale in comparison to what happens in 2014."

In her piece, "Top 5 O-Care stories to watch", Elise Viebeck went on to write, "Between new exchange plans taking effect in January, the first enrollment period concluding in March and the midterm elections in November, the administration will have its hands full managing the rollout and mitigating negative stories for vulnerable Democrats."

2013, by all accounts, has been a tough year for Obamacare. When one of the law's major components, the health care "exchanges," came online October 1, the problems were immediate and major.

Not only were the exchanges difficult or impossible to enroll in, thanks to problems with the Federal website, but the replacement policies that people are finding in the state and federal exchanges typically severe restrict the doctors and health care facilities in their plan's networks.

Moreover, hundreds of thousands lost their coverage in what Politifact dubbed as the 2013 "Lie of the Year" – Obama's now debunked promise that if you liked your plan you would be allowed to keep it.

Amid this controversy, public support for the law has dropped to a record low. According to a recent CNN/ORC national poll, support for Obamacare has declined over the past few months to only 35%, with 62% now opposing the law.

The polling is confirming a new and ominous reality–American's current insurance plans are gradually disappearing, while the new Obamacare exchange plans are going to be more restrictive, with less access to doctors and healthcare centers with specialized expertise and high reputations for providing effective life-saving medical treatment. More on this can be found at http://nrlc.cc/1f6MIYs.

While the president attempts to appease certain groups by offering temporary delays or the short-term ability to hang on to old insurance plans, the larger problems of eroding coverage for most Americans looms on the horizon.

Dr. Marc Siegel, a professor of medicine and medical director of Doctor Radio at New York University's Langone Medical Center, offered a sobering perspective from the medical community in his piece, "The Death of the Bedside Manner Obamacare is speeding the decline in the quality of medical practice" published on December 26, 2013 in the Wall Street Journal. He wrote:

"Unfortunately, the kind of insurance that is growing under ObamaCare's fertilizer is the exact kind that was jeopardizing the quality of health care in the first place: the kind that pays for seeing a doctor when you are well, but where guidelines and regulations predominate and choice is restricted when you are seriously ill."

While many are quick to blame insurers, the real culprit is the Obamacare provision under which exchange bureaucrats are excluding insurers who offer policies deemed to allow "excessive or unjustified" health care spending by their policyholders.

Under the Federal health law, state insurance commissioners are to recommend to their state exchanges the exclusion of "particular health insurance issuers … based on a pattern or practice of excessive or unjustified premium increases." The exchanges not only exclude policies in an exchange when government authorities do not agree with their premiums, but the exchanges must even exclude insurers whose plans outside the exchange offer consumers the ability to reduce the danger of treatment denial by paying what those government authorities consider an "excessive or unjustified" amount. (See documentation at www.nrlc.org/medethics/healthcarerationing.)

This evidently is creating a "chilling effect," deterring insurers who hope to be able to compete within the exchanges from offering any adequately funded plans that do not drastically limit access to care.

When the government limits what can be charged for health insurance, it restricts what people are allowed to pay for medical treatment. While everyone would prefer to pay less–or nothing–for health care (or anything else), government price controls prevent access to lifesaving medical treatment that costs more to supply than the prices set by the government.

While Obamacare continues to roll out in 2014, it is important to continue to educate friends and neighbors about the dangers the law poses in restricting what Americans can spend to save their own lives and the lives of their families. More can be found here: http://powellcenterformedicalethics.blogspot.com/

PREVENTING THE INVOLUNTARY DENIAL OF TREATMENT: ONE STATE'S STORY MAY LEAD TO MORE STATES ADOPTING AN ANTI-DISCRIMINATION APPROACH

In the wake of the 2005 Terri Schiavo case many authorities urged Americans to complete advance directives. Every state authorizes these legal documents, which allow a person to specify whether and under what circumstances she or he wants life-preserving medical treatment, food or fluids when no longer able to make health care decisions.

However, the laws of all but twelve states may allow doctors and hospitals to disregard advance directives when they call for treatment, food, or fluids. Increasingly, health care providers who consider a patient's "quality of life" too low are denying life-preserving measures against the will of patients and families – and the laws of most states provide no effective protection against this involuntary denial.

See "Euthanasia," page 21

Euthanasia *from page 20*

Most states with laws protecting against involuntary denial of treatment essentially require health care providers unwilling to allow their patients to life to provide directed life-saving treatment pending transfer to a willing health care provider. Last spring, Oklahoma became the first state to enact a new approach derived from anti-discrimination language in federal law when Governor Mary Fallin signed the Oklahoma Nondiscrimination in Treatment Act after it passed the legislature with huge margins.

Under the new law, if a patient or the patient's legal representative chooses life-preserving medical treatment, food or fluids, the law will prevent health care providers from denying that treatment "on the basis of a view that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill."

The protection against forcing people to die against their will based on their age, disability or illness provoked vociferous opposition. An April 24 article on the bill in the Tulsa World stimulated many online attacks on the legislation.

Okierat wrote, "When you are old and sick you are a parasite and should not have a choice in your life." Iamarock said, "If doctors agree that life will not be qualitatively improved with aggressive treatment then it can and ethically should be withheld." More can be found at http://nrlc.cc/1ihdSAX.

