# national RIGHT TO LIFE NEWS

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national RIGHT TO LIFE NEWS

# The "Shock" Heard Round the World: Democrats Advocate for Abortion Until Birth and Beyond

By Karen Cross, National Right to Life Political Director

As a young girl living in Massachusetts, my family and I frequented Lexington and Concord where the first battles of the Revolutionary War began. We learned about Ralph Waldo Emerson, who penned the famous words "the shot heard round the world" in reference to that April 19, 1775 day.

A different kind of public outcry—shock—has begun in response to the absolutist abortion positions taken by prominent Democrats.

The first shock took place on January 22, 2019, when New York Gov. Andrew Cuomo signed and celebrated the "Reproductive Health Act" (aka the Abortion Without Limits Until Birth and Beyond Act).


*Jennifer Popik, J.D.,NRLC Director of Federal Legislation at a Born-Alive press conference*

Soon afterwards, Virginia Del. Kathy Tran calmly and emotionlessly admitted her bill would allow abortions up through all "40 weeks." Soon afterwards Virginia Governor Ralph Northam said it was acceptable for doctors to

*See "Shock," page 25*

# Federal Legislative Update: Pro-lifers proposing protective legislation in both Houses of Congress

By Jennifer Popik, NRLC Federal Legislative Director

This past month has been incredibly busy on a number of fronts related to the life issue in both houses of Congress. In spite of the fact that the House of Representatives is under the control of pro-abortion leadership, pro-life Republicans are undertaking an unprecedented effort to protect babies who survive an attempted abortion.

On the Senate side, where Republicans maintain a majority, there are upcoming hearings to protect pain-capable unborn babies. Additionally, there are two newly introduced pieces of legislation that also aim to protect the most vulnerable among us, the unborn child.

*L-R Jennifer Popik, NRLC Federal Legislative Director, Rep. Michael Cloud (R-TX), Carol Tobias, NRLC President, and Karen Cross, NRLC Political Director*

*See "Federal," page 29*

# Editorials

## The Pro-Life Counter-Offensive shifts into high gear

*Not because of who I am*
*But because of what you've done*
*Not because of what I've done*
*But because of who you are*
—From "Who am I" by Mercy Me

Earlier today, Sen. Lindsey Graham, the new chairman of the Senate Judiciary Committee, led a hearing on one of National Right to Life's highest legislative proposals, the Pain-Capable Unborn Child Protection Act. The abortion industry and its congressional allies, of course, oppose S. 160, as surely as night follows day. It's what they do, it's who they are.

In the Big Picture, the objective for pro-life forces is always the same: move legislation along that will, when passed, save the lives of vulnerable unborn children at the same time setting before the American the brutal truth that Democrats' have an insatiable thirst for killing unborn babies up until birth—and, increasingly, beyond. There is no safe harbor for born-alive babies who escape the abortionist's clutches, which is why the Born-Alive Abortion Survivors Protection Act is essential.

Protecting pain-capable unborn children has been a priority item since 2010. Beginning with Nebraska, such laws, based on NRLC's model legislation, have passed in 16 states and are in effect in 15.

The Pain-Capable Unborn Child Protection Act and Born-Alive Abortion Survivors Protection Act are two examples of the aggressive push by pro-life Republican forces.

Last week. Sens. Mike Rounds (R-S.D.) and James Lankford (R-Okla.) introduced the Dismemberment Abortion Ban Act of 2019. This legislation would prohibit physicians from dismembering living unborn children.

Also last week, as you know from reading our daily *NRL*


*News Today*, Congressman Mike Conaway (R-Tx.) introduced the Second Chance at Life Act. This bill requires doctors to inform women seeking a chemical abortion that the abortion can potentially be stopped and reversed in order to save the baby, if she changes her mind after taking the first of the two drugs that make of the chemical ("medication") abortion technique.

*See "Pro-Life," page 32*

## The "Unplanned" transformation of a Planned Parenthood clinic director into a passionate pro-life spokeswoman

My role as a grandfather for the third time meant time was at a premium, so I was unable to see *Unplanned* the Friday it first came out. Instead I saw the blockbuster movie a few days later, the first time I could. I should warn you that the movie is truthful in all abortion's bloody reality but is all the more reason for you see it.

Many to most of you are familiar with the broad outlines of Abby Johnson's story. It is a classic conversion story—from "Employee of the Year" at the Planned Parenthood abortion clinic she directed to someone who tearfully came over to the pro-life side and has since brought over 400 abortion clinic workers out of the pit of hell where they worked.

I'd like to take a few minutes to explain why *Unplanned* works brilliantly as a movie and why it is an enormous contribution to our Movement. As a jumping off point, because he is abysmally off the mark, here's the opening quote from the very unsympathetic Owen Gleiberman, writing in the *Chicago Tribune*.

***"Unplanned" isn't a good movie, but it's effective propaganda — or, at least, it is if you belong to the group it's targeting: those who believe that abortion in America, though a legal right, is really a crime. It's hard to imagine the movie drawing many viewers outside that self-selected demographic***

So, in a sentence *Unplanned* is just pro-life balderdash that someone who is not already firmly ensconced in the right-to-life camp will find unpersuasive. It would take a month to unpack that one, it is so wrong.

Propaganda is one-dimensional. Nuances and complexity are for the birds. Nothing could be further from the truth in the way Ashley Bratcher portrays Abby Johnson.

One of the many reasons Bratcher's/Abby's escape from Planned Parenthood is so powerful is that the audience fully understands that Abby is a true, true, **true** believer in women's

*See "Optimism," page 36*

## From the President
## Carol Tobias

# Opening the eyes of our friends and neighbors by exposing our extremist adversaries

Through most of Bill Clinton's presidency and into the George W. Bush administration, much of the national abortion discussion centered on determined pro-life efforts to ban the hideous partial-birth abortion "technique."

The baby would be delivered in a breech position. The abortionist would deliver the baby's entire body, except for the head, jam scissors into the back of the baby's skull, open the scissors to enlarge the hole, and suck the baby's brains out. The body of the now dead baby would then be delivered. The "procedure" was so violent it altered the abortion debate.

Nonetheless, the abortion industry fought to keep this revolting method of killing unborn babies legal. It was not until 2007 that the Supreme Court upheld a national ban by the narrowest of 5-4 margins.

At the time, a wise man told me the abortion industry should have accepted the ban on partial-birth abortion and moved on. Instead, through the extended battle, many eyes were opened, hearts responded with compassion to the horrible death suffered by these babies, and the pro-life movement grew exponentially.

Having learned nothing from their epic failure over partial-birth abortion, the abortion movement has decided to double-down. They not only defend late abortions but are pushing states to enact laws that allow unlimited abortion throughout all 40 weeks of pregnancy. And they are now edging over to embrace infanticide.

We need to understand that this is the goal of the abortion industry. They know they can't win the battle in every state but they will try wherever possible, typically states where pro-abortion Democrats enjoy overwhelming margins in the legislature.

It is our job to expose them to the American public any and every way we can. Let me give you a few examples of just how far pro-abortionists are willing to go that you can use in conversation with others.

On January 22, the anniversary of Roe v. Wade, New York passed the "Reproductive Health Act." In addition to legalizing abortion on demand, the RHA affords no protection to an unborn child who survives an abortion.

In response to this and similar anti-life initiatives, Congressional attempts to pass the Born-Alive Abortion Survivors Protection Act are getting more attention now than the previous congressional session. But even this—protecting abortion survivors—is opposed by the abortion movement.

Pro-abortion House Speaker Nancy Pelosi (D-Calif.) refuses to move forward on the legislation, so pro-life members of Congress are pursuing what is called a discharge petition. If a majority of members of the House sign the petition, the bill will bypass the committee and be brought to the floor for a vote.

I had the honor of being present in the House gallery on April 2 when Minority Whip Steve Scalise (R-LA) and Rep. Ann Wagner (R-MO), lead sponsor of the Born-Alive Abortion Survivors Protection Act, led a long line of Congressmen/women onto the House floor to sign the discharge petition.

They walked down the middle aisle to the desk where Scalise presented the petition and became the first to sign, followed by Wagner. The line for those waiting to sign wound down along a side wall, around the corner, and down another wall.

It was an impressive display, with 193 members (191 Republicans and two Democrats) signing the petition that first day. The number is now up to 198.

This should be an easy vote for any and all members of Congress. An overwhelming majority of Americans support protection for babies who are born alive during an abortion. Members who oppose the bill should be forced to explain to their constituents why they oppose it; why they are willing to leave the fate of those babies to the abortionist who tried to kill the baby in the first place.

Here are some other examples of knowing our extremist adversaries. When President Donald Trump came into office, he reinstated the Mexico City Policy so that U.S. tax dollars would not be given to organizations that perform or promote abortion in other countries.

He subsequently expanded the reach of the policy with the "Protecting Life in Global Health Assistance." Then, last month, Secretary of State Mike Pompeo announced the U.S. was closing loopholes in the policy. The State Department will refuse to fund foreign NGOs that give money to other foreign NGOs engaged in the international abortion industry. The public is strongly behind the policy.

A January 2019 Marist poll, conducted for the Knights of Columbus, found that 75% of all Americans oppose using tax dollars to pay for abortions in other countries. And yet, the abortion movement is pushing Congress to overturn this policy.

For example, Pelosi tweeted, "Millions of women around the world rely on U.S.-funded health assistance — and millions more will be arbitrarily left without care due to this shameful decision by @SecPompeo." Planned Parenthood President Leana Wen stated, "Communities have lost access to essential life-saving services such as HIV testing, antiretroviral medications, nutritional support, birth control and pregnancy care."

Think about that for a moment. A few pro-abortion NGOs have refused US funds to provide the services mentioned because promoting and/or performing abortion was more important than these other services. (That money goes to NGOs that will accept the limitations.)

And one last item for "know your adversary." During a 2013 press conference, Pelosi was asked about the moral difference between late abortions and those thousands of babies killed by the notorious (and convicted) abortionist Kermit Gosnell. Pelosi responded that "this is sacred ground when we talk about this." For her, the ability to kill unborn children of any age is holy, untouchable.

By exposing our adversaries as the extremists they are, we continue to open the eyes of our friends and neighbors. As hearts and minds are changed, our efforts to protect all babies expand and flourish.

# Two events last week that brought abortion survivors hope and joy

By Melissa Ohden

*Editor's note. As most of our readers know, in 1977 Melissa survived a saline infusion abortion. She has written many times for NRL News and NRL News Today and appeared numerous times at NRLC's annual convention.*

From the very movement the abortion survivor leaves his or her mother's womb, there is no rejoicing or joy. Why would there be? Abortionists and abortion workers are in shock, angry over having to deal with this "dreaded complication."

Caring for a baby whose life you've been trying to end? Providing medical care equal to what any other baby of a similar age would receive? Of course not! Their first instinct is to further devalue us, by leaving us to die or going a step further and killing us.

That is what the mounting controversy over infanticide is all about. Do we believe in "fourth trimester abortion"? If you are Ralph Northam, the governor of Virginia and a pediatric neurologist no less, all that is required is to make the born-alive survivor "comfortable."

As an abortion survivor myself, this feeds into my fear of rejection with which I've struggled with most of my life.

However this past week there were two very particular events that warmed my heart. They brought me and all other abortion survivors hope and joy

The first took place on April 2. Prior to 193 Members of the House signing a discharge petition to make a vote on the Born-Alive Abortion Survivors Protection Act possible, I was honored to stand shoulder-to-shoulder with Representatives of the House at a press conference. What a blessing.

*Melissa Ohden*

Later, sitting in the House Gallery, I watched as a long line formed to come forward to sign the petition so as to force a up-or-down vote on infanticide.

To be honest, tears fell as I watched the courage of the Members, led by Minority Whip Steve Scalise and Rep. Ann Wagner. Their commitment and their public witness are the antithesis of the rejection abortion survivors typically face.

They see us, they hear us, and they are willing to fight for us. And the original 193 House Members has grown to 198!

The other event that brought me great hope and acknowledgement and love was the March for Life in Richmond, Virginia, which took place last Wednesday. The media, never to be accused of inflating the number of attendees at a pro-life event, estimated around 6,500 people were at the state capital!

It always touches my heart to see people standing up for life, and joyfully at that. But what had the most impact on me was the contrast between Gov. Northam's cold words explaining away infanticide and the kind, warm hearts of the pro-lifers in attendance. You could feel the love radiating from the crowd that bright and beautiful day.

Virginia may be where the rejection of life before and after birth first caught fire. But the crowd was there to extinguish that blaze with a dedication to truth, courage to fight, and the loving, committed hearts of so many.

# Number of signatures on Discharge Petition up to 198

## *If successful, petition would force a vote on the Born-Alive Abortion Survivors Protection Act*

By Dave Andrusko

This was told to me by someone who was in the House gallery on April 2 as Members, one by one, came up and signed a discharge petition to liberate the Born-Alive Abortion Survivors Protection Act (H.R. 962 ) from the clutches of pro-abortion-to-the-maximum Speaker of the House Nancy Pelosi (D-Ca.).

Some needed context.

First, Pelosi, who is loopy enough on her own, is being egged on by extremist new members of the Democratic caucus who are so radical they make her seem positively middle of the road by comparison.

Second, Pelosi is attempting to intimidate those members of her caucus who are nervous about being (correctly) labeled as, at best, soft on infanticide, at worst active supporters of standing by and watching abortion survivors die.

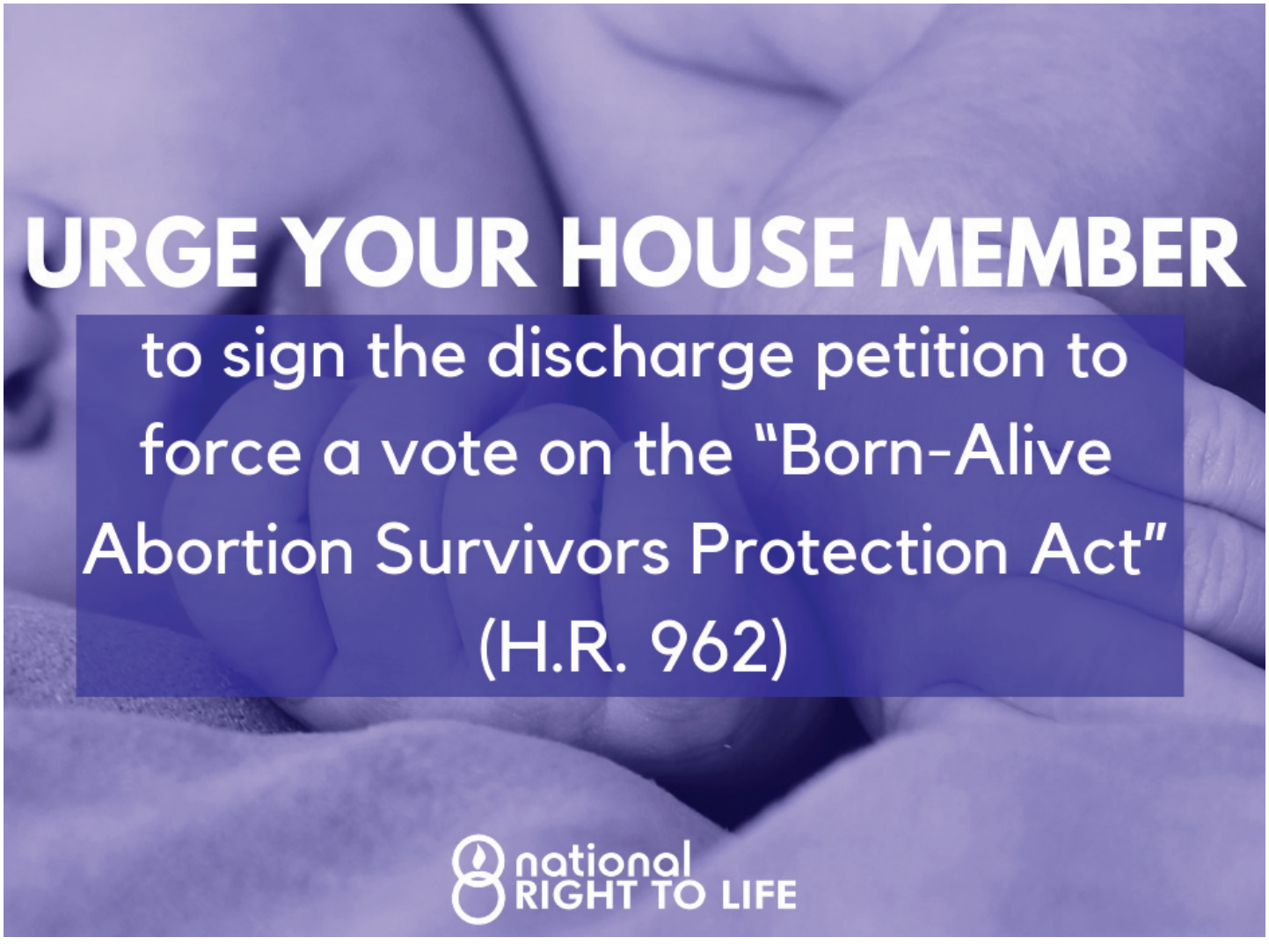
I'm told Pelosi screamed at one female member of the Democratic caucus. There is no reason to believe this is not 100% accurate.

