



national
RIGHT TO LIFE
NEWS

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previewing the

2023

elections



Update on Pro-life Issues in Government Funding

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

The 118th Congress, one of the most closely divided in recent memory, continues work on funding the government. Numerous policies protecting unborn children have been front and center of this debate, and several critical policies have been adopted in the House of Representatives.

On Saturday evening, September 30, the Senate overwhelmingly passed a measure to keep the government funded (continuing resolution or “CR”) until November 17. The House passed the measure earlier in the day with 335 votes — 209



Democrats and 126 Republicans. This CR maintained the status quo on taxpayer-funded abortion, including the Hyde Amendment and numerous other similar provisions.

Presently complicating matters is a “motion to vacate,” something not seen in more than 100 years. At the time of this writing, the House voted to remove Speaker Kevin McCarthy (R-Cal.) with the votes of all Democrats and eight Republicans. McCarthy could try to run for speaker again,

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The Winning Issue, Reasons for abortion, Not the Number of Weeks

By David N. O’Steen, Ph.D.

Buried under a typical headline that read, “Total abortion bans are not at all popular, poll finds” was a jewel of a result. It reinforces earlier data showing why pro-life political and legislative strategy should focus on the reasons for abortion, not weeks.

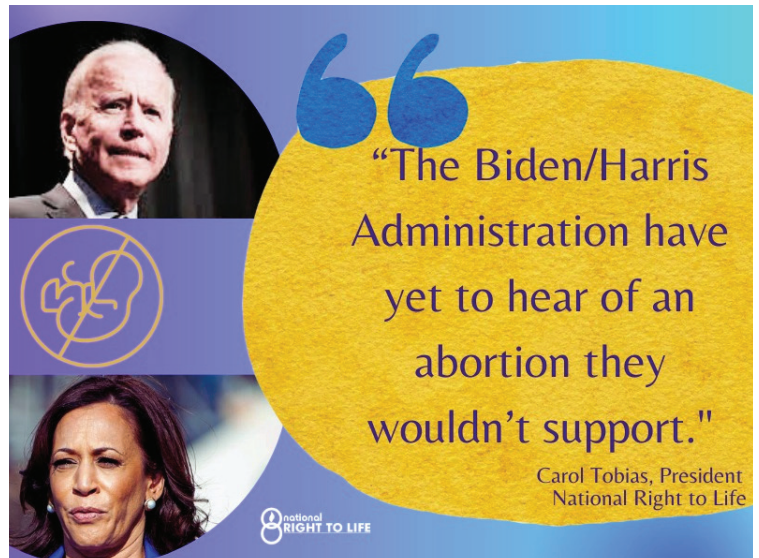
The poll was taken in late August by SurveyMonkey and found, unsurprisingly, that only 9% of Americans thought all abortions should be illegal. Hence the headline.

The poll also found strong majority support for allowing abortion to save the mother’s life and in cases of rape, incest, or “health” which was undefined. This was consistent with National Right to Life’s own polling which has found 80%+ support for allowing abortion in life of mother, rape, incest, and medical emergency cases.

The most significant result, however, was to the question of whether abortion should be legal “For women who do not wish to be pregnant.” Only 42% said yes! In other words, only 42% supported abortion just being used for birth control.


This agrees with past National Right to Life polling that found

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“The Biden/Harris Administration have yet to hear of an abortion they wouldn’t support.”

Carol Tobias, President
National Right to Life



Editorials

Biden's approval ratings continue to sink, down to 36%

As I sat down to write this editorial, it occurred to me that if I waited a couple more days, pro-abortion President Joe Biden's job approval numbers would in all likelihood sink even lower.

Last week, we talked about the *ABC News/Washington Post* poll which was widely dismissed as an "outlier." Really?

Gary Langer is the longtime director of polling at *ABC News*. Langer goes where the data takes him as opposed to making excuses for Democrats, which is what the *Washington Post's* story about the results took pains to do.

Here's Langer's brutally honest lead for his September 24 story:

President Joe Biden's job approval rating is 19 points underwater, his ratings for handling the economy and immigration are at career lows. A record number of Americans say they've become worse off under his presidency, three-quarters say he's too old for another term and Donald Trump is looking better in retrospect — all severe challenges for Biden in his reelection campaign ahead.

And in that same poll, "Three-quarters of voters say they're concerned about President Joe Biden's age and mental fitness."

But why an "outlier"? Because it showed Donald Trump ahead of Biden by a whopping nine points: 51% to 42%. Back to Langer. "Forty-four percent of Americans in the latest *ABC News/Washington Post* poll say they've gotten worse off financially under

Biden's presidency, the most for any president in *ABC/Post* polls since 1986. Just 37% approve of his job performance, while 56% disapprove." [Did you get that? "Just 37% approve of his job performance, while 56% disapprove."]



Pro-abortion President Joe Biden
Photo: Gage Skidmore
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Langer continued, "In terms of intensity of sentiment, 20% strongly approve of his work overall, while 45% strongly disapprove." More than twice as many strongly disapprove [45%] as strongly approve [20%] of Biden's work overall.

On Monday, more bad news for the President:

President Joe Biden's approval rating has fallen to the lowest level

since he took office, the new IBD/TIPP Poll finds. Disapproval of Biden's economic policies is reaching new heights as financial stress spikes amid rising interest rates, higher gas prices and

disapproved of Biden's job performance. ...

Americans now disapprove of Biden's economic policies more than 2 to 1, 56% to 24%. That's a big deterioration from 50%-31% in September.

Finally, a *NBC News* poll released September 24 showed Trump and Biden tied at 46% each. But... *NBC News* also reported, "[A]ccording to the poll, a combined 74% of registered voters say they have major concerns (59%) or moderate concerns (15%) that Biden, at age 80, doesn't have the necessary mental and physical health to be president for a second term."

Yet "what also stands out in the poll are the warning signs for Biden beyond his age — including an all-time high disapproval of his job performance, fewer than 4 in 10 voters approving of his handling of the economy and lagging interest in the election among key parts of the Democratic base."

Republican pollster Bill McInturff of Public Opinion Strategies, who conducted the poll with Democratic pollster Jeff Horwitt and his team at Hart Research Associates, said, "This survey is a startling flashing red light for an incumbent party."

Required caveat. Polls are a "snapshot" of what people are feeling at this moment time which columnist Byron York reminds us "might change significantly in the coming months."

That notwithstanding, this is very good news!

renewed student loan payments.

The October IBD/TIPP Poll shows 36% of Americans age 18 and up approve of how Biden is handling the presidency, and 54% disapprove. Biden's net-approval rating crashed to -18 points from -8 points in September, when 41% approved and 49%

From the President Carol Tobias

All Hands on Deck!



“Now is the time for all good men to come to the aid of their country!” Or another way to put it, “All hands on deck!”

The coming year is going to be pivotal for the future of preborn children and their

mothers, and every pro-lifer is needed. Let me lay out a few possible scenarios.

Scenario 1

Joe Biden, or someone just as rabidly pro-abortion, is elected president. Our tax dollars continue to flow to national and international agencies that promote abortion as a method of birth control, in the US and around the world.

Various departments, such as Defense and Veterans Affairs, continue to ignore federal statute and provide resources for abortion; the Food and Drug Administration removes all restrictions on the abortion pill, allowing it to flow into homes with no medical oversight or reporting of complications.

Pro-abortion Democrats retake control of the U.S. House and pass radical anti-life legislation. Pro-abortion Democrats maintain control of the U.S. Senate with enough votes to remove the filibuster, setting the stage for a federal law with no limits on abortion up to birth.

Abortion activists are successful in amending state constitutions which prevent the passage of pro-life laws to save babies.

Scenario 2

A president is elected who will use the position to protect preborn children when and where possible. President Biden's anti-life executive orders, along with rules adopted in various administrative departments, will be rescinded. His “whole-of-government” approach to ending as many innocent lives as possible will be reversed and the government will, instead, enact policies to protect the little ones.

Pro-life candidates are elected and maintain pro-life control in the U.S. House, leading to the passage of pro-life legislation. We hold enough seats in the U.S. Senate to prevent pro-abortion Democrats from eliminating the filibuster and passing the so-called Women's Health Protection Act.

We defeat pro-abortion efforts to amend state constitutions to allow unlimited abortion throughout pregnancy for any reason.

A third scenario could be somewhere in the middle, but scenarios One or Two could very

well happen. What can make the difference between which one comes to pass?

You!

We need absolutely every pro-lifer in the country to be involved to affect the election outcome next year. Work in your communities to educate others about where the candidates stand on life. If there is a pro-abortion ballot measure in your state, work to make sure it doesn't pass.

For those states who aren't faced with a constitutional ballot measure, you can't sit on your hands because they're coming for your pro-life candidates.

Whether it's a message via social media or talking to people one-on-one, handing out pamphlets or donating to groups like NRLC and our affiliates, giving talks in churches or handing out informational flyers at a local social club, we need to reach every corner of every state to bring out voters who love life.

Last year, six states had constitutional measures on the ballot regarding the

We certainly can't forget elections this year. Ohio voters will decide next month (November) whether to amend their state constitution to allow unlimited abortion for any reason throughout pregnancy. Encourage any Ohioan you know to vote NO on Issue 1.

Voters in Kentucky, Louisiana, and Mississippi will hold elections for statewide offices. Louisiana, Mississippi, New Jersey, and Virginia will hold elections for legislative offices.

If you live in those states, or know others who do live there, make sure the pro-life vote is getting to the polls or returning their absentee ballot.

The 2024 election cycle will be, unquestionably, the toughest election we have ever faced. And we need to be ready. Please, start clearing your schedule now and be prepared to participate in the fight for Life.

For those thinking, “I am already so overworked or so involved in other activities,



protection of preborn children-- pro-lifers lost all six. Those who support the wanton killing of preborn children think they have found the magic bullet-- putting the issue on the ballot with the help of billionaires and friendly media advocacy.

Two more states, Maryland and New York, will definitely have similar measures on the ballot next year. Nine more states are targets for next year, and that number could continue to grow.

I'm not able to add more to my plate,” that's why we need you. You are a go-getter and know how to accomplish much.

Every one of you is a necessary part of the pro-life body. Each of you has a vitally important role to play.

Babies' lives are on the line. We can hold that line and continue our push forward to protect the babies and help their mothers, or we could experience a coming slaughter of innocents not seen in a very long time.

Protecting Unborn Babies & Their Mothers from Chemical Abortion

“There’s a war on women!” Or so the pro-abortionists and their friends in the mainstream media seem to scream every chance they get.

On this point, we can agree. There is a war on women, but it’s not being waged by the pro-life movement, as the abortion industry and the media would have everyone believe. It’s being waged by the abortion industry itself.

And since the U.S. Supreme Court’s decision in *Dobbs* last year that reversed *Roe v. Wade*’s deadly legacy, the abortion industry, the media, and pro-abortion politicians alike have doubled down on their war against mothers and their preborn children. They’ve made it abundantly clear they don’t care about preborn children, but now they’re putting their callous disregard for mothers on full display.

Gone are the days of the talking points about making abortion “safe, legal, and rare.” Gone are the days of hiding behind euphemistic “pro-choice” rhetoric. Gone are the days of advocating for “access” to “reproductive health” (which was always code for abortion).

Now, they are unapologetic in their advocacy for unrestricted abortion for any reason. And, if they had their way, using tax dollars to pay for it. And they’re willing to sacrifice the lives of the women they purport to care about in order to make their dystopian dream a reality.

Look no further than their crusade to distribute deadly abortion-causing pills as far and wide as possible. They want to prescribe these pills via webcam or send them through the mail without regard for the potentially deadly consequences the mothers taking these pills may experience.

Since the FDA made chemical abortions available in the United States 23 years ago, we know of at least 28 women who have died.

And thousands of women have suffered serious complications, including blood loss requiring transfusions and severe systemic infections.

Studies have shown the safety concerns about chemical abortion were ignored and that more women have complications, and more women show up in the emergency room needing surgical treatment for bleeding or to deal with incomplete abortions than the abortion industry will admit.

Prescribing a chemical cocktail to a woman who is perhaps

children.

Currently, 22 states have laws stopping webcam abortions and requiring the abortionist to be present and in the same room as the mother before they can prescribe these deadly pills (the laws in Iowa, Kansas, Montana, and Ohio are currently enjoined).

And, most recently, we’ve produced the enclosed factsheet about the dangers of the abortion pill — information that should be in the hands of every woman facing an unexpected pregnancy; information that every pro-life

that Big Abortion has. There’s no government funding subsidizing our operations. But we do have the truth on our side. And, thankfully, we have you to help our efforts.

Please know that every gift — from \$250 to \$100 to \$35 or any amount — will be put to effective and efficient use. Or perhaps you’re blessed to give \$500, \$1,000, \$2,500, or even \$5,000 and help us protect more mothers and save even more precious unborn babies.

The *Dobbs* decision changed the landscape in the fight for life



hundreds of miles away, not being there to help if there are complications, is not pro-woman.

At the end of the day, all the abortion industry cares about is their financial bottom line. And they don’t care about the lives they destroy to protect their billion-dollar balance sheet.

National Right to Life has long been at the forefront of fighting chemical abortion. We alerted the world to the dangers of chemical abortion, and led a national boycott against the manufacturer, when the first pills were created in France in the 1990s.

We’ve worked with our state affiliates to pass laws protecting mothers by blocking abortionists from prescribing these chemical abortions via webcam (or “telemedicine abortions.”) In states where a majority of abortions remain legal, laws like these have the capacity to continue saving lives while we continue to work for more comprehensive protections for mothers and their

activist should have at their fingertips; information that has the capacity to save countless lives.

None of these efforts — from public education and awareness about the deadly effect of these pills to the public policies that protect mothers and their preborn children from an abortion industry — is possible without your support.

If we’re going to continue our efforts to pass laws protecting women from webcam abortions, and expand our efforts to educate Americans about the deadly consequences of abortion pills, we need the financial resources you provide to make all of our work possible.

That’s why I’m writing today: to ask all of our loyal members to help us with a \$50 contribution to help us fight back against the abortion industry and their efforts to spread these deadly pills nationwide. We don’t have the same billion-dollar war chest

and restored our power to protect the most defenseless members of our human family. But we need to continue standing together if we’re going to seize every opportunity to advance our cause and build a society that welcomes every human life and makes abortion unthinkable.

Thank you for standing with us. Thank you for your ongoing support of National Right to Life and for inspiring us to never stop. Thank you for being a voice for God’s most defenseless children.

For THEIR lives,
Carol Tobias, President

P.S. Please copy and distribute this factsheet (<https://nrlchapters.org/the-facts/>) about the abortion pill freely. You may also order copies of this and other factsheets and materials, online at nrlchapters.org.

Abortion to Play Major Role in 2023 Elections

By Karen Cross, Political Director

There is no doubt that the 2024 elections are underway. You have probably already seen campaign launches, heard the first attack ads, received campaign emails, and you may have tuned in for the Republican presidential debates. While we are energized and motivated to oust pro-abortion President Joe Biden and Vice President Kamala Harris and win pro-life majorities in the House and Senate next year, we cannot afford to overlook the important races happening across the country this year in 2023! Here are some of the races we are watching closely:

Kentucky

Pro-abortion Governor Andy Beshear (D) is up for re-election on November 7, 2023. He is being challenged by pro-life Attorney General Daniel Cameron (R), who is endorsed by National Right to Life and Kentucky Right to Life PAC. Beshear supports a policy of unlimited abortion for any reason until birth, and he supports using Kentucky tax dollars to pay for abortions. Underscoring the extremism of his position, Beshear vetoed a bill to protect unborn babies from late abortions when they can feel pain.

By contrast, Cameron supports protections for unborn children and their mothers, and he opposes the use of tax dollars to pay for abortions. Cameron has been outspoken in his support for pregnancy help centers and the vital services they provide for women in need. As attorney general, he defended in court several pro-life measures passed by the Kentucky Legislature, including the law protecting living unborn babies from gruesome dismemberment abortions. The political arm of Planned Parenthood, the nation's largest abortion provider, recently launched a six-figure ad campaign attacking Cameron's pro-life

stance. If elected, Cameron would make history as the first Black governor of Kentucky and the first Black Republican Governor since the Reconstruction Era.

For more information on Kentucky elections, see Kentucky Right to Life PAC: <https://www.kyrighttolifevictorypac.org/>

Louisiana

With Governor John Bel Edwards (D) unable to run again due to term limits, the gubernatorial race in Louisiana

website, Landry also highlights his 100% voting record with National Right to Life while he served in Congress.

By contrast, Wilson opposes the protections passed by the Louisiana Legislature for unborn children and their mothers. Unlike Governor Edwards, a pro-life Democrat who signed numerous bills to protect unborn children and to support pregnant women, Wilson's position mirrors that of the national Democratic Party. "Obviously, we are the

on Louisiana elections, check out Louisiana Right to Life: <https://prolifelouisiana.org/>

Mississippi

The gubernatorial race in Mississippi is a showdown between incumbent Governor Tate Reeves (R) and challenger Brandon Presley (D), a member of the Mississippi Public Service Commission and the second cousin of music icon Elvis Presley. Both candidates are pro-life.

As governor, Reeves has signed into law numerous protections for unborn children and their mothers. Thanks in part to his efforts, Mississippi has some of the nation's strongest legal protections for unborn children and their mothers. In 2022, Reeves also signed a law authorizing a \$3.5 million tax credit for businesses and individuals that donate to pregnancy help centers in Mississippi. In 2023, that tax credit was expanded to \$10 million. Bucking pressure from his party, Presley has not backed away from his pro-life stance. In fact, Presley's first campaign ad touted his pro-life views. He has stated that he will not alter the protective measures currently in effect in Mississippi.

In the race for Lieutenant Governor, pro-life incumbent Delbert Hosemann (R) will face off against business consultant Ryan Grover (D). Hosemann is endorsed by National Right to Life and Mississippi Right to Life.

Mississippi Attorney General Lynn Fitch (R) is also up for reelection. Nationally recognized as the attorney general who brought the *Dobbs* case before the U.S. Supreme Court, Fitch has a strong pro-life record. She is endorsed by National Right



finds Democrats in an uphill battle against Republicans eager to regain control in a state that voted for Trump in the 2020 presidential election by nearly 20 points. According to most public polls, the two leading candidates in Louisiana's jungle primary are pro-life Attorney General Jeff Landry (R) and pro-abortion Secretary of Transportation Shawn Wilson (D). As attorney general, Landry has boldly defended Louisiana's protections for unborn children and their mothers. On his campaign

pro-choice party and that's more important now than ever," stated Katie Bernhardt, chair of the Louisiana Democratic Party. "People were compromising on the issue before, but now aren't willing to do so anymore – and shouldn't have to."