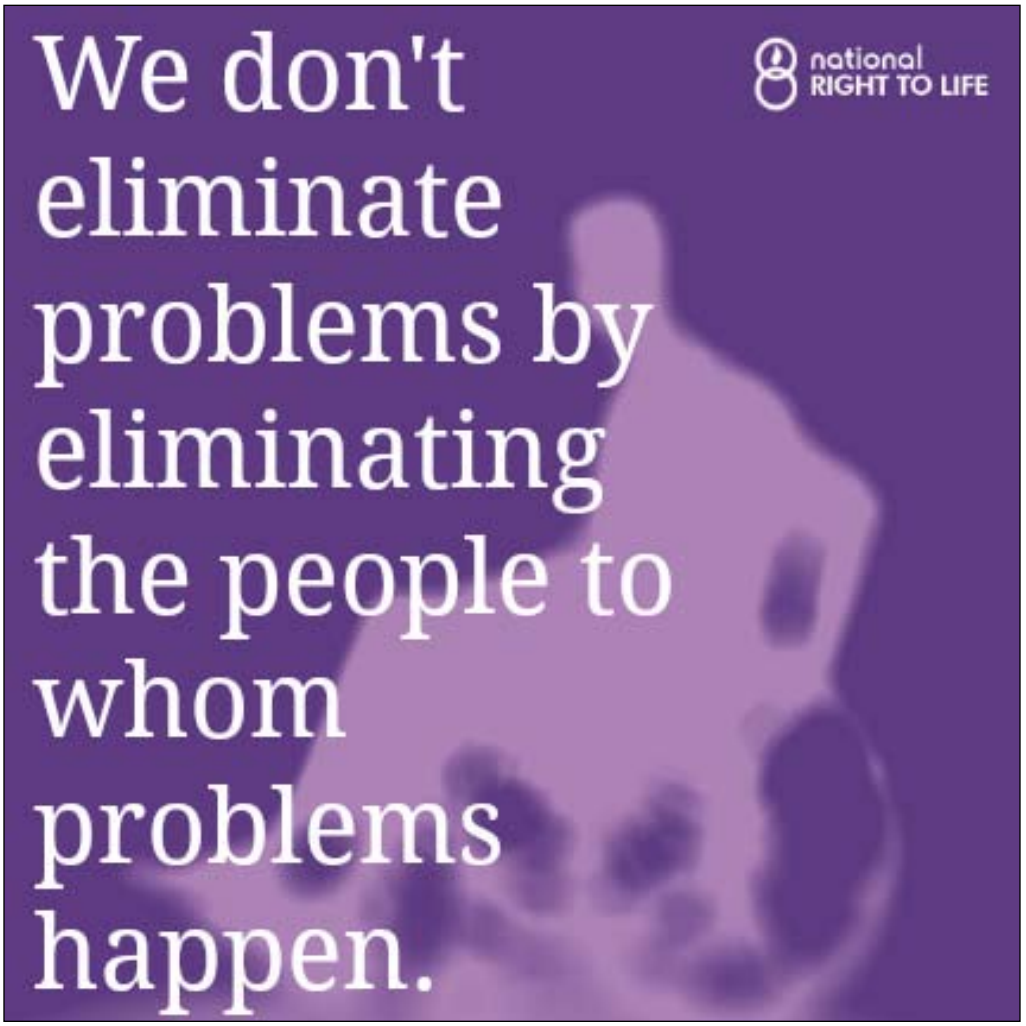
"Quality of life" bioethicists began promoting living wills and other advance directives in the 1970's using the argument that medical paternalists were forcing people to stay alive against their will. Now many of them strongly argue that medical paternalism is justified when people doctors deem to have a poor quality of life dare to consider their own lives worth living and seek life-saving medical treatment, food, and fluids.

As documented in the Powell Center report, "Will Your Advance Directive Be Followed?" since the 1990's hospital ethics committees have increasingly been applying "futility protocols" under which patients desiring life-preserving treatment are regularly denied it and forced to die against their will.

ASSISTING SUICIDE AND DOCTOR PRESCRIBED DEATH

During 2013, Vermont became the first state to legalize assisting suicide by legislative action (Oregon and Washington State had previously done so by referendum), and early this year a lower state court held New Mexico's protective law to violate the state constitution.

After a decade-long and hard-fought battle, the Vermont legislature passed the nation's most dangerous doctor-prescribed suicide measure. Governor Peter Shumlin had been a long-time advocate of such a measure and worked to ensure its passage. The measure passed the Vermont Senate narrowly, only gaining passage with two votes. Vermont will become the first state in the nation to decriminalize assisted suicide through a legislative vote- as opposed to ballot iniative or court mandate.



For the first three years, the Vermont law grants doctors immunity from prosecution for providing a lethal dose of medication if they follow a loose list of rules, including making sure the patient is terminally ill and making a voluntary, informed decision. In 2016, that list of rules expires, with the hope that doctors will have established their own personal guidelines. The hospitals in the state, fearing liability, have directed their physician employees to not participate for now. Also, there is effort to possibly revisit this dangerous law again in the legislature.

Just last week, Judge Nan G. Nash of the Second District Court in Albuquerque struck the decades-old New Mexico law which protected the state's citizens from assisted suicide. Nash asserted that prescribing lethal drugs to a patient, or as she defines it, "aid in dying," is merely another type of medical treatment. Although she acknowledged that the US Supreme Court has ruled that killing someone with that person's consent is not a constitutional right, she held it to be a fundamental right under the New Mexico Constitution, at least for those who are "terminally ill." The state attorney general's office has said it is still in the process of deciding whether to appeal Nash's ruling to the State Supreme Court. More on this can be found at http://nrlc.cc/1ihf5rU.