It's one thing for Democratic men to jump ship. Pelosi will go after them in her usual cutthroat manner.

But Democratic females? You can just imagine the heat Pelosi is putting on them.

Quick update. The number needed to force a vote on the Born-Alive Abortion Survivors Protection Act is 218, a majority of the House. There were 193 signatures last Tuesday. The number has since risen to 198.

Members have asked for the House to consider H.R. 962 on every legislative day since the bill's introduction. 28 of the 29 requests have been for unanimous consent.



# Thousands of Pro-life Virginians Participate in a March for Life in Richmond

By Virginia Society for Human Life (VSHL)

A crowd of over 6,500 people from every area of the Commonwealth of Virginia gathered April 3 on the steps of the Capitol building for the second time in just two months to be seen and heard by legislators.

They came to protest the shocking comments made in the last General Assembly by Delegate Kathy Tran about her bill to legalize abortion up to birth, and the amazing follow up comments by Virginia Governor Ralph Northam that infanticide was acceptable if the baby survived an abortion.

Featured speakers included Melissa Ohden, herself a survivor of an abortion performed on her at almost the seventh month of her mother's pregnancy. Melissa passionately reminded all those attending that every abortion is a human life and has a face like her own.

Also addressing the crowd was Ryan Bomberger, whose own mother gave birth to him after a rape left her pregnant. He was adopted and is now a father of his own family that includes adopted children. He spoke to the fact that the compassionate response to women facing complicated pregnancies was adoption not abortion.


*Thousands of pro-life Virginians filled every corner of the grounds at General Assembly building on Wednesday.*

People traveled from as far away as Abington to Alexandria, Virginia Beach, and Woodstock to hear an outstanding array of speakers at the Rally before the March. They were reminded that Del. Tran frankly admitted that her bill legalized abortion "up to 40 weeks." Gov. Northam then went on a radio program where he not only defended Tran's "Repeal Act" but shocked the nation by suggesting that a baby who might survive an abortion attempt could in fact be legally left to die!

Virginia Society for Human Life President Olivia Gans Turner told the crowd that in a sense they owed a debt of gratitude to Gov. Northam. It was his cruel comments about allowing abortion survivors to die that awoke the country to the dreadful truth of the abortion agenda–abortion allowed to birth and beyond!

Turner stressed how pro-lifers were able to defeat the radical abortion agenda pushed by pro-abortion Members of the General Assembly during the 2019 session but reminded her audience that pro-lifers have only a one vote advantage in the House of Delegates and a one-vote advantage in the Senate.

*Olivia Gans Turner, president, Virginia Society for Human Life and Karen Cross, NRL Political Director*

Had the abortion advocates like Del. Tran been successful, Virginia would be just as bad as New York!

Turner told the thousands on the steps that this is an election year in Virginia and it is vitally important to elect a solid pro-life majority in November. "There is no doubt in anyone's mind that pro-abortion legislators will fight hard this year to gain the votes they need to overturn all of Virginia's protective pro-life laws and force their radical agenda, including making abortion a fundamental right in Virginia become a reality!," she said. "Pro-life voters must not be silent from now until election day."

There was a wonderful surprise gesture at the midway point in the Rally. First the entire pro-life Republican Caucus stepped out on to the steps of the Capitol building, to be followed a few minutes later by the Senate Republican Caucus members who waved at the huge crowd cheering at the sight.

All in all, last Wednesday's rally was a stunning success for the cause of life. Pro-lifers have proven to anyone with eyes to see and ears to hear that we are watching and demanding the protection of the unborn from our elected officials.

Those who refuse to hear the voices of pro-life Virginia are not welcome in our General Assembly.

This November Virginia must vote pro-life.

# States embrace Second Chance at Life

By Ingrid Duran, Director, State Legislation

About four years ago, state legislatures began slowly enacting laws that amended their informed consent statutes to include an exciting new provision.

Henceforth abortion-minded women would receive additional information that if they were undergoing the two-drug chemical abortion technique, they could reverse the intended effects of the abortion pill.

How? By not taking the second drug (misoprostol) and by negating the impact of the first drug (mifepristone) by flooding the woman's system with progesterone. This second chance at life option would be in their informed consent booklets and on the state's department of health website.

States were slow to come around to considering this vital piece of legislation because (a) it was new, and (b) pro-abortionists dismissed it (as they always do) as nothing more than "junk science."

Nelson Mandela once said, "It always seems impossible until it's done." And that is the type of dedication and fortitude that it took when two doctors, Dr. George Delgado and Dr. Matthew Harrison, attempted the seemingly impossible.

They invented the abortion pill reversal process. They realized the possibility of giving women a second chance if she changed her mind after beginning the chemical abortion process. So far, this process has saved over 500 babies and counting! Each of these babies' lives would have been lost if it wasn't for this reversal technique.

Two weeks ago, I had the privilege of testifying in Nebraska on behalf of their abortion pill reversal information legislation. I had the honor of meeting Rebekah Hagan whose son was saved by the reversal process. Listening

to her testimony and realizing that her baby was saved filled the room with possibility and hope.

The opposition, however, predictably tried to dismantle that hope by claiming that it was unscientific, if not dangerous to women, and that it somehow violated the doctor-patient relationship. (Side note: these were the same people who testified moments later on a different bill in Nebraska that would repeal the webcam abortion ban.)

Isn't having true informed consent—giving a woman all her options—at the heart of the doctor-patient relationship? And what about those more than 500 babies who have been saved?

Then I started to think about all of the other doctors who came before Dr. Delgado and Dr. Harrison who were publicly ridiculed, told that they were wrong, told that their ideas were bunk.

Take Dr. Ignaz Semmelweis whose novel idea on reducing bacterial infections by antiseptic hand washing was pilloried because this went against established scientific practices. (Physicians also thought it was humiliating to have to wash their hands.)

Almost one-third of the women in hospitals in America and Europe were dying in childbirth at the time. But once his ideas were adopted, Dr. Semmelweis came to be known as the "savior of mothers."

Then there is Dr. Martin Couney who brought incubators to the United States for use with preterm infants. It was instantly rejected by the medical establishment. (One reason was doctors thought it caring for preemies was both too expensive and almost always pointless.)

But Dr. Couney did not give up. He put the incubators on display in Coney Island, New York. He charged 25 cents for people to see babies in incubators and used the money to save as many preterm infants as possible so the parents wouldn't have to shoulder the cost.

It wasn't until 36 years later that Cornell's New York Hospital took that idea seriously and started training and using incubators for preemies. Do we really want to wait 36 years to save unborn children? I should hope not.

It's also worth mentioning that two years ago a *New York Times Magazine* article quoted pro-abortion Dr. Harvey Kliman who serves as the medical director of a reproductive and

*See "States," page 13*

# Spend your July 4th with National Right to Life this year!

By Abby Loftus

Are you planning your summer vacation yet? How about your 4th of July weekend? Spend it in Charleston, South Carolina with National Right to Life!

On July 5th and 6th of 2019, our 49th annual National Right to Life Convention will take place at the Embassy Suites by Hilton North Charleston. We will kick off the event with a luncheon on July 5th at 11 A.M., and end with our annual banquet on July 6th at 8 P.M. The hotel offers FREE parking, our awesome convention rate of $129 per night, free continental, made-to-order breakfast, a free happy hour each evening in the hotel lobby, and much more.

The convention will be packed from start to finish—this includes 3 general sessions, 48 workshops, and an exhibit hall full of local and national vendors there to educate you even more. If you're concerned about the abortion debate today, especially because of what's been happening in New York, Vermont and Virginia (to name a few), the convention is necessary to learn more and act on your newfound knowledge. The pro-abortion side is gearing up for battle, and we must win. If you'd like to send your legislators a message, click here to sign our online petition.

Register today at nrlconvention.com. Please continue to visit the website on a continued basis, as more up-to-date information about the convention will be available. We look forward to seeing you there!

# Still time to sign up for National Right to Life Academy

## *Five-week summer program for pro-life student activists*

This year marks the 13th year of the NRLC Academy. Over that span we have seen more than seventy bright, young, energetic, and committed pro-life students graduate.

The National Right to Life Academy is a five-week intensive course for college students who want a comprehensive pro-life education.

The program is a collegiate curriculum in every sense of the term; expectations, academic level, workload, and commitment required. The curriculum provides a demanding but engaging challenge.

Some of the areas of studies include:

- History of abortion, euthanasia, and the pro-death and pro-life movements. Students will learn who Norma McCorvey was. The importance of Karen Anne Quinlan's short life and the struggles faced by Sandra Cano.
- The biological fundamentals including but not limited to, fertilization, fetal development, advances in fetology, viability, etc.
- A comprehensive review of pro-abortion arguments.
- Lifesaving medical treatments, food and fluids and ethics and the law.
- A detailed study in assisting suicide and direct killing focusing on the legislative battle being waged on the both the state and federal level.
- Organizational fundamentals such as learning how to schedule, prepare and present for a news conference. How to recruit members to chapters, how to budget, and how to promote life at home and in the community
- And much, much more.

This year's academy students will begin their five-week summer program on July 5th, 2019, in Charleston, South Carolina. Having attended and participated in the 49th annual National Right to Life Convention, they will be transported to NRLC's Washington, DC home office.

Students interested in participating in the 2019 summer program, should email the Program Director, Rai Rojas at academy@nrlc.org or call 202-626-8809. More information as well as applications are also available at www.nrlc.org/academy.

Tuition for the program is $3600 and includes the cost of the program itself, housing in downtown Washington, DC, and registration/lodging at the National Right to Life Convention in Charleston, SC.

The National Right to Life Academy focuses on equipping young pro-life leaders with the skills and knowledge they need to put their pro-life passion to work. The efforts of just one person can make an incredible difference. And with an estimated 61 million lives lost to abortion since 1973, and the onslaught of pro-euthanasia initiatives, now is the time for each one of us to stand up and be a voice for the most vulnerable.

Don't let this opportunity for the college-aged student in your life pass by. If you know of a student who would benefit from the NRLC Academy, please speak to them and direct them to https://www.nrlc.org/uploads/academy/AcademyApplication.pdf where they can fill out an application.

Please hurry!

# Senators Rounds, Lankford introduce legislation to prohibit medical providers from performing dismemberment abortions

WASHINGTON—U.S. Sens. Mike Rounds (R-S.D.) and James Lankford (R-Okla.) have introduced the Dismemberment Abortion Ban Act of 2019. This legislation would prohibit physicians from performing dismemberment abortions. It would impose a criminal fine, up to two years in prison, or both for individuals who perform this type of abortion.

"Dismemberment abortions are among the most brutal methods of abortion, and they account for roughly 90 percent of second trimester abortions," said Rounds. "Unborn children can feel pain during this stage of the pregnancy, starting at 20 weeks. It is unconscionable to legally allow physicians to dismember unborn children, some of whom are able to feel pain. We have a responsibility to defend the dignity of all life, from conception to natural death. I thank Sen. Lankford for his leadership on this issue over the years, and I'm happy to partner with him this Congress to advance our legislation that would make dismemberment abortions illegal."

"Oklahomans and our nation are divided on the issue of when life begins, but most Oklahomans know by now that I believe life begins at conception and that I believe each child in the womb is

*Sen. Mike Rounds (R-S.D.)*

created in the image of God and has value and worth," said Lankford. "Despite our differences on the issue of life, because of technological advancements, we clearly know now that pre-born children feel pain. Surely we can all agree that dismantling a child in the womb during a late-term abortion is inhumane and is not reflective of American values. I am once again proud to sponsor this legislation that stands firmly against this tragic practice, and I remain committed to ensuring we respect the lives of mothers but also the lives of children in the womb."

A dismemberment abortion, also called a "dilation and

*Sen. James Lankford (R-Ok.)*

evacuation" abortion, is the most commonly used abortion method in second trimester abortions (week 13 to week 28 of pregnancy). In a dismemberment abortion, a living unborn child is dismembered and extracted, one piece at a time. The child can also remain intact until he or she is crushed through the use of clamps, grasping forceps, tongs, scissors or other similar instruments.

The Dismemberment Abortion Ban Act of 2019 allows the performance of a dismemberment abortion if necessary to save a mother's life. It does not limit abortions performed in cases of rape or incest, if performed by a method other than dismemberment abortion. This bill prohibits the prosecution of women upon whom a dismemberment abortion is performed.

Additional cosponsors include Sens. Marsha Blackburn (R-Tenn.), Kevin Cramer (R-N.D.), Steve Daines (R-Mont.), Mike Enzi (R-Wyo.), Joni Ernst (R-Iowa), Josh Hawley (R-Mo.), Cindy Hyde-Smith (R-Miss.), Jim Inhofe (R-Okla.), Jerry Moran (R-Kan.), Jim Risch (R-Idaho), Tim Scott (R-S.C.) and John Thune (R-S.D.). Similar legislation, the Saving Children Act, was introduced in the House of Representatives this year by Rep. Debbie Lesko (R-Ariz.-08).

# 6th circuit panel upholds Kentucky's ultrasound law

By Dave Andrusko

On September 27, 2017, U.S. District Court Judge David Hale struck down HB 2, Kentucky's ultrasound law which both houses of the legislature had passed overwhelming earlier in the year. The law requires that an ultrasound must be shown prior to an abortion and that the abortionist describes what is seen on that ultrasound.

In his ruling, Judge Hale said H.B. 2 violates a doctor's First Amendment rights and fails to better inform women because it allows them to cover their eyes to avoid seeing an image of the fetus.

(What odd reasoning. Allowing the woman to avert her eyes means HB2 "fails to inform women." If H.B. 2 had required women to look at the ultrasound image, no doubt Judge Hale would have criticized that, too.)

On April 4, by a vote of 2-1, a three judge panel of the 6th U.S. Circuit Court of Appeals overturned Judge Hale's decision which granted EMW Women's Surgical Center's motion for a permanent injunction to prevent enforcement of the legislation.

Writing for the majority, Judge John Bush said the question was straightforward: "does H.B. 2 compel a doctor's speech in violation of the First Amendment." The panel's conclusion was that it "does not violate a doctor's right to free speech under the First Amendment."

In her dissent Judge Bernice Bouie Donald agreed that it was a First Amendment case (as opposed to an issue of "whether the statute unduly burdens a woman's right to choose"), but argued the majority came to an incorrect conclusion.

Her fiery conclusion was "The Commonwealth has coopted physicians' examining tables, their probing instruments, and their voices in order to espouse a political message, without regard to the health of the patient or the judgment of the physician."


Not so, said Judge Bush. Kentucky's Ultrasound Informed Consent Act "provides truthful, non-misleading, and relevant information aimed at informing a patient about her decision to abort unborn life."