The Louisiana primary is scheduled for Saturday, October 14th. If no candidate receives more than 50% of the vote, the top two vote recipients move on to the November 18th general election, regardless of partisan affiliation. For more information

Abortion to Play Major Role in 2023 Elections

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to Life and Mississippi Right to Life. Her opponent, Democrat Greta Martin, supports a policy of unlimited abortion for any reason, and she supports the use of tax dollars to pay for abortions. She is endorsed by Planned Parenthood Southeast Advocates (PPSEA), the regional affiliate of the nation's largest abortion provider.

The general election in Mississippi is scheduled for November 7, 2023, with a runoff election to be held on November 28th for races in which no candidate receives more than 50% of the vote.

Ohio

On November 7, 2023, Ohioans will vote on Issue 1, officially titled “the Right to Make Reproductive Decisions Including Abortion Initiative,” which would enshrine unlimited abortion in the Ohio Constitution. If this pro-abortion ballot initiative were to succeed, Ohio's existing protections for unborn children and their mothers would be invalidated. Ohio Right to Life has called Issue 1 “the most dangerous initiative Ohio has ever faced.” On their website, Ohio Right to Life emphasizes, “The seriousness of this ballot initiative cannot be overstated. If this is passed, Ohio's legislature could not pass any future laws to protect the preborn. The abortion issue would be ripped out of our hands permanently.”

Vote **NO** on Issue 1 by Tuesday, November 7, 2023. The last day to register to vote is October 10th. Early voting begins on October

11th. For more information: <https://ohiolife.org/ballotinitiative/>

Virginia

Early voting is already underway in the Commonwealth of Virginia in elections for the State Senate and House of Delegates that could have a huge impact on the status of abortion in the state. Currently, Democrats hold a razor-thin majority over Republicans in the State Senate (22-18) while Republicans hold a slim majority in the House of Delegates (49-46 with 5 vacancies).

If victorious in November, pro-abortion Democrats will continue to block commonsense protections for unborn children and their mothers and push for a constitutional amendment to enshrine unlimited abortion until birth in Virginia. Democrats are counting on the abortion issue to galvanize their base. *Axios* reported, “Although Virginia Democrats will also touch on the economy, education and gun violence, (House Democratic Caucus Leader Don) Scott said, they're betting that abortion is ultimately going to keep driving people to the polls.”

The final day to vote in Virginia is Tuesday, November 7th. For more information and ways you can get involved, contact the Virginia Society for Human Life (VSHL): www.vshl.org.

Utah

On November 21, 2023, voters in Utah's Second Congressional District will have the opportunity to vote in a special election to fill

the vacancy left by the resignation of pro-life Congressman Chris Stewart (R). Celeste Maloy, a pro-life Republican who previously served as chief of staff for Congressman Stewart, will face pro-abortion State Senator Kathleen Riebe (D). Maloy supports protections for unborn children and their mothers and opposes the use of tax dollars to pay for abortions. She is endorsed by National Right to Life. By contrast, Riebe has a pro-abortion voting record in the Utah Senate and was previously endorsed by Planned Parenthood Council of Utah, a local branch of the nation's largest abortion provider.

The district leans Republican (Stewart was re-elected by a 25-point margin in 2022 and President Trump carried the district in 2020 with 56% of the vote) but given the razor-thin majority that pro-life Republicans hold in the U.S. House, we should take no seat for granted!

Rhode Island

On November 7, 2023, voters in Rhode Island's First Congressional District will vote in a special election to fill the vacancy left by pro-abortion Congressman David Cicilline (D)'s resignation in May. In the September primary, Democrats nominated Gabe Amo, the deputy director of the White House Office of Intergovernmental Affairs under President Biden, while Republicans chose Marine veteran Gerry Leonard.

Amo supports a policy of unlimited abortion for any reason

until birth and supports the use of tax dollars to pay for abortions. He has even called for the repeal of the longstanding Hyde Amendment, which prevents taxpayer funding of abortion in many federal programs and is estimated to have saved the lives of over 2.5 million Americans since it was first enacted in 1976. By contrast, when asked his position on abortion, Leonard told *NBC 10 News*, “I absolutely believe in the sanctity of life. I do not believe taxpayers ought to be funding abortions.”

The district leans heavily Democratic, but anything can happen under the unusual circumstances of special elections. Upsets can only happen if we turn out and vote regardless of what the polls and pundits tell us. Early voting begins on October 16th. For more information and ways you can get involved in Rhode Island, get in touch with Rhode Island Right to Life: <https://rirtl.org/>

Pennsylvania and Wisconsin

On November 7th, Pennsylvania and Wisconsin will hold elections for their state Supreme Court and other judicial offices. The outcome of these races could very well determine the fate of protections for unborn children and their mothers in these states. For more information and ways to get involved in Pennsylvania, contact the Pennsylvania Pro-Life Federation: www.paprolife.org. For Wisconsin, reach out to Wisconsin Right to Life: www.wrtl.org.

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Abortion Pill Cases Moving Through the Federal Courts

Will the Supreme Court Make Mifepristone Available in All Fifty States?

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

By now, it is likely you've heard about at least one of the abortion pill cases now working their way through the courts. The truth is, there are several, and it can be hard to tell them apart or to understand the different, but related issues involved.

Given that they may determine the availability of mifepristone in the United States, even in states where legal protections exist for the unborn, a brief review of these cases and the issues involved may prove valuable.

Alliance for Hippocratic Medicine v. U.S. Food and Drug Administration (AHM v. FDA)

Probably the best known of these cases, this one involves a group of pro-life doctors who challenged the legality of the FDA's original September 2000 approval of mifepristone and subsequent modifications made to the protocol in the years that followed. It also challenged the agency's approval of the generic version that occurred in 2019.

We have previously offered extensive analysis of this case elsewhere [<https://www.nrlc.org/wp-content/uploads/23-0906-What-the-Media-Missed-5th-Circuit-RU-PRINT-VERSION-Final.pdf>] and so will only offer a brief review of the relevant issues here.

AHM doctors asserted that the FDA violated its own procedures in approving mifepristone, using an accelerated process reserved for drugs offered to treat "serious" or "life-threatening illnesses." Pregnancy was not a "life threatening illness" the doctors pointed out, and thus the FDA was not justified in cutting corners and accepting incomplete test results that nevertheless showed that the drug was dangerous.

The FDA approved the drug anyway, acceding to the wishes

of the Clinton administration and the abortion lobby. They did, however, add certain restrictions on who could prescribe the pills (only certified physicians) and conditions under which mifepristone and its accompanying prostaglandin could be prescribed (given in three in-person visits, to women no more than 49 days after their last menstrual period, availability of emergency treatment, etc.).

The original distribution restrictions were officially made part of Risk Evaluation and Mitigation Strategy (REMS) regulations the FDA imposed on mifepristone in 2011. REMS are limits the agency imposes on drugs it believes come with "serious safety concerns."

The FDA ignored evidence of deaths and injuries (and missing data of the same) in making changes to the REMS in 2016 and 2021. In those, the FDA dropped required visits, extended the gestational cut off, eliminated required reporting of non-lethal adverse events, and expanded the types health care personnel authorized to prescribe the drug.

This eventually culminated in the FDA's formal decision in early 2023 to allow online ordering and mailing of the pills and the authorization for distribution of the drugs by pharmacies.

AHM doctors pointed out that the FDA made these changes without clear scientific evidence that these modifications were safe.

AHM brought this case before the U.S. District Court in Texas on November 18, 2022 and Judge Matthew Kacsmaryk ruled in their favor, granting a temporary injunction suspending approval of mifepristone on April 7, 2023, but delaying his ruling until higher courts could review the case.

The Fifth Circuit gave the case

a full hearing on May 17, after a series of emergency appeals that went all the way to the Supreme Court kept the approval temporarily in place.

mifepristone patients, somehow lack "standing" in that they do not prescribe the pills and have therefore not suffered any injury.

Though expected to weigh in on



In its August 16, 2023 decision, the Fifth Circuit said that AHM's complaint about mifepristone's approval had been filed too late and so that approval and that of the generic would stand. But it agreed that modifications the FDA had made to the protocol in 2016 and 2021 had not been properly studied or justified. That meant gestational limits would return to what they were in the beginning (7 weeks after a woman's last menstrual period), prescriptions would be limited to certified doctors, and pills could only be dispensed at health care facilities (i.e., no pills by mail order or telemedicine).

Implementation of that ruling was put on hold until the Supreme Court is able to hear appeals.

The Biden Justice Department is appealing the decision on behalf of the FDA, as is Danco, mifepristone's distributor. Their main arguments are that the drug has been thoroughly tested and found safe and effective and that pro-life doctors, despite their sharing a troubling list of case histories of injured

the case, the Supreme Court has yet to indicate a timeline.

Washington v. U.S. Food and Drug Administration (WA v. FDA)

In this case, several Democrat State Attorneys General filed suit in federal district court in Washington state on February 23, 2023 against the FDA, challenging remaining restrictions on mifepristone and demanding that the agency keep the drug on the market.

Those filing the case were the states of Washington, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Michigan, Minnesota, Nevada, New Mexico, Oregon, Pennsylvania, Rhode Island, Vermont, and the District of Columbia.

Abortion advocates were upset that what was supposed to be an extensive review of restrictions on the drug, the agency had only relaxed, but not eliminated distribution rules.

How Pro-Life Candidates Can Respond to 10 of the Most Common Pro-Abortion Arguments

By Karen Cross, Political Director

Without question, abortion is going to play a huge role in the 2024 elections.

Pro-abortion candidates plan to build upon their 2022 playbook by leaning heavily on the issue to motivate and mobilize voters. We got a taste of this following the first GOP Presidential Primary debate when the Biden campaign announced a \$25 million online advertising blitz targeting women on the issue of abortion in the key battleground states. Biden campaign manager Julie Chávez Rodriguez told *NBC News* that the advertisement is “the first of many” to highlight what the campaign calls the “extreme, losing positions” of the pro-life Republican presidential candidates.

Pro-life candidates running for office at every level need to clearly articulate their views to voters, forestall pro-abortion attacks, and defend their views when challenged. They should also not be afraid to take the fight to their opponents by highlighting areas where the pro-abortion position is out of step with voters.

When pro-life candidates attempted to run and hide from the issue in the wake of the *Dobbs* decision in 2022, pro-abortion candidates pounced. By ducking from the issue, pro-life candidates allowed their opponents to define them. Pro-life candidates were then portrayed as heartless, out of touch, and extreme. We cannot let this happen again in 2024.

Here are 10 of the most common pro-abortion arguments seen so far in the 2024 election cycle and examples of how pro-life candidates can effectively respond. (This by no means a fully exhaustive list. If there are pro-abortion arguments you routinely hear hurled at pro-life candidates, drop us a line.)

1. “You want women who have abortions to be prosecuted, punished, and even imprisoned.”

No pro-life law in the country penalizes women who have abortions. National Right to Life penned an open

letter with the signatures of over 75 pro-life leaders and organizations reaffirming the pro-life movement’s opposition to punishing women who have abortions. In every abortion, there are two victims: the unborn child who loses his or her life and the woman who is left to bear painful aftereffects including grief, shame, and regret. Abortionists and the abortion industry, which target and profit off vulnerable women in their most desperate hours, are the ones who should be held responsible.

for virtually any reason in some states. But don’t just take our word for it. According to notorious abortionist Warren Hern, who specializes in late abortions, as many as half of the abortions he performs are purely elective.

President Joe Biden, Vice

he or she is unable to differentiate between a miscarriage and an abortion, get a new doctor. An abortion actively takes the life of a living unborn baby whereas in receiving treatment for a miscarriage, the baby in the womb has already died.



2. “There is no such thing as a late-term abortion. But even if these abortions did occur, they would be performed only when the mother’s life is threatened or in cases when the baby would be born with a severe disability or genetic condition.”

Each year across the country, thousands of abortions take place late in pregnancy. Thousands take place past the point that unborn babies can feel pain, recognize their mother’s voice, and, in some cases, even survive outside the womb. These can be performed

President Kamala Harris, and Congressional Democrats have demonstrated opposition to even the most modest protections for unborn children and their mothers. They are pushing the so-called *Women’s Health Protection Act*, which would enshrine *unlimited* abortion until birth in federal law and strike down state-level pro-life measures, including those in states that protect unborn babies from late abortions.

3. “Due to the *Dobbs* decision and abortion bans in the states, women may not be able to receive treatment for ectopic pregnancies, miscarriages, or other life-threatening conditions.”

We are concerned about protecting the lives of women and unborn babies. Pro-life protections have exceptions for those rare cases when the mother’s life is threatened or when she faces a medical emergency.

A miscarriage is not the same thing as an abortion. Women deserve quality healthcare, including treatment for miscarriages. If your doctor says

4. “Due to the *Dobbs* decision and abortion bans in the states, hospital emergency rooms will turn away women suspected of undergoing illegal abortions.”

Thanks to the *Emergency Medical Treatment and Labor Act* (also known as EMTALA), federal law since 1986, hospital emergency rooms are not legally permitted to turn away patients facing a medical emergency, regardless of the circumstances that caused it.

Every abortion, lawful or otherwise, can result in complications and consequences that negatively impact a woman’s health and even threaten her life. We want to protect her and her unborn child. We want to expand alternatives to abortion and eliminate the factors that cause far too many women to believe abortion is the only viable solution to an unexpected pregnancy.

5. “Abortion bans threaten contraception.”

Not one state that has enacted protections for unborn children and their mothers has made contraceptives illegal. In fact, throughout the nation, contraception is easier to acquire than ever before. The Supreme Court firmly established a right to contraception in *Griswold vs. Connecticut* (1965) and the U.S. Congress codified this right in 2022. Unlike abortion, which takes the life of a living unborn baby, contraception by its very definition prevents conception,

Maternal Health Figures Improving Post-*Dobbs*, New Data from the CDC reports

By Kelsey Hazzard, board President, Secular Pro-Life

We all heard the sky-is-falling takes after *Dobbs* was announced: Pregnant people won't be able to access life-saving care! Women will be dying in the streets! Doctors will be jailed for trying to save their patients! If you're happy about the Supreme Court's decision, you're a monster!

Inconveniently for the abortion industry narrative, the assumption that *Dobbs* **would** increase maternal mortality has been disproven. Instead, maternal mortality substantially **declined** after *Dobbs*, according to new data from the Centers for Disease Control and Prevention (CDC).

Let's be careful not to make the inverse mistake of our opponents. It's not that *Dobbs* **caused** the decline. Maternal mortality was unusually high during the COVID-19 pandemic; deaths have now returned their pre-COVID baseline. That baseline was not great. There is still a lot of work to be done (and if you want to donate in this area, we can't say enough good things about Abide Women's Health). The point is just that protecting babies from

abortion hasn't made the situation any worse, defying pro-abortion media predictions.

This outcome would not surprise anyone who paid attention to



other nations' experiences with introducing pro-life policy. As the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) points out:

Research from diverse countries around the world has repeatedly shown that abortion laws do not worsen maternal

in the world.

Meanwhile, there is substantial evidence that *Dobbs* has saved tens of thousands of babies from

mortality. Malta and Poland, two countries with robust pro-life laws, have some of the lowest maternal mortality rates

abortion. Those children get to live, while maternal mortality is unchanged from a few years ago. There is no need to pit mothers against their offspring.

Even a pro-abortion newspaper is unnerved by the radical sweep of Michigan's "Reproductive Health Act"

By Dave Andrusko

When your state is stuck with a rabid pro-abortion governor, as Michigan is with Gretchen Whitmer, it's not the least bit surprising that she and her fellow Democrats would propose legislation to wipe out every trace of protection for unborn children.

Such is the sweep of the Reproductive Health Act (RHA) which "would strip long-standing protections for women and children from Michigan law," according to the Michigan Coalition to Protect a Woman's Right to Know. "The dangerous RHA package of bills includes repealing Michigan's informed consent and 24-hour waiting period requirement, removing basic surgical abortion clinic health and safety regulations, and eliminating the legal barrier which prevents taxpayer dollars from funding elective abortions."

The RHA goes so far that even the *Detroit News* balked. The headline of their Wednesday editorial was "Bills would make Michigan abortion haven."

You should read it for it tells you in black and white that this is a newspaper comfortable with Proposition 3 which, according to the editorial, merely allows the Democrats "to recreate the abortion environment that existed under *Roe v. Wade*, prior to the U.S. Supreme Court's *Dobbs* decision."

They feel betrayed (my word, not theirs) because "That is what Gov. Gretchen Whitmer said was the goal during her campaign for reelection and to get Prop 3 passed. 'What we have works,' she told *The Detroit News* Editorial Board about Michigan's standing abortion regulations."

But...

But now, Democrats in Lansing are trying to make the abortion environment in Michigan far more permissive than it has ever been by removing a slew of current regulations.

That includes lifting restrictions on certain abortion procedures, repealing informed consent requirements that protect the health and safety of women seeking abortions, and ending restrictions on using taxpayer dollars to fund elective abortions, among other things.

Supporters of the bills argue that the existing laws are unnecessary restrictions on abortion providers and regulating access to the procedure conflicts with the guaranteed right to an abortion under the new law.

But in 2022, the overall number of abortions in Michigan remained stable, with some reports that demand fell significantly. Meanwhile, abortions for out-of-state patients increased 66%.

That doesn't indicate a lack of access.

Democrats should stick to the promises they made to get Prop 3 passed.

Does it?

The Reproductive Health Act doesn't do that. Most notably, it would repeal a mandate that doctors screen women for signs of coercion before an abortion and that they

ensure patients sign a form 24 hours ahead of an abortion attesting they've read information on the procedure, potential complications



Gov. Gretchen Whitmer
Photo: SecretName101
CC BY-SA 4.0

and the gestational age of the fetus.

The editorial lays out the breadth and depths of the protections that would be tossed overboard.

Women considering an abortion should understand the totality of what they are about to experience. Verifying that information has been communicated from an abortion provider to a patient doesn't represent an undue burden on reproductive rights.

The legislation would irresponsibly repeal requirements that doctors report abortions and any complications or deaths resulting from the procedure to the state

and eliminate guidelines around the disposal of fetal remains.

It also would allow public funding, such as Medicaid, to cover all abortions, including those that are elective.

Removing these restrictions would be an offense to the long-standing protections Michigan taxpayers have had from having to pay for elective abortions. ...

Democratic lawmakers have made it clear that parental notification is the next regulation on the chopping block, should this legislation pass. Again, that was something Whitmer specifically said she would not back.

The Legislature also must deal with reinstalling limits on late-term abortions.

There is even more! The editorial concludes

Passing this bill package would make Michigan one of the most permissive states for abortion in the country. That's not what Michigan residents were told they were voting for when they passed Prop 3.