Although advocates of these laws claim to merely be providing another option to a person with a tough diagnosis, the laws are riddled with legal problems, and their so-called safeguards ultimately do not protect vulnerable groups including those suffering from mental illness, the elderly, and persons with disabilities. (More on how so-called safeguards do not work can be found at www.nrlc.org/uploads/medethics/WhySafeguardsDontWork.pdf.)

2013 was a critical year in the battle over euthanasia – a struggle that, if anything, is likely to intensify in 2014.

Supreme Court hears challenge to 35-foot "buffer zone" around abortion clinics

By Dave Andrusko

In 2000, in Hill v. Colorado, a deeply divided Supreme Court upheld an 8-foot "floating buffer zone" around abortion clinics. In 2007 the state of Massachusetts enacted a law that extended its then-existing 6-foot "floating buffer zone" to 35 feet.

On the morning of January 15 the Justices heard McCullen v. Coakley, a challenge to the Massachusetts law brought by a 77-year-old grandmother who has stood outside a Planned Parenthood clinic in Boston every Tuesday and Wednesday for the past 13 years. According to virtually every media account, the High Court was "skeptical" or "deeply skeptical."

In his account USA Today's Richard Wolf wrote, "in fact, even liberal Justice Elena Kagan expressed doubts about the 35 feet, which she described as being the distance from the bench to the back of the marble courtroom. 'Thirty-five feet is a ways,' she said." Kagan also said (according to the Washington Post) that she was "hung up" on why the zone needed to be so big.

The state's position, backed by the Obama administration, is that the question is not one of free speech (the law, they argued, is "content neutral") and was needed to prevent possible disruptions or violence.

But as Mark Rienzi, the attorney for the lead plaintiff, told NPR, "if demonstrators are such a threat to people at the clinic, why were there no prosecutions in the seven years before this law took effect" when Massachusetts had a 6-foot floating buffer zone?

The United State Supreme Court Justices

Justice Antonin Scalia, Wolf reported, was "leading the charge against the law." He complained, Wolf wrote, "that the state calls those people 'protesters.' He referred to it a 'counseling' case and said the goal of the challengers was 'to comfort these women.'

"By pushing abortion opponents… to what one litigator called basketball's three-point range means that 'what they can't do is try to talk the women out of the abortion,' Scalia said."

According to Wolf Justice Anthony Kennedy "said people who physically obstruct abortion clinics are different from those who peacefully talk to clients. The police, he implied, can handle the former and lay off the latter.

"'Even a dog knows the difference between being stumbled over and being kicked,' Kennedy said."

Representing the Obama administration, Deputy Solicitor General Ian H. Gershengorn "said the restrictions were no different from protest-free zones that have been set up around funerals, circuses and political conventions."

But some justices saw a difference between "protesters" and those who offer to buy women baby supplies and provide support for women who choose not to have an abortion. That offer to help depends, they argued, on the ability for "quiet conversations."

Once your eyes are open to the tragedy of abortion, you cannot "unsee"

from page 9

The plane finally landed; the passengers cheered; and the baby was stable. The parents named the little boy, Matthew, which means "Gift of God." He was given the middle name of Dulles after the airport where the plane made its emergency landing. On the birth certificate where it states "Place of Birth," little Matthew's reads "In Flight." [4]

Matthew landed safely because of help from a lot of people who contributed whatever was necessary to help him live – from medical skills and child care to a shoe lace and drinking straw. Life is intended to be like that, and when human beings live out a sense of community, as we do in the pro-life movement, that is much more reflective of the history and heart of the people of America than of the heartless individualism inherent in abortion.

So, here we are at the 41st anniversary of the U.S. Supreme Court's Roe v. Wade decision. No doubt some pro-lifers are frustrated at the seemingly slow pace of progress. Others are experiencing burnout after so many years.

Yet, the reality is that we have not really been at this effort all that long. We are actually a very young Movement and have made great progress given the many obstacles we face. Read NARAL's "Who Decides? The Status of Women's Reproductive Rights in the United States" and your heart will leap for joy. NARAL understands that the Pro-Life Movement is alive and well at the state and federal level.

That is no "little thing!"

It all comes back to people looking at the same thing but seeing something different. After 41 years and 56 million abortions, we could ask that famous question from the Benghazi tragedy: "What difference, at this point, does it make?"

It makes no difference unless you believe there is a difference between duty and silence, between truth and falsehood, between honor and shame, between life and death. In the really big scheme of life, those are not "little things."

[1] Speech at Fordham University – 5/5/84

[2] At the Billy Graham Compound in Charlotte, NC

[3] C-Pac – 3/20/81

[4] Article – "Baby on Board" – 12/2/94

Roe v. Wade: 41 years of lost lives, broken hearts

from page 4

No doubt their crumbling fortunes explain part of their over-the-top rhetoric. But equally certain, they are simply saying out loud what they honestly believe: abortion on demand without apology AND paid for by you and me. Abortion as a negative—freedom to do what they want, when they want, and to whom they want without restraint—is incomplete without the positive—your and my money plus a willingness to, if not actively approve their abortion, refrain from opposing abortion.

*President Obama is now in the second year of his second term. As we talk about on page 14, his sinking approval numbers (in the range of 39% to 41%) are just one index of the American people's growing dissatisfaction with a man whose core competency and basic honesty are questioned. Besides stacking the Supreme Court with hyper-pro-Roe justices (should vacancies appear), we can't know what he will do.

What we do know is that last year President Obama was the first sitting President to address PPFA, a speech lavish with payback for all their support in which he closed his remarks with, "Thank you, Planned Parenthood. God bless you. God bless America." We also know that he is perfectly willing to do by Executive Order what legislatively he could not possibly get through the Congress. He is a man whose actions need to be constantly monitored.