> **Under Roe v. Wade, 410 a woman has the right to choose to have an abortion. To inform that choice, the Commonwealth of Kentucky directs a doctor, before performing an abortion, to auscultate (or make audible) the fetal heartbeat, perform an ultrasound, and display and describe the ultrasound images to the patient. This appeal principally concerns whether those requirements violate the doctor's First Amendment rights. …**
>
> **Because H.B. 2, like the statute in Casey [the 1992 Supreme Court case], requires the disclosure of truthful, nonmisleading, and relevant information about an abortion, we hold that it does not violate a doctor's right to free speech under the First Amendment.**

Judge Bush added

> **we hold that H.B. 2 provides relevant information. The information conveyed by an ultrasound image, its description, and the audible beating fetal heart gives a patient greater knowledge of the unborn life inside her. This also inherently provides the patient with more knowledge about the effect of an abortion procedure: it shows her what, or whom, she is consenting to terminate. That this information might persuade a woman to change her mind does not render it suspect under the First Amendment. It just means that it is pertinent to her decision-making.**

HB 2 was one of two new pro-life bills passed by the Kentucky legislature in January 2017. The other was the Pain-Capable Unborn Child Protection Act (SB5) which then-PPFA President Cecile Richards described as "shameful." The bills passed both houses in less than a week from the time they were introduced.

Passage of SB5 raised to 16 the number of states with laws (15 in effect) that forbid performing abortions on unborn babies 20 weeks or older. Those include Alabama, Arkansas, Georgia, Idaho, Kansas, Kentucky, Louisiana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, West Virginia, and Wisconsin.

# Planned Parenthood has a serious problem acknowledging reality

By Paul Stark, Communications Associate, Minnesota Citizens Concerned for Life

A first-trimester surgical abortion, says Planned Parenthood to its prospective clients, uses suction to "take a pregnancy out of your uterus."

This description is literally nonsense. "Pregnancy" isn't a thing in the womb that you can remove. Pregnancy isn't a thing at all. It's a *state* or *condition* of a woman during which she carries her developing offspring. Virtually everyone understands this. Every dictionary says it.

Is it possible that an organization called *Planned Parenthood* doesn't know what pregnancy is?

The more plausible explanation is that Planned Parenthood and others in the abortion movement have a serious problem acknowledging reality.

And this problem seems worse now than ever.


**How Planned Parenthood describes unborn humans**

"An abortion ... kills the life of a baby after it has begun," wrote Planned Parenthood in a 1952 pamphlet.

That was then. After it began performing abortions, Planned Parenthood didn't want to call unborn humans "babies" anymore. After all, most people think that killing babies is wrong.

What about "embryo" and "fetus"? These are scientific terms for human beings during the prenatal (embryonic and fetal) stages of their development. Although the terminology may sound foreign or clinical (and thus is sometimes used in a dehumanizing way), it accurately acknowledges the existence of an individual member of our species. That's a fact of biology that's not in dispute.

But Planned Parenthood doesn't like to concede even this. Instead, the organization often refers to embryos and fetuses with words and phrases like "tissue," "uterine contents," and "products of conception." As descriptions of living human organisms (human beings), these are highly misleading and dehumanizing euphemisms.

Sometimes, though, Planned Parenthood takes euphemism to a whole other level.

**Planned Parenthood: Babies don't exist**

Terms like "products of conception" at least acknowledge that *something exists* that is acted on in an abortion. That's why the abortion is performed in the first place—there's something in the womb that the abortion practitioner tries to remove.

Calling an unborn child "the pregnancy" is different because the word "pregnancy" means the mother's condition rather than the entity inside her womb. It's a way of pretending, as absurd as it is, that *only the pregnant woman exists—there is no one with whom she is pregnant.*

Likewise, Planned Parenthood vigorously employs terms like "women's health care" to describe the intentional killing of individuals who are not women. Planned Parenthood thus rhetorically *subsumes these individuals under their mothers* so that their fate falls within the domain of the mothers' health.

The group has recently extended this approach even beyond abortion. In the current debate in Congress over legislation to require equal treatment for newborn babies who *survive* abortion, Planned Parenthood, which opposes the bill, complains that such care would restrict "women's access to reproductive health care."

The legislation has no effect whatsoever on women's health. Their health care doesn't require the denial of health care to infants who are already born. So what on earth is Planned Parenthood talking about?

Instead of arguing for its position that abortion survivors shouldn't receive ordinary medical care—instead of calling them some dehumanizing label—Planned Parenthood is *pretending that those newborn babies don't even exist*. They are merely part of women. Only women and their health care exist.

This is the current state of Planned Parenthood's rhetoric.

**Denying reality doesn't make it go away**

In a 1995 essay, feminist writer Naomi Wolf, a supporter of abortion, criticized the abortion movement for its "lexicon of dehumanization" and its "reliance … on a political rhetoric in which the fetus means nothing."

"Clinging to a rhetoric about abortion in which there is no life and no death," she wrote, "we entangle our beliefs in a series of self-delusions, fibs, and evasions."

Twenty-four years later, the rhetoric to which the abortion movement clings is even more evasive—and perhaps more desperate. It's a textbook example of Orwellian doublespeak. The purpose of doublespeak is to use language to obscure reality.

The reality Planned Parenthood aims to obscure is no mystery—it's the reality of the helpless human beings whom the organization routinely dismembers and kills. (The organization calls this process of tearing off arms and legs a "gentle" procedure "to empty your uterus.") Planned Parenthood wants everyone to pretend that those humans simply aren't there.

But they are. Denying reality doesn't make it go away.

# I Was There to watch the Discharge Petition Fight

By Carol Tobias, President

It was awesome!! I was present April 2 in the gallery of the U.S. House of Representatives as Minority Whip Steve Scalise (R-LA) and Rep. Ann Wagner (R-MO), lead sponsor of the Born-Alive Abortion Survivors Protection Act, led a long line of Congressmen/women onto the House floor to sign a discharge petition to bring the bill to the floor for a vote.

You recall that the bill is not about abortion but infanticide. It does no more than require that health care practitioners who are present when a baby is born alive following an abortion to exercise the same skill, care, and diligence to preserve the life and health of that child as would be offered to any other child born prematurely at the same gestational age. Democrats refuse to allow a vote.

As I watched today, members of the House walked down the middle aisle to the desk where Scalise presented the petition and became the first to sign. Wagner followed. The line for those waiting to sign wound down along a side wall, around the corner and down another wall. After about forty minutes, there were still several Member of the House waiting in line to sign the petition. It was incredibly impressive and made you proud.


*Minority Whip Steve Scalise (R-LA) and NRLC President Carol Tobias*

Prior to the signing march into the House, members of Congress, women who survived the abortion on their lives, and medical personnel who decried the neglect of little humans who survive the abortion held a press conference.

What happened last week was the first step. We now have a total of 198 signatures but we need you to take action to reach the goal of 218 signatures. The list of Members who have signed the petition will be available throughout the process.

If your Representative's name is not on the list, urge him/her to sign on. Get your family members, neighbors and friends to do the same.

Members who oppose this bill should be forced to explain to their constituents why they oppose this bill; why they are willing to leave the fate of those babies to the tender mercies of the abortionist.

Whether you are a Republican, Democrat, or Independent, whether you label yourself pro-life, pro-choice, or don't care, we should all want to protect those babies who survive an abortion.

# States embrace Second Chance at Life

*From page 7*

placental unit at Yale School of Medicine. Dr. Kliman said if one of his daughters mistakenly took mifepristone while pregnant, he would also use the same protocol developed by Dr. Delgado and Dr. Harrison. "It makes biological sense," he said simply, adding, "I think this is actually totally feasible."

The notion that women have a right to know that halfway throughout the chemical abortion the process could be halted is finally gaining steam.

Prior to the 2019 State Legislative session only five states (Arizona, Arkansas, Idaho, South Dakota, and Utah) had laws on their books that provided this important piece of information. It's only the beginning of April and so far it has been introduced in six states (Kansas, Kentucky, Oklahoma, Nebraska, North Carolina, and North Dakota), along with Arkansas which amended their existing law by strengthening it to require written notice after the woman is given the first dose of the abortion cocktail.

The Arkansas law was signed. Kentucky and North Dakota also passed it bringing the number of states to seven. I am hopeful to add a few more states before legislatures adjourn.

Last week Representative Mike Conaway (R-Tx.) introduced the "Second Chance at Life Act" based on National Right to Life's model abortion pill reversal information. "Several states already require women seeking a chemical abortion to be notified of their options, but it's critical that women across the country have access to this life-saving information," he said. "I am proud to introduce this legislation , and proud to stand for life always."

Abortion pill reversal information laws are pro-woman, pro-life, and pro-choice. Why are the people who label themselves as "pro-choice" vehemently opposed to these laws? Why are they opposed to giving women information?

These laws provide women with a second chance at life. Doesn't everyone deserve a second chance?

# Abortion Pill Reversal Notification legislation heads to Kansas governor

By Kansans for Life

Kansans for Life's top legislative priority this year has been passed by both the Kansas House and Senate and is now on its way to Governor Laura Kelly.

Abortion Pill Reversal Notification (APR) empowers women contemplating medication abortions with the knowledge that, should they change their minds about completing the abortion, there is timely medical help available to possibly save their babies.

APR was introduced in the House by lead sponsor Rep. John Eplee (R-Atchison) as HB 2274 with 59 other representatives as co-sponsors. A mirror bill, SB 167, was introduced in the Senate by Sen. Molly Baumgardner (R-Louisburg) with 20 other senators as co-sponsors.

A hearing was held in the House Health and Human Services committee on February 20. Kansans for Life (KFL) testified in support of the legislation, and testimony was also submitted by pro-life doctors who have saved babies with APR, by a Kansas woman whose baby was saved by APR, by several other pro-family organizations, and by the 2,500 member American Association of Pro-life Obstetricians and Gynecologists.

The bill passed out of the Health committee with a minor amendment and was carried on the floor of the House by Rep. Emil Bergquist (R-Park City) on March 25. After two hours of debate, during which time six different bad amendments were offered and strongly rejected, HB 2274 was approved for final action. The bill passed on final action on March 26 by a bi-partisan vote of 85-39 (see the vote here) and was sent to the Senate.

*Kansas Governor Laura Kelly*

With the end of the regular legislative session fast approaching, the contents of HB 2274 was put into a Health conference committee report, a procedure used to expedite passage, and came out of the conference committee as SB 67 (originally a bill about life insurance).

On Friday, April 5, the legislature adopted the conference committee report on SB 67, by a vote of 85-35 in the House, and a vote of 26-11 in the Senate. The overwhelming support of APR notification legislation by both chambers sends a strong message to the governor that Kansas women deserve to know their true options concerning medication abortions.

Please contact Governor Laura Kelly by phone at 1-877-579-6757 or by email here [https://governor.kansas.gov/serving-kansans/constituent_services/legislation-and-policy-issues] and encourage her to sign SB 67 into law.

# The Born-Alive Abortion Survivors Protection Act seeks to end or at least mitigate this egregious child abuse

By Chris Smith (R-NJ)

*Editor's note. There was a press conference held prior to last Tuesday's vote on a discharge petition on the Born-Alive Abortion Survivors Protection Act. The discharge petition is a tool that the minority can use to circumvent pro-abortion leadership who is blocking a vote on this bill.*

*A number of speakers shared their feelings on what is, after all, a vote on whether infanticide is now officially part of the Democrats' agenda. Rep. Chris Smith was one of the speakers*

In a Florida abortion clinic, Sycloria Williams delivered a live baby girl at 23 weeks.

The clinic owner took the baby who was gasping for air, cut her umbilical cord, threw her into a biohazard bag and put the bag in the trash.

Heartbroken, Sycloria later had a funeral for her baby girl who she named Shanice.

In Sycloria's home state of Florida, in just one year—2017—eleven babies were born alive during abortions.

Shockingly only six states—Florida, Arizona, Michigan, Minnesota, Oklahoma and Texas—currently require the reporting of children born alive who survive abortion. Today, we want to protect these kids from violence.

But why the cover-up?

Dr. Willard Cates, MD, former head of the Centers for Disease Control and Prevention's (CDC) Abortion Surveillance Unit, said:

**"[Live births] are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It's like turning yourself in to the IRS for an audit…what is there to gain? The tendency is not to report because there are only negative incentives."**


Philadelphia abortionist Kermit Gosnell, one of the few who got caught, was convicted of murder for killing children who were born alive after abortions. The Grand Jury report described it this way:

**"Gosnell had a simple solution for the unwanted babies he delivered: he killed them. He didn't call it that. He called it 'ensuring fetal demise.' The way he ensured fetal demise was by sticking scissors into the back of the baby's neck and cutting the spinal cord. He called that 'snipping.'"**

The Born-Alive Abortion Survivors Protection Act seeks to end or at least mitigate this egregious child abuse—this violence against children—by requiring that a health care provider must "exercise the same degree of professional skill, care and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age or be fined and/or face up to five years in prison."

The bill makes clear that no mother of a child born alive can ever be prosecuted.

And it empowers the woman upon whom the abortion is performed to obtain appropriate relief in a civil action.

The House needs to vote now on this humane, pro-child, human rights legislation.

# Pro-abortionists fear "insurgence against abortion rights"

By Dave Andrusko

Last week I wrote a two-part post at *NRL News Today* that dealt with Linda Greenhouse's "The Flood of Court Cases That Threaten Abortion" opinion piece which appeared in the *New York Times*.

But by the time I got to the second part, so much had came up to supplement Greenhouse's near-hysteria over the passage of pro-life legislation and the appointment of strict constructionists to the Supreme Court and the lower courts that I first needed to briefly talk about them before picking up on Greenhouse's musings.

*One of the principal spurs to what a pro-abortionist called the pro-life "insurgence" was New York's "Reproductive Health Act," which garroted all state abortion laws. But two months after its passage, a poll taken by the Marist company found that the RHA's abortion on demand outcome is wildly unpopular with New Yorkers.

Zelda Caldwell reports the survey

> **found that New Yorkers oppose abortion after 20 weeks by a margin of 75 percent to 20 percent, and two-thirds (66 percent) would limit abortion to the first trimester of pregnancy.**
>
> **While 62% of those surveyed identified as pro-choice, the results of the poll showed strong opposition to late-term abortion, consistent with national polling. A Marist poll taken in January of this year found that 75% of Americans favor limiting abortion to at least the first three months of pregnancy.**
>
> **"New Yorkers simply do not support laws that allow late-term abortions," said Carl Anderson, CEO of the Knights of Columbus, the organization that sponsored the survey. "It is now clear that these radical policies are being pursued**

*Linda Greenhouse*

> **despite opposition by the majority of New Yorkers, and by a majority of those who identify as Democrats, Republicans and independents."**

*Meghan Keneally, of *ABC News*, writes "[M]ore than 250 bills restricting abortion have been filed in 41 states since the start of 2019, according to a new report issued by the Planned Parenthood Federation of America and Guttmacher Institute, a reproductive rights research group initially formed under Planned Parenthood that has been operating separately for years.

> **"While some legislators have been working to restrict abortion access since the landmark Roe v. Wade Supreme Court case that codified the right to abortion in 1973, the rate at which restrictive laws have been filed in recent years has picked up."**

To be clear Guttmacher, the abortion movement's think-tank, habitually exaggerates the number of pro-life proposals. But the figure is in the ballpark and illustrates that pro-life momentum is real.

*Writing in *New York* magazine, Ed Kilgore referenced Greenhouse:

> **As the New York Times' Linda Greenhouse explains in an article that should terrify anyone who cherishes reproductive rights, a veritable "insurrection" against abortion rights has developed in the federal judiciary, in conjunction with Republican-controlled state legislatures.**

*Back to Greenhouse, who was for decades the *New York Times'* Supreme Court reporter, and her "Flood of Court Cases That Threaten Abortion."

Once it was a mere "tide," Greenhouse laments, but Yowza. …

Greenhouse points to judges who clearly are not unsympathetic to pro-life laws but who felt constrained to reject them as incompatible with *Roe v. Wade*. She writes as if there was never pre-*Roe* abortion jurisprudence or that judges could (independent of which party selected them) find the reasoning behind Roe almost comically inept.