But honestly, does anyone believe that promises made—in this case in order to pass Prop 3—would be honored?

That is not how today's ever-more-radical Democrat party operates.

Mainstream Media Enables Democrats to Lie About Unlimited Abortion

By Laura Echevarria, Director of Communications and Press Secretary

During the first Republican presidential debate, Jen Psaki, the former Biden White House Press Secretary and newly minted *MSNBC* host posted on X (the site formerly known as Twitter):

“No one supports abortion up until birth.”

And, once again, Democrats, like Jen Psaki, like to create their own definitions or use words and phrases in dishonest ways that blind the average person to the truth. Psaki’s claim that “no one supports abortion up until birth” is a statement opposite to the purpose of the Women’s Health Protection Act (WHPA).

WHPA is a Democrat-sponsored bill that would block any “prohibition on abortion at any point or points in time prior to fetal viability, including a prohibition or restriction on a particular abortion procedure.”

And the WHPA would prevent any “prohibition on abortion after fetal viability when, in the good-faith medical judgment of the treating health care provider, continuation of the pregnancy would pose a risk to the pregnant patient’s life or health.”

And it’s not just their push for the WHPA that shows the Democrats’ true colors.

During his run for Senate, Democrat John Fetterman of Pennsylvania was asked, “Are there any limits on abortion you would find appropriate?” Fetterman’s reply was, “I don’t believe so, no.”

Senator Ben Cardin (D-Md.) affirmed in a television interview that he doesn’t believe there should be limits. New Mexico’s governor, Michele Lujan Grisham, is another Democrat who said that she believes there should be “no limits” on abortion.

And in Virginia a few years ago, during a filmed exchange

in a hearing before legislators, Kathy Tran, the sponsor of an unlimited abortion bill, admitted under questioning by the majority leader in the House of Delegates, Todd Gilbert, that her bill would allow abortion *even when the mother is showing imminent signs of giving birth:*

Gilbert: So, where it’s obvious that a woman is

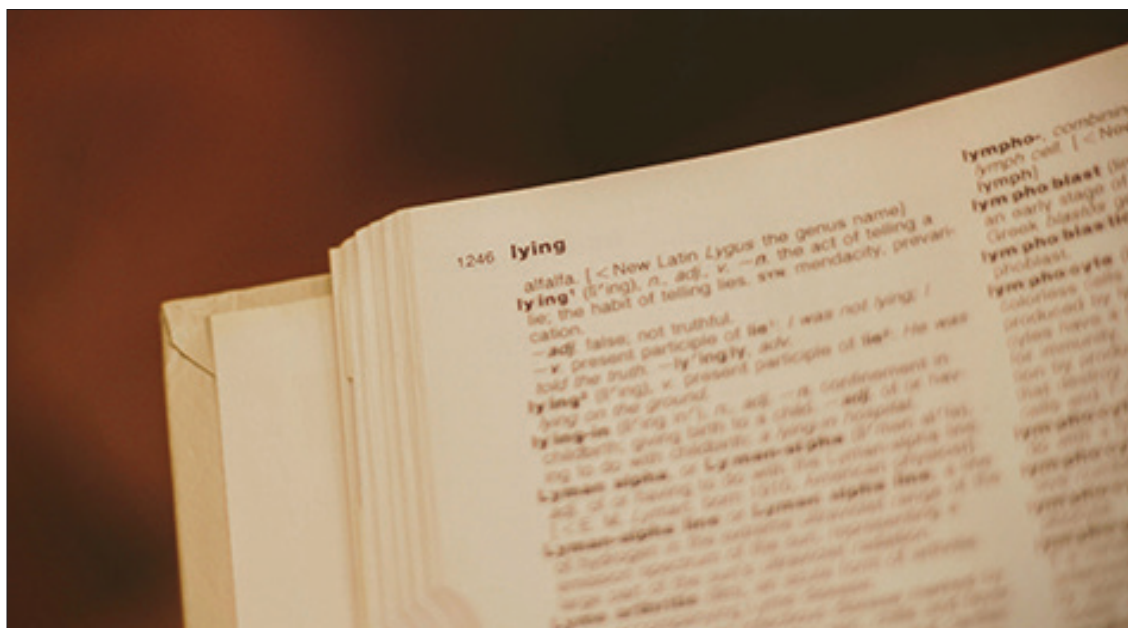
unlimited abortions. Yet the press often supports, excuses or, in the case of Jen Psaki and *MSNBC*, gives pro-abortion Democrats a revolving door of employment as “journalists” that presents them with the opportunity to spread misinformation.

In a recent interview with Florida Governor Ron DeSantis, *NBC News* reporter Dasha Burns

pushing for that...

As noted by John McCormack of the *National Review*,

Burns pointed to the fact that 1.3 percent of abortions happen at 21 weeks or later, but 1.3 percent of 930,000 total abortions still equals 12,000 unique human



about to give birth, she has physical signs that she’s about to give birth, would that still be a point at which she could still request an abortion if she was so certified? [pause] She’s dilating?

Tran: Mr. Chairman, you know, that would be a decision that the doctor, the physician, and the woman would make.

Gilbert: I understand that. I’m asking if your bill allows that.

Tran: My bill would allow that, yes.

These are just a few examples that show how extreme Democrats are and how they support

argued with the governor over whether the Democrats support abortion until birth.

Burns: I’ve gotta push back on you on that because that’s a misrepresentation of what’s happening. I mean, that 1.3% of abortions happen at 21 weeks [of pregnancy] or higher. There’s no evidence of Democrats pushing for abortions up until...

DeSantis: But their view is that all the way up until that, there should not be any legal protections.

Burns: There’s no indication of Democrats

beings killed each year at 21 weeks or later, when babies are capable of feeling pain and sometimes capable of surviving outside of the womb... Burns, in an attempt to minimize the horror of late-term abortion, actually ended up agreeing that late-term abortions do in fact happen in the United States.

Democrats, and their enablers in the media like Jen Psaki and Dasha Burns, are determined to keep Americans in the dark about unlimited abortions.

We have to continue shining a light in the darkness.

Long-standing ‘choice’ group changes its name, but abortion-on-demand mission remains the same

NARAL Pro-Choice America is rebranding as ‘Reproductive Freedom for All’ in an attempt to appeal to more Americans.

By Jonathon Van Maren

On September 20, NARAL Pro-Choice America announced that it is undergoing yet another rebranding – this time to “Reproductive Freedom for All.” America’s “oldest membership-based abortion rights group,” which has been fighting for unfettered feticide for 54 years, is embarking on this rebrand as an attempt to appeal to more Americans – especially as their values are out of step with the views of the majority. The name is new – the mission, abortion on demand throughout all nine months and funded by the government – is the same.

The organization was founded in February 1969, when 350 people from 21 sponsoring organizations gathered in Chicago for a conference titled “First National Conference on Abortion Laws: Modification or Repeal?” Their conclusion could be found in name of the new group: the National Association to Repeal Abortion Laws (NARAL).

Among the founding members on the original planning committee were abortion activist Lawrence Lader, feminist leader Betty Friedan, and abortionist Dr. Bernard Nathanson.

Nathanson would later convert to the pro-life cause and write a series of books exposing NARAL’s deliberate lies – which included simply inventing fictitious numbers of back-alley abortions and fabricating whatever evidence Lader and his colleagues felt would influence public opinion – such as *The Hand of God*, *Aborting America*, and *The Abortion Papers*.

His film showing an abortion in progress, *The Silent Scream*, was

screened in the Reagan White House and was the catalyst for the creation of pro-life organizations around the world.

In 2003, NARAL dropped its



name (which had been largely rendered moot since *Roe v. Wade* has forcibly repealed abortion laws across the United States in 1973) in exchange for NARAL Pro-Choice America. The abortion wars were heating up and abortion activists were concerned. In 2008, former NARAL Pro-Choice America president Kate Michelman co-authored an editorial in the *Los Angeles Times* admitting that the more pro-life activists successfully shifted the focus from “choice” to what is being chosen, the more the American public’s views on the issue changed.

“Advocates of choice,” the editorial noted, “have had a hard time dealing with the increased visibility of the fetus.” Additionally, they noted, “In recent years the anti-abortion movement successfully put the nitty-gritty details of abortion on public display, increasing the belief that abortion is serious business and that some societal involvement is appropriate.”

In 2013, with record numbers of Americans rejecting the “pro-choice” label, Planned Parenthood – the country’s largest abortion

provider – decided to abandon the term “pro-choice” entirely in order to focus more specifically on the personal circumstances surrounding each abortion.

NARAL Pro-Choice America is making a similar decision with their new pivot. According to its website:

This change comes after a vote from our organization’s membership and after years of NARAL research and discussions with people in communities across the country found that people think of abortion rights and access as a matter of freedom. Our research has shown that reproductive freedom is a core value for people across the country – across religion, race, and age. With this change, our organization boldly forges ahead toward a future where reproductive freedom is a reality for everybody.

Over the course of our organization’s history, we have built and led powerful national and statewide efforts to flip legislatures and chambers, block abortion bans and

restrictions, and expand abortion rights and access across the country. We have pioneered and deployed groundbreaking messaging on reproductive freedom, launched a first-of-its-kind opposition research program, helped lead a coalition in opposition to the confirmation of extremist Brett Kavanaugh to the Supreme Court, and so much more.

The abortion industry has a decades-long record of identifying terms Americans treasure and attempting to associate abortion – the violent destruction of a human being developing in the womb – with that term. The term “pro-choice” was a brilliant rhetorical move at the time, because most people have a positive view of “choice.”

Choice Americans love – the reality of what is being chosen is a different thing. The same is true with the use of the phrase “reproductive freedom.” Abortion has nothing to do with “reproductive freedom” – people are absolutely free to choose whether or not to have children.

What they are not – or should not – be free to do is kill a child once it already exists. Abortion is about what happens after reproduction already occurs.

Editor’s note. This appeared at LifeSite News and is reposted with permission.

Correcting pro-abortion mistakes and confusion can help put the debate on sounder footing

By Paul Stark, Communications Director, Minnesota Citizens Concerned for Life (MCCL)

When it comes to a conversation as complex and important as the abortion debate, clear thinking is essential. Walter's McClure's recent *Star Tribune* commentary ("A friendly letter to pro-life believers") is riddled with confusions. Correcting these mistakes can help put the debate on a sounder footing.

McClure, a defender of abortion, begins by trying to rule the pro-life position outside the bounds of public policy consideration. Both pro-life and pro-choice views, he writes, are "purely beliefs of faith or conscience." While pro-lifers are free to personally believe that the unborn deserve protection, they are not free to actually seek to protect them. That would violate the religious liberty of others, according to McClure.

This is an egregious misunderstanding. Consider, instead, laws protecting human beings who are already born. Do such laws violate the religious freedom of those whose "beliefs of faith or conscience" tell them that born people lack a right to life?

Of course not. After all, those laws are about justice, not religious doctrine. One need not be religious in order to oppose the killing of born people. But one need not be religious in order to oppose the killing of the unborn either. (Indeed, the group Secular Pro-Life estimates, using polling data, that some 13 million pro-life Americans are not religious.)

The pro-life position is a view about what justice requires. It's based on two core ideas. The first is a fact established by the science of human embryology—that human embryos and fetuses are distinct and living members

of our species. They are not mere "cells," as McClure calls them, but rather whole organisms developing themselves through the early stages of human life.

The second idea is that all human beings have human rights. Our rights don't depend on characteristics like age, appearance, dependency, or cognitive ability. If that were true, then we wouldn't have equal rights (we all differ with respect



to such traits), and some people wouldn't count at all (those who are too young, too old, too sick, or too disabled).

Instead, we have human rights simply because we are human. That's why we all matter, and why we all matter equally. And since unborn children are human beings like us, they matter too.

McClure disagrees. Consider, now, the three reasons he puts forward for his view that unborn humans don't count as members of the human family.

The first argument is that many such humans die of natural causes. This is, to put it gently, an indefensible line of thinking. The infant mortality rate was once extremely high (and still is

in some places), but that didn't make infants disposable. The reality of natural death doesn't justify intentional killing.

McClure's second argument is a popular thought experiment: If a fire breaks out in a fertility clinic and we can save either a dozen young embryos or a newborn baby, whom do we save? Wouldn't we all choose the infant, and doesn't that mean (as McClure puts it) "you do not

"wreaks havoc on" people's lives. He references "research on denied abortion" and probably has in mind a controversial project—one conducted by pro-choice advocates deeply intertwined with the abortion industry—known as "The Turnaway Study." What McClure doesn't mention is that this same research found that only a tiny fraction of women ultimately regret not being able to have an abortion. According to these pro-choice researchers, when women seek an abortion but can't get one, they are later glad it didn't happen.

This isn't to deny that mothers often face extraordinarily challenging and unfair situations. But are such situations a reason (as McClure says they are) to think that the unborn don't count or that abortion is a humane response? Suppose that laws against child abandonment lead to hardship for families dealing with financial crises. Even if true, that's no reason to repeal the laws and allow the abandonment of those children.

If unborn children have rights, as born children do, then tough circumstances don't justify killing them. Tough circumstances call on us, instead, to provide the support, the care, and the alternatives that women and their families need.

McClure is wrong: The abortion debate isn't a theological dispute. It's about the scope of human rights. McClure takes an exclusive view—one that says some members of our species are expendable and should be denied protection against acts of violence.

As a review of his arguments shows, though, the case for this exclusion just isn't very good.

really grant early unborn human life the right to life"?

Scenarios like this one, about which much has been written, can be made to point our intuitions in different directions. Those feelings—often based on surface appearances—aren't always a reliable guide for how we ought to treat other human beings. Importantly, in the fertility lab case, we are not choosing whom to kill, but rather choosing whom to save when saving everyone isn't possible. As with hospital or battlefield triage, our decision need not mean we think those left behind lack dignity or that destroying them is okay.

McClure's final argument is that the denial of abortion "ruins" and

Ohio Supreme Court holds ‘unborn child’ wording can remain as part of abortion ballot language

By Dave Andrusko

On September 26, by a 3-2 vote, the Ohio Supreme Court ruled that the term “unborn child” will remain in the ballot language for a November 7 vote on whether to enshrine abortion in the state’s constitution.

Ohioans United for Reproductive Rights and five petitioners sued the Ohio Ballot Board over wording that substituted “unborn child” for the term “fetus.” The finalized language also says the amendment would “always allow an unborn child to be aborted at any stage of pregnancy, regardless of viability” if a doctor deems an abortion necessary to protect a “pregnant woman’s life or health.” The plaintiffs insisted voters be shown the entirety of the proposed amendment when they enter the ballot box rather than a summary.

Ohio Secretary of State Frank LaRose had reminded voters that the full text of the amendment — which differs from the ballot language — will be readily available for public viewing. “[The text] is presented on a poster in the polling location, and will be published in newspapers throughout the state and available through a whole variety of publications as well,” LaRose said.

The state Supreme Court rejected the petitioners’ argument that the ballot’s language “introduces an ethical judgment,” adding that it “does not establish



that the ballot board’s language constitutes improper persuasion.”

The office of the Secretary of State said they were “pleased” by the court’s ruling on “Issue 1.”

“By rejecting special interest attempts to substitute their own carefully crafted and poll tested language for that of the ballot board, they have ensured

Ohio voters will have a full and accurate understanding of the proposed measure when they go to cast their ballots,” said Mary Cianciolo, a spokesperson for

children.”

The court ordered the five-member ballot board to replace “citizens of the state of Ohio” with the “state of Ohio” when describing who can limit abortion access,” Jessie Balmert reported. “Justice Pat Fischer, a Republican, joined with the court’s three Democrats on that point.”

“We conclude that the term ‘citizens of the State’ is misleading in that it suggests to the average voter that the proposed amendment would restrict the actions of individual citizens instead of the government.”

Opponents of “Issue One” include Ohio Right to Life. “The ACLU, Planned Parenthood, and others are spending millions of dollars attempting to enshrine abortion-until-birth, with zero restrictions, into Ohio’s constitution this fall,” according to NRLC’s state affiliate. “The seriousness of this ballot initiative cannot be overstated. If this is passed, Ohio’s legislature could not pass any future laws to protect the preborn. The abortion issue would be ripped out of our hands permanently.”

Abortion survivors say “God is love, not abortion.”

By Dave Andrusko

According to the *Washington Post*, when Amelia Bonow, executive director of “Shout Your Abortion,” heard about pro-life signs along Highway I-55 from a friend in Illinois, she considered what she might do to counter-act the message.

Beginning in August, the product was six black and white billboards along I-55, which runs through Louisiana, Mississippi, Tennessee, Arkansas, Missouri, and Illinois, saying “Abortion is OK, you are loved” or “God’s plan includes abortion.” Illinois’s governor and legislature are rabidly pro-abortion while the other five states are pro-life.

The *Washington Post* story, written by Kyle Melnick, is predictably complimentary, gushing even. It begins with a 58-year-old woman who cried when she drove past a new billboard along Interstate 55 in Arkansas earlier this month.

“The billboard, which said in big block letters ‘God’s plan includes abortion,’ reminded her of the abortion she’d had 41 years ago,” Melnick wrote. “Seeing a message like the one she passed this month would’ve reassured her that the procedure was her best choice, she said.”

Bonow told Melnick, “It feels really good to think that we could have made somebody’s

experience just a little bit easier.”

On Tuesday Lauren Eden and Jennifer Milbourn, who both survived their mother’s attempts to abort them in the womb, joined “FOX & Friends” to discuss their

“The only love this group shows is for those who agree with them. While God’s love is for all people, this group is anti-life and we survivors

matter how you try to spin it, abortion is not health care. And I’m not a disease to be taken care of, and we are the babies that survived the choice.”



reaction to the signs that God is OK with abortion.

“It’s absolutely heartbreaking,” Eden told Brian Kilmeade Tuesday. “As an abortion survivor, I want people to know the truth. And the truth is that God created life. He stands for life, and every life that He creates is a miracle,” Bailee Hill wrote for *Fox News*.

Milbourn told Kilmeade that her mother “felt as if she had no other choice than abortion when she attempted to have the procedure done back in the 1970s, but echoed the need for more support for women struggling with unplanned pregnancies.”

“We survivors, we always want to encourage everyone who’s listening that in every situation you encounter, always choose life,” she said. “God is love, not abortion.”

Gary Bauer said the church should use this as motivation to teach the truth:

This is a perfect opportunity for every pastor to deliver a sermon explaining why that’s bad theology. After all, God said, “I have set before you life and death. . . Now choose life, so that you and your children may live.”

This isn’t political. It’s biblical.

are proof that they’re anti-life, because if they had their way, I wouldn’t be here and my children wouldn’t be here,” Milbourn continued.