* We write all the time about how the new technologies make an interface with unborn children as easy as pie. That transparency, for lack of a better word, grows almost monthly. For us familiarity only builds more love. For pro-abortionists, familiarity only breeds more contempt.

There is another interface about which National Right to Life is educating the American people. At a certain gestational point, this little one whose "first photo" hangs on your refrigerator or is found in her baby album has matured to the point where she is capable of feeling pain. There is an abundance of anatomical, behavioral, and physiological evidence that unborn children can experience pain and suffering at 20 weeks, if not earlier.

The anti-life forces dismiss this increasingly undeniable truth as junk science, which is the two-word put down of every finding that challenges their view of the world. (See, for example, how abortion exacts a physically, emotional, and psychological toll on many women—other findings that pro-abortionist must trivialize and mock.)

Please read the entire January issue of National Right to Life News. You will read some of the best commentary you'll ever come across anywhere and, on page one, be updated on the latest about the Pain-Capable Unborn Child Protection Act (S.1670), which has been introduced in the U.S. Senate by Sen. Lindsey Graham (R-SC); and the No Taxpayer Funding for Abortion Act (H.R. 7).

And, please, do your pro-life friends and family a huge favor by forwarding them the January issue of National Right to Life News.

Are Americans Better Off Being Denied Access to the Best Hospitals?

By Jennifer Popik, JD, Robert Powell Center for Medical Ethics

There is widespread evidence that many new Obamacare health insurance plans are reducing access to specialists and the best hospitals–most recently in California.

Obamacare apologist Jonathan Cohn–in an attempt to persuade the general public to embrace new healthcare reductions–makes the case that restricting access to expensive hospitals might be a good thing, focusing on Cedars-Sinai, a well-regarded Los Angeles-area hospital..

In a January 6, 2014, article in the New Republic, "If You Can't Go to Cedars-Sinai Anymore, Is It Obamacare's Fault? Consumer choices, cachet, and health care reform," Cohn wrote "The new plans generally provide more comprehensive benefits than the ones insurers sold before. And they are available to everybody, even people with preexisting medical conditions. But those upgrades cost money. To keep prices down, insurers are sending patients only to the doctors, clinics, and hospitals that have agreed to accept lower reimbursements.

"Anthem Blue Cross and Blue Shield of California, two of the state's largest insurers, wanted bigger discounts than Cedars was willing to give, however. As a result, patients who want fully covered access to Cedars have only one option left: a health maintenance organization, called Health Net, with a relatively small network of doctors.

"The truth is that hospital quality varies a lot, depending on the severity and type of case. But that's precisely the point. Nobody would question that Cedars is a strong hospital overall and that it produces some truly excellent results. According to official government data, the readmission rate for heart failure and pneumonia patients is well below both the national average and the rates at other area teaching hospitals. But that doesn't mean Cedars is the place to go when you have a routine broken arm. A lowly community hospital might be just as good or better—and it will cost a lot less."

The reality is that it is precisely when you are the sickest that you will need the best centers and specialists. Sure, Obamacare plans will do when you are well or have minor problems (issues of the cost of the plan and premiums aside), but it has been shown over and over again that these specialty centers, while more expensive, do best at treating major problems like cancer, heart failure, and so on. And now, thousands will no longer have access to those hospitals.

While Obamacare continues to roll out, it is important to continue to educate friends and neighbors about the dangers the law governing them poses in restricting what Americans can spend to save our own lives and the lives of our family members.

Roe v. Wade's Toxic Fruit *from page 17*

Eventually, I worry that doctors and nurses will be forced by law to choose between remaining in their professions and being complicit with abortion and assisted suicide—either by doing the deed or referring to a colleague they know is willing to end human life. Indeed, I expect the fight over "medical conscience," as it is sometimes called, to become one of our most intense cultural and legal flashpoints in coming years.

There is a great old Talmudic saying: "Whoever saves a life, it is considered as if he saved an entire world.." If that is true—and I think it is great wisdom—how many worlds have been saved by the pro-life movement since Roe v Wade? Beyond counting! I have met some of them, and so have you.

So let us not be unduly swayed by victories or defeats, name calling or praise, election or litigation outcomes. Instead, let us be thankful for the honor to have been called in such a time to stand peacefully in the breach defending the intrinsic dignity and equal value of all human life.

Onward!

The Big Three Obamacare Abortion Lies of the Year

from page 12

the failure to bill the abortion surcharge separately. Here are some examples of its findings:

- Gretchen Borchelt, director of state reproductive health policy at the National Women's Law Center, told the Huffington Post that "we used to talk about it as being two checks that the consumer would have to write because of the segregation requirements, but that's not the way it's being implemented." (Huffington Post, Sept. 3, 2013). Likewise, a spokeswoman for Rhode Island's Exchange told PolitiFact Rhode Island that "the customer is not billed a separate fee." (Politifact, Oct. 2, 2013.) As PolitiFact notes, "it turns out to be a hidden fee."

- Despite the explicit statutory language, some state insurance commissioners are advising insurers that the state will not require them to collect the separate payments from enrollees, nor to even issue an itemized bill setting forth the separate costs.

- Maryland's Insurance Commissioner issued a bulletin to insurers on July 31, 2013, that requires issuers to have a segregation plan for abortion services, but asserts that "issuers are not required to provide enrollees with separate invoices for non-excepted abortion services and all other services covered under a QHP [Exchange plan], nor to provide enrollees with itemization on a single invoice for non-excepted abortion services and all other services covered under a QHP."