This judicial rebellion prompts Greenhouse to editorialize, "I've seen a lot in decades of paying close attention to decisions coming out of the federal appeals courts, but I can't remember seeing such expressions of outright contempt for the Supreme Court."

What can explain this? What else? "In this age of norm-collapse, something has been unleashed here."

Really? Perhaps more and more lower court justices see that respect for the Constitution and a reluctance on the part of judges to write policy preferences into the law as good things.

She is right in her next sentence: "There's more" in addition to legislation and fed-up lower court judges.

After grousing about still other judges who find *Roe* lacking, Greenhouse writes, "Of all the recent rulings, the decision that took me most by surprise and gives me the most concern was handed down two weeks ago by the United States Court of Appeals for the Sixth Circuit."

We wrote about this at *NRL News Today* which I trust you are receiving Sunday through Friday in your inbox. The full U.S. Court of Appeals for the Sixth Circuit upheld an Ohio law that made entities that perform or promote abortions, such as Planned Parenthood, ineligible to participate in six state-funded health programs.

Greenhouse expressed respect for a "thoughtful" Judge Sutton, who wrote the opinion in *Planned Parenthood v. Hodges*, but found the opinion "astonishing."

*See "Insurgence," page 18*

# Illinois Bishops rally the flock against radical pro-abortion bills

By Dave Andrusko

The leadership of the Catholic Church in Illinois held a press conference April 4 at the state Capitol in Springfield to blast a bundle of abortion-related bills in the General Assembly as "dangerous" and "mounting challenges to human dignity."

"One measure would repeal a law mandating a minor notify her parent or guardian before getting an abortion," according to reporter Rebecca Anzel of The *State Journal-Register*. "The other would repeal the state's abortion law and replace it with language creating reproductive health care as a fundamental right."

Writing for *The Crux*, Jacob Comello explained that Catholic Conference of Illinois Director Bob Gilligan told reporters "in no uncertain terms that 'we are here today to oppose these bills.'"

**The Senate and House bills Gilligan is referring to are S.B. 1942 and H.B. 2495. Either, if passed, would greatly alter current Illinois law. In the text of S.B. 1942 are clauses that "(provide) that a fertilized egg, embryo, or fetus does not have independent rights under the laws of this state" and clauses that "repeal the Abortion Performance Refusal Act," current law that allows physicians to opt-out of providing abortion provided they have moral objections.**

At the press conference, which was livestreamed, Cardinal Blase Cupich, who was joined by the bishops of Belleville, Joliet, Peoria, Rockford, and Springfield, asked

**"Does the state of Illinois really want to become a place where people are forced to do things in their workplace that are against their most deeply held beliefs?"**

**"Wherever we turn today, we encounter mounting efforts to treat the lives of men, women, and children as mere means to a larger and allegedly more important goal. … "It is in this context that we must view this proposed legislation as the latest attack on human dignity."**

Cardinal Cupich said it is "critically important" for state lawmakers to oppose the legislation.

As is the case with other radical pro-abortion proposals, they come in states where the "right" to abortion found in *Roe* is already encased in protective state laws.

For example, Anzel reported, Cardinal Cupich "said protections guaranteed by *Roe v. Wade* were enshrined in Illinois law when former Gov. Bruce Rauner signed into law House Bill 40, which allows tax dollars to be spent on abortion procedures through Illinois' Medicaid and state employee health insurance programs. 'What, then, is the problem this legislation solves?' he asked."

*Cardinal Blase Cupich*

Dr. Jillian Stalling, an OB-GYN with OSF HealthCare, who also serves as the Illinois director for the Catholic Medical Association, spoke after Cardinal Cupich, Comello reported.

**Stalling condemned the bill as forcing health care professionals to choose between their conscience or career, and ended on a personal note, revealing her love of the profession: "I love taking care of women and delivering babies. If this legislation passes, I am not going to leave the medical profession … but I will refuse to perform an abortion."**

Cardinal Cupich described the proposals as "not about the issue of a right to an abortion, although we would question that, but it is about vacating any rights or dignity that … were not decided by *Roe v. Wade* …This is coming at it from a different direction."

# "Please don't make the same mistake I did" post-abortion woman pleas

By Sarah Terzo

**"Since I had already enlisted in the Air Force, I thought I had to have an abortion in order to make something out of my life. My best friend drove me to the abortion clinic. It was like an assembly line. When the ultrasound was being performed, I asked to see it, but this wasn't allowed. So much for "an informed decision." Then I asked how far along I was. I was told I was 9 ½ weeks pregnant. That hit me hard. I started doubting and wanted to talk to my friend, but I wasn't allowed to do that either.**

**When it was my turn, the nurse told me I was going to feel some discomfort, like strong menstrual cramps. The truth is that the abortion was more pain than I've ever felt in my life. It felt like my insides were literally being sucked out of my body. Later, I went into shock.…**

**I wanted my baby back… I named my baby. Later I found out this is part of the grieving process.**

**2 ½ years later, I ended up in the hospital with bulimia. I felt that no one had punished me for what I had done, so I was punishing myself.… my life was in shambles! I was suffering from post abortion trauma…**

**There is a healing process that comes from getting involved in the pro-life movement. I talked to youth groups and students and shared my testimony. To them, and to you, I plead, "please don't make the same mistake I did."**

*Editor's note. This appeared at Clinic Quotes and is reprinted with permission.*

# Pro-abortionists fear "insurgence against abortion rights"

*From page 16*

No, it's not. Judge Sutton made many crucial distinctions, here are three.

First, citing prior Supreme Court decisions, Judge Sutton wrote, "the affiliates do not have a due process right to perform abortions." That right is held by the woman alone.

Second the Ohio law does "not violate a woman's right to obtain an abortion. It does not condition a woman's access to any of these public health programs on refusing to obtain an abortion," he wrote.

"It makes these programs available to every woman, whether she seeks an abortion or not. …Nor, on this record, has there been any showing that the Ohio law will limit the number of clinics that offer abortions in the state."

Third, again citing the principles established by prior Supreme Court decisions, Judge Sutton then went on to conclude

> **These principles establish the following line between what Ohio may do and what it may not do. It may choose not to fund a private organization's health and education initiatives. Private organizations do not have a constitutional right to obtain governmental funding to support their activities. The State also may choose not to subsidize constitutionally protected activities. Just as it has no obligation to provide a platform for an individual's free speech, say a Speaker's Corner in downtown Columbus, it has no obligation to pay for a woman's abortion. Case after case establishes that a government may refuse to subsidize abortion services. …Both the United States and Ohio have done exactly that, whether through the Hyde Amendment, or through Ohio Revised Code.** (Internal citations omitted for clarity.)

In a word, Greenhouse and her likeminded pro-abortionists are crestfallen that a "tide" of pro-life legislation and judicial disenchantment with *Roe* has reached "flood" proportions.

We'll be happy when it reaches tsunami proportions.

# Federal judge continues to thwart pro-life Kentucky laws

By Dave Andrusko

Nobody ever says passing pro-life legislation is the end of the process. With rare exceptions, pro-abortionists challenge them in court.

Which is what happened Wednesday in Kentucky when the reliably pro-abortion U.S. District Judge David Hale extended an already existing temporary restraining order preventing two Kentucky laws from taking effect.

HB 5 bans abortions because of a child's sex, race, or a disability such as Down syndrome. Senate Bill 9 bans abortion once a fetal heartbeat is detected.

According to Deborah Yetter of the *Louisville Courier-Journal*,

> **"Hale's order, entered Wednesday afternoon, says that the laws will not be enforced by agreement of the parties until the court issues a final ruling on whether they are constitutional, a process likely to take months."**

Both bills carried "emergency" declarations, which mean they became law immediately upon Gov. Matt Bevin's signing them into law.

> **But Hale issued temporary orders blocking both laws from taking effect after the ACLU filed a lawsuit challenging both.**
>
> **Under Wednesday's order, the laws will remain suspended until Hale issues a final ruling. Hale had scheduled a hearing on the matter for Friday but instead held a telephone conference with the lawyers in the case Wednesday.**

*U.S. District Judge David Hale*

Kentucky, which has passed many pro-life laws, is already in court appealing two decisions striking down pro-life laws.

Last October, U.S. District Judge Greg Stivers sided with the EMW Women's Surgical Center and Planned Parenthood to strike down a Kentucky law requiring abortion clinics to have a transfer agreement with a local hospital in case of an emergency. That decision is being appealed to the 6th U.S. Circuit Court of Appeals.

Kentucky passed HB 2 in 2017. The law requires an ultrasound prior to an abortion and that the abortionist describes what is seen on that ultrasound. The bills passed both houses in less than a week from the time they were introduced.

Judge Hale struck that law as well. Last July, Kentucky appealed his decision to the 6th U.S. Circuit Court of Appeals.

# The Critical Role of Down Syndrome in opening the door to Legalized Abortion

By Leticia Velasquez, Co-founder of KIDS (Keep Infants with Down Syndrome)

*Editor's note. March 21 was World Down Syndrome Day.*

When abortion was unthinkable in the fifties, abortion activists had to find a chink in the armor of society's love for the unborn child to justify abortion. They had to find the original hard case.

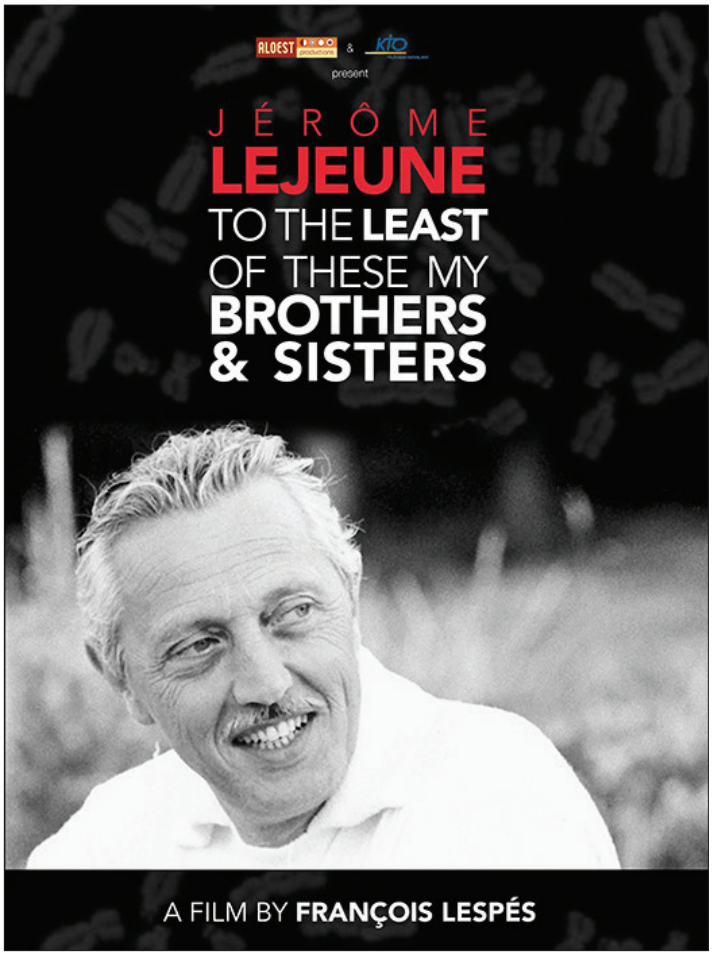
They looked to the children who were less loved than others, the children we abandoned at birth and sent to institutions, those with Down syndrome. After all, a mere 10 years earlier such people had been designated "life unworthy of life." They were forced into institutions which, under the Nazi's infamous T4 Program, operated as death camps where they were systematically chosen for death and killed by their doctors and nurses.

No longer executed yet considered ineducable in the sixties, mothers allowed doctors to convince them that it was "for the best" to institutionalize newborns with Down syndrome. Oftentimes a death certificate was issued so that the parents could cut ties with their child. See the film. 'The Memory Keeper's Daughter" for an idea of the mentality of that era.

It wasn't until Geraldo Rivera's expose documentary of the horrible conditions at Willowbrook that the public began to reconsider inviting individuals with Down syndrome into society. But tragically it was too late: a combination of scientific advances sealed the fate of generations of unborn babies with Down syndrome.

French physician Dr Jerome Lejeune discovered in 1958 that the cause of Down syndrome was an extra copy of the 21st chromosome. As his daughter Clara Lejeune Gaymard wrote in her memoir, Life is a Blessing,

**"He might have called it Lejeune's syndrome, like so many other diseases that bear the name of the one who discovered them. But what was important to him was restoring the dignity of those who are ill and their families. Trisomy 21 is a genetic accident, it is not contagious, and syphilis is not the cause of it. From now on people would not cross the street any more to avoid contaminations their future offspring when the afflicted child passed with its mother. From not on families would know if their child was ill, they were not at fault. The term mongolism called too much attention to the physical imperfection. Trisomy 21 would be from now on the name. . ."** p16




Dr. Lejeune made it possible to identify a child with Down syndrome by their genetic karyotype, or unique genetic footprint. Around the same time, Dr. William Alfred Liley perfected the technique for prenatal diagnosis in New Zealand, hoping as Dr Lejeune did, to treat babies in utero. He had become famous for developing a treatment of inter-uterine blood transfusion for Rh-negative babies.

But these Catholic family men found their discoveries led to a reversal of their noble intentions. "Thanks to amniocentesis and karyotyping the technology was in place for eliminating "undesirable specimens" before birth. Their discoveries were diverted from their original objective." (Life is a Blessing, p. 40)

In a desperate attempt to stop the militant march of abortion legalization, both Drs. Lejeune and Liley became leaders in the burgeoning pro-life movement in the 1960's but the die had already been cast. Prenatal testing and abortion were possible. Elimination of the "unwanted" baby was possible. The abortion activists had the hard case they would use to pry open the door to unlimited abortion.

For years since the discovery that as women age, the likelihood of bearing a child with Down syndrome increases, doctors had been scaring women with that statistic. Some doctors considered age of the mother as a reason to abort

*See "Critical," page 21*

# Pro-life S.D. Gov. Noem signs far-ranging package of pro-life bills

By Dave Andrusko

To put it mildly, it was a red letter day in South Dakota when pro-life governor Kristi Noem approved a package of bills to strengthen the rights of unborn children in the Mount Rushmore State.

The panoply of laws ranges from "cracking down" on abortion providers" to offering women a chance to see a sonogram of their unborn child to making sure the woman is giving an informed consent and not being coerced into an abortion.

In her message, Gov. Noem said

> **"A strong and growing body of medical research provides evidence that unborn babies can feel, think, and recognize sounds in the womb. These are people, and they must be given the same basic dignities as anyone else. The bills I signed today will crack down on abortion providers in South Dakota by requiring them to provide pregnant moms with specific, scientific information about their baby. Additionally, these bills criminalize forced abortions and will give people the opportunity to hear their baby's heartbeat before having an abortion. I'm grateful for the partnership of the legislature on these bills and the ways we're working together to protect the unborn."**

"South Dakota Right to Life extends our heartfelt appreciation to Governor Noem for her tireless devotion to pregnant mothers and their preborn children," said Dale Bartscher, Executive Director of South Dakota Right to Life. "In signing these pro-life bills that had broad legislative support, Governor Noem has demonstrated once again that she is a champion for life."

As you would explain, Planned Parenthood was not

*South Dakota Gov. Kristi Noem*

happy. *The Argus Leader* reported that Sarah Stoesz, president and CEO of Planned Parenthood North Central States, said South Dakota lawmakers spent "precious taxpayer resources" on bills that unnecessarily restrict a woman's access to a safe, legal abortion."

Here is a breakdown of the pro-life bills enacted into law Wednesday, provided by the governor's office:

***SB72** – An act to provide for a form a physician must use to obtain consent to an abortion

***HB1055** – An act to require parental notification and agreement before the institution of an order to withhold resuscitation from certain patients

***HB1177** – An act to provide an opportunity to view a sonogram and hear the child's heartbeat prior to an abortion

***HB1190** – An act to provide for certain reporting requirements related to abortions

***HB1193** – An act to provide a criminal penalty for causing an abortion against a pregnant mother's will

# The Critical Role of Down Syndrome in opening the door to Legalized Abortion

*From page 20*

in case they **might** be carrying a child with Down syndrome. Now, the certainty that a child with Down syndrome could be diagnosed in utero, prenatal testing was hailed as 'life-saving.'