“And abortion is the only medical procedure that when a doctor fails, a life is saved. And no

“A father’s presence is extremely influential and helpful for a mom strongly considering abortion”—Morning Star Pregnancy Services

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

Fathers are far too often forgotten, when it comes to the protection of preborn babies’ rights.

But a long-time pregnancy care center in Pennsylvania is trying to change that with its fatherhood initiative.

Morning Star Pregnancy Services, based in south central Pennsylvania, is reaching out to the fathers of preborn babies with care, concern, and compassion.

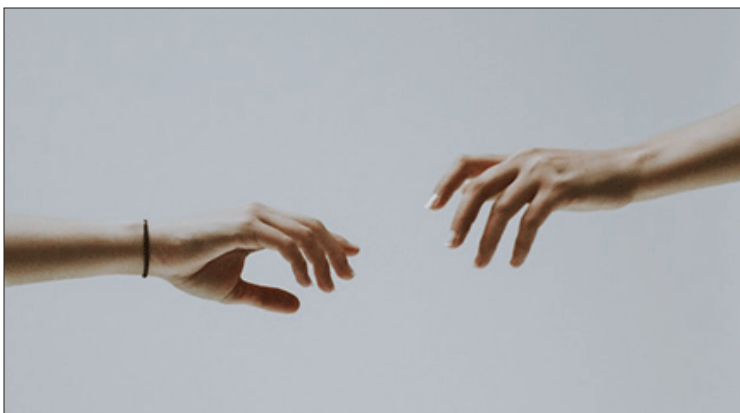
Morning Star cites an intriguing statistic—an astounding 85 percent of women who have had an abortion say they would have had their babies—if only the fathers of those children had been supportive.

This is where Nurse Clinic Manager Steve Morris comes in.

In Morning Star’s newsletter, Morris said:

“A father’s presence is extremely influential and helpful for a mom strongly considering abortion. We hear it time and again from moms: ‘If he had been more involved, I would have been less likely to choose abortion.’

“From a woman’s perspective, when the dad says, ‘I support your choice,’ she hears and interprets that as ‘she is on her own.’ What she wants to hear is ‘I’m going to support you, let’s do this together.’”



Morris added,

“It’s important for me to sit down with these dads and ask them what they are thinking and how they envision themselves in this decision-making process. I empathize with the dads in our counseling sessions, and I tell them that their opinion weighs heavily in the decision.”

Morris discusses with each dad who comes in for counseling the idea of fatherhood and a vision of it moving forward.

“I also emphasize he has a responsibility. There is something so fundamental for men to step up to responsibility—it just resonates with guys. I remind him that this

was both of their decision in creating this child. Sometimes he doesn’t like to hear it, but it hits home.”

Kudos to Morning Star and all the pregnancy care centers throughout the country that reach out to fathers with love and understanding. Including the father in the conversation about abortion may just save a life—and save a man and woman a lifetime of emotional pain.

Take Action: WRTL Partners with Pro-Life Allies to Call on District Attorneys to Enforce Wisconsin’s Abortion Ban

By Heather Weininger, Executive Director, Wisconsin Right to Life

Just days after the Supreme Court’s *Dobbs V. Jackson* decision overturned *Roe V. Wade*, Attorney General Josh Kaul sued to keep abortion legal in Wisconsin. In the year since, he and Governor Evers have continued their attacks on the law and have been blatantly derelict in their duties. Wisconsin’s abortion ban, State Statute 940.04, is now before Dane County Circuit Court.

After the judge refused to dismiss this suit against the abortion ban, Planned Parenthood announced the resumption of abortion services at their Milwaukee and Madison facilities, despite the fact that State Statute 940.04 remains in effect as the court has not made a final determination. Planned Parenthood is breaking the law and performing illegal abortions, while the District Attorneys in Dane and Milwaukee County refuse to enforce the law. They are taking innocent lives with no regard for the rule of law.

Wisconsin Right to Life partnered with Pro-Life Wisconsin and Wisconsin Family Council to call on District Attorneys John Chisholm (Milwaukee Co.) and Ismael Ozanne (Dane Co.) to uphold and enforce Wisconsin law.

If you or someone you know lives in Milwaukee County or Dane County, use these tools to add your voice to our efforts:

Email Milwaukee County District Attorney John Chisholm at <https://p2a.co/rpqi7zx>

Email Dane County District Attorney Ismael Ozanne at <https://p2a.co/rv1ixwy>

For life.



Wisconsin Attorney General
Josh Kaul

The nameless aborted children are a casualty of a society that has devalued and denigrated human life

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

It is one of those surreal moments, when time seems to stand still, yet the truth of eternity looms large.

It happened to my co-worker at a recent Christian music festival.

She was staffing an educational table. A mother pointed with pride to her child, so filled with joy, who would not have been here had the woman made a tragic choice. Another life saved from abortion.

It is frightening how quickly a child can be lost to the abortion nightmare. Thinking she has no other options, when all when hope seems to have disappeared, a woman turns in desperation to the abortion clinic. Lost and alone, she is vulnerable to the smooth sales pitch of the abortion industry, which claims her “problem” will be solved through the taking of her child’s life.

The scenario is so oft repeated—hundreds of thousands of times each year. The nameless children are a casualty of a society that has devalued and denigrated human life. They are the sacrificial lambs who are counted out before they could be born.

But then, sometimes, a

mother receives a word of encouragement, a helping hand, a shoulder to rest her head upon at just the right moment. She is

side, she is empowered to choose life for her child.

My co-worker noted that, at the festival, so many people

fetal model to a pregnant woman looking for confirmation that her baby belongs in the world.

With fall festival season in



strengthened and energized for the task at hand—taking care of her baby, even when the baby is still inside her womb—**especially when** her child is inside of her.

With a network of support by her

remarked about the soft-touch fetal models on display, even crediting them with saving lives. As ambassadors for life, we never know the good we may do with such simple actions as handing a

full swing, I would like to salute all those who staff educational displays. In the cool of autumn, you may be surprised at the life-giving, life-affirming harvest you will yield.

9th Circuit Court of Appeals lifts partial stay on aspects of Idaho protective abortion law

By Dave Andrusko

A three judge panel of the 9th Circuit Court of Appeals issued an order September 28 that granted Idaho officials' request to put the injunction against aspects of the state's very protective abortion law on hold while the state appeals U.S. District Judge B. Lynn Winmill's ruling.

The law protects unborn babies from abortion except for cases that threaten the mother's life, or in cases of rape and incest.

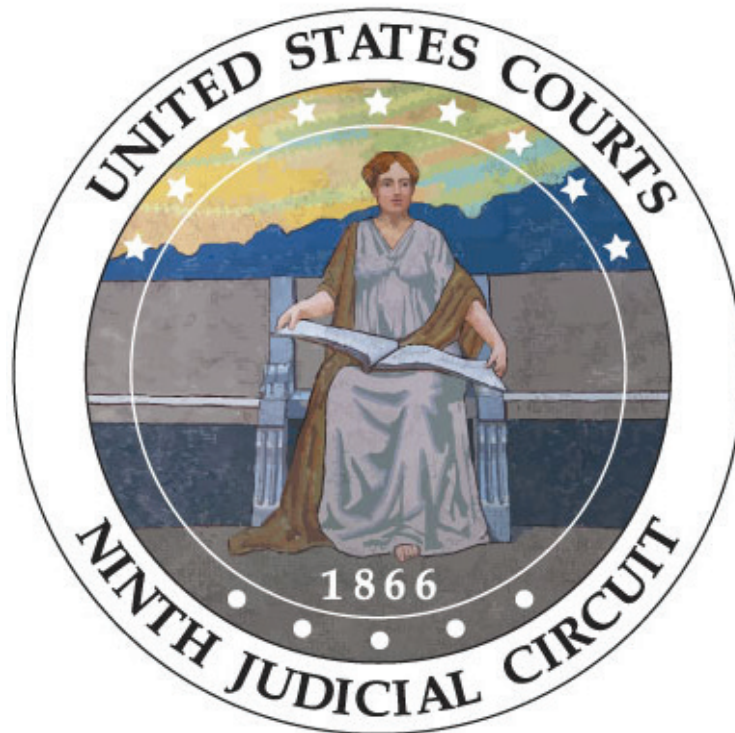
In temporarily blocking the law, Judge Winmill wrote that it violates the Emergency Medical Treatment and Labor Act (EMTALA). EMTALA is a 1986 federal law that requires stabilizing treatment for any conditions that would jeopardize "the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child)."

The appeals panel unanimously disagreed.

"Citing the Supreme Court decision *Dobbs v. Jackson Women's Health Organization* that returned the issue of abortion to the individual states, Judge Lawrence VanDyke said Idaho is one of many states using 'that prerogative to enact abortion restrictions,'" according to Lauren Irwin.

The Justice Department filed suit against Idaho last August,

arguing that the state's law "was likely to discourage physicians from providing emergency treatment to pregnant patients who need an abortion to preserve against medical providers and hospitals in situations where the patient's life or health is in jeopardy," according to Gerstein.



their life or health," Josh Gerstein reported for *Politico*.

Winmill agreed that the state law appeared to conflict with the Emergency Medical Treatment and Labor Act.

"Winmill, an appointee of President Bill Clinton, issued a preliminary injunction barring enforcement of the abortion ban

The key to the panel's opinion was that the Idaho Supreme Court had "since clarified its interpretation of the Idaho statute, so the two laws no longer appear to be in conflict."

The Supreme Court of Idaho clarified that the text of the exception means what it says: If

a doctor subjectively believes, in his or her good faith medical judgment, that an abortion is necessary to prevent the death of the pregnant woman, then the exception applies. Thus the district court's reliance on declarations of certain doctors claiming that the law would undermine their medical judgement is no longer valid.

Judge VanDyke also noted **The purpose of EMTALA is not to impose specific standards of care— such as requiring the provision of abortion—but simply to “ensure that hospitals do not refuse essential emergency care because of a patient’s inability to pay.” To read EMTALA to require a specific method of treatment, such as abortion, pushes the statute far beyond its original purpose, and therefore is not a ground to disrupt Idaho’s historic police powers.**

The Justice Department "could ask an 11-judge panel of the appeals court to reconsider the stay or ask the Supreme Court.

Texas Attorney General Paxton Sues Yelp alleging that it discriminated against Pregnancy Resource Centers

By Dave Andrusko

On September 28, Texas Attorney General Ken Paxton filed a lawsuit against Yelp after the company “violated Texas’s Deceptive Trade Practices Act by appending inaccurate and misleading language to listings on pregnancy resource centers appearing in the search results on Yelp’s app and website,” according to a press release from the AG’s office.

At issue, Michael Gryboski reported, “was a consumer notice that Yelp used to include for pro-life pregnancy care centers, which claimed that those facilities provided ‘limited medical services’ and might not have ‘licensed medical professionals’ present.”

“The state’s complaint said the company unfairly targeted crisis pregnancy centers with the disclaimers and instead caused more confusion among consumers,” Jennifer Calfas wrote.

“A group of two dozen attorneys general, including Paxton, sent a letter to Yelp in February arguing the language was misleading,” Calfas continued. “The company said the information was accurate. It later changed the notices to read: ‘Crisis Pregnancy Centers do not offer abortions or referrals to abortion providers.’

“While Yelp has changed the language on its

site, Paxton said in his complaint Thursday the first consumer



*Texas Attorney General
Ken Paxton*

notices violated the state’s Deceptive Trade Practices Act. He said the company “remains liable for penalties and other relief for the duration of its unlawful behavior.”

The press release from the AG’s office provided additional context:

After the Supreme Court’s 2022 Dobbs decision concluded that

there is no constitutional right to an abortion, Yelp’s CEO issued a lengthy public statement expressing a self-professed need to “take action.” He boasted that Yelp provides special assistance to “select organizations that are fighting the legal battle against abortion bans,” and he attempted to rally the business community behind the pro-abortion cause, stating, “We need more business leaders to use their platform and influence to help ensure that reproductive rights are codified into law.”

Paxton’s office said that “Yelp’s CEO is entitled to his views on abortion, but he was not entitled to use the Yelp platform to deceptively disparage facilities that counsel pregnant women instead of providing abortions.”

Yelp appended language to all pregnancy resource center Yelp pages, indicating that those pages “typically provide limited medical services and may not have licensed medical professionals onsite.” That disclaimer is misleading and

often untrue because pregnancy resource centers frequently do provide medical services with licensed medical professionals onsite. Moreover, when informed by pregnancy resource centers that this statement was untrue, Yelp left up the misleading disclaimer on those centers’ Yelp pages until reproached by Attorney General Paxton earlier this year. Yelp’s disclaimer is particularly deceptive because it is in fact abortion providers that often do not have licensed medical professionals onsite, but the company did not append this disclaimer to abortion providers’ Yelp pages.

“Yelp cannot mislead and deceive the public simply because the company disagrees with our state’s abortion laws,” said Attorney General Paxton. “Major companies cannot abuse their platforms and influence to control consumers’ behavior, especially on sensitive health issues like pregnancy and abortion.”



Memorials & Tributes

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

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Joan P. Allgaier
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Mary Babcock
Michelle Cooper

Allene Bacca
Gene & Sandra Kantack

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My Dear Friend Joe
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October 2023

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How a key OB-GYN org is deliberately confusing doctors and endangering patients

By Ingrid Skop

From the first time I experienced the miracle of birth, I knew I had found my calling as an obstetrician and gynecologist. Thirty years and more than 5,000 deliveries later, it has been an honor and privilege to help bring new life into the world, while caring for mothers as they navigate pregnancy, delivery and the postpartum period.

I know most of my peers share a similar story. We take pride in the quality of care we provide in each case for both of our patients, and we strive to ensure that both mother and baby thrive.

Like approximately 90 percent of obstetricians, I do not perform elective abortions, yet I have always been willing to provide the care necessary to protect a mother's life in an obstetric emergency. This is why I'm saddened to read stories of obstetricians left confused about how to help pregnant mothers in states with laws limiting elective abortions.

Media articles frequently report fears among physicians that they may be criminally prosecuted for providing standard obstetric care for miscarriages, ectopic pregnancies or other obstetric emergencies which place a mother's life at risk. These physicians' fears are rooted in a false narrative that is being peddled by abortion advocates and pro-abortion rights medical organizations and echoed by pundits in the media.

Their common goal is to turn the American public against laws that protect human life in the womb. It is as if they are willing to let women suffer from unnecessarily delayed medical care and use the resulting complications as an excuse to return us to the pre-

Dobbs regime of abortion on demand for all nine months of pregnancy.

Here is the truth that all doctors and patients need to know: Not a single state law protecting unborn life prevents a physician from providing appropriate care for a pregnant woman facing a life-threatening complication or a heartbreaking pregnancy loss.



Yet, as a result of the intentional confusion, some physicians have withheld indicated medical care based on these false, politically driven narratives, instead of reading the actual laws. In some cases, this has caused harm to women.

The truth surrounding these laws should be made clear by the organizations that are tasked with supporting physicians, but that hasn't happened. Progressive medical organizations, including the American College of Obstetricians and Gynecologists (ACOG), have exploited this confusion in pursuit of their ideological goal of unrestricted abortion.

Although ACOG's members desperately seek clarification and clinical guidance to help them

navigate the new laws, ACOG has refused to provide it.

In response to a pro-life op-ed in the *Washington Post*, Christopher Zahn, the interim chief executive for ACOG, and his co-author from the Society of Family Planning argued, "Abortion is safe. It improves and saves lives, and it must be available without restrictions, without limitations

and without barriers — just as any other critical part of health care."

Other ideologues are following ACOG's lead. Recently, when North Carolina legislators reached out to Duke University obstetricians for help in explaining abortion exceptions to physicians in the trenches, they refused to help. Instead, they published an op-ed in the *New England Journal of Medicine*, bragging about their refusal to clear up the confusion so that patients could be properly treated.

Historically, ACOG provided valuable obstetric and gynecologic guidance, and advocated for issues directly affecting OB-GYNs, such as practice management and reimbursement issues. As a long-time member of ACOG,

I have benefitted from this — particularly from their clinical guidance drawn from peer-reviewed literature.

But over the last few years, there has been a scary ideological shift in its priorities and recommendations. Today, the organization promotes women's health care provided by mid-level practitioners instead of experienced obstetricians. It rejects women's unique biology in support of transgender ideology. It opposes in-office gynecologic exams and counseling in favor of over-the-counter birth control. Most egregiously, it advocates for the destruction of babies in the womb throughout all nine months for any reason — a strong departure from what it used to advocate for just a few short years ago.

What has happened to my profession that was once focused on providing quality care for both mothers and unborn children?

Unfortunately, the abortion lobby has taken over ACOG, such that its primary goal seems to be defeating laws protecting unborn children, even if it means harming more women in the process.

I call on my fellow obstetricians and the medical organizations that should support us, to rise above politics and pro-abortion bias, in order to provide quality medical care to all of our patients — both the mothers and their unborn children.

It is our job to care for and protect both, and to keep our oath to do them no harm.

Editor's note. Ingrid Skop, M.D., FACOG, is vice president and director of medical affairs for the Charlotte Lozier Institute. This appeared in The Hill.

Hushed Horrors

When the mask slips, people catch an unvarnished glimpse at what is going on behind all the soothing, medicalized language: killing people.

By Jonathon Van Maren

Nearly 3,000 people died by euthanasia in Belgium in 2022. One of them was 36-year-old Alexina Wattiez, who was suffering from terminal cancer. In 2021 she was told that she likely had less than a year to live; by March 2022, Alexina was declining rapidly. She decided to request euthanasia. A doctor and two nurses came to her home where she lived with her partner Christophe Stulens and his 15-year-old daughter Tracy to administer the lethal injection. After a brief sleep before the fateful event, a nurse woke Stulens and his daughter and asked if they wanted to say goodbye.

After the farewell they left the room to wait on the terrace and the doctor went in with syringes. They expected Alexina's death to be swift and silent. After a moment, they heard screams. "I recognized her voice," Stulens said. "Afterwards we saw her lying on the bed with her eyes and mouth open." A post-mortem examination revealed the truth: Alexina had been suffocated to death. Some news reports indicate that the doctor used a pillow when the drugs failed to kill her; others say that the nurses took turns holding the pillow over the young woman's face until she asphyxiated.

The family is now suing, with their lawyer stating that they are seeking to ensure that this sort of thing—being killed via suffocation rather than lethal injection—never happens again. The Public Prosecution Service of Liège has also apparently opened a murder investigation, although they haven't explained why one method of killing administered by medical professionals would be homicide and the other healthcare. In fact, Belgian politician Jacques

Brotchi hastened to make the distinction. "What happened is not euthanasia," he assured the press. "Such a definition of this terrible situation devalues the gesture of euthanasia, which accompanies a person to the end without pain."