- New York State's Department of Financial Services issued guidance to insurers on September 18, 2013 stating that: "QHP issuers that cover non-excepted abortion services must collect in the premium for each enrollee a payment for non-excepted abortion services. . . . The ACA permits QHP issuers to collect premiums for non-excepted abortion services and all other services in one transfer of funds. . . . QHP issuers will be in compliance with the ACA if they do not itemize non-excepted abortion services on the premium bill and collect both premiums through a single transfer of funds." (emphasis added).

- Washington State adopted a regulation stating that Exchange plan issuers must segregate funds for elective abortion, but "[t]his rule does not require an issuer to conduct two separate premium transactions with enrollees. [Note, nor does the regulation require an itemized bill]. For purposes of approval by the commissioner, the segregation of premium may occur solely as an accounting transaction." [WAC 284-07-540].

While consumers will be paying an abortion surcharge (something that is not permitted under the Hyde Amendment), they may never know it. Between the failure to disclose abortion coverage at the outset and the failure to bill the surcharge separately, the consumer is left in the dark, unknowingly paying into an abortion fund.

This failure to disclose is a problem indicative of Obamacare plans nationwide and is why I have introduced the "Abortion Insurance Full Disclosure Act" (H.R. 3279), a bill that requires information regarding either inclusion or exclusion of abortion coverage as well as the existence of an abortion surcharge to be prominently displayed. To rid Obamacare of its massive expansion of abortion-on-demand facilitation and funding, I have also introduced the "No Taxpayers Funding for Abortion Act" (H.R. 7).

Abortion isn't health care—it kills babies and harms women. We live in an age of ultrasound imaging—the ultimate window to the womb and the child who resides there. We are in the midst of a fetal health care revolution, an explosion of benign interventions designed to diagnose, treat and cure the youngest patients. Obamacare's abortion mandate violates federal law and makes taxpayers complicit in the culture of death. This is not reform.

Pro-abortion President Barack Obama

Evidence of Abortion-Breast Cancer link explodes on the Asian subcontinent

By Joel Brind, Ph.D.

Hot on the heels of the new systematic review and meta-analysis of the abortion-breast cancer (ABC link) in China published by Dr. Yubei Huang last November and reviewed in NRL News Today in December, comes yet another blockbuster study from the Asian subcontinent.

On Christmas Eve, a study by A.S. Bhadoria et al. of the All India Institute of Medical Sciences—"Reproductive factors and breast cancer: A case-control study in tertiary care hospital of North India"–appeared online in the "Indian Journal of Cancer." These new Asian studies are changing the game in ABC link research

The Bhadoria study of 320 breast cancer patients and 320 age and socio-economic status-matched healthy control women reported a 403% increased risk of getting breast cancer among Indian women who have had any abortions. Not only is this increase much larger than what had been reported in the Huang meta-analysis (44%) and by my colleagues and I in our worldwide meta-analysis of 1996 (30%), but it closely matches the 538% among Indian women reported earlier in 2013 by Dr. Ramchandra Kamath et al.

Also in 2013, Dr. S. Jabeen and colleagues reported a risk increase of almost 2,000% among women in Bangladesh!

Taken collectively, the studies from Asia should completely abolish any lingering credibility of the US National Cancer Institute's politically correct" dictum that there is no ABC link.

As explained in my December article (See www.nrlc.cc/1f4sznD), the Huang meta-analysis reproduces and validates our findings from 1996. It also demonstrates what is called a "dose effect," i.e., two abortions increase the risk more than one abortion (there is 76% risk increase with two or more abortions), and three abortions increase the risk even more (an 89% risk increase with three or more abortions).

Risk factors that show such a clear dose effect have more credibility.

I also previously described how the Huang "meta-analysis" (a study of studies) dispatched with the tired old canard used to discredit the ABC link, variously called the "response bias" or "recall bias" or "reporting bias" argument. The argument goes like this.

Due to social stigma that is attached to having an induced abortion, healthy women are more likely to deny prior abortions in their medical history study questionnaire than are women who've developed breast cancer.

Joel Brind, Ph.D.

Hence, the argument goes, it would erroneously appear that abortion is more frequent among women who've had an abortion.

Although no credible evidence for this response bias hypothesis has ever been presented in ABC link research (and there is plenty of good evidence against it), the NCI and others have continually cited it as if it were a matter of fact in order to deny the reality of the ABC link. Huang et al. argued for the absence of response bias (abortion is very common in China and there is a lack of social stigma), but ABC-link detractors still cite response bias.

But the sub-continental studies really do put the final nail in the coffin of the response bias argument. Such response bias is only even plausible when the relative risk is relatively low, such as around 1.5 (i.e., a 50% risk increase).

But such bias becomes extremely implausible when the relative risk is strong—e.g., 5 or 6 (i.e., a 400-500% risk increase) or more. Thus, while one might attempt to explain how some women with breast cancer might be more or less inclined to report their history of abortion, the numbers from India and Bangladesh are just too overwhelming. That's why the percentage risk increases come out so high.

In the Bhadoria study, for example, the majority (61%) of the breast cancer patients had had at least one abortion, whereas only 16% of the control women were post-abortive. The data from the other two studies show similarly lopsided comparisons of cancer patients and controls. That's why the risk increases come out so high.

It is important to note that these high relative risk numbers raise the question as to why, if abortion should have the same effect on women everywhere, there should be such a strong link on the Asian sub-continent. The answer is straightforward.

In India and Bangladesh, breast cancer is still relatively rare because a) early marriage and childbearing—the best known protection against breast cancer—is nearly universal; and b) breastfeeding (also a protective factor against breast cancer) is also nearly universal. Consequently, there's not much in Bangladesh besides abortion to cause breast cancer, so it really stands out.