Its cost to the lives of unborn babies with Down syndrome was disregarded, the only babies worth saving were those deemed perfect. The doors to legal abortion were pried open for such tragic cases.

In the ensuing years the language has changed little. Abortion is touted as lifesaving even though thousands of babies are aborted every year and those with Down syndrome are aborted at a rate close to 90% after prenatal screening and diagnosis. New prenatal screening tests, such as Materni T21. boast of a 99% accuracy rate using only the mother's blood in the 10th week of pregnancy increasing the "opportunity" to abort babies with Down syndrome.

Drs. Lejeune and Liley collaborated in trying to save babies who were being killed because of the tragic misuse of the discoveries they meant to save lives. Dr. Lejeune dedicated the rest of his career until his death in 1994, to finding a cure for Down syndrome.

He said, "I see only one way left to save them, and that is to cure them. The task is immense—but so is Hope."

*Editor's note. Leticia Velasquez is the author of "A Special Mother is Born."*

# Top 10 Abortion Myths: #10

By Right to Life of Michigan

So much of the abortion debate is based on myths, bad assumptions, bad logic, or outright gaslighting through deception. For the rest of 2019 we will highlight one common abortion myth every month.

**10: Late-term abortions are only for health problems**

The Bottom Line: The Abortion Industry's own researchers are forced to admit most late-term abortions are for elective reasons.

This myth is highly relevant given current debates over late-term abortion bans and legislation to protect children who survive botched abortions.

Here's an example of this myth, from the online publication Quartz: "Abortions that happen after the 20th week are typically a medical necessity, research shows, and in most cases, third-trimester abortions are due to severe health danger for the mother, or the fetus."

The article's writer, Annalisa Merelli, provides one true citation for her claim, a 1999 study that looks at results of late-term abortions in France. There's one glaring problem with this citation if you look at who was included in the study: "A consecutive series of 956 terminations of pregnancy performed for fetal anomalies in singleton pregnancies."

The study only looked at late-term abortions involving children with disabilities; it did not look at all late-term abortions. That's like claiming 100% of athletes are football players based on watching one football game. Did the journalist even read the brief summary of the study she referred to? Probably not. Also, why does she imply that abortion of children with disabilities is a "medical necessity"?

Where does this laziness originate from? Probably because when late-term abortions are discussed in the media, typically members of the abortion industry are called on and they only talk about children diagnosed with disabilities or extreme medical problems. People who personally profit from abortion are not unbiased, and journalists and others shouldn't treat their citation-free claims as the gospel truth.


Here's a prime example of this, from a Planned Parenthood tweet: *"Abortion later in pregnancy is rare and often happens under complex circumstances—the kind of situations where a patient and doctor need every medical option available"*

Notice the careful use of subjective language: "often." Often they might use the word "many." What do those words mean? There are more than 10,000 abortions every year in the United States after 20 weeks of pregnancy, is 10,000 "rare"? If 10,000 a year is "rare," can you say the smaller proportion of those due to disability can be called "many"? If only a small percentage of those late-term abortions are because of disability, can you describe that reason as "often"? The abortion industry doesn't cite real statistics to back up their words.

You also won't see the truly informed members of the abortion industry using the term "most." That's because their own research shows most abortions after 20 weeks are done for elective reasons.

The Alan Guttmacher Institute is the abortion industry's gold standard researcher. Despite their abortion industry ties and former open affiliation with Planned Parenthood, they are often cited in the media as dispassionate, unbiased researchers. They've done a recent study on the topic: "Who Seeks Abortions at or After 20 Weeks?"

The study authors admit the topic of late-term abortion hasn't been studied very well and that most commentary on it involves exceptional cases: "We do not know how accurately these narratives characterize the circumstances of women who seek later abortions for reasons other than fetal anomaly or life endangerment. But data suggest that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment."

Their study looks at that group of "most women" who have late-term abortions to determine their reasons, and their study found they fit one of five profiles:

- Women raising children alone
- Women who are depressed or using drugs

*See "Myths," page 27*

# How a 3rd-trimester abortion is ACTUALLY performed (in words of an abortionist)

By John Jalsevac

**WARNING:** This article contains graphic description of abortion

Democrats and professional pro-abortion activists are in overdrive attempting to explain why a new New York law, and a proposed Virginia law [that was later withdraw] that include language legalizing abortion up to birth with almost no meaningful restrictions are normal, moderate proposals.

It's easy to get confused by the rhetoric: a "blob of tissue," a "woman's right to choose," etc. That's why it's important to look at exactly what happens during a third-trimester abortion. Fortunately, it's not hard to find out.

Leroy Carhart is one of the United States' most well-known late-term abortionists. He is committing late-term abortions to this day. During public testimony, under oath during a 1997 court case, Carhart described exactly what happens when he performs a late-term abortion.

Again, these are the exact words of a current practicing late-term abortionist, not someone with an ax to grind against abortion. He describes, in precise medical detail, the process of dismembering a still-living late-term unborn baby. Try to read this testimony without feeling nauseous about what is being described. This is what New York has legalized, and what Virginia wanted to legalize.

Late-term abortionists' testimony:

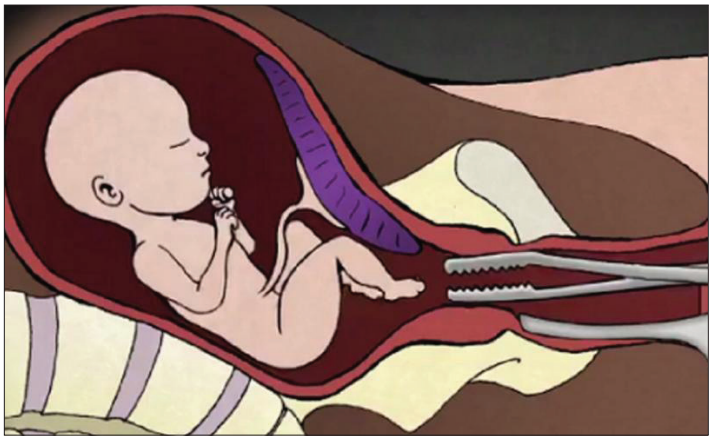
**Q:** Are there times when you don't remove the fetus intact?

**Carhart:** yes, Sir.

**Q:** Can you tell me about that – when that occurs?

**Carhart:** That occurs when the tissue fragments, or frequently when you rupture the membranes, an arm will spontaneously prolaps through the os (cervix)…

**Q:** What do you do then?



**Carhart:** My normal course would be to dismember that extremity and then go back and try to take the fetus out either foot or skull first, whatever end I can get to first.

**Q:** How do you go about dismembering that extremity?

**Carhart:** Just traction and rotation, grasping the portion that you can get a hold of which would be usually somewhere up the shaft of the exposed portion of the fetus, pulling down on it through the os, using the internal os as your counter traction and rotating to dismember the shoulder or the hip or whatever it would be. Sometimes you will get one leg and you can't get the other leg out.

**Q:** In that situation… Are you… When you pull on the arm and remove it, is the fetus still alive?

**Carhart:** Yes.

**Q:** Do you consider an arm, for example, to be substantial portion of the fetus?

**Carhart:** In the way I read it, I think if I lost my arm, that would be a substantial loss to me. I think I would have to interpret it that way.

**Q:** And then what happens if you remove the arm? You then try to remove the rest of the fetus?

**Carhart:** Then I would go back and attempt to either bring the feet down or bring the skull down, or even sometimes you bring the other arm down and remove that also and then get the feet down.

**Q:** At what point is the fetus… Does the fetus die during that process?

**Carhart:** I don't really know. I know that the fetus is alive during the process most of the time because I can see the fetal heartbeat on the ultrasound.

**The Court:** counsel, for what it's worth, it still is unclear to me with regard to the intact D&E when fetal demise occurs.

**Q:** Okay, I will try to clarify that. In the procedure of an intact D&E where you would start foot first, with the situation where the fetus is presented feet first, tell me how you're able to get the feet out first

**Carhart:** Under ultrasound, you can see the extremities. You know what is what. You know what the foot is, you know what the arm is, you know what the skull is. By grabbing the feet and pulling down on it, or by grabbing a knee and pulling down on it, usually you can get one leg out, get the other leg out, and bring the fetus out. I don't know where this… All the controversy about rotating the fetus comes from. I don't attempt to do that – just attempt to bring out whatever is the proximal portion of the fetus.

**Q:** At the time you bring out the feet, in this example, is the fetus still alive?

**Carhart:** Yes.

**Q:** Then what's the next step you do?

**Carhart:** I didn't mention it. I should. I usually attempt to grasp the cord first and divide the cord, if I can do that.

**Q:** What is the cord?

**Carhart:** The cord is the structure that transports the blood, both arterial and venous, from the fetus to the back of the fetus, and it gives the fetus its only source of oxygen, so that if you can divide the cord, the fetus will eventually die, but whether this takes 5 min. or 15 min. and when that occurs, I don't think anyone really knows.

**Q:** Are there situations where you don't divide the cord?

*See "Abortionist," page 30*

# Something in the Water: Three Sets of Twins Light Up Michigan Ultrasound Machine

By Gayle Irwin

Is there something in the water? Located along Michigan's Lake Huron, Blue Water Pregnancy Care Center has experienced an astounding number of twin pregnancies just two months into the new year.

In 2018, Jennifer MacDonald, Blue Water's executive director, says the center saw a total of four sets of twins. By mid-February—or just six weeks into 2019—the center had diagnosed three women with twin pregnancies via ultrasound.

"We're excited to have our ultrasound machine to be able to show moms and dads their babies," said MacDonald.

According to What to Expect, twin pregnancies in America have "jumped more than 75 percent in the past 30 years." Sometimes learning you are carrying twins is happy news. But many times, especially in cases of unplanned pregnancies, the discovery is less exciting.

The women who have come to Blue Water Pregnancy Care Center and learned they are carrying twins have been surprised, MacDonald said.

"Shock, and total amazement—they never thought they'd be pregnant with twins," she said. "One woman was pretty overwhelmed."

Assessing her as abortion-minded, staff have not been able to reach her for follow-up.

"That's still a matter for prayer," MacDonald said.

Located in Port Huron, an hour north of Detroit, Blue Water serves a county comprising nearly 150,000 people and is a 30- to 40-minute drive from the nearest abortion clinic.

"We're the only pro-life pregnancy center in our county," MacDonald said. "Our county ranks 13 out of 83 for the highest abortion rate in the state."

Which makes ultrasound even more important.

**The Importance of Ultrasound**

"Women who are seeking an abortion need to know if their pregnancy is viable; there are so many medical conditions that would preclude a viable pregnancy," MacDonald said. "They need to know how far along they are so they know what procedure would happen if they're considering abortion. It's one way to encourage them to come in, slow down, get all their options, and get to know all the practical help they have (through the center). Abortion is an enormous decision that affects them for the rest of their life."

The center expects to receive a new ultrasound machine by the end of the month. The current six-year-old machine will be replaced, thanks to the local Knights of Columbus chapter. A dedication event is planned for April 10, consisting of a short program and tours of the facility. MacDonald said she and her staff are looking forward to receiving this special gift.

"The Knights have been a huge blessing," she said. "Ultrasound is a great tool. Women that come in get to see how far along they are and see their own baby. Most women don't fully comprehend how fast the babies grow; 90 percent of all human development happens in the womb. Also, ultrasound helps moms and dads bond with their baby."

**A Center of Service Near the Water**

MacDonald and her staff, which includes a nurse manager and a job-share volunteer and client services coordinator position, see about 50 new clients a month. On average, 46 women come in for pregnancy tests and the nurse manager conducts 35 to 40 ultrasounds monthly. Most client advocates and some of the nurses are volunteers, MacDonald said, and those who give of their time are equally important to serving clients and their guests.

Volunteer nurses teach the center's prenatal classes and assist the nurse manager with client follow-up. The nurse manager conducts all the pregnancy tests and ultrasound scans. She also provides, through the medical director's protocol, prescriptions for prenatal vitamins, which clients can often have filled for free at a local grocery store pharmacy.

Soon to be renamed "Spero Center," the Bluewater Pregnancy Care Center has been serving women in the community since 1986.

*See "Twins," page 39*

# The "Shock" Heard Round the World: Democrats Advocate for Abortion Until Birth and Beyond

*From page 1*

allow abortion survivors to go untreated—infanticide.

Together with other radically anti-life proposals by state and congressional Democrats, it has been the "shock heard round the world." Pro-abortion Democrats finally publicly admitted what we've known for decades: they support all abortion – for any reason – even on healthy mothers of healthy babies, through the entire pregnancy. But there's more!

If the child actually survives the brutal attack on their tiny little bodies – abortionists refer to that as the "dreaded complication" – Democrats don't even want to provide the kind of medical care to that living born child that doctors would for any other baby born at a similar gestational age.

The past weeks have been a whirlwind of activity on abortion's front lines. While much of the "mainstream media" remains silent, social media is blowing up. If you are not already, be **sure** to following National Right to Life on Twitter, Facebook and Instagram.

The response to pro-abortion extremism is new legislation, rallies, and intense interest in making a difference for life.

More than ever people realize they **must** speak up for those who cannot speak for themselves. Just this past week, more than 6,500 pro-life Virginians rallied at their state capitol in Richmond in support of life. They were stunned to learn how close their legislature came to passing a New York-style abortion-on-demand law in their state.

We are in a different battle than we were in 1776 – but we're in a battle, nonetheless.

We're in a battle for the hearts of Americans, and the lives of precious unborn children.


*Virginians "holding legislators accountable" by bearing a sign that says "Infanticide makes me Ralph"*

This time, however, the battle won't be fought with muskets, but by telling the truth on social media, educating our communities, holding legislators accountable, and finally, voting at the ballot box.

For example, on February 25, 2019, 44 pro-abortion Democrat U.S. Senators voted to block the Born-Alive Abortion Survivors Protection Act from coming to a vote. Be sure your friends know how their Senators voted on the Born-Alive Abortion Survivors Protection Act.

The Born-Alive Abortion Survivors Protection Act would require nothing more than that abortionists provide the same level of care to a baby who survives abortion as they would to any other baby at the same gestational age.

Meanwhile House Democrats have erected a procedural hurtle which prevents the bill from being heard.

So far, 29 times Democrat leadership in the U.S. House of Representatives has refused to allow the bill to get to the floor for a vote.

Abortion advocates would have you believe that somehow caring for born-alive babies is an infringement of "abortion rights." But these living, breathing babies are no longer in the womb.

Jennifer Popik, J.D., director of federal legislation for National Right to Life, is urging House members to sign on to a "discharge petition" to force the protective, lifesaving Born-Alive legislation to a vote on the floor of the House.

The discharge petition is a procedural tactic to circumvent the Speaker of the House when the Speaker opposes a measure. It allows 218 House members (a majority) to force a floor vote on a bill, even if pro-abortion leaders oppose the measure.

Currently, 198 Congressmen and Congresswomen have signed the discharge petition. We need 20 more.

To encourage your Congressman or Congresswoman to sign the discharge petition for H.R. 962, the Born-Alive Abortion Survivors Protection Act, click here: http://cqrcengage.com/nrlc/action.

Pay attention now to their actions, and pledge to hold them accountable in their next election.

In this battle over life and death, we must be diligent. If they vote against protecting the babies, you can send a strong message. You can vote against them at the ballot box.

Find their voting records at the NRL Legislative Action Center at http://cqrcengage.com/nrlc/scorecard.

Documentation on the history of the Born-Alive Infants Protection Act of 2002 (1 U.S.C. §8) is available on the NRLC website at: www.nrlc.org/federal/bornaliveinfants

# Twin Babies Survive Planned Parenthood Chemical Abortion

By Katie Franklin

Physician Brent Boles is taking the internet by storm once again with a Facebook post about a pregnant patient whose chemical abortion failed to take the life of not one, but both of her unborn children.