The charges are probably just for show—a display of stern disapproval for making a spectacle of Belgium's euthanasia regime. In 2018, a public prosecutor in the Hague similarly announced that charges were being laid against a doctor for euthanizing an elderly woman with dementia in a nursing home. The woman had given several different statements about her desire for euthanasia over time, but her family decided that it should go ahead.

Since the woman didn't understand what was unfolding, the doctor laced her coffee with sedatives while she chatted pleasantly with her family, planning to inject her once she fell unconscious. When this didn't work, he gave her another sedative via injection.

As he prepared to give her the final, lethal, injection, she suddenly stood. As she struggled, several family members pinned her down while the doctor injected her. This time it worked, and she died. He was acquitted in court for his actions, with the judges stating: "We believe that given the deeply demented condition of the patient the doctor did not need to verify her wish for euthanasia."

The entire thing, people seemed to agree (tsk tsk!) was just unseemly—but at the end of the day, the doctor had been asked to produce a corpse, and he had done so. The Belgian pillow euthanizers will likely receive a similar verdict if their case even makes it that far.

Euthanasia advocates hate these stories because when the mask slips, people catch an unvarnished glimpse at what is going on behind

lady with Alzheimer's—that's just fine. But making a scene by lacing her coffee and then shooting her up while she was struggling and



all the soothing, medicalized language: killing people. The term euthanasia literally means "good death"—the premises are built into the name.

To mainstream the idea that medical professionals should kill patients, we must use terms that distract from that reality: *end-of-life care*; *physician-assisted death*; *medical aid in dying*. Euthanasia activists paint a picture of people being put out of their suffering surrounded by their loved ones as soothing music plays in the background, dying peacefully and with dignity. If you didn't know better, you'd hardly think someone was being killed—and that's the point.

Thus, stories like these—like the horror stories of poor people opting for euthanasia in Canada—are extraordinarily inconvenient. Alexina Wattiez's death at the hands of medical professionals was sanctioned by the state. But with a pillow? What do you think we are? Barbarians?

She was supposed to be injected with poison! Eliminating an old

needed to be held down? It is important to kill with *decorum*, you see. Because without that, who are we, anyway?

There was a popular pro-life t-shirt in the U.S. some years ago that made this point succinctly: "Would it bother us more if they used guns?" It's a compelling point. Would it bother us more if Grandma was dispatched painlessly with a gun? I suspect it would—even if that's what Grandma specifically requested. We've decided to sanction killing people so long as we all play along with the elaborate charade that this is some sort of "healthcare." That's why a prosecutor can toy with murder charges for the suffocation of a woman who was going to be legally killed by the same medical professionals in the same place on that same night.

Which answers the question: Would it bother us more if they used pillows?

Editor's note. This first appeared at the European Conservative.

Anita Cameron: Don't Be Fooled, Assisted Suicide IS Suicide

By Anita Cameron

Editor's note. The following article was published by Not Dead Yet on September 25, 2023 and reposted at the Euthanasia Prevention Coalition.

Suicide is devastating. Take it from someone who has lost dear friends to it. It's an especially difficult death for families to deal with. Loved ones often feel guilt, wondering was there anything they could have done to prevent it. I, too, felt that horror and guilt after learning that a close friend had died by suicide hours after visiting me.

September is National Suicide Prevention Month. The Centers for Disease Control and Prevention reports that suicide is a serious public health issue whose rates have increased approximately 36% between 2000–2021. It reports that suicide was responsible for 48,183 deaths in 2021.

Many resources exist to inform the public about suicide – what it is, its impact on the country and on certain communities, the signs to watch for and how to prevent

it – but no resource addresses the state sanctioned suicide masquerading as health care, that proponents call medical aid in dying [MAiD] but opponents call by its true name: assisted suicide.



Anita Cameron (center)

Assisted suicide is a practice legal in 10 states and the District of Columbia, where a doctor, or in some states, a physician assistant, writes a prescription for a lethal drug that terminally ill patients – those with six months or less, to live – fill and subsequently take. No doctor or witness is required to

be present, so no one would know if the medication was purposely taken or if the person was coerced or convinced to do so.

Proponents say that this is not suicide, but the Oxford Dictionary of English lists the definition of suicide as “the action of killing oneself intentionally.” Proponents refuse to call assisted suicide what it actually is, probably due to the stigma associated with suicide. One can call it all kinds of fancy terms that hide the truth, but don't be fooled – assisted suicide IS suicide.

Though assisted suicide is supposedly only for those who are terminally ill, it's hard to predict that, so doctors often make mistakes. There are countless stories of people living years or even decades beyond their doctors' predictions.

Assisted suicide creates a two-tiered system where younger, healthier folks expressing thoughts of harming themselves are more likely to get mental health treatment whether they want it or not, while disabled people, who often lack access to

such care, are more likely to have suicidal feelings rationalized, so are less likely to receive mental health treatment.

This is especially important when someone is diagnosed with a terminal illness. It's normal to become depressed after such a diagnosis. Mental health counseling, along with other services and supports should be offered from the beginning and tailored to meet the person's changing needs.

Proponents rename assisted suicide as “aid in dying” so it sounds like end of life care. However, it is not. End of life care is all of the services and supports, including pain management, that a person needs to be as comfortable as possible while the dying process takes place naturally. Assisted suicide is just that – suicide. Death. No care.

It's said that access to housing, healthcare, clean water and food security is suicide prevention. Getting rid of assisted suicide as public policy is also suicide prevention.

This dad's not-for-profit organization showcases the beauty of Down syndrome

By Bridget Sielicki

One Texas photographer has started a not-for-profit organization with the hope of letting the world see the beauty of those with Down syndrome while bringing greater awareness to the Down syndrome community.

The organization, "Down for Smiles," was started by Phillip Flores in 2022. It has a mission "to share the joy, beauty, and ability within the Down syndrome community through free professional photos."

During a recent segment, Flores told *NBC News* that his daughter, Isabella Grace (Izzy), was the inspiration behind his launch of the organization. Izzy, who is four years old, has Down syndrome.

"I saw the beauty, and the capability, all the possibilities that Izzy has, possesses, and exudes, and I wanted to show that she's the light of our lives," he explained.

Flores said that he believes offering professional photos will help boost the confidence of the people he's helping. "I hope to give them a voice, I hope to give them hope," he said.

In an interview with *Great Day Houston* earlier this year, Flores and his wife said that finding community was so important after learning Izzy had Down

syndrome, and through the photography they hope to show other parents that the Down syndrome community is open, welcoming, and full of love.

"When we first found out, to

parents to run towards it, and embrace it," he added, calling people with Down syndrome, "angels on earth."

Alice Sims, whose 17-year-old daughter Haley has Down

They also expressed appreciation for the chance to have their relationship documented through the photos. "We've just always thought she was one of the best miracles in our life," Wes said.



most parents it's going to be like a punch in the gut. But then you start learning about it, and there's nothing to be afraid of," Flores said. "The community out here is full of love and it's full of acceptance, and it's so empowering to each individual family. Instead of trying to run from it, I would encourage all

syndrome, praised Down for Smiles' mission. "It brings confidence in the children that are taking those pictures, and then it shows the world the beauty that is Down syndrome," she told *NBC News*.

Wes and Amanda Hudson are grandparents to 10-year-old Sadie, who also has Down syndrome.

Flores summed up his mission, saying, "Our community is beautiful and it's glorious, and it deserves to be screamed from the mountaintops and celebrated."

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



Update on Pro-life Issues in Government Funding

From Page 1

or another member will run to fill the role.

When Speaker McCarthy was first elected to the speakership, he promised to work on and hold votes on 12 individual spending bills to fund the government, rather than producing a large omnibus. Five out of the 12 bills have been approved, and work continues on the remaining bills while the clock runs on the temporary CR.

The House, controlled narrowly by Republicans, has prioritized conservative items, while the Senate bills largely maintain the status quo. With the temporary CR keeping the government open, a deal will have to be struck to fund the government with the Democrat-controlled Senate.

With Chairwoman Kay Granger (R-Texas) at the helm of the House Appropriations Committee, multiple bills were written to retain long-standing pro-life protections and include a series of new pro-life provisions. Every appropriations bill that contains abortion policy has included language protecting life, whether it be retaining longstanding riders (Hyde and Hyde-like amendments) or by adding new language to stop the Biden Administration's expansion of taxpayer-funded elective abortion.

While it is expected that long-standing pro-life provisions will be maintained this Congress, few if any of the new provisions have sufficient support in the Democrat-controlled Senate.

Three new and important House-passed important new pro-life provisions directly push back on the radical Biden Administration and are worth continuing to fight for.

One provision relates to abortion travel for the military. Federal law (10 U.S.C. § 1093) has long prevented the Department of Defense (DOD) from using funds to perform elective abortions and prevented the DOD from using its facilities to provide abortions.

On October 20, 2022, the Biden Administration's DOD published a memorandum directing the DOD to pay the travel and transportation costs for military members and dependents to travel to obtain elective abortions.

The federal prohibition against DOD funding elective abortion clearly extends to funding for any item related to the abortion, such as travel and transportation, which has been the case for the entire life of the funding prohibition. The House voted to defund this policy.

A second provision relates to funding elective abortions at the Department of Veterans Affairs (VA). Since 1992, the VA has been statutorily prohibited from using taxpayer dollars for abortion. On September 9, 2022, the administration disregarded this longstanding statutory prohibition on taxpayer funding for abortion at the VA and issued an interim final rule, "Reproductive Health Services," 87 FR 55287 (IFR), including funding abortion for "health reasons." The IFR authorizes the VA to provide taxpayer-funded abortions and abortion counseling to veterans, as well as eligible spouses and dependents, in direct conflict with both federal and state law.

The undefined reference to health will mean, as in *Doe v. Bolton* (the companion case to *Roe v. Wade*), that abortions can be done for virtually any reason. The Court held in *Doe* that, "medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the wellbeing of the patient. All these factors may relate to health."

For the past 30 years, women have long been able to receive care in the rare cases where the mother faced an emergency situation or life-threatening complication. Because there is nothing in the IFR which defines health, the health exception is not

limited in any way. This means the VA is now providing abortion on demand, with no limits. One of the goals of this policy is to end-run around state laws that protect unborn children.

The House voted to prevent turning Veterans clinics into abortion facilities.

A third critical pro-life provision relates to the PEPFAR (international AIDS/HIV program) program. Prior to the vote on the CR, the House approved the FY2024 Department of State, Foreign Operations Appropriations Act (H.R. 4665).

A September 19, 2023 pro-life coalition letter stated

PEPFAR is a crucial, life-saving program in its own right, but the excellence of its moral purposes should call each Member of Congress to more strongly protect it from political corruption, not look the other way. Congress needs to reassess the laudatory purposes of PEPFAR and the importance of respecting the conscientious beliefs of our African partners... The politicization of PEPFAR jeopardizes America's promise to end the HIV/AIDS pandemic by 2030. We call on Congress to protect this program and make sure funding goes to ending HIV/AIDS, not promoting abortion.

The House adopted critical language known as "Protecting Life in Global Health Assistance" to directly respond to the Biden Administration's hijacking of a life-saving program to promote abortion.

Under the Trump Administration, the "Protecting Life in Global Health Assistance" program was in effect. This vital pro-life policy, also referred to as the "Mexico City Policy," was

originally adopted by President Reagan and announced at a 1984 population conference in Mexico City. The policy was reinstated by President Bush in 2001 and restored and expanded under President Trump in 2017. This life-saving policy was abandoned by the Biden Administration.

Under the Protecting Life in Global Health Assistance program, in order to be eligible for U.S. "population assistance," a private organization must sign a contract promising not to perform abortions (except to save the mother's life or in cases of rape or incest), lobby to change the abortion laws of host countries, or otherwise "actively promote abortion as a method of family planning."

The most important characteristic of the Protecting Life in Global Health Assistance policy is that it establishes an eligibility criterion for U.S. funding: If a group is unwilling to agree to avoid promotion of abortion, that group will not receive any type of U.S. support. In short, the Protecting Life in Global Health Assistance Policy is not about how an organization keeps its books. Rather, it is about the type of groups the United States is going to support. If a specific organization declines to accept the policy, then the same funds are channeled to other organizations that agree to the contract.

Abortion has no place in an international life-saving HIV/AIDS bill, and work will continue in the Senate to either include this provision, or to do a simple one-year reauthorization.

While Congress, particularly the House, remains in a state of flux, pro-life groups and members will continue to fight to retain long-standing pro-life protections and include several pro-life provisions aimed at stopping the Biden Administration's push for taxpayer-funded elective abortion.

A confusing story from pro-abortion NPR shows us how important precise language is to the abortion debate

By Dave Andrusko

This story, which appeared on the relentlessly pro-abortion *NPR*, carries this headline: “What does the word ‘abortion’ mean?” A colleague who also read the story, quipped “News outlet that has been lying about what abortion actually is for years shocked to find out that people don’t know what abortion is.”

The story (“shared exclusively with *NPR*”) is based on a study from that epitome of objectivity the Guttmacher Institute. Since the study isn’t public yet, we have to rely on Selena Simmon-Duffin’s account. She begins.

The study was done by a team at the Guttmacher Institute, a group that supports abortion rights. What the researchers did was lay out vignettes of different people experiencing different things in their pregnancies, and then asked, is this an abortion – yes, no or maybe?

Lead author, Alicia VandeVusse, tells Simmons-Duffin

Our biggest takeaway is that people do not hold sort of a shared standard definition of what is and isn’t an abortion.

We found that there’s a lot of nuance and ambiguity in sort of how people are thinking about these issues and understanding these issues.

Simmon-Duffin chimes in **I mean, basically, there is no scenario in which everyone was like, that’s it, that’s an abortion.**

To which VandeVusse responds **No. Yeah. I mean, even – I mean, we had a card that said, had a surgical abortion. And 67% of respondents said, yes, that’s an abortion and 8% said maybe, but 25% said no.**

She offers some examples (“vignettes”) of the scenarios people were asked to respond to. The first is of a woman whose first ultrasound reveals her baby has died—no heartbeat.

“Two-thirds of the survey respondents agreed it was not an abortion, but a third said it was an abortion,” according to Simmon-Duffin.

VandeVusse says, “We don’t speak openly about a lot of reproductive experiences, particularly abortion but also miscarriage. I mean, these are both stigmatized and very personal experiences. And so I do think that that is in large part why people, yeah, they may have been encountering these situations for the first time or considering them for the first time.”

Guttmacher always has the same agenda: “destigmatize” abortion and make sure no pro-life law ever goes unchallenged. So how

does this “research” further their agenda?

Simmon-Duffin turns to pro-abortion Professor Ushma Upadhyay, who was not involved in the study, but who

the *AP* intoned. “The American College of Obstetricians and Gynecologists defines late term as 41 weeks through 41 weeks and 6 days of



is up to her eyeballs in making the case that there should be fewer restrictions on mifepristone — ideally none at all. She tells Simmons-Duffin that policy makers “probably have very similar misunderstandings and lack of understanding.”

According to Simmon-Duffin, “Upadhyay thinks clear terms and definitions can help. She recently published a statement on abortion nomenclature, which was endorsed by ACOG, the American College of Obstetricians and Gynecologists.”

Aha. We wrote about this “abortion nomenclature” and the *Associated Press*’s recommendation to just follow them blindly last month.

“Do not use the term ‘late-term abortion,’”

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

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

Does anyone not on the abortion industry’s payroll (or in its thrall, like the *AP*) believe that nonsense? Who is their source? Planned Parenthood?

Of course, they don’t have a vested interest, right? So when they tell us “There’s no such thing as a ‘late-term abortion,’” we can take that to the bank, correct?

They are right on one thing: precise language is absolutely critical.

The Winning Issue, Reasons for abortion, Not the Number of Weeks

From Page 1

minority support for the use of abortion for birth control as well as numerous polls that have found only minority support for abortion for social or lifestyle reasons.

Why is this such a big deal? Because it means a majority does not support allowing the vast majority of abortions!

Only about 5% of abortions are done for life of mother, rape, incest, maternal health reasons, or because the child has a fatal condition incompatible with survival. The remaining 95% are for the same reasons someone uses birth control-- because they just don't want to be pregnant.

Abortion for birth control is precisely the goal of abortion advocates and always has been. Today it flies under the banner of "reproductive freedom," but it is really abortion just because the mother doesn't want to be pregnant. A majority has **never** supported that and so the abortion-friendly media has had to divert attention away from the actual goal.

The current public discourse over limiting abortion at a certain number of weeks provides the perfect cover to keep attention off of the real issue.

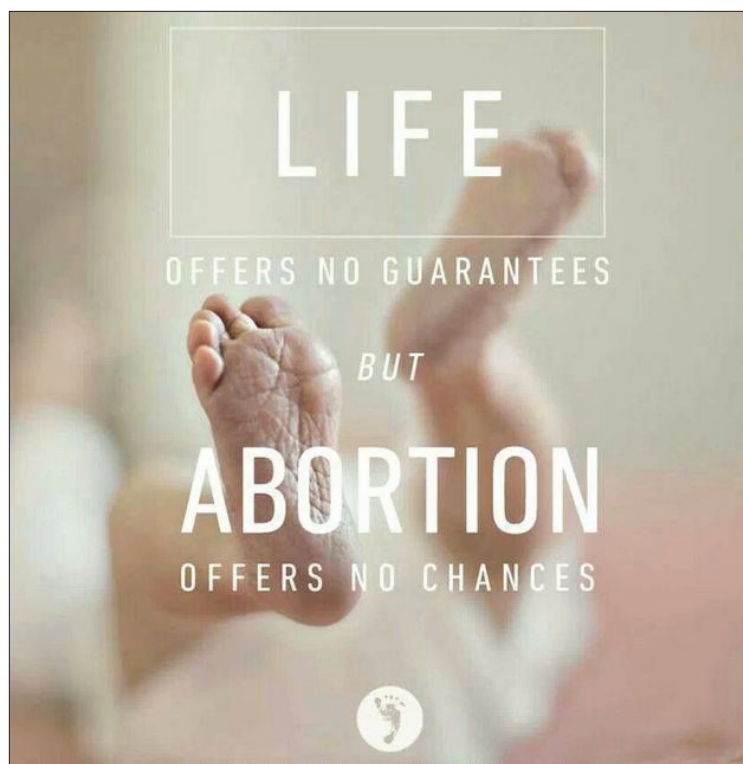
Focusing on weeks can be a real loser, both legislatively and politically, for the pro-life movement. We have seen that pro-life political figures who have fashioned their position around limits based on weeks are portrayed by the media as supporting a "ban" or "near total ban," even if their position would allow the vast majority of abortions to continue.