As noted in my earlier piece on the ABC link in China, the impact of abortion on a population of over a billion women—in India and China alone—means breast cancer cases exceeding 10 million for the current generation of women of childbearing age, and millions of them dying from it. And by the way, in contrast to the typical age of onset of breast cancer in the West, Asian women are stricken more often when in their 40's.

Welcome to the real war on women.

Editor's note. Joel Brind, Ph.D. is a Professor of Human Biology and Endocrinology at Baruch College, City University of New York; Co-founder of the Breast Cancer Prevention Institute, Somerville, NJ; and a frequent contributor to NRL News Today.

"You don't know what it's like"— Coca Cola ad reaffirms the beauty of having little children

By Dave Andrusko

Talk about the perfect ad for our son and daughter in law and their new baby (their second)! But, on second thought, this Argentinean Coca Cola ad is for anyone who is a parent, has ever been a parent, thinking about becoming a parent, or who is amazed by parenthood.

You absolutely have to take one minute and one second out of your busy Christmas season to go to www.youtube.com/watch?v=UyAN0UUNfIc.

Blogger Jeff Beer explains that this is an ad by Santo Buenos Aires and director Pucho Mentasti for "Coca-Cola Life," which is marketed as a "natural" and "green" low-calorie beverage.

"We were aiming for 'emotional comedy' [with this ad]," Santo executive creative director Sebastian Wilhelm told Beer. "The kind that makes you smile and weep at the same time."

Which, of course, is what life is like with a new baby. What the ad does is reinforce what parents already know: having a baby utterly and completely changes your entire life.

The ad is life-affirming on every level.

We start out seeing the mom showing her husband the positive test results. He is elated and sweeps her up in his arms.

In a nanosecond, their clean-as-a-whistle house is a menagerie of toys and the multitude of items you need to take care of your little one. It looks like a tornado struck (I told you this is true to life).

As he grows, the toddler gets into everything, including munching the dog's food while on all fours, and hiding under the sink. The dad finds his vintage vinyl LP record soaked in goo, and the next shot is of the little one flipping channels as the exhausted dad tries to catch a few winks. (The demands on the mom are infinitely greater, no doubt, but what makes the ad so cute is that we also get see that an involved dad gets to share in the fun.)

The ad ends, just after the toddler hits the dad in the head with a toy, with a replica of the first scene. The mom has her home pregnancy test in hand, only this time she is looking a tad more (shall we say) quizzically at the positive results.

Just for a few seconds, the dad is stunned and then he sweeps his wife into his arms and their love for their new addition (among the ongoing living room mess) is almost palpable.

No ad like this would be complete without a song playing in the background. It's "To Love Somebody," the operative line of which is (as we baby boomers know), "You don't know what it's like to love somebody the way I love you."

Amen, to that.

The URL again is www.youtube.com/watch?v=UyAN0UUNfIc

Abortion Funding Ban Advances in the U.S. House

from page 1

The committee beat back eight hostile amendments before reporting the bill favorably out of committee.

One of the issues debated by the committee was whether Congress should permanently prohibit funding of abortions within the District of Columbia. Under the Constitution, the District is exclusively a federal jurisdiction. All government funds in the Federal District are federally controlled, federally appropriated funds – and that is why H.R. 7 applies the Hyde Amendment principles to these funds. Chairman Goodlatte defended the bill's application to the Federal District, stating, as reported by Roll Call newspaper, "Clearly, Congress bears

Richard Doerflinger

constitutional responsibility for the use of these funds, and so Congress bears a responsibility to protect the innocent lives of unborn children in the nation's capital."

ObamaCare makes enactment of H.R. 7 all the more urgent. One part of the ObamaCare law establishes a big new program to provide federal subsidies for tens of millions of American families whose household income is 400 percent or less of the federal poverty level ($94,200 for a family of four). These federal subsidies can be used to purchase health plans that cover all abortions. As a result, the federal government will be purchasing abortion-on-demand insurance – which is a sharp departure from decades of previous federal policy under the Hyde Amendment, the Federal Employees Health Benefits program, and other federal programs.

Moreover, in early October 2013, the Obama Administration issued a rulemaking allowing the federal government to purchase abortion-covering plans for Members of Congress and their staffs, which is something that no other federal employee is allowed to do. The rulemaking spells out how this transition will occur, without interrupting the contributions made by the government to the cost of such plans (approximately 75% of the premium cost). The rulemaking violates the Smith Amendment, which for most of the past 30 years has prohibited the US. Office of Personnel Management from any administrative involvement in purchasing any health plan for federal employees that covers abortion (except in cases of life endangerment, rape, or incest). Research by the office of Congressman Chris Smith found that of the 112 health plans available to Members of Congress and their staffs, more than 90 percent of the plans – 103 out of 112 plans – cover elective abortion.

NRLC's Senior Legislative Counsel Susan Muskett, who attended the committee's mark-up of the bill, commended Chairman Goodlatte and Constitution Subcommittee Chairman Trent Franks (R-AZ) on the committee's approval of the bill.

"Polling consistently shows that the vast majority of the people do not support government funding of abortion, and it was good to see that the No Taxpayer Funding for Abortion Act was not thwarted by the efforts of those who oppose even this ban on federal funding of abortion," Muskett said.

Committee Chairman Goodlatte praised passage, saying, "I am glad to report that the Committee passed this vital piece of legislation to effectively prohibit the federal funding of elective abortions." Subcommittee Chairman Franks said that "using taxpayer dollars to fund the killing of innocent unborn children does not liberate their mothers, it is not why those lying under the white stones out in Arlington National Cemetery died, and it is not good government."