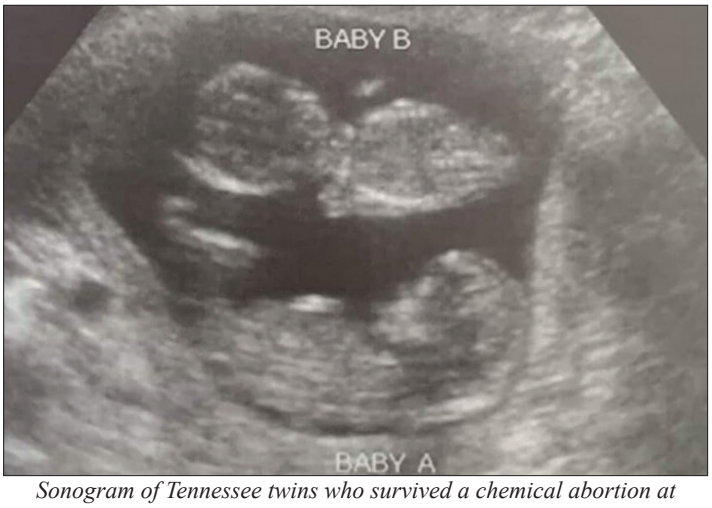
Pregnant with twins, the patient didn't know she was expecting more than one baby until after she'd already begun the two-drug chemical abortion pill regimen.

In a Facebook post made this week, Boles shared the following, along with a glowing picture of the unborn twins:

> **I have this patient's permission to share her story. She had an unplanned pregnancy. She went to Planned Parenthood in Knoxville (since the one in Nashville still was in its period of 'quality improvement' and wasn't seeing abortion patients) and had her ultrasound. They asked her if she wanted to know the details and she said yes.**
>
> **She asked if there was a heartbeat. She was told, at an age between 7-8 weeks, that 'there is cardiac activity but it's too early to call it a heartbeat.'**

Boles then proceeded to dismantle Planned Parenthood's lie:

> **Problem #1: that is a load of hogwash. If the heart's activity is visible, there is a heartbeat. There is no medical literature that says otherwise.**
>
> **Why would they handle it that way? Because acknowledging in layman's terms that there is a heartbeat makes the patient less likely to go through with the abortion. So, once again, they are willing to lie to women to get their money.**
>
> **Problem #2: they didn't tell her that she was having twins. Either their sonographer was incompetent, or they once again lied since they know that a woman who finds out that she's having twins may have a harder time with the thought of aborting two babies instead of one.**
>
> **Problem #3: and this really isn't a problem – at least not for us. The abortion pill didn't work. The patient is now very happy that it didn't work. Why didn't it work? Probably because the extra progesterone from the fact that there are two babies overcame the progesterone blockade that the abortion pill tries to create.**




*Sonogram of Tennessee twins who survived a chemical abortion at Planned Parenthood just a few weeks ago*
*Photo: Physician Brent Boles' Facebook*

In its age-old war against pro-life pregnancy help centers, the abortion lobby has falsely claimed that the ultrasound services provided by life-affirming medical clinics aren't regulated and "give people inaccurate results." And yet, as Boles points out in his latest post, Planned Parenthood did just that with his patient, failing to notify her that she was carrying two bodies within her body, lying about their heartbeats, and displaying utter incompetence.

Boles, who is a member of the Abortion Pill Rescue Network, told Pregnancy Help News that his patient originally came to him through the group's 24/7 helpline (877-558-0333). She had found the helpline after returning to Planned Parenthood for a follow-up appointment and discovering that she was still pregnant. Because Planned Parenthood had no help to offer her, she left and searched the web before landing on AbortionPillReversal.com.

Abortion Pill Reversal, which has saved more than 500 babies to date, works by having the pregnant woman not take the second abortifacient drug and by giving her additional progesterone, a natural hormone that sustains a healthy pregnancy. In the case of a twin pregnancy, a woman's body produces more progesterone to nurture both babies.

In evaluating his patient and the twins, Boles determined that extra progesterone via Abortion Pill Reversal wouldn't be necessary this time around.

The twins are not the first babies to be safeguarded from abortion with Boles' assistance. Last fall, Boles shared a stunning photoof a baby he delivered after another patient sought out Abortion Pill Reversal. That post has been shared more than 7,000 times since November.

Boles' latest post comes as Abortion Pill Reversal contacts are on the rise, and as more state pro-life groups are pursuing legislation to make information on Abortion Pill Reversal available to women through the informed consent process before an abortion. It also comes as the Irish government is warning women that there is "no such thing" as abortion reversal.

Boles says his most recent patient and her twins are in great health and concluded with stinging words on Planned Parenthood's massive failure to provide actual help the trio in their hour of need.

Today, [the patient]'s more than 12 weeks and is very happy. Both babies, and mom as well, are going to be fine.

And once again, we see that Planned Parenthood lies, and demonstrates that their clinical acumen is sadly lacking when it comes to diagnostic studies in women's health care.

# Supreme Court allows PPFA's legal onslaught against David Daleiden to continue

By Dave Andrusko

On April 1 the United States Supreme Court declined to hear an appeal by the Center for Medical Progress of a decision by a federal appeals court which rejected CMP's motion to dismiss Planned Parenthood's lawsuit against David Daleiden.

Mr. Daleiden, a citizen journalist and the project lead at The CMP, became nationally known in 2015 when undercover investigators posed as buyers of "fetal tissue" (an umbrella term that includes intact hearts and lungs and pancreas and brains), and asked the kinds of questions someone who is the middleman would ask of the abortion industry.

The product of this 30-month-long "Human Capital" investigation was a lengthy series of videos that documented Planned Parenthood's unsavory involvement in the procurement and sale of body parts from aborted babies.

*David Daleiden*

The CMP videos revealed the participants' cavalier, flippant attitudes of towards the unborn babies whose body parts they were harvesting.

Planned Parenthood sued him in 2016 claiming among other things fraud, invasion of privacy, and trespassing.

Following the decision by the 9th Circuit Court of Appeals to allow the lawsuit to continue, attorneys for Daleiden asking the Supreme Court "to apply California's Anti-SLAPP statute to dismiss Planned Parenthood's lawsuit and vindicate Daleiden," according to the Thomas More Society. "The statute gives defendants like Daleiden the ability to quickly end Strategic Lawsuits Against Public Participation, known as 'SLAPP" lawsuits.'

**"Anti-SLAPP statutes prohibit lawsuits that are intended to silence advocates for justice by intimidating them, wearing them out, and bankrupting them until they will abandon their advocacy," Thomas More Society special counsel Sarah Pitlyk explained back in November 2018. "Planned Parenthood's goals will have been accomplished if either we surrender to intimidation, mounting legal costs, or simple exhaustion and abandon the cause. California and more than 30 other states have anti-SLAPP statutes because SLAPP lawsuits are, by definition, attempts to violate the free speech rights of the defendants in those lawsuits. Of course, neither we nor David will ever surrender!"**

# Top 10 Abortion Myths: #10

*From page 22*

- Women in conflict with a male partner or experiencing domestic violence
- Women who had trouble deciding
- Young women with several children

While we can sympathize with the very real conflicts these women might be facing, the compassionate response is not to take the life of a child who can either survive outside of the womb or who is a week or two away from it. Those five reasons would never justify the infanticide of a preemie at the same age as a child in the womb facing abortion.

A comprehensive study on the reasons women have late-term abortions may never be forthcoming. Only the abortion industry has reliable access to these women, and putting direct numbers to the issue that can be cited in legislatures and the media will harm their mission of supporting abortion. It's not in their interest to share a personal story about a young woman who already has two children who decided to have a late-term abortion.

Those purposefully spreading this myth are highly cynical, because they won't condemn late-term abortions for elective reasons. If you proposed to Planned Parenthood that we should ban any late-term abortions that don't involve a child with a disability, they will not agree. They support abortion for any reason and use people with disabilities as an excuse to distract people from their real intent.

There's one remaining problem for the abortion industry with this myth. Let's accept it at face value. Let's also ignore the fact that a diagnosis of disability may be mistaken or a health problem may not be as profound as doctors predict. Polling shows a majority of Americans do not think abortion should be legal in the third trimester if the child has a mental disability or even a life-threatening medical condition.

Let the voice of the people be heard!

# U.S. House Members line up to sign discharge petition on Born-Alive Abortion Survivors Protection Act

WASHINGTON – On April 2, led by Republican Whip Steve Scalise and Rep. Ann Wagner, members of the U.S. House of Representatives lined up on the House floor to begin signing a discharge petition on the Born-Alive Abortion Survivors Protection Act to the House floor. If the petition is signed by a majority of House members—218 members—it would force a vote on the House floor.

If enacted, the bill would extend federal legal protection to babies who are born alive during an abortion.

The discharge petition is a tool that the pro-life Republican minority can use to circumvent the pro-abortion Democratic leadership which is blocking a vote on this bill. The discharge petition can remain open an entire congress. Once it reaches a simple majority of signatures the bill can come for a vote. To reach a majority, 21 Democrats must join Republicans.

On February 25, the U.S. Senate voted 53-44 for the Born-Alive Abortion Survivors Protection Act. However the bill failed to receive the 60 votes necessary to invoke cloture, due to efforts by pro-abortion Democrats to block its advancement.

**"The Born-Alive Abortion Survivors Protection Act deserves a vote on the House floor,"** said Carol Tobias, president of National Right to Life. **"Pro-abortion Democrats who oppose this bill should be forced to explain to their constituents why they believe abortion is such an absolute 'right' that it protects what amounts to infanticide: willfully withholding life-saving care from a born-alive infant."**

*House Republican Whip Steve Scalise*

The national debate on the Born-Alive Abortion Survivors Protection Act comes on the heels of controversy in New York and Virginia. In January, the New York legislature passed, and Gov. Andrew Cuomo (D) signed, the so-called "Reproductive Health Act." Among other provisions, the law repealed protections for infants born alive during an attempted abortion. Previously, New York law stipulated that a second physician be present to care for a child 20 weeks or older born alive during an abortion.

*Rep. Ann Wagner*

In Virginia, Gov. Ralph Northam (D) waded into the debate over a New York-style measure in the Commonwealth. In a radio interview during the Virginia legislature's debate over the "repeal bill," Northam said an infant born alive during an attempted abortion wouldn't necessarily be entitled to immediate treatment other than being made "comfortable." His comments touched off a torrent of criticism.

Legislation similar to that in New York and Virginia has been introduced and is under consideration by the legislatures in Illinois, Rhode Island, and Vermont.

**"Thanks to the governors of New York and Virginia, and pro-abortion Democrats in the U.S. House and U.S. Senate, the extreme pro-abortion agenda has been laid bare for all to see,"** Tobias added. **"They believe it should be legal to kill unborn babies, for absolutely any reason, at any time up to and including the moment of their birth, and even in the moments after they are born."**

Documentation on the history of the Born-Alive Infants Protection Act of 2002 (1 U.S.C. §8) and related issues is available on the NRLC website at: www.nrlc.org/federal/bornaliveinfants.

# Federal Legislative Update: Pro-lifers proposing protective legislation in both Houses of Congress

*From page 1*

**Born-Alive Abortion Survivors Protection Act**

On April 2nd nearly two hundred energized pro-life members of the U.S. House of Representatives lined up on the House floor to begin signing a discharge petition on the Born-Alive Abortion Survivors Protection Act.

The discharge petition is a tool that the pro-life Republican minority can use to circumvent pro-abortion leadership which is blocking a vote on this bill. The discharge petition can remain open an entire congress. Once it reaches a simple majority (218) of signatures, the bill can come for a vote. To reach that figure, 21 Democrats must join Republicans.


Led by Republican Whip Steve Scalise (R-La.) and bill sponsor Rep. Ann Wagner (R-Mo.), an impressive 193 members signed the petition on the first day. Currently, there are 198 signers, including three Democrats--Dan Lipinski (D-Ill.), Ben McAdams (D-Utah), and Collin Peterson (D-Minn.). The battle continues to reach the crucial 218 number of signatures.

In addition, a different prolife member has gone to the floor every legislative day since the bill's introduction asking for unanimous consent to consider H.R. 962. Democrats have blocked these requests 28 times.

An always current list of House of Representatives signers is available at clerkpreview.house.gov/DischargePetition/20190402?CongressNum=116.

There was prior action in the Senate. On February 25, the U.S. Senate voted 53-44 for the Born-Alive Abortion Survivors Protection Act. However, the bill failed to receive the 60 votes necessary to "invoke cloture" (end a filibuster) due to efforts by pro-abortion Democrats to block its advancement.

**Pain-Capable Unborn Child Protection Act**

**Hearings in the U.S. Senate**

Sen. Lindsey Graham (R-S.C.), the Chairman of the Judiciary Committee and the sponsor of the Pain-Capable Unborn Child Protection Act, has scheduled a hearing on S. 160 for today, April 9th.

Since 2010, National Right to Life and its state affiliates have led the effort to protect pain-capable unborn children, starting with enactment of model legislation in Nebraska. Sixteen states have enacted the National Right to Life model legislation, and the law is currently in effect in 15. The legislation has previously passed the U.S. House of Representatives and has garnered a majority of votes in the U.S. Senate.

The Pain-Capable Unborn Child Protection Act continues to be one of the right-to-life movement's top congressional priorities for the 116th Congress. Like the state bills, the proposed federal law would generally extend legal protection to unborn humans beginning at 20 weeks fetal age, based on congressional findings that by that point (and even earlier) the unborn child has the capacity to experience great pain during an abortion.

The measure has strong public backing. A February 2019 Marist poll found that 66% of Americans support such legislation.

As NRLC President Carol Tobias has written, "it is now commonplace to read about evidence that, by 20 weeks fetal age and even earlier, an unborn child responds to many forms of stimuli, including music and the mother's voice." Any claim that this same child is nevertheless insensible to the violence done to her body during an abortion should engender strong skepticism.

Abortions at this stage are performed using a variety of techniques, but most often by a method in which the unborn child's arms and legs are twisted off by brute manual force, using a long stainless steel clamping tool. Some of the extensive scientific evidence that unborn children have the capacity to experience pain, at least by 20 weeks, is available here.

**Dismemberment Abortion Ban Act**

On April 4th, Sens. Mike Rounds (R-S.D.) and Sen. James Lankford (R-Okla.) introduced the Dismemberment Abortion Ban Act. This vital pro-life legislation would prohibit the performance of dismemberment abortion on living unborn children.

Once again this legislation is based on a model state bill proposed by National Right to Life, which has been enacted in Alabama, Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Ohio, Oklahoma, Texas, and West Virginia. Enactment is pending gubernatorial signatures in Indiana and North Dakota, and more states are expected to consider this high priority legislation in 2019.

The Dismemberment Abortion Ban Act defines "dismemberment abortion" as "knowingly dismembering a living unborn child and extracting such unborn child one piece at a time from

*See "Federal," page 34*

# Arkansas governor signs bill banning abortion based on Down syndrome diagnosis

## *Also signs enhancing abortion complications reporting*

By Dave Andrusko

Pro-life Arkansas Gov. Asa Hutchinson continues signing pro-life bills into law.

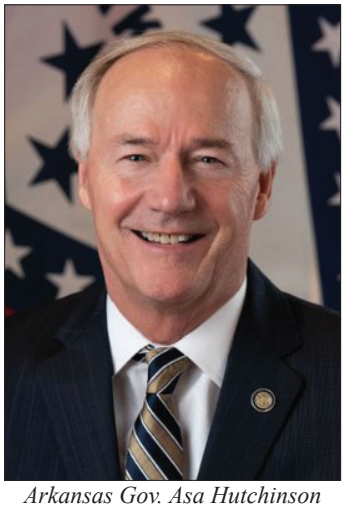
As *NRL News Today* previously reported, the House passed SB l2 that would protect unborn babies who would be aborted solely because of a prenatal diagnosis of Down syndrome. The vote was a lopsided 75-11.