That plays right into the hands of pro-abortion Democrats. Their own polling has shown that their best strategy is to portray pro-life Republicans as supporting a "ban" on abortions. They know that 80%+ of the public wants the exceptions mentioned above and thus don't want all abortions "banned."

Legislatively a "weeks" strategy will produce a result that is a far

cry from pro-life goals. Consider the following data from the Center for Disease Control and/or the pro-abortion Guttmacher institute:

- 95% of abortions are already performed by fifteen weeks.
- 90% of abortions are already performed by twelve weeks.



- 80% of abortions are already performed by nine weeks.
- 45% of abortions are already performed by six weeks.

Of possible weeks-based legislation, only "heartbeat" laws, which limit abortion after the baby's heartbeat is detectable at about six weeks, can reduce abortions by 50% or more. After that time the percentage of abortions performed increases rapidly. It is no wonder that abortion advocates are back in court in South Carolina trying to expand that state's heartbeat law from six week to nine weeks.

Compare the effect of weeks-based legislation to reasons-based

laws. A good model is the law that is now in effect in West Virginia.

The West Virginia law allows abortion for 1) life of mother, 2) medical emergency, 3) rape or incest, and 4) when the unborn child has a fatal condition incompatible with survival.

Do these exceptions swallow the rule? No. The West Virginia law has a reporting requirement. In the

and distortion regardless of the actual particulars of any law limiting abortion to even the smallest degree. They will shout that saving any children is EXTREME, whether 5% or 95%. Any legislation, no matter how modest, becomes a "ban."

A perfect example is the pro-abortion reaction to a new Nebraska law. Nebraska Right to Life had sought a heartbeat law, but to overcome a filibuster the bill was amended on the floor to one allowing unrestricted abortion up to 12 weeks with exceptions allowed later. The new law allows about 90% of abortions to continue.

How was it portrayed? Billboards went up across Omaha shouting "Women are going to jail under Nebraska's abortion ban"!

This situation applies to candidates and elected officials as well. They will face the **same** attacks whether their position is a pledge to support a fifteen week ban or is support for eliminating birth control abortions with the exceptions wanted by the vast majority of the public.

Yet there is a real difference. The latter will save far, far more babies. It can also resonate better with the public if properly articulated.

Many, if not most, pro-life candidates support allowing abortion for the exceptional reasons discussed above. Those candidates need to state that upfront. A candidate who says they believe abortion should be allowed only to save the life of the mother, in cases of rape or incest or in case of a medical emergency represent a majority view according to a poll by the McLaughlin Group. They can reach voters who do not support unlimited abortion but feel abortion for those reasons must be allowed.

And while those voters are turned off by a ban, they are precisely the ones needed to reach a majority.

first six months of 2023 precisely eight abortions were performed. Two were for life of mother, including ectopic pregnancy, and six were for cases where the child had a fatal condition incompatible with survival. None were for rape or incest.

There is no abortion clinic left in West Virginia. They can't make a profit on eight abortions in six months!

What about political backlash and press hysterics over such a protective bill? There really won't be much difference whether it is a fifteen-week bill allowing 95% of abortions or a reasons-based bill saving 95% of the children.

The abortion lobby and their media allies have chosen a strategy of maximum outrage

Murphy Administration advances plan to allow New Jersey midwives to perform first trimester abortions

By Dave Andrusko

New Jersey pro-abortion Governor Phil Murphy's proposal to allow midwives to perform first-trimester pregnancies "is the latest in the Murphy administration's effort to expand abortion access," Dana Difilippo reported for the *New Jersey Monitor*. In December 2021, the Board of Medical Examiners "eliminated a state requirement that only physicians licensed to practice medicine and surgery in New Jersey could perform abortions," according to Difilippo.

"If successful, it would make New Jersey one of about ten states that allow certified midwives or nurse-midwives to perform abortions," Katie Balevic reported for the *Business Insider*. "Several states with stronger restrictions require the procedure to be performed by a physician, a policy that New Jersey did away with in 2021."

The Murphy Administration's zeal to "expand abortion access" has been an ongoing crusade from when he was first elected. The latest proposal was to meet "rising demand" for abortion since the 2022 *Dobbs* decision overturned *Roe v. Wade*.

"Lawmakers last year passed a law to solidify abortion rights in New Jersey, launched a task force to protect providers and patients and ensure confidentiality of care, and banned the extradition of people who get or give abortions here to states that criminalize the procedure," according to Difilippo.

In addition, "The state just this week began requiring health insurance plans provided by employers with at least 50 workers to include coverage for abortions."

The state Board of Medical Examiners, which oversees midwives, proposed a rule "that would establish the regulatory requirements for certified nurse-midwives and midwives to perform surgical abortions through the 14th week of pregnancy," Difilippo reported.

The Midwifery Liaison Committee reports that New Jersey has almost 450 active certified nurse-midwives and midwives.

Public comments will be accepted until Nov. 17.



*New Jersey pro-abortion
Governor Phil Murphy*

**“AFTER
FERTILIZATION HAS
TAKEN PLACE A NEW
HUMAN BEING HAS
COME INTO BEING.”**

**VENERABLE JÉRÔME
LEJEUNE**



**DR. JEROME LEJEUNE
JUNE 13, 1926 -- APRIL 3, 1994**

How scientists mold public opinion on controversial bioethical issues

By Michael Cook

One of the puzzling features of bioethics debates is how quickly the public changes its mind about controversial issues. This is particularly evident in discussions about heritable human genome editing (HHGE) and Mitochondrial Replacement Therapy (MRT).

If one were to ask whether scientists should be allowed to tinker with the human genome, most people would probably say no, absolutely not. This intuition has been codified in international agreements such as UNESCO's Universal Declaration on the Human Genome and Human Rights and the Oviedo Convention. Both of these ban practices that encompass making heritable modifications.

Nonetheless, in the United Kingdom and Australia, MRT is permitted, at least in some circumstances. Even more ominously, a scientific consensus is building which supports modifying the human genome. In 2015 the International Summit on Human Gene Editing declared that it would be "irresponsible" to proceed with HHGE until safety issues were resolved. In 2018 a second summit called for a "rigorous, responsible translational pathway" and scientific consensus. In 2020 the US's National Academies and the UK's Royal Society declared that HHGE "could represent an important option" for parents if there was a risk of genetic illness.

The pace of ethical change has been relatively rapid. The stakes are high. Some scientists even believe that humanity needs to be reshaped and that modifying the genome is a necessity.

An excellent recent article in the *Journal of Bioethical Inquiry* by Shoaib Khan and Katherine Drabiak, of the University of South Florida, analyses the rhetorical strategies that scientists in the UK, Australia and the US have used to shape public opinion about this often-controversial

research. They identify eight techniques.

1. Framing genes as the problem and genomics technology as the solution. "This rhetoric ingrains the belief that the human body is



summed up by genetics and instead of our DNA being a part of us, it becomes the target to fix ... when we perceive genes as the problem, biotechnology presents us with the solution. This framing ignores the complex nature of disease, including monogenic disease."

2. Normalizing dramatic propositions by using familiar metaphors. Admittedly, communicating complex scientific notions is difficult. But oversimplifying them risks becoming deceptive. MRT, for instance, has been described as a "micro-organ transplant", "a new form of IVF", or a mere cellular "powerpack". "These familiar metaphors portray MRT and HHGE as acceptable, necessary, and innovative medical procedures instead of risky,

highly controversial experiments."

3. Capitalizing on therapeutic misconception and promise fantastic speculative benefits. The new techniques are described as if they were

proven therapies rather than risky, unproven procedures.

4. Relying on uncontroversial leading conclusions: everyone wants healthy babies. "This strategy exploits innate human compassion and sympathy as a means to generate stakeholder acceptance. It also presumes with minimal or scant evidence that the infants born following MRT or HHGE are indeed 'healthy'."

5. Downplaying or dismissing serious risks. "The risks of MRT are not simply ineffectiveness, but some research suggests that disrupting the interaction between mtDNA and nDNA could induce iatrogenic developmental disorders, latent fatalities, expedited aging, and increase risk of cancer." But scientists have told legislators that the techniques are "safe enough" and "promising".

6. Assuming the inevitability of adopting the technology. "Superseding society's norms into controversial domains becomes the scientific frontier and synonymous with the concept of progress, presumes that more technology constitutes an optimal priority, and dismisses ethical dissent as an ephemeral effect of society lagging behind or failing to understand science."

7. Distorting key terminology and presume legal exceptionalism. The international agreements banning germline modification are very clear. However, some scientists have merely asserted tout court that their techniques are altogether different. For instance, the UK Department of Health engaged in logical legerdemain to assert "that while MRT may constitute a 'germline modification', it did not meet the definition of 'genetic modification' of the human germline because there is no agreed upon definition of 'genetic modification'".

8. Obfuscating the role of commercial motivations. Novel IVF techniques are a marketable commodity. Bland reassurances from scientists "discount the financial incentives driving the fertility industry to expand practices for more indications, to more customers, entangled with the compelling desire that many people have for a biological child."

Editor's note. This appeared in BioEdge and is reposted with permission.

Abortion-seeking women want the option to view their ultrasounds

By Monica Snyder, Executive Director, Secular Pro-Life

Editor's note. This is reposted with permission from Secular Pro-Life.

Research finds that women seeking abortion believe providers should offer them the option to view the ultrasound. But providers don't always do so, and abortion advocacy groups (Planned Parenthood Action, NARAL, ACOG) oppose measures requiring providers to do so.

Please note I'm not referring to legislation saying women must view ultrasounds. I'm referring to legislation requiring medical personnel offer women the option to view their ultrasounds — an opportunity they can accept or decline.

Research Showing Desire for Ultrasound Options

Women do want to be offered this option. In this UK study, 72.6% of women seeking abortion chose to view the ultrasound, and of that group, 86.3% found it a positive experience. Interviewees recommended this choice be offered to every woman.

In another study, when patients seeking abortion were offered the opportunity to view the ultrasound, 42.5% chose to do so. Most women in the study had high decision certainty about the abortion, and the ultrasound didn't measurably change their minds. For the women who reported medium or low decision certainty, though, "viewing was significantly associated with deciding to continue the pregnancy."

It's not true all providers routinely offer this option. In another UK study, 1 of 4 women who didn't see the ultrasound said they would've liked to, but about half of ultrasonographers thought women shouldn't view due to "possible psychological effects."

Having to ask to view the ultrasound is different than having providers offer the option. In this study, some of the women wanted to view the ultrasound, but the provider didn't offer and the women "did not feel they had the right to ask." Some women peeked at the ultrasound screen when the provider was turned away, curious but generally feeling they weren't supposed to see it. All women in the study reported wanting the choice to view the ultrasound (even if they chose not to), and they wanted providers "to engage in dialogue about viewing the image or not."

Abortion Supporters Actively Oppose the Ultrasound Option

Despite women wanting the opportunity to view the ultrasound and providers sometimes failing to offer it, abortion advocacy groups

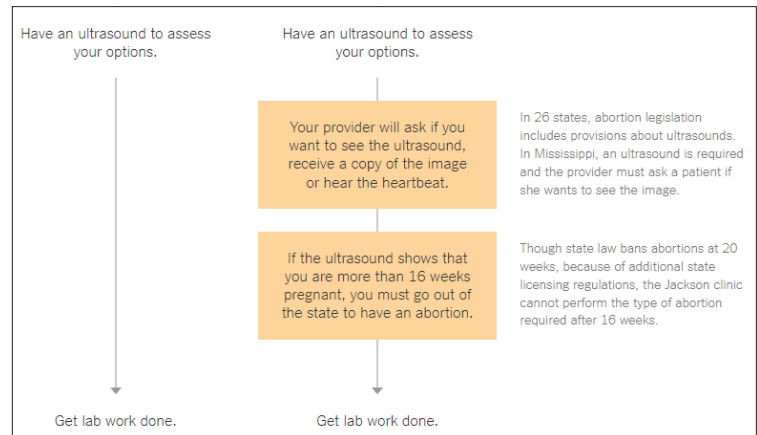
oppose legislation requiring women be given this option.

Here, Planned Parenthood says they oppose bills requiring providers offer women the chance to see the ultrasound because it's "legislating the conversation" between doctors and patients.

It also quotes the ACOG, claiming bills that require providers to offer women the opportunity to view their ultrasounds would "compromise the integrity of the patient-physician relationship."

Similarly, NARAL's publication regarding "forced-ultrasound legislation" objects not only to laws requiring ultrasounds be performed or viewed, but also to laws requiring providers offer women the opportunity to view the ultrasound.

This *New York Times* article (from 2018, pre-*Dobbs*) contrasted California and Mississippi in terms of abortion restrictions. One



"restriction" listed was "Your provider will ask if you want to see the ultrasound, receive a copy of the image, or hear the heartbeat." The graphic also includes a note explaining "the provider must ask a patient if she wants to see the image."

The Disconnect Between Abortion Supporters and Abortion-Seeking Women

Women seeking abortion want not only the option to view their ultrasounds, but for providers to proactively offer and discuss this option. Yet the pro-choice side considers legislation requiring providers to do so an "abortion restriction." There seems to be a disconnect here, and one necessary to address.

Nonprofit Catholic healthcare clinic seeks to halt Colorado's ban on Abortion Pill Reversal

By Dave Andrusko

Lawyers for Bella Health and Wellness, a nonprofit Catholic healthcare clinic, have filed a lawsuit asking that the state of Colorado be stopped from enforcing a first-of-its-kind law that targets religious healthcare clinics that offer women care in accordance with their faith. Hannah Metzger, writing for *Colorado Politics*, explains, “The new Colorado law states that providing the abortion reversal treatment is considered engaging in unprofessional conduct, subject to discipline.”

Paraphrasing the brief filed by Becket Fund for Religious Liberty in the U.S. District Court for the District of Colorado, Mary Anne Pazanowski, Legal Reporter for *Bloomberg Law*, wrote

The law is a “national and international outlier,” Bella Health and Wellness said in a Sept. 22 brief arguing that it’s likely to win on the merits of its claim that the provision is unconstitutional. The abortion-reversal law violates the free exercise and speech rights of health-care providers that have religious objections to abortion, it said.

Abortion Reversal is for those women who after taking the first of two drugs that make up the “medication abortion” regime, have a change of heart. Instead of taking the second drug, they take progesterone, which is an updated application of a treatment used since the 1950s

to combat miscarriage. As many as 68% of these babies can be saved—and over 4,000 to date have been.

Colorado law has made it illegal for religious healthcare clinics like Bella to offer women



progesterone. “This will force women to go through abortions they seek to avoid,” Becket wrote.

The Becket brief went on to say **In April 2023, Colorado made it illegal for life-affirming healthcare clinics like Bella Health to offer progesterone to women who have willingly or unwillingly taken the abortion pill, or even to advertise for such a service. Even though progesterone has been safely used for years to promote healthy pregnancies, the Colorado Legislature has categorically denied its use for abortion pill**

reversal. State legislators have labeled its use in this context to be “deceptive” and “unprofessional conduct,” while its use for all other purposes relating to pregnancy—

including natural miscarriage—remains legal. If it continues to offer and advertise progesterone for this service, Bella Health faces up to \$20,000 per violation and the loss of the medical licenses for its providers. Colorado is targeting life-affirming healthcare clinics like Bella Health simply because they provide every option available for the health of expecting mothers and their unborn children. It is also forcing women to undergo abortions they seek to avoid.

Meanwhile, last week, the Colorado Nursing Board broke with the state medical board, refusing to classify abortion pill reversal treatment as unprofessional conduct.

Meanwhile, the nursing board passed a rule declaring it will not treat abortion reversal as a ‘per se act subjecting a licensee to discipline’ for providing the treatment, but will instead review individual complaints of abortion reversal treatment on a case-by-case basis,” Metzger reported.

“The (nursing) board, historically, has pretty much treated everything case-by-case for review and discipline,” said Joe Franta, president of the nursing board, during last Wednesday’s vote. “We don’t make general standards of care. We don’t create those. ... I don’t think we have the basis to do that.”

Metzger wrote, “The new Colorado law states that providing the reversal treatment is considered engaging in unprofessional conduct, subject to discipline. That will hold unless three professional licensing entities — the medical board and the state boards of nursing and pharmacy — all decide, by Oct. 1, that they consider the treatment a generally accepted standard of practice.”

However, as noted, since the Colorado Medical Board has already adopted rules that do not consider the reversal treatment a generally accepted practice, “it’s now impossible for the three boards to reach a consensus in its favor.”

The Colorado Medical Board voted to push back enforcement of its rules until at least Oct. 23.

Police apologize to UK Catholic arrested for praying silently outside abortion center

A UK police force have confirmed that they will not bring charges against pro-lifer Isabel Vaughan-Spruce over her silent prayer outside an abortion center and issued an apology for the length of time to reach the decision not to prosecute her.

By Alliance Defending Freedom

BIRMINGHAM, England — Following a six-month investigation, West Midlands Police have confirmed that they will not bring charges against Isabel Vaughan-Spruce, issuing an apology for the length of time to reach the decision not to prosecute her for silent prayer.

The charitable volunteer was arrested for praying in a “buffer zone” surrounding an abortion facility on Station Road, Birmingham, on March 6. The censorship zone, introduced by local authorities via a “Public Spaces Protection Order,” bans prayer, amongst other activities considered to constitute protest against abortion.

The arrest caught worldwide attention in a viral video, in which police accused Vaughan-Spruce of committing an offence by silently praying in her own mind: “you’ve said you’ve been engaging in prayer, which is the offence.”

“This isn’t 1984, but 2023 – I should never have been arrested or investigated simply for the thoughts I held in my own mind. Silent prayer is never criminal,” commented Isabel Vaughan-Spruce upon receiving the apology from West Midlands Police.

I welcome West Midland Police’s decision to end their investigation and their apology for the time it took to do so, but it’s important to highlight the extremely harmful implications of this ordeal

not just for myself, but for everyone concerned with fundamental freedoms in the U.K. What happened to me signals to others that they too could face arrest, interrogation, investigation, and potential prosecution if caught exercising their basic freedom of thought.

“Now that authorities have twice settled on the conclusion that silent prayer is not a crime – a conclusion also reached by the Home Secretary last week – I am thankful to resume my practice of praying silently for women in crisis pregnancies,” continued Vaughan-Spruce.

Government to rollout ‘buffer zones’

The decision from the police not to prosecute Vaughan-Spruce for her silent prayer comes amidst pending government plans to implement similar censorial “buffer zones” around abortion facilities across the country.