The week before, on January 9, Professor Helen Alvare of George Mason University School of Law, submitted testimony in support of H.R. 7, asserting that it "serves the interests of American women for the federal government once and for all to remove itself from the business of abortion funding." First, she explained that Americans in general, especially women, oppose government funding of abortion, and that abortion funding for the poor is favored more by the well-off than by the poor themselves (a reality she called a "particularly unpleasant fact"). Women don't view abortion as a "public good" deserving of funding, according to Alvare. She then pointed to the federal government's own statements and documents as evidence that abortion is not part of a genuine "women's health" agenda.

Richard Doerflinger testified on behalf of the U.S. Conference of Catholic Bishops in favor of writing into permanent law "a policy on which there has been strong popular and congressional agreement for over 35 years" going back to the 1976 enactment of the Hyde Amendment. He submitted testimony that explained that abortion rates substantially increase when government funding is provided, citing a study by the Guttmacher Institute (the former research arm of Planned Parenthood) as evidence that "Medicaid-eligible women whose states provide Medicaid funding for abortion have more than twice the abortion rate of eligible women whose states do not provide such funding."

Both Alvare and Doerflinger testified that the U.S. Supreme Court's caselaw recognizes abortion as inherently different from other medical procedures, because as the Court put it, "no other procedure involves the purposeful termination of a potential human life." Doerflinger cited Supreme Court decisions, going back to 1977, that viewed the funding of abortion as separate and distinct from the constitutional "right" to abortion. "Even courts insisting on a constitutional 'right' to abortion have said this alleged right 'implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds'" Doerflinger said.

Nevertheless, despite the longstanding support of the public, the Congress, and the courts, for restrictions on the use of government funds to support abortion, NARAL has issued an alert to its supporters in opposition to H.R. 7, asserting: "Our goal is to stop this bill from coming up for a vote – and we can do that if we show enough members of the House that this bill will have huge political ramifications. Tell your lawmaker that you demand the House not bring H.R. 7 up for a vote."

A video of Professor Helen Alvare's testimony can be viewed at www.youtube/watch?v=wxXHB3vZEOA; a video of Richard Doerflinger's testimony can be viewed at www.youtube/watch?v=L3L3-nYf3BI

H.R. 7 continues to gain cosponsors. Ten new cosponsors were added on January 15, bringing the current total to 165 cosponsors. To view an always-current list of co-sponsors of H.R. 7 go to www.capwiz.com/nrlc/issues/bills/?bill=62667366&cs_party=all&cs_status=C&cs_state=ALL

The Senate companion bill, introduced by Senator Roger Wicker (R-Ms.), is S. 946, which has 25 co-sponsors. To view an always-current list of co-sponsors of S. 946, go to www.capwiz.com/nrlc/issues/bills/?bill=62667326&cs_party=all&cs_status=C&cs_state=ALL

Supreme Court to hear challenges to HHS Mandate March 25

By Dave Andrusko

On March 25, at 10:00 am, the United States Supreme Court will hear two lawsuits which challenge the HHS mandate which compels employers to provide health coverage for drugs and procedures to which they have moral or religious objections.

The announcement was made without flourish January 8. The High Court merely released the schedule of oral arguments for the two-weeks beginning March 24.

But the consequences of Sebelius v. Hobby Lobby Stores, Inc. and Conestoga Wood Specialties Corp. v. Sebelius could be immense.

The core argument raised is that the mandate violates the Religious Freedom Restoration Act and the First Amendment's free exercise of religion clause.

There have been scores of legal challenges to the HHS mandate which are regulations adopted by the Department of Health and Human Services under a provision of ObamaCare–the "Affordable Care Act."

In November, when the Court agreed to hear the two cases, David Green, Hobby Lobby's founder and CEO, said, "My family and I are encouraged that the U.S. Supreme Court has agreed to decide our case."

He added, the "legal challenge has always remained about one thing and one thing only: the right of our family businesses to live out our sincere and deeply held religious convictions as guaranteed by the law and the Constitution. Business owners should not have to choose between violating their faith and violating the law."

Hobby Lobby, a chain of more than 500 arts and crafts stores, employs more than 13,000 full-time workers.

"This is a major step for the Greens and their family businesses in an important fight for Americans' religious liberty," said Kyle Duncan, general counsel of the Becket Fund for Religious Liberty and lead lawyer for Hobby Lobby. "The cases will decide 'who gets to exercise religion — it's really that simple,' Duncan told POLITICO. 'The idea that the protection of religious liberty is confined to only certain pursuits … from our perspective, that's disturbing.'"

Courts of appeal split on the two lawsuits. The 10th U.S. Circuit Court of Appeals circuit ruled in favor of Hobby Lobby while the 3rd U.S. Court of Appeals held against Conestoga Wood Specialties, which is owned by Mennonites.

Anthony Hahn, president and CEO of Conestoga Wood Specialties

Battling more nimbly and harder on all fronts is the formula to protect pro-life gains and make new ones

By Dave Andrusko

What sets the teeth of the New York Times editorial board to grinding is passage of pro-life legislation. Judging by a quasi-coherent January 8 rant, the editorial board must be down to its collective gums.

The editorial begins by complaining that "The Texas law is part of the surge of anti-abortion measures — in the guise of health and safety protections or based on a scientifically dubious theory of fetal pain — approved in Republican-controlled states over the past three years." The Texas law at issue is one familiar to pro-lifers: HB2 made most famous by the momentarily successful filibuster of state Senator (and current gubernatorial aspirant) Wendy Davis.