The Senate passed the same bill, 29-2, on March 20. According to *The Hill*

> **The bill was sponsored by state Sen. Trent Garner (R). Prior to the vote, State Sen. Breanne Davis (R) gave an emotional presentation of a resolution recognizing world Down Syndrome Day, which is Thursday.**
>
> **Davis brought her infant daughter Everly, who was born with Down syndrome, with her as she discussed the resolution, according to the Arkansas Times.**

Under the new law, abortionists are precluded from aborting a woman if they know the sole reason is this diagnosis.

Six states—North Dakota, Indiana, Louisiana , Ohio, Utah, and Kentucky—have enacted laws prohibiting abortion for genetic anomalies. "Abortion-rights advocates have opposed SB2, saying politicians shouldn't meddle in the personal lives of pregnant women," according to Hunter Field of the *Arkansas Democrat-Gazette*.



*Arkansas Gov. Asa Hutchinson*

Gov. Hutchinson also signed Senate Bill 3. Field reported that SB 3

> **would require abortion providers to report a variety of data about abortions that result in complications, but the data couldn't be used to identify a patient or doctor.**
>
> **The Arkansas Department of Health would be required to compile a yearly report on the data, under the bill.**

# How a 3rd-trimester abortion is ACTUALLY performed (in words of an abortionist)

*From page 45*

**Carhart:** There situations when I can't.

**Q:** What are those?

**Carhart:** I just can't get to the cord. It's either high above the fetus and structures where you can't reach up that far. The instruments are only 11 inches long

**Q:** Let's take the situation where you haven't divided the cord because you couldn't, and you have begun to remove a living fetus feetfirst. What happens next after you have gotten the feet removed?

**Carhart:** We remove the feet and continue with traction on the feet until the abdomen and the thorax come through the cavity. At that point, I would try… You have to bring the shoulders down, but you can get enough of them outside, you can do this with your finger outside the uterus, and then at that point the fetal… The base of the fetal skull is usually in the cervical canal.

**Q:** What do you do next?

**Carhart:** And you can reach that, and that's where you would rupture the fetal skull to some extent and aspirate the contents out.

**Q:** At what point in that process does fetal demise occur between initial remove… Removal of the feet or legs and the crushing of the skull or – I'm sorry – the decompressing of the skull?

**Carhart:** Well, you know, again, this is where I'm not sure what fetal demise is. I mean, I honestly have to share your concern, your honor. You can remove the cranial contents and the fetus will still have a heartbeat for several seconds or several minutes; so is the fetus alive? I would have to say probably, although I don't think it has any brain function, so it's brain-dead at that point.

**Q:** So the brain death might occur when you begin suctioning out of the cranium?

**Carhart:** I think brain death would occur because the suctioning to remove contents is only two or 3 seconds, so somewhere in that period of time, obviously not when you penetrate the skull, because people get shot in the head and they don't die immediately from that, if they're going to die at all, so that probably is not sufficient to kill the fetus, but I think removing the brain contents eventually will."

*Editor's note. This appeared at LifeSiteNews and is reposted with permission.*

# A dramatic walk onto the floor of the U.S. House of Representatives

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

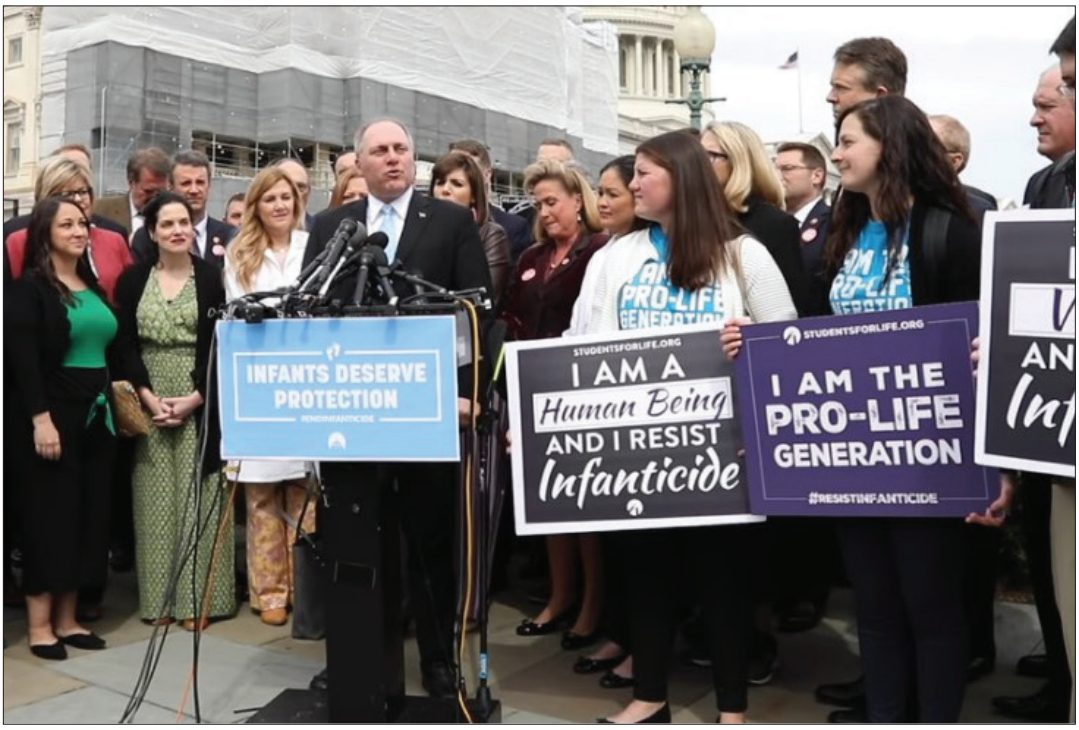
It was an undeniably stirring sight—Congressman after Congressman, lining up to take a dramatic walk onto the floor of the U.S. House of Representatives.

Led by House Minority Whip Steve Scalise, members of the House walked down the middle aisle to the desk where Scalise became the first to sign a discharge petition for the Born-Alive Abortion Survivors Act. In all 193 signed, a very encouraging step to securing the 218 votes necessary to force a vote over the objections of pro-abortion Speaker Nancy Pelosi and almost all House Democrats. (The total is now up to 198.)

It was nothing short of a "Mr. Smith Goes to Washington" moment.

This cinematic-like legislative move was necessary because of the stunning obstinance of radical Democrats, who are preventing the common sense bill from coming up for a vote on the House floor.

Supporters of the bill are simply trying to ensure that babies born alive during abortions are guaranteed equal care. It seems self-evident that these infants deserve equal protection, and yet, time and time again, extremist pro-abortion Democrats are blocking a vote on what amounts to preventing infanticide.




It was with mixed emotions that I viewed the proceedings. On one hand, I was encouraged that so many Congressmen and Congresswomen were willing to take a literal "stand" on the discharge petition. But on the other hand, how as a country have we come to the point where such a stand is needed?

I trace it all back to *Roe v. Wade*, the tragic U.S. Supreme Court ruling which legalized abortion back in 1973. The court decision has led to a callous disregard for innocent human life. If your heart is not wrenched by the thought of a newborn baby being denied medical care after birth, where is your humanity?

Lost on the altar of *Roe* it would seem.

I had contacted my Congressman, urging him to sign the discharge petition. I encourage others to do the same, since the petition can remain open for the entire Congress. The discharge petition is absolutely critical to enable the Republican minority to do an end-run around the pro-abortion leadership that is stopping a vote on the bill.

When I mention the Born-Alive Abortion Survivors Protection Act to people, they question why the legislation is even necessary. It does not take me long to come up with a response. After all, I live in Pennsylvania, where abortionist Kermit Gosnell plied his grisly trade. He is believed to have killed hundreds of newborns, but prosecutors could only bring charges in a handful of cases, because he destroyed so many records. Gosnell is now serving consecutive life terms in prison for the murder of three babies, along with the death of female patient Karnamaya Mongar.

Then we have the New York nightmare, where pro-abortion Gov. Andrew Cuomo (D) signed a so-called "Reproductive Health Act." This insidious piece of legislation not only legalized abortion up until birth, the RHA eliminated legal protections for babies born alive during abortions.

Add to that the Virginia fiasco, where Gov. Ralph Northam (D) said a baby born during an abortion should only be made "comfortable" until a decision could be made for the baby's fate. It is inconceivable that politicians would speak this way but, after all, that is what *Roe* has wrought.

So cheers to the brave Congressmen and Congresswomen who signed the discharge petition…jeers to those who are blocking the legislative path. And heaven help us as a nation if we cannot unquestionably and passionately defend the lives of those already born.

# The Pro-Life Counter-Offensive shifts into high gear

*From page 2*

Also, as Ingrid Duran, NRLC's director of state legislation, explains in stories that appeared last month and this month in **NRL News**, our state affiliates have not slowed down in their campaigns to hedge in, stop, and/or reverse the deadly impact of abortion on their unborn children.

Recently, Meghan Keneally, of *ABC News*, wrote, "[M]ore than 250 bills restricting abortion have been filed in 41 states since the start of 2019, according to a new report issued by the Planned Parenthood Federation of America and Guttmacher Institute, a reproductive rights research group initially formed under Planned Parenthood that has been operating separately for years.

> **"While some legislators have been working to restrict abortion access since the landmark Roe v. Wade Supreme Court case that codified the right to abortion in 1973, the rate at which restrictive laws have been filed in recent years has picked up."**

Guttmacher, the abortion movement's in-house think-tank, habitually exaggerates the number of pro-life proposals for its own P.R. purposes. But the figure, even if overstated, illustrates that pro-life momentum is alive, well, and surging.

Our benighted opposition, seeing the handwriting on the wall, is doing its level-best to pass the most daft, demented, and deranged legislation possible. In some cases, such as New York, there were and are so many pro-abortion Democrats in both houses that it proved impossible to turn back the Reproductive Health Act.

Pro-lifers are fighting similarly unhinged proposals in states such as Vermont, Illinois, and Rhode Island, and the sledding is tough going. What we can say is after the fever breaks, the public in these states will wake up to discover their elected Democratic officials fervently believe in abortion up until birth and little-to-no care for babies who survive the abortionist's best efforts to kill them.

At that point, the "mainstream media" and the abortion industry (but I repeat myself, to paraphrase Chris Plante) will recalibrate the excuses they used for their viciously inhumane proposals but without retreating a step. It's what they do, it's who they are.

If we do our job well, however, the public, and not just pro-lifers, will understand who the genuine "extremists" are. Not that we will be assisted in any way by the likes of the *New York Times*, who lapse into hysteria whenever it writes about abortion "restrictions." Take an editorial that ran last month as one example of a gazillion: "What Happens When Lawmakers Run Out of Abortion Restrictions to Pass."

One man's "restriction" is another man's or woman's measure to protect women's health and /or to give them breathing space–and time–to make an informed decision. This is why the Abortion Industry hates anything, no matter how commonsensical, that slows the pace of assembly-line killing.

Over the years what drives the *New York Times* crazy is that our Movement understands you can do all this coming from multiple directions: "a 24-hour waiting period before getting an abortion and mandat[ing] parental consent for minors," to name just two.

But another phase of the pro-life counter-offensive is returning programs to their original purpose, not the purpose pro-abortionists have twisted them to mean for their own benefit.

To take just one example, Title X was supposed to be—was written to be—a preventative family planning program. In order to ensure that the program did not directly or indirectly promote abortion Congress wrote strong anti-abortion language into the statute.

In preventing Title X funds from going to facilities that perform abortions or refer for abortion, the Trump Administration is merely restoring the original character of the 1970 law.

To return to what we discussed in the beginning of this editorial, we have many states that are pro-life ("red," so to speak). Not all have been able to pass the full panoply of protective laws and administrative rules. So there is much work yet to be done.

Meanwhile, in "purple" states, we are trying to turn the tide in a pro-life direction.

In "blue" states overwhelmingly dominated by pro-abortion Democrats, one of our tasks is to demonstrate to the wider public that Democrats have sold their souls to the Planned Parenthoods and NARALs. When they say "jump," Democrats ask, "How high?"

The *Times's* editorial understands this and, without admitting so, offers this warning to their anti-life compatriots: "Opposition to anti-abortion laws can backfire: Anti-abortion forces push them in part because they want to prompt legal cases that could grant the newly abortion-hostile majority on the Supreme Court the opportunity to overturn *Roe*."

We won't know for sometime whether there is an "abortion-hostile majority on the Supreme Court." What we **do** know for sure is that President Trump is choosing justices (and lower court judges) who are averse to reading their own policy preferences into the Constitution—which is exactly what Justice Harry Blackmun did in his absurdly reasoned *Roe v. Wade* decision.

Ignoring all that, the editorial argues, "For an anti-abortion lawmaker who wants to signal to his base that he remains committed to the cause, there's little left to do but to try to outlaw the procedure." (Talk about the kettle calling the pot black!) For good measure, they also bemoan the willingness of "anti-abortion lawmakers" to spend a lot of money defending pro-life laws.

But (and the *Times*, of course, manages not to mention this), pro-abortionists challenge each and every state law, and (as is the case with the Hyde Amendment) promise to reopen the federal spigot by eliminating the Hyde Amendment which even a wildly-hostile Supreme Court upheld. It costs money to defend laws against the ACLU and the Center for Reproductive Rights, which often times go up and down the legal chain multiple times.

What if a state Supreme Court conjures up an imaginary "right" to abortion mysteriously located in their Constitution? Then an amendment to the state Constitution saying there is no right to abortion becomes a necessity.

You get the point. The *New York Times'* editorial page writers mock pro-life legislation in one breath and then lament that the Supreme Court will uphold it in the next.

Note the editorial writers omit consideration, for example, of newer proposals which have wide-spread public support such as the aforementioned Pain-Capable Unborn Child Protection Act.

But why would they?

After all, it's what they do, it's who they are.

# Society for the Protection of Unborn Children back in Court to fight abortion pills ruling

## *The appeal is taking place at Edinburgh's Court of Session*

By SPUC—the Society for the Protection of Unborn Children

The Society for the Protection of Unborn Children (SPUC) went back to Court to appeal a judge's decision to back the Scottish Government's controversial plans to allow DIY [Do It Yourself] abortions at home.

SPUC Scotland filed the legal challenge in January 2018, after Scotland's chief medical officer, Dr Catherine Calderwood, refused to reverse her decision to authorise the taking of misoprostol (the second stage of a medical abortion) outside a clinical setting.

**Long legal battle**

The appeal follows a two-day hearing in August last year at the Court of Session, in Edinburgh, England, in which Lady Wise upheld the Scottish Government's decision. This ruling led to England joining Scotland and Wales in allowing the use of abortion pills away from medical supervision.

Lord Justice Clerk Lady Dorrian, the second most senior judge in the country, sitting with Lord Menzies and Lord Brodie, is now hearing the appeal in the Inner House of the Court of Session.

**Exposing the Scottish Government's unlawful policy**

SPUC has been challenging the home abortions policy on two major legal grounds.

The arguments are firstly, the 1967 Abortion Act lays down specific rules for approved places where procedures can take place and SPUC's legal advice states that the law "was not intended to allow abortions to take place at home." Secondly, the legal advice says a woman who takes such an abortifacient (abortion causing) drug at home "is not consistent" with the Abortion Act which demands the presence of medical, nursing or clinical staff.

Queen Counsel Morag Ross told the court that allowing abortions at home is an innovation on the "place" an abortion can legally take place – an innovation that it is not for the Government or the Courts to make.


**Dangers of home abortion**

She also pointed out the dangers of regarding home administration of abortion drugs as equal to clinical administration in a medical setting. If a woman comes into a clinic at normal working hours it is assumed that the registered medical professional is available if anything goes wrong, as she is in the building where you find them. However, if the patient chooses to take the medication in the middle of the night at home–a different time and place–then it cannot be assumed.

Ms. Ross also emphasised that the approval for home use gives a very wide umbrella of environments in which the abortion pill can be taken in. Not all women's homes will be suitable in terms of hygiene and safety, she might be being coerced to have or not have the abortion, and she might be in an abusive domestic situation.