The Public Order Act, which passed through Parliament in May 2023, would prohibit “influence” in an area of 150m [492 feet] around abortion facilities. Free speech advocates have raised concerns that such vague terminology will criminalise not only harassment, but peaceful conversations, leafleting, and prayer. An amendment to explicitly protect silent prayer and consensual conversations within the censorship zones was

proposed by Andrew Lewer MP, but failed to pass after a vote of 116 to 299.

On September 2, Home

commented Jeremiah Igunnubole, legal counsel for ADF UK, who supported Vaughan-Spruce’s legal defence.



Secretary Suella Braverman published an open letter, directing police to avoid politicised policing. The letter clarifies “silent prayer, within itself, is not unlawful” and that, “holding lawful opinions, even if those opinions may offend others, is not a criminal offence.” Four in ten Brits believe police are more interested in ‘wokeness’ than catching criminals, according to a survey carried out by Public First.

“The arduous process of this criminal ordeal has been the punishment for Isabel. Moreover, her story has put the world on notice that fundamental freedoms are vulnerable in the UK,”

“There is now an urgent need for legal changes to stem the tide of policing by politics. We hope the decision from West Midlands Police that they will not prosecute free thought, alongside the Home Secretary’s public commitment to protecting silent prayer, will be reflected in legislation, guidance, and practice,” added Igunnubole.

CPS contradict West Midlands Police’s misleading reason for drawn-out investigation

West Midlands Police has now issued an apology for the

Chicago Tribune's insane attack on pro-life doctors

By Ryan Scott Bomberger

The *Chicago Tribune* lied its way through a sloppily written Op-ed that unapologetically defends the violence of abortion. In "Abortion Pill Extremists Are Disingenuous Absolutists", the Editorial Board sounded like abortion industry spokespeople instead of objective journalists. According to the male-dominated Board, abortion ensures the "smooth functioning of American society."

Things go sooooo smoothly when we kill our children. Ok. Got it.

Lincoln once said: "Let the people know the facts and the country will be safe." This quote is engraved in the entryway of the *Tribune's* headquarters. One would think it would be a daily reminder to those working for the *Chicago Tribune*. Clearly, with this attack piece on pro-life Americans, they've not only disregarded the facts but the public trust.

In the Journalist's Creed, it states, in part: "I believe that the public journal is a public trust; that all connected with it are, to the full measure of their responsibility, trustees for the public." Our country and our Posterity are less safe with every printed lie that our gatekeepers allow through.

The Editorial Board, like most so-called news organization across the country, paints a dark and cruel picture of pro-life advocates. "The anti-abortion activists behind this litigation couldn't care less about the health and welfare of women who want the pill for abortions," the abortion apologists write. These "anti-abortion activists" are all physicians, many of whom are OB/GYNs. This fact is conveniently omitted by the *Tribune*.

The plaintiffs in the common-sense lawsuit include the Alliance for Hippocratic Medicine, the

American Association of Pro-Life Obstetricians and Gynecologists, the Christian Medical and Dental Association, and the American College of Pediatricians. These medical organizations represent over 20,000 individual members. They daily care for the health and welfare of women. Again, these

most directly involved."

Again, they're talking about pro-life physicians. What about the suffering of those killed by the pills, both the innocent unborn children and the mothers? What about preventing or eliminating suffering by addressing root causes, providing material

like jeopardy. According to researchers, the FDA's reporting mechanism for adverse events was "inadequate and significantly underestimates the adverse events of mifepristone."

Since *Dobbs*, the pro-abortion Left has gone out of its way to push back-alley abortions on women, no matter the collateral damage. Their media allies then point their fingers at those who want to protect every human life and say: "See. They're the ones who want you to harm you!" It's almost like Senator Elizabeth Warren penned this *Tribune* Op-ed. (She wants to shut down every pregnancy resource center nationwide because they – in her absurd words – "torture pregnant people.")

I guess if you fail to humanize the unborn, it's just as easy to dehumanize those who want to stop them from being killed.

"We accept that with Roe gone, each state can take its own path on this divisive issue, with some imposing bans that cruelly endanger the health of pregnant women. Extreme efforts to enforce these bans should worry everyone, no matter their views on abortion," they write in a scathing and contradictory manner. They claim to be okay with states taking their own path but denounce any option taken that doesn't lead to unrestricted abortion.

Extreme lack of scrutiny by journalistic organizations should concern everyone. The only ones who benefit from this are abortionists. When's the last time the *Chicago Tribune* did any kind of investigation into the abortion industry? Gone are the days when journalism dared to look into the corrupt big business



are more facts never mentioned by the pro-abortion editorial board.

It's why one of those plaintiffs in the case, Dr. George Delgado, designed a compassionate recourse for women who want to reverse their chemical abortions. It's called Abortion Pill Reversal, and of course, the abortion industry says it's "dangerous to women." No. It's dangerous to a predatory industry that wants to profit from fear and desperation.

The *Chicago Tribune* Editorial Board's laziness is evident in its unwillingness to acknowledge reality. It's so much easier to vilify than to verify. "Their goal is to set up as many roadblocks as possible, no matter the suffering their tactics might cause to those

assistance, and mentoring unexpectant parents? This happens in our nation's 3,000 pregnancy centers. The *Chicago Tribune* and other pro-abortion news sources want to pretend that abortion is the only option

The *Chicago Tribune* continues the deception: "The most cynical aspect of the lawsuit is its false claim that mifepristone is unsafe, and women need to be protected from it." It is unsafe. And it's documented. In the last 20 years, over 20 women have died from it.

There were 3,197 adverse events documented from its use where "529 cases were life-threatening, and 1,957 cases were severe...2,243 surgeries were required." That doesn't sound like safety. That sounds

Join us to Save the 12,000:

Our new series of meetings will equip you to be a renewed voice for life in Minnesota

Editor's note. This appeared in MCCL News.

MORE THAN 12,000 unborn children died from abortion in Minnesota last year, and it's going to get worse: Lawmakers just passed laws establishing abortion-up-to-birth, abolishing a program supporting pregnant women, and even repealing a measure guaranteeing lifesaving care for newborns.

What can we do to restore protection for the vulnerable? MCCL is launching a new "Save the 12,000" series of meetings across the state. These meetings will replace MCCL's traditional Fall Tour—but with a new name, a bigger scope, and more urgency to confront the challenges we face!



Get equipped to save lives

At each "Save the 12,000" meeting, an MCCL speaker will update attendees about the extremism of Minnesota's current laws. We'll also provide pro-lifers with the tools and techniques they need to have confident and effective conversations that persuade others. And we'll lay out practical steps everyone can take that will save lives starting right now. It's never been more important for pro-lifers to engage in this crucial work.

"Save the 12,000" meetings have already begun, and many more are planned. Some are listed in the box below; find an up-to-date list on our website at mccl.org/12k. We expect to hold more meetings this year than ever before.

Promote your meeting

If a meeting has not yet been scheduled in your area and you are able to help facilitate one, please contact the MCCL office at 612-825-6831 or mccl@mccl.org. You can also play a role in promoting the meeting near you. MCCL has promotional posters as well as sample bulletin announcements for churches; simply contact MCCL to receive them.

Whether or not you help facilitate, please make a point of coming to the meeting near you and bringing others. All are welcome to these free events: Bring family, friends, and church and school groups. Each meeting will last a little over an hour. Attendees will receive a packet of helpful printed materials that will enable them to immediately put to use all the training they receive.

We look forward to seeing you there!

Chicago Tribune's insane attack on pro-life doctors

From Page 33

of reproductive violence. The *Chicago Sun-Times'* 1978 exposé, *The Abortion Profiteers*, would never be conducted by today's advocacy news media.

The *Tribune* asks: "Does anybody seriously believe the country would be better off if food and drugs were regulated by Texas or other individual states,

instead of the FDA?" COVID vaccines, anyone? Or, let's go back even further to this 2013 law journal article from Harvard which declared: "Risky Business: Why the FDA Cannot be Trusted."

So, yes. There are many people who believe the country would be better off if entities other than a bloated government agency

massively funded by Big Pharma (46% of its budget) actually made the public's health a priority and not corporate profits.

Sorry *Chicago Tribune*. The "Abortion Pill Extremists" are the ones who celebrate the new wave of back-alley DIY abortions. The "Disingenuous Absolutists" are abortion activists posing as

journalists who demonize every pro-life effort to protect mothers, their children and human dignity.

Editor's note. This appeared at the Radiance Foundation and is reposted with permission. Mr. Bomberger is Co-Founder, Chief Creative Officer of the Radiance Foundation.

Ohio Planned Parenthood perpetuates lies about pregnancy help

By Brittany Summers

August 16 of this year, Planned Parenthood Southwest Ohio posted multiple Instagram stories claiming that most pregnancy centers are manipulative and fake.

The post stated the following:

“We Need to talk about so-called ‘crisis pregnancy centers’ AKA

prevent access to abortion

- Advertising online using keywords like ‘abortion clinic’”

Planned Parenthood SW Ohio continued to defame crisis pregnancy centers as “dangerous

pregnancy center locations in the U.S., according to CLI, counting medical mobile units as separate locations.

Data from 2019 showed that pro-life pregnancy centers served close to 2 million people, with



fake clinics? These dangerous organizations lure pregnant people to nonmedical facilities like vans or unmarked buildings, where they pressure individuals into not having an abortion. CPCs have no obligation to provide medically accurate information, so they can mislead people by:

- Asserting false risks of abortion
- Using disturbing images
- Intentionally overestimating gestational age to

organization(s) with a hidden agenda to lure in and then pressure pregnant people into not having an abortion.”

Any attempt to verify these claims was futile as the abortion business’s allegations were not substantiated, no sources for info were listed, and nothing asserted in this Instagram post was documented.

After performing actual research, the Charlotte Lozier Institute documented the positive impact of pregnancy help centers on the public, detailed on a CLI fact sheet on pregnancy centers.

The findings were the following:

In 2021, there were approximately 3,000

services and material assistance with a total value of over \$266 million.

Findings for the then 2,700 pregnancy centers in the U.S.:

- 8 in 10 locations (or 2,132) offer free ultrasounds
- 486,213 free ultrasounds performed
- 731,884 free pregnancy tests
- 967,251 free consultations with new clients
- 810 locations offer STD testing

- 563 locations offer STD treatment onsite
- 291,230 clients attended parenting and prenatal education classes
- 21,698 clients attended after-abortion support and recovery sessions
- 305 locations offer abortion pill reversal
- 2,525 locations offer material assistance such as baby items (including diapers, baby clothing outfits, new car seats and strollers)
- 120 medical mobile units with ultrasound (at least) rolling on the road to bring services to women out in the community
- 14,977 paid staff (25 percent of whom are licensed medical professionals)
- 53,855 volunteers (12 percent of whom are licensed medical professionals)
- 10,215 licensed medical professionals involved as pregnancy center workers (paid staff and volunteers combined)
- Exceptional client satisfaction – Consistently high client satisfaction rates reported to pregnancy centers reflect that women, men, and youth who visit

How Pro-Life Candidates Can Respond to 10 of the Most Common Pro-Abortion Arguments

From Page 8

and therefore does not end a life. We are concerned with protecting the unborn babies and mothers who are already living among us and who desperately need support and care.

6. “You only care about life before birth. After that, you would leave mothers and their children to fend for themselves.”

The pro-life movement stands up for babies *and* their mothers, before *and* after birth. We support the incredible work of more than 3,000 pregnancy help centers operating today across the country, which offer pregnant women the crucial support, care, and resources they deserve. These centers not only administer to women before their babies are born, but they are there for her and her baby afterwards with many centers offering free diapers, baby formula, baby clothes, housing, parenting classes, occupational opportunities, and more. Over the past year alone, pro-life elected officials have advanced bills, implemented policies, and allotted funding for initiatives aimed at helping mothers and their young children. As admirable as these efforts are, we believe our society can and should do even more to extend the social safety net to cover all women, children, and families in need.

7. “If elected, you will push for a national ban on abortions with no exceptions.”

At this time, there is nowhere near the level of public support nor the votes in Congress to pass a nationwide protection for the unborn. It takes sixty votes in the

Senate to pass any kind of ban. Currently there are only 48 pro-life Senators. No national ban can pass now or in the next Congress, therefore you (the candidate) are not seeking one.

On the federal level, we are advocating for the passage of the *No Taxpayer Funding for Abortion Act* to stop Americans’ hard-earned tax dollars from being used to pay for abortions. 60% of Americans oppose taxpayer funding of abortion, according to a recent McLaughlin & Associates poll. We are also pushing for legislation to help pregnant women and families in need.

By contrast, pro-abortion lawmakers are the ones pushing a sweeping, national policy on abortion. They want to enact the so-called *Women’s Health Protection Act* to enshrine unlimited abortion in federal law and strike down virtually all state-level protections for unborn babies and their mothers, including parental involvement and informed consent laws. Abortion without limits, for any reason, and at any point in pregnancy. That is the truly extreme position on abortion.

8. “Young women growing up today have fewer rights than their mothers or grandmothers had.”

Women in the United States have more rights and opportunities than ever before in our nation’s history. This is something we should celebrate! Yet, there is still progress to be made. It is a huge disservice that most discussions about “women’s issues” in a

political or public policy context are reduced solely to abortion. Today, there are numerous opportunities before Congress and state legislatures to improve the lives of American women in terms of job opportunities, healthcare affordability, education, childcare, family leave, housing, and more. Our elected officials should seize those opportunities. Instead, many elected officials seem content with inaction and when elections roll around, they simply rely on fearmongering and misinformation on abortion to turn out women voters. Women deserve better than this. It is a misogynistic view that women need unlimited abortion to be successful or that women cannot achieve their dreams unless they end the lives of their unborn children.

9. “Our democracy itself is threatened by Supreme Court rulings like *Dobbs vs. Jackson*.”

In *Dobbs vs. Jackson*, the Supreme Court returned the authority to set abortion policy to the American people through their elected representatives. That is a big win for democracy! For the first time since 1973, Americans and the individuals they choose to represent them are able to weigh in on abortion policy. They should be the ones determining public policy, not nine unelected judges. Someone who truly supports the concept of democracy should welcome the robust abortion debate taking place in the states and in Washington. A Rasmussen poll taken in June 2023, one year after the *Dobbs* decision was handed down, found a majority

(52%) of Americans supportive of the ruling compared to 46% who say they oppose it.

10. “The *Women’s Health Protection Act* (WHPA) is not extreme. It merely codifies *Roe v. Wade*.”

The so-called *Women’s Health Protection Act* (WHPA) goes way beyond even the scope of *Roe*. The WHPA is extreme because it would enshrine unlimited abortion in federal law and policies and tear down existing state-level protections for unborn children and their mothers. Commonsense protections with broad public support such as parental involvement requirements, women’s right to know laws, protections for unborn babies capable of feeling pain, and limits on taxpayer funding for abortion would be invalidated. Every state, regardless of the views of its residents, would be forced to allow unlimited abortions, for any reason, until the moment of birth. Most Americans do not support a sweeping nationwide policy like this. In most polls, majorities of Americans consistently support some limits on abortion and oppose the use of their tax dollars to pay for them.

Predictable results of the WHPA’s passage would be an increase in the overall number of abortions (particularly those done later in pregnancy), an increase in minors getting abortions without prior parental knowledge, and an increase in taxpayer dollars being used to pay for abortions. Our leaders should be looking for ways to reduce the number of abortions, not ways to increase it.

Five ways to help a friend who regrets her abortion

By Nancy Flanders

Abortion regret is real and so is the trauma that countless women suffer after undergoing an abortion. Women at times fall prey to the idea that they are incapable of motherhood because they are too young, too old, too poor, too uneducated, too alone, or simply not good enough. Others have believed the lie that preborn children are no more than a “clump of cells.” Every woman struggling with abortion trauma and regret deserves the opportunity to heal. If you have a friend who is living with abortion regret, here are five ways you can help:

1. Become educated on abortion trauma and the effects of abortion on mental health

According to research that analyzed data over the course of 14 years, women who undergo abortions are at a highly increased risk of developing adverse mental health problems. The research, published by Cambridge University Press in 2018, shows that women who have abortions will be:

- 81% more likely to experience mental health problems.
- 34% more likely to experience anxiety.
- 37% more likely to experience depression.
- 110% more likely to use or abuse alcohol.
- 230% more likely to use marijuana.
- 155% more likely to exhibit suicidal behavior.

Likewise, a study titled, “Psychiatric admissions of low-income women following abortion and childbirth” reviewed psychiatric admissions of low-income women following either abortion or childbirth. Researchers concluded that

women who had abortions were twice as likely to need psychiatric inpatient care than women who gave birth to their babies, even after controlling for mental health issues prior to pregnancy.

A 2018 article in SAGE Open Med found that abortion is “consistently associated with elevated rates of mental illness” compared to women who have



not undergone abortions and that abortion “directly contributes to mental health problems for at least some women.”

A Canadian study revealed that 25% of women who had abortions sought psychiatric care over a five-year period compared to three percent of the control group. In addition, a Finnish study found that women who had an abortion had a three-times greater rate of suicide in the year following than all women of reproductive age, and a six-times greater rate than women who gave birth. A Welsh study found that the rate of suicide after abortion was twice that of women who gave birth.

2. Identify your friend’s needs

When trying to help a friend who is struggling with abortion regret, it’s important to understand just

how much she is struggling. Does she simply need someone to listen to her and understand her? For some women, it might be enough to hear someone else say that they believe her and support her. The media tends to deny abortion regret and focuses on abortion as a sort of empowerment. This causes even more pain for women who regret their abortions,

TV shows have laughed about abortion and bragged that having an abortion makes a woman feel like God, this is not the experience of most who have abortions.

Your friend will need your love and support along with your understanding, and one way to support her is to point her towards healing resources.

4. Give her resources

Point your friend in the direction of resources that can help her — to groups dedicated to helping women suffering from abortions. These groups allow women to speak with other women who have suffered similar trauma, which can help immensely. Organizations such as Rachel’s Vineyard, Not Forgotten Ministries, Deeper Still, and She Found His Grace can help your friend to heal and forgive herself, as well as to seek God’s healing and forgiveness.

Websites including Abortion Changes You, Lumina, and Silent No More Awareness can show her that she’s not alone. Many women regret their abortions.

5. The baby’s father

In some cases, the baby’s father may have been the one who coerced your friend into her abortion, but if not, there is a good chance he could also be suffering from abortion regret. If possible, point him toward the directions of post-abortion help ministries as well.

Abortion is a traumatic event and though women (and men) may try to bury their feelings, eventually, the pain they suffered at the hands of the abortion industry and others who pressured them into the abortion will surface. They will need help to get them on the road toward seeking healing.

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

because they are led to believe they are alone in their feelings, and are wrong to feel that way. Make sure your friend knows that her feelings of regret are valid and that she is not alone.