Let's talk a look at "Abortion Restrictions in Texas and Beyond" and see what we can glean. There are two provisions, one already in place and the other schedule to take effect in a few months.

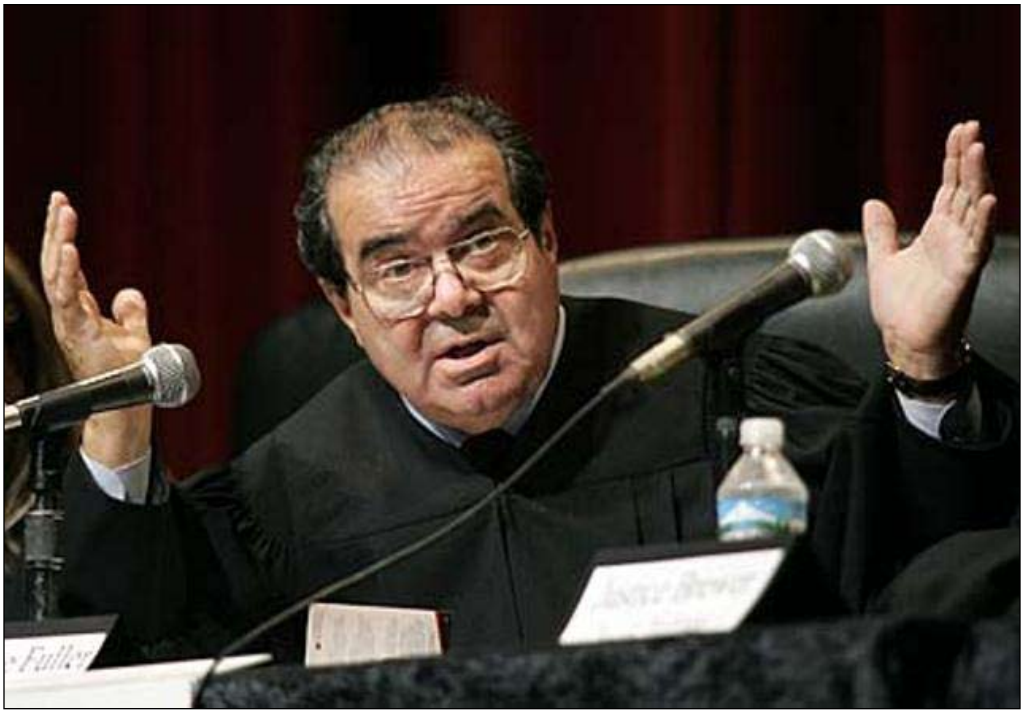
Pejorative language aside, they've got correct much of the history (albeit necessarily distilled). As we've explained, U.S. District Judge Lee Yeakel ruled in October that requiring abortionists to get admitting privileges at a hospital within 30 miles of the abortion clinic "is without a rational basis and places a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus."

Shortly thereafter "A three-judge panel of the United States Court of Appeals for the Fifth Circuit overturned his injunction on the rule's enforcement," The Times wrote, "and the Supreme Court, in an alarming 5-to-4 opinion in November, declined to upset the panel's ruling."

The Times never allows a little thing like the reasoning behind the panel's decision and the Supreme Court's unwillingness to issue a stay at the request of pro-abortionists, to get in the way of its predetermined conclusion.

For example, the panel, composed of Judges Priscilla R. Owen, Jennifer Walker Elrod, and Catharina Haynes concluded, "[T]here is a substantial likelihood that the state will prevail in its argument that Planned Parenthood failed to establish an undue burden on women seeking abortions or that the hospital-admitting-privileges requirement creates a substantial obstacle in the path of a woman seeking an abortion."

To which Justice Antonin Scalia added (in responding to the four justices that wanted to stop the law from being implemented while challenges went forward), "In sum, the dissent would vacate the Court of Appeals' stay without expressly rejecting that court's analysis of any of the governing factors. And it would flout core principles of federalism by mandating postponement of a state law without asserting that the law is even probably unconstitutional."



Supreme Court Justice Antonin Scalia

Scalia noted that the Court of Appeals' panel had concluded that it had to consider four factors when deciding whether to issue a stay and that the first two are "the most critical": "whether the State made a strong showing that it was likely to succeed on the merits"; and "whether the State would have been irreparably injured absent a stay."

Scalia examined the dissenter's opinion and wrote that "it thus fails to allege any errors, let alone obvious errors, in the Court of Appeals' determination that the two 'most critical' factors weighted in favor of the stay." (He also wrote that the dissenters fared no better in rebutting the appeals court panel's conclusion that the other two factors weighed in favor of the state of Texas.)

We could examine the Times's overheated treatment of another provision of the law—which does not go into effect until this fall—but let me just say this. Pro-abortionists would have you believe that abortion clinics are spic and span, safe, where you find top-drawer medicine being practiced. The other implication is that, financially, they are practically running on fumes.

We—you and I—know otherwise, which is why requiring abortion clinics to meet the standards of surgical facilities is both proper and necessary to protect women's health.

The Times's editorial concludes

"To stand a chance of rolling back these restrictions, supporters of abortion rights will need to fight harder and more nimbly than ever on three fronts — in the courts, in legislatures and at the ballot box."

To which we would respond if we wish to keep secure the gains we've already made and to make additional inroads, we must fight harder and more nimbly not just "in the courts, in legislatures and at the ballot box" but also at the one-on-one level where hearts can best be turned.