**"We cannot stand by"**

John Deighan, chief executive of SPUC Scotland said:

**"Clearly, the original decision was disappointing but it has always been our intention to fight this case all the way.**

**"At the original hearing our arguments convincingly exposed the unlawfulness of the actions taken by the Scottish Government in contravention of the law.**

**Mr Deighan added, "For the sake of women's health and the universal right to life we cannot stand idly by whilst such a detrimental measure is implemented in the name of health care."**

The hearing continues.

# Federal Legislative Update: Pro-lifers proposing protective legislation in both Houses of Congress

*From page 29*

the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child's body in order to cut or rip it off . . ."

This definition largely overlaps with what those in the abortion trade currently refer to as "dilation and evacuation" or "dilation and extraction" (D&E) abortions. The method is commonly used starting at about 14 weeks of pregnancy and extending into the third trimester.

The time had come for this particularly gruesome method of abortion to end.

**Abortion Pill Reversal and the Second Chance at Life Act**

On April 1st, Rep. Mike Conaway (R-Texas), introduced the first-of-its-kind Second Chance at Life Act of 2019 in the U.S. House. This legislation, based on a model developed by National Right to Life, will require that a woman be informed that the effects of the chemical abortion pill can potentially be reversed in order to save her baby if she changes her mind after taking it and does not take the second of the two drugs.

Over 500 babies have been saved by the abortion pill reversal protocol.

Seven states have enacted this legislation: Arizona, Arkansas, Idaho, Kentucky, North Dakota, South Dakota, and Utah.

*House Minority Whip Steve Scalise offering his pen to legislators to sign the discharge petition.*

This is important because the number of chemical abortions is increasing.

In the last ten years, the percentage of "early medical abortions" (the CDC's designation for nonsurgical chemical abortions at or earlier than eight weeks gestation) has risen from 11.3% in 2006 to 24.2% in 2015.

High numbers of chemical abortions explain why nearly two-thirds (65.4%) of abortions are now performed at eight-week' gestation, or earlier.

The chemical (medical) abortion currently involves a two-step drug process. The first abortifacient drug (mifepristone or RU-486) is usually given at the clinic and begins the process of shutting down the unborn child's life support system (nutrition, oxygen, etc.). The second drug, misoprostol, is taken 24-48 hours later, usually at home, to expel the baby's remains and complete the abortion.

Research on abortion pill reversal indicates that the first drug, mifepristone, used alone, does not always end the unborn baby's life. A woman may still have a viable pregnancy after taking the first abortifacient drug, mifepristone.

While action on this legislation is unlikely with pro-abortion Democrats controlling the House, this important legislation can be used to educate and save lives.

# Trump Admin Awards $5.1 Million to Group of Pro-life Medical Clinics, Cuts Funding to Planned Parenthood

By Katie Franklin

In a major announcement March 29, the Department of Health and Human Services (HHS) revealed a multi-million dollar grant for a set of pro-life pregnancy help medical clinics in California.

Over the course of the next three years, the pro-life group, Obria Medical Clinics, will receive a total of $5.1 million in Title X family planning funds.

"With this grant, the administration has opened up a new avenue of health care choices for low income and underserved women and their families in California," Obria Group Founder and CEO Kathleen Eaton Bravo said in a statement. "Many women want the opportunity to visit a professional, comprehensive health care facility—not an abortion clinic—for their health care needs; today HHS gave women that choice."

At the same time, HHS is cutting funding to some Planned Parenthood affiliates in five states. Planned Parenthood President Leana Wen bemoaned the decision to slash funding to affiliates in Hawaii, North Carolina, Ohio, Wisconsin, and Virginia, saying, "Planned Parenthood will not let this stand."

Since its founding, Obria has been striving to establish itself as a pro-life version of Planned Parenthood, offering a "full scope of medical services" that include pregnancy support and reproductive health care, while not offering abortion or contraceptives. Across the country, other pregnancy help centers have been following the same strategy, meeting the needs of women and families even as Planned Parenthood facilities close.

According to Obria's website, "The goal is to provide an alternative healthcare model to break the relationship our patients currently have with the large abortion clinics by offering women compassionate, holistic, life-affirming healthcare, ultimately changing lives and the culture one woman at a time."

Obria Medical Clinics is a nonprofit affiliate network that operates 21 health clinics and 11 mobile clinics in five states with 78 licensed medical professionals. The group provides professional medical consultations, including pregnancy testing, ultrasounds, STD testing and treatment, pre-abortion screenings, abortion education, prenatal care through delivery, health education, and referrals. They even offer the revolutionary Abortion Pill Reversal treatment, helping women halt their in-progress chemical abortions and save their babies' lives.

The Trump-Pence administration's support for Obria comes just a month after HHS finalized new federal rules which prohibit any funds from going to "perform, promote, refer for, or support abortion as a method of family planning." The rules, expected to take effect next month, would strip Planned Parenthood of about $60 million in federal funds—about one-tenth of the $500 million in taxpayer funding the abortion outlet received last year.

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

# The "Unplanned" transformation of a Planned Parenthood clinic director into a passionate pro-life spokeswoman

*From page 2*

rights/reproductive rights. Her parents and her husband (played by Brooks Ryan) could not possibly disagree more with her "career," which "progressed" from volunteer escort to directing the abortion clinic in Bryan, Texas.

But, just as the pro-lifers outside Abby's clinic who loved her over to the other side of the fence, they did not cut themselves off from her.

There are a number of astounding scenes in *Unplanned* that would move **any** audience, regardless of where they stood on abortion when they entered the theatre.

The movie begins with a scene set in 2009 where Abby is called into assist in an ultrasound-guided abortion. Incredible as it seems, all the time she had been involved with Planned Parenthood she had never witnessed an abortion. "She watched in horror as a 13 week baby fought for, and ultimately lost, its life at the hand of the abortionist," is the way it's described what happened on her webpage.

But it's **how** the baby lost its life. The abortionist needs the ultrasound to be able to grasp the baby's extremities, pulling her apart until the powerful force of a vacuum sucks out the entirety of what remains of her corpse.

"The doctor, played by Dr. Anthony Levatino, a former abortion doctor offscreen, has a cool demeanor, even making use of a Star Trek catchphrase — 'Beam me up Scotty' — as he's performing the procedure," writes Elizabeth A. Elliott for the *Catholic Herald*. "Johnson sees on the ultrasound the infant fighting for its life, as she leaves the room as quickly as possible and begins her conversion away from Planned Parenthood."

Nothing sensationalized, nothing inaccurate. It is so reminiscent for us oldsters of "The Silent Scream," and is


even more disturbing because the baby vanishes—poof — into a blood-soaked canister. But all that Abby had been able to deny, to bury, to obfuscate also vanishes—poof. She is emotionally shredded by what she sees.

**Anyone** would be discomforted (to put it mildly) by that.

Then there is the scene of Abby's own chemically induced abortion. It is an open-secret that RU-486/medical/medication abortions can be unbelievably bloody and painful almost beyond bearing.

When she steps in the shower to wash herself off, small chunks of the baby fall out. She must pick them up and dispose of them in the toilet. You can only imagine what is going through her mind—and her heart.

Nothing sensationalized, nothing inaccurate. This is the truth behind the marketing of chemical abortions as nothing more than a "heavy period." There is a reason dozens of women have died and there have been thousands of "adverse events."

But for me the reason no one could ever call *Unplanned* "propaganda" is the scene in which Cheryl, the then-PPFA clinic director, calls Abby into the POC room (Products of Conception).

Played by Robia Scott, she is moving up the corporate ladder and wants to confirm what she thinks she already knows—that Abby is a worthy successor.

When Abby walks in there is a fully-formed tiny baby on the table. Cheryl hands Abby a small surgical instrument to lift up the dead baby's arm. Cheryl tells her everyone else who came and saw the baby cried.

Not Abby. She looks not with horror at the dead baby but with fascination. Cheryl can now confidently hand the reins over the Abby. She is one…of… them.

I know nothing about Ashley Bratcher as an actress. But I cannot think of anyone who could have brought more depth to her portrayal.

For instance, Abby is riddled with guilt. She is close to falling apart emotionally. **How** can she be forgiven for her role in tens of thousands of abortions?

Doug, her husband, tells her God can forgive if she asks for forgiveness.

But how?

Because He's God, that's how–and why.

There is a road to redemption, a lesson that women who've aborted and come to deeply regret their decision have learned.

When the Planned Parenthood clinic closes, there is a ceremony outside that celebrates its closure. This time together allows women to place flowers between the spires in the fence to remember the babies lost.

It is a scene that anyone—even a pro-choicer—would find heart-rending.

You will never regret seeing *Unplanned*. If you've seen it once, be sure to bring others and see it again.

It is a story of an awakening that should be shared with all Americans.

# Frustrated pro-abortion House Democrat slams Trump Administration as "Abortion Obsessed"

By Dave Andrusko

What could any member of a pro-life administration enjoy hearing more than for a dyed in the wool pro-abortion to slam him or her as "abortion obsessed"?

That's what Rep. Lois Frankel (D-Fla.) told Secretary of State Mike Pompeo at a recent hearing. "Your administration is abortion-obsessed," Frankel said at a House Appropriations Subcommittee hearing on the State Department's 2020 budget proposal.

Frankel was referring to Secretary Pompeo's announcement at a press conference where he said the U.S. State Department will refuse to work with any foreign non-governmental organization (NGO) engaged in the abortion business. The State Department will also refuse to fund foreign NGOs that give money to other foreign NGOs engaged in the international abortion industry.

"We will enforce a strict prohibition on backdoor funding schemes and end-runs around our policy," Secretary Pompeo said. "American taxpayer dollars will not be used to underwrite abortions."

National Right to Life applauded his announcement.

"By ensuring enforcement and compliance with existing pro-life policies, Secretary of State Pompeo and the Trump Administration reaffirm their commitment to protecting innocent human life at home and abroad," said Carol Tobias, president of National Right to Life. "We applaud Secretary of State Mike Pompeo for his dedicated pro-life leadership and for his efforts to ensure that taxpayer dollars are not used to fund or promote abortion overseas."


Using tax dollars, at home or aboard, is a non-starter with a strong majority of Americans. As *NRL News Today* discussed in January, a Marist Poll taken for the Knights of Columbus found that "a majority of all Americans oppose any taxpayer funding of abortion (54 percent to 39 percent)."

What about taxpayer funding of abortion overseas? Even less support.

> **[T]he survey found that three-quarters (75 percent) of Americans oppose taxpayer funding of abortion abroad, fewer than two in 10 (19 percent) support such funding. Opposition to this funding includes most Republicans (94 percent) and independents (80 percent) and a majority of Democrats (56 percent).**

And, as Jonathan Abbamonte wrote, "Secretary Pompeo also announced funding cuts to the Organization of American States (OAS) in response to the organization's activities promoting the legalization of abortion in pro-life Latin American countries."

# Real Alternatives: a national model for compassion care and help

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

Missy was homeless, pregnant, and without hope when she stepped through the door to her new destiny.

She had arrived at a pregnancy resource center in Reading, Pennsylvania, feeling desperate and alone.

But soon, she would have the support of a kind counselor who would encourage the strength and resolve she needed to care for her beloved preborn child.

This is just one of the many success stories of Pennsylvania's Pregnancy and Parenting Support Services Program, which is administered by Real Alternatives, Inc. Since its inception more than two decades ago, the program has served more than 300,000 women and their families with free, confidential services.

As the Speaker of the PA House of Representatives, Mike Turzai (R—Allegheny County) recently stated, the program "is a sought-after model for 14 other states in our nation."

Following his keynote address at a recent luncheon of Real Alternatives service providers, Rep. Turzai presented a House citation "to offer tribute to Real Alternative service providers and counselors."

The innovative Pennsylvania program's amazing history began in the early '90s, when then Pennsylvania Governor Robert Casey Sr. placed funding in the state budget for alternatives to abortion.

By the late '90s, Real Alternatives had received the grant to run the impressive program. Organizers established a statewide toll-free hotline (1-888-LIFE-AID) and, as a result, the program experienced tremendous growth.

In 2006, the Pennsylvania enterprise became a national program, when the Texas Pregnancy Care Network partnered with Real Alternatives to replicate the highly successful Keystone State program in the Lone Star state.

In the second decade of the new millennium, the Pennsylvania program reached another significant milestone: more than one million client visits to the program's centers. And in 2013, Michigan Governor Rick Snyder directed the state's Department of Community Health to hire Real Alternatives to operate a pilot program patterned after Pennsylvania's award-winning program.

Meanwhile, in 2014, then Indiana Governor Mike Pence instructed his State Department of Health to work with Real Alternatives to launch a pilot parenting and pregnancy services program in the Hoosier state. By 2015, both the Michigan and Indiana Programs had expanded statewide.

"Hopefully, one day, there will be programs like Real Alternatives helping women and their children in all fifty states," said PA Senate President Pro Tempore Joe Scarnati. "There are many important lines in the state budget. But there are not many lines that you can point to and say that every dollar we put into the program is saving lives. Real Alternatives and the work you do is important and we are saving lives," Scarnati added.

"What a blessing (Real Alternatives is) to those whose lives you literally save—whose families who help build and nurture when there is so much pressure to do otherwise," said Kathryn Jean Lopez of National Review Online in an address in 2016.

Pennsylvania's abortion totals are now at historic lows—a feat attributed largely to Real Alternatives centers and the many other pregnancy resource centers in the Commonwealth.

As the late Governor Casey so eloquently stated, "Our business is to fight the poison of hopelessness with love."

# Unborn Child Dignity Act Passes the Ohio Senate

COLUMBUS, Ohio – The Ohio Senate passed Senate Bill 27, the Unborn Child Dignity Act, by a vote of 24-7. This bill passed the day after the Senate Health, Human Services, and Medicaid Committee gave its approval.

Senate Bill 27 requires that the remains of an aborted baby be either buried or cremated.

Reporting for the *Cincinnati Enquirer*, Jessie Balmert wrote

> **GOP lawmakers started pushing for specific burial methods after then-Ohio Attorney General Mike DeWine reported that Ohio abortion clinics use a third-party company to dispose of fetal remains in a Kentucky landfill. Planned Parenthood denied the allegations and has since stopped using the third-party company.**

"Ohio Right to Life is thrilled to see this important legislation pass in the Ohio Senate," said Jamieson Gordon, spokeswoman for Ohio Right to Life. "Aborted babies deserve to be treated with dignity in their death, and that is exactly what the Unborn Child Dignity Act seems to do." Gordon went on to explain

> **This simple clarification of Ohio law will give women greater informed consent and ensure that unborn children are treated with the respect that every human person deserves. We are thankful for the leadership of pro-life Senator Joe Uecker and the Ohio Senate. We hope that the Ohio House will move quickly on this compassionate piece of legislation**

# Something in the Water: Three Sets of Twins Light Up Michigan Ultrasound Machine

*From page 24*

MacDonald says the name Spero comes from the Latin word for "hope, which is what we offer our clients" and the center's phone number, which has been "985-HOPE" for the last 32 years.

MacDonald assumed the helm as executive director in 2005, right as the center was introducing medical services to its list of offerings. She is the first to serve in this capacity full-time. The center is open five days a week. In addition to providing pregnancy tests, ultrasounds, options education, and prenatal classes, Blue Water provides a weekly Bible study taught by a male volunteer. Participants in the center's Earn While You Learn program, both women and men, receive additional "baby bucks" to use at the on-site Baby Boutique. About 12 participants attend these sessions each week, MacDonald said.

"They aren't required to make a profession of faith; we truly believe the word of God does not return void," she said.

Additionally, male volunteers meet with fathers of the babies; last year, about 130 were reached and more than 160 the year before.

"We love being able to serve them; we wish we could get more of them in," MacDonald said.

As the center winds down from its annual "Everyday Heroes Gala" this month and prepares for the new ultrasound machine next month, MacDonald and her staff and volunteers look forward to serving more women, men, and families in the future.

"We served 731 individual clients later year, conducted 523 pregnancy tests and 373 ultrasounds, and had 546 spiritual conversations," she said. "Children are a gift from God, and He is faithful and good. We may not know the outcome of each pregnancy, but we celebrate each life that is saved from abortion."

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