But more than just a shoulder to cry on, your friend may need help from a doctor. If your friend is exhibiting signs of depression, alcohol or drug abuse, or suicidal thoughts, she needs immediate medical help. Talk to her about seeking help and help her find that help.

3. Show her love, support, and understanding

It is important to note that many women are coerced into abortions, made to feel as if they have no other options. While the media portrays the choice of abortion as empowering, and celebrities and

Abortion Pill Cases Moving Through the Federal Courts

From Page 7

Though the FDA had eliminated the in-person distribution requirement and allowed pharmacies to stock and sell the drug, the agency still maintained that the certification system was necessary because of risks and dangers still associated with use of the pill.

wanted the judge to legally enjoin the FDA from taking any action to remove the drug from the market or otherwise limit its availability.

On April 7, 2023, within an hour of Judge Matthew Kacsmaryk's ruling, District Judge Thomas O. Rice issued his own ruling. While rejecting requests to jettison distribution and

states which passed new abortion legislation after the Dobbs decision. Their Unborn Child Protection Act, passed September 13, 2022 and became effective upon passage, providing full legal protection for unborn children, limiting abortion to cases of ectopic pregnancy, medical

most of GenBioPro's complaints, saying states, particularly after Dobbs, were within their rights to limit the sale of "goods" – in this case, abortion or abortion pills – in the interest of "public health and morality"

The judge did, however, permit GenBioPro's challenge to the state's prohibition on telemedical abortion to go forward. The court said that in the limited situations where the state continued to allow abortions under the new law (cases of ectopic pregnancy, medical emergency, reported cases of sexual assault), it could not "dictate[s] the manner in which mifepristone may be prescribed." That, said judge Chambers, "is a determination Congress has allocated to the FDA."

Given the rarity of these cases (medical emergency, sexual assault, etc.) and the unlikelihood of this method being the best method to use emergency conditions mean this caveat may not amount to much legally.

Though GenBioPro has said they are looking to see what to make of the judge's ruling on telemedicine, neither GenBioPro nor the state of West Virginia have filed an appeals at this point



This means that, even now, prescribers (and now participating pharmacies) have to certify that women get the pills from someone who can ascertain gestational age (the pills' effectiveness decreases the older the child), diagnose ectopic pregnancy (the pills do not work in this instance), and can treat or refer the woman for qualified medical help should hemorrhage or some other complication arise. All this also requires paperwork signed by both patient and prescriber.

The state attorneys general argued that mifepristone had already been shown to be safe and was being unfairly singled out for harsh, unnecessary restrictions, saying the agency was exceeding its statutory authority. They also

certification requirements entirely, Judge Rice did agree that, at least within the states bringing the suit, the FDA could not alter or reduce the regulations on mifepristone further, essentially guaranteeing the drug's continued availability whatever else the agency or federal government did. Litigation in the Washington case is ongoing.

GenBioPro, Inc. v Sorsaia

Filed January 25, 2023 in federal district court in West Virginia, this case was brought by the generic manufacturer of mifepristone challenging the authority of the state to prohibit the sale and use of a drug that the FDA had approved for marketing and ruled "safe and effective."

West Virginia was one of those

emergency, or circumstances of sexual assault (through 8 weeks for an adult, through 14 weeks if a minor) if reported to the police.

GenBioPro filed its complaint shortly after that law went into effect. It sued the state's attorney general, Patrick Morrissey, and Mark Sorsaia, the prosecuting attorney of Putnam County. GenBioPro said West Virginia was causing the generic manufacturer "significant, "ongoing economic injury" by impeding their ability to sell a legal product in their state. It further claimed that FDA determination of the pill's worthiness for markets trumped whatever limits West Virginia placed on the drug.

On August 24, 2023, District Judge Robert James dismissed

Bryant v. Stein

In this case, Chapel Hill abortionist Amy Bryant filed suit February 25, 2023 in federal district court in North Carolina challenging state regulations on dispensing mifepristone, saying they were more stringent than conditions imposed by the FDA and thus not legal.

Filed shortly after the FDA loosened REMS regulations on mifepristone--allowing the abortion drugs to be sold in pharmacies and shipped by mail without an office visit-- Bryant complained that state rules in

See *Cases*, Page 39

Abortion Pill Cases Moving Through the Federal Courts

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North Carolina requiring that mifepristone only be provided in person by a physician, and from a certified facility with required counseling (on risks and alternatives) and a 72 hour waiting period were in conflict with federal standards.

In such circumstances, Bryant argued, federal law should preempt state law, because Congress gave the FDA, not the state, the ultimate authority to determine the appropriate conditions and restrictions involved in the prescription and distribution of drugs like mifepristone.

The defendant named in the suit, North Carolina Attorney General Josh Stein, is a Democrat who has publicly sided with Bryant, the plaintiff, leaving two Republican legislators, Phil Berger, President pro tempore of the North Carolina Senate, and Tim Moore, Speaker of North Carolina's House of Representatives, to defend and represent the state's interests in enforcing the law.

That case has not yet been heard, though it raises similar issues to those addressed in West Virginia in *GenBioPro v. Sorsaia*.

Summing up for the Supreme Court?

Of these four cases, the first, *AHM v. FDA* is the one that is the most substantive, the farthest along in the process and most likely headed for the Supreme Court, given that both Danco, the pill distributor, and the Justice Department have already made direct appeals to the nation's highest court.

It may be a matter of days, weeks, or even months before the Supreme Court announces whether it will take up the matter in the coming term. If it decides to take one or more of these cases, it would be heard sometime between this fall or next year's spring. That would yield a ruling on the case at the height of next year's political season and make it a flash point in summer campaigns.

It is not inconceivable that the Court could wait for all these cases to proceed on their full course or could decide to address concerns from all four cases in one ruling.

Though abortion is the issue that draws the attention of many, there are multiple legal and constitutional issues involved, making it hard to predict where

even a *Dobbs* sympathetic court would go.

Dobbs should have settled the right of people through their own elected representatives to make their own decisions with regard to the legality of abortion in their states. How much and in what ways does this apply when states are making rules about whether or under what conditions abortion pills may be available in their states?

Some see this as yet another chapter in the ongoing constitutional dispute over state versus federal authority. Here, that would involve a state's ability to set and enforce rules related to the safety and use of various products or drugs that supersede federal standards, particularly when the federal government has created and empowered a specific agency, the FDA, to do so.

This is one of the approaches favored by the abortion industry.

Whether the FDA has appropriately fulfilled its legal mandate with regard to this particular drug or violated its statutory responsibilities by politically favoring this drug, as alleged in the *AHM* case, is another open issue.

One critical legal issue raised

in a couple of these cases is the meaning and application of the Comstock Law. That federal law, which has been in place since 1873, made it illegal to mail any "obscene, lewd, or lascivious" materials, like pornography, or any article or thing "intended for the prevention of conception or procuring of abortion."

Though some applications of that law, such as its prohibitions on the mailing of pornography or contraceptives, have been modified, reinterpreted or overruled in the 150 years since its passage, the section on the mailing of abortifacients has never been repealed, despite some efforts to do so.

The FDA's recent protocol modifications allowing the shipping of these pills to pharmacies and the mailing of mifepristone to women's homes appear to be a clear and direct violation of that still active statute.

If they take any of these cases, the justices of the Supreme Court may deal with all these issues or choose to narrowly focus on just one.

In any case, the courts will probably have a lot to say about the availability of mifepristone in the coming months.

Celebrate Respect Life Month

national **RIGHT TO LIFE**
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Celebrate Respect Life Month with National Right to Life

October 1 marked the start of Respect Life Month; a time in which we remember the lives we've lost to abortion, infanticide, assisted suicide and euthanasia; a time in which we re-dedicate ourselves to restoring a Culture of Life in America; a time in which we recognize the intrinsic value and dignity of every human life.

At National Right to Life, we also pause this month to remember and give thanks to you, our partners, donors, and dedicated activists doing your part to advance the cause of life in your own communities. Your support and dedication are what makes all of our life-saving work possible.

And so, as we observe this month, please consider making a contribution to support our work in Washington. Every donation helps to advance our efforts on Capitol Hill, and in the states, as we advocate for laws and policies that protect mothers and their preborn children from the tragedy of abortion.

Thank you for all you do on behalf of God's most defenseless children.

For Life,

A handwritten signature in blue ink that reads "Carol Tobias". The signature is written in a cursive, flowing style.

Carol Tobias
President

Biden's illegal DOD abortion travel policy forces taxpayers to facilitate abortion on demand

Editor's note. The following are excerpts of remarks delivered September 20 by Rep. Chris Smith (R-NJ), Co-Chair of the Congressional Pro-Life Caucus, on the House Floor in opposition to President Biden's illegal Department of Defense (DOD) abortion travel policy.

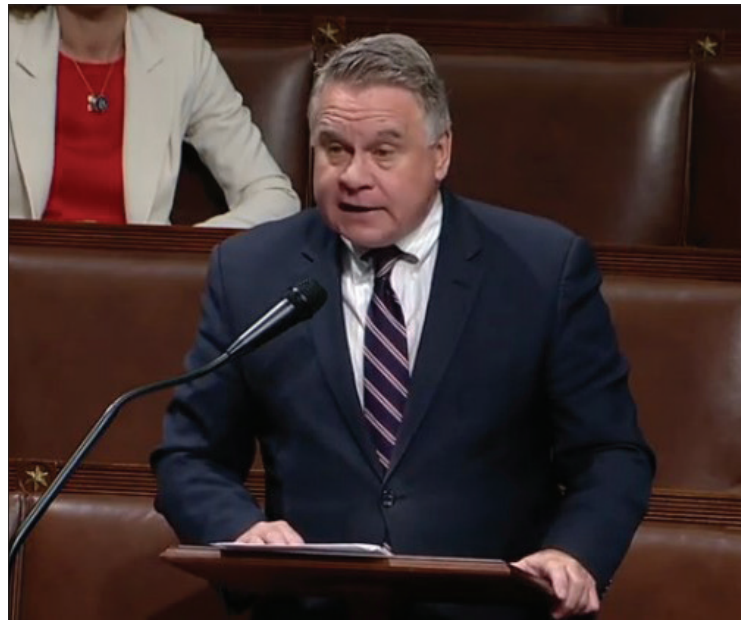
Mr. Speaker, I rise in opposition to the motion to instruct.

Current federal DOD law already permits taxpayer funding of abortion in cases of rape, incest and to save the life of the mother.

But the Biden DOD abortion travel policy forces taxpayers to pay the transportation costs for military members and dependents to travel to procure an abortion, for any reason, right up until the moment of birth.

Some states like my state of New Jersey have enacted extremist laws that legally sanction the killing a baby for any reason whatsoever right up to the moment of birth.

The Biden policy has no limits on gestational age—so it facilitates aborting babies unborn child analogous to a tumor



Rep. Chris Smith

throughout all nine months of pregnancy.

There is nothing humane or benign about abortion. Abortion

is not healthcare, unless one construes the precious life of an unborn child analogous to a tumor

overturns the illegal DOD abortion travel policy.

Regrettably, the pro-abortion culture of denial—a modern-day flat earth society—continues to deny, devalue, and disrespect unborn baby girls and boys and trivialize the harm suffered by women.

We must recognize the breathtaking miracle of the newly created life of an unborn child and that women deserve better than abortion.

We need to care for and love them both.

Future generations will someday look back on us and wonder how and why a society that bragged about its commitment to human rights could have legally sanctioned and aggressively promoted child beheadings, dismemberment, and abortion pills that literally starve the child to death.

Don't force taxpayers to facilitate abortion on demand.

to be excised or a disease to be vanquished.

Dr. Ronny Jackson's House-passed amendment to the NDAA

College hires professor who destroyed pro-life display and threatened reporters with machete

By Cassy Fiano-Chesser

A machete-wielding professor who destroyed a pro-life display and threatened a New York Post reporter with a machete has landed another job, despite her violent background.

Former Hunter College professor Shellyne Rodriguez cursed out a group of pro-life students last year before destroying their table. She was escorted away by campus security, but returned to curse at the students more. Hunter College is one of the constituent colleges for CUNY, or the City University of New York, and a campus pro-abortion group lauded her actions as “courageous” and “justified.” A reporter for the *New York Post* tried to interview Rodriguez at her home, but she angrily exited her apartment wielding a machete.

“Get the f–k away from my

door, or I’m gonna chop you up with this machete!” she yelled, putting the machete against reporter Reuven Fenton’s neck.



“Get the f–k away from my door! Get the f–k away from my door!”

Fenton and his photographer quickly fled, but Rodriguez followed them, carrying the machete the whole way. Before leaving, she chased the

photographer to their car, and kicked Fenton. Rodriguez was fired from her position at Hunter College... but the Cooper Union,

a private college in New York City, has since hired her.

The College Fix reported that the college website lists Rodriguez as an adjunct professor, and is teaching a sculpture class this fall semester. So far, the college

has not responded to requests for comment.

After the incident with Fenton, Rodriguez was arrested and is currently facing charges of harassment, menacing, and weapons possession, according to the *New York Post*. Judges also recently extended orders of protection for Fenton against Rodriguez in August. After she was fired from her position at Hunter College, Rodriguez released a statement saying Hunter College had “capitulated” to “racists, white nationalists, and misogynists.”

This history did not stop another college from hiring her to work with students.

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

A baby born alive during an abortion must be offered the same degree of care that would apply to any other child born prematurely. To do otherwise is inhumane.



Pro-Abortion MDs Refused to Help Craft Informed Health Exceptions to Later-Term Ban

By Wesley J. Smith

And now they are bragging about it in the *New England Journal of Medicine*. From, “The Ethics of Abortion Care Advocacy—Making Exceptions to the Rule”:

Lawmakers proposing abortion bans sometimes seek guidance from Ob/Gyns on potential lists of exceptions to incorporate into such bans. Creating lists defining when abortion is medically necessary places clinicians in the ethically fraught position of providing input on laws that will harm patients.

Well, limitations sure don't hurt the babies that are born—which from what I understand, are counted in the many thousands since *Dobbs*, precious people who will now have the opportunity live full lives.

More:

Despite our commitment to advocacy, when legislators asked us to provide lists of maternal or fetal health exceptions to incorporate into the law, we refused. We felt strongly that legitimizing exclusions was unethical, and we implored legislators to have compassion for people needing abortions after 12 weeks. Although 90% of abortions in the United States occur in the first trimester, bans based on gestational age disproportionately affect young people and low-income people, and the gestational-age limits used in such policies are often too early for many fetal genetic and anatomical diagnoses to be established.

Although not providing

a list of possible exceptions risked a less medically informed bill, we found it ethically problematic to attempt to protect certain patients' access to abortion care while compromising care for others. If clinicians engage



in negotiations that lead to restrictions on abortion, we fail to uphold our duty of nonmaleficence, since patients who have conditions that aren't deemed “exception-worthy” are harmed.

Of course, that ignores another patient, the gestating baby.

Why allow a “less medically informed” law to be enacted? Ideology:

Limiting access to abortion care by means of exclusionary lists exacerbates health injustices and disproportionately harms disenfranchised and marginalized patients, since more privileged patients are more likely to have timely access to care and to be able to

travel for abortion care. Enacting exclusions also further stigmatizes abortion care and creates a false dichotomy between acceptable and unacceptable care. We care for patients with myriad personal

abortion to lead to death, some would argue that the risk associated with pregnancy alone is sufficient to merit care.

By “to merit care,” they mean killing the gestating baby.

There is a strongly implied threat to cease practicing obstetrics if abortion isn't open-ended:

How long can thoughtful, compassionate clinicians continue to practice obstetrics when laws prohibit them from providing necessary care to their patients? These laws exact a high cost not only on patients, but also on clinicians.

And pro-lifers have to admit they are wrong!

Until we find a way to start discussions from common ground — acknowledging that abortion is health care — the most effective way of advocating for our patients may be to bear witness to how care, or the absence of it, shapes their lives.

For many Americans, abortion is fraught with conflicting ethical and moral considerations, and polls show, that majorities are not absolutists either way. But it seems to me that the pro-life side focuses on both protecting the unborn baby and helping mothers in need. In contrast, for these abortion absolutist professors, the baby's life isn't even worth a passing mention, and, it would seem, of no more importance than a burst appendix.

Ugh.

And then they yell that the laws passed in states restricting an atmosphere of open season against fetuses are ham-fisted.

And they seem to prefer abortion to birth:

When carrying a pregnancy to term is 14 times as likely as undergoing legal

Editor's note. Wesley's superb columns appear at National Review Online and are reposted with his permission.

Ohio Planned Parenthood perpetuates lies about pregnancy help

From Page 35

- centers feel respected, valued, and well cared for. Client satisfaction reported to two national networks in 2019 continues to validate excellence in care at affiliated pregnancy centers around the country. At Care Net affiliated pregnancy centers on average per center, 99.19 percent of clients/patients who completed a written survey indicated that their overall experience at the center was positive. One network has

noted the ‘satisfaction rating is higher than that of Netflix, Chipotle, and the iPhone.’ Heartbeat International affiliated centers equally reported positive client satisfaction of 99.6 percent on average per center through client exit surveys. This accounts for about 2,100 pregnancy centers.”

- Heartbeat International, the largest network of pregnancy help organizations nationally and internationally, es-

tablished a website responding to the falsehoods perpetuated about pregnancy centers by abortion supporters; it is titled, Pregnancy Center Truth.

The majority of funding for pregnancy centers is raised at the community level, as most centers receive no government funding at all, unlike Planned Parenthood, which receives \$553.7 million from the government out of the total revenue of \$1.29 billion.

Furthermore, Planned Parenthood is required to file 990 forms but not required to list specific revenue categories.

In contrast, pregnancy centers are recognized on the state and federal levels as well, and state health departments continue to refer to pregnancy care centers in 20 different states.

Abortion giant Planned Parenthood itself actively refers people to pregnancy centers, conflicting with the uncited assertions being made on its social media platforms.

Heartbeat International and all of its affiliates abide by the Commitment of Care and Competence which states, “Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.”

The commitment also addresses truthfulness in all communications, client information confidentiality, rigor in screening volunteers and staff, nondiscrimination, a consistent life ethic, and kindness to and compassion for clients.

Pregnancy help centers continue to meet critical needs in the surrounding communities, reaching victims of human trafficking, the opioid crisis, and post-abortion support both for men and women. The Abortion Pill Rescue® Network continues operating as well, all these comprehensive pregnancy help services providing hope to those who feel hopeless and feel they have no options or control over their futures.

Despite the falsehoods perpetuated by Planned Parenthood and other abortion activists, pregnancy centers remain beneficial, and in fact, crucial to our communities locally and globally.

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

