



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

**April 2020**



*Happy  
Easter!*



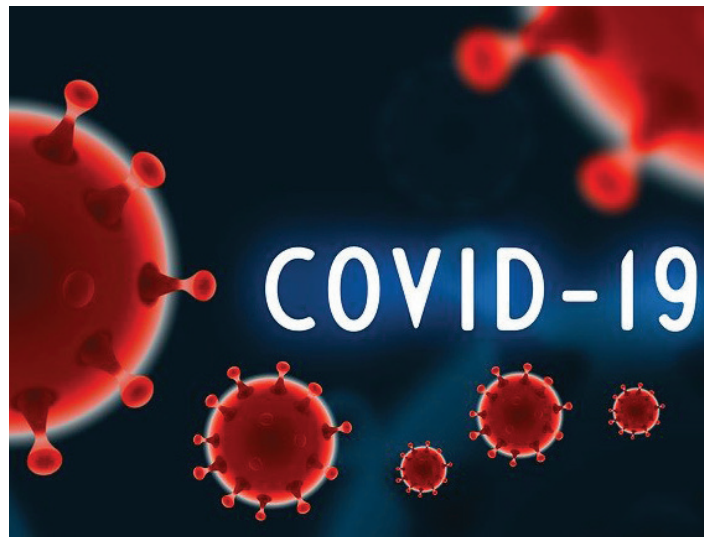
# national **RIGHT TO LIFE** NEWS

## COVID-19's Impact on the 2020 Elections

By Karen Cross, National Right to Life Political Director

Just as the COVID-19 pandemic has changed the lives of all Americans, it has changed the 2020 elections. Candidates are changing the way they reach out to their constituencies; primary election dates are being pushed back; and more voters are utilizing absentee ballots in light of the social distancing required to remain safe during the pandemic.

Most campaigns are cancelling their “in-person” campaign events and are moving to social media and on-line events. And many



state party conventions will be conducted by teleconference or other “virtual” methods.

### **PRESIDENTIAL ELECTION**

So how has COVID-19 affected the presidential election?

The Democratic National Convention, which was to be held in Milwaukee this July, has been postponed until the week of August 17 – the week before

*See “Elections,” page 25*

## Open Letter to a Pregnant Woman During the Coronavirus Crisis

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

As I voyaged through the frozen food section of the supermarket aisle, I saw you there. Despite the barren shelves, you seemed to be in good spirits, trading laughter with the man who accompanied you.

You found the one brand of frozen pizza that was left and placed it in your cart. And in that moment, when the world seemed to be going a bit mad, you were my hero.

I applaud your courage and strength during this tumultuous time. I salute you for bravely moving forward when so many

of us seem to be struggling to find our footing amidst our fears—both real and imagined. I thank you for the wonderful example you are setting of joy in the face of hardship and uncertainty.

You are showing love to your baby long before that little one takes a first breath. You are boldly forging ahead to make a way for your son or daughter. You have said “yes” to life and all its wonderful and amazing possibilities.

*See “Hearing,” page 6*





# Editorials

## Remember these latest examples illustrating why it is critically important to have a pro-lifer in the White House

“Judge a man by the reputation of his enemies” --- Arabian Proverb.

On March 25, Gallup release a fascinating poll. Here’s the lead paragraph.

*WASHINGTON, D.C. — Americans are generally positive in their evaluations of how each of nine leaders and institutions has handled the response to the coronavirus situation. Eight of the nine receive majority positive ratings — led by U.S. hospitals, at 88% approval. Only the news media gets a more negative [55%] than positive [44%] review.*

Underwater (as the phrase goes) by a whopping 11 points.

President Trump [60% approval to 38% disapproval] and Vice President Pence [61% approval to 32% disapproval] received very high marks.

My point is simple. Watch the reporters as they question President Trump during the daily Coronavirus Task Force briefings. They can barely contain their resentment and dislike—and sometimes don’t bother. These are representatives of the “news media” that the America public evaluates more poorly seemingly by the month. If they weren’t so self-absorbed, they might actually think twice about their approach.

I write this by way of a warning. Not only will the major media do everything in its considerable power to defeat President Trump, they will also attempt to persuade you and me to abandon the most



pro-life president we’ve ever had. Ignore them. Here are just a couple of recent illustrations of what President Trump and his administration are doing in different but related realms.

Beginning March 27, the Trump administration showed (and then again, the following day) what an enormous, night and day difference it makes to have a strong and unswerving pro-lifer in the White House.

*See “Important,” page 35*

## Is this pro-abortion blame game familiar or what? Attribute their behavior and attitudes to pro-lifers

**In ordinary life, if somebody consistently exaggerates or lies to you, you soon discount everything they say. In court, there is the legal doctrine of falsus in uno, falsus in omnibus, which means untruthful in one part, untruthful in all. But when it comes to the media, we believe against evidence that it is probably worth our time to read other parts of the paper. When, in fact, it almost certainly isn’t. The only possible explanation for our behavior is [a kind of] amnesia.**

--author Michael Crichton.

Imagine the unlikely prospect that Carol Tobias were asked to write an opinion piece for *NBC News*. What odds would you give me that she would not be identified as the President of National Right to Life? You wouldn’t give any, because there is zero chance her position as the leader of the largest single-issue pro-life organization in the United States wouldn’t be listed in boldface.

Danielle Campoamor cranked out another in a long stream of posts, indignantly complaining that pro-lifers are not only “exploiting” the coronavirus but (as the headline for her *NBC*

*News* opinion piece blared) “using the coronavirus to oppress women.”

To be sure, while Campoamor holds a far less significant position. in various platforms, she is not even identified. In some, an innocuous bio (“has been published in...”) pops up at the end. Elsewhere we get a true picture: she is “Romper’s Senior Identity editor and creator and author of Bustle’s Abortion AMA, the first bi-weekly column focused on answering questions about abortion.”

But the point is 99.9% of the readers would not know she applauds, advocates, and advances the cause of the destruction of 900,000 unborn babies a year (more, as we shall see).

In her “Think” piece, Campoamor hammers Republican pro-lifers for a host of imaginary and/or exaggerated shortcomings. But her basic argument, drawn from the work of the omnipresent Dr. Daniel Grossman, is that there are not the kind of shortages

*See “Blame Game,” page 38*

# From the President Carol Tobias

## Life in the Balance

By Anthony J. Lauinger

*Editor's note. This month's guest presidential column is written by Anthony J. Lauinger, executive vice president of National Right to Life and state chairman of Oklahomans For Life.*

"These are the times that try men's souls." Thomas Paine's poignant words were written during the Revolutionary War, but they are as relevant today as in 1776.

We are now engaged in a different kind of war, whose outcome, likewise, is uncertain. The enemy is unseen, but deadly, nonetheless. The stakes couldn't be higher. Millions of human lives are at risk around the globe. The number of fatalities we hear are staggering. The deaths of many of the victims are never reported. The human race as we know it hangs in the balance.

The enemy to which I refer is not a virus, but a *viewpoint*, not a pandemic, but a *postulate*, not disease, but *defiance* – defiance against the Creator Whom those leaders of the American Revolution had so clearly recognized and acknowledged in the Declaration of Independence. A *postulate* that human lives are of no intrinsic value, that they are, rather, disposable, expendable, and may be ended at will if a child's birth would be inconvenient, or a sick, disabled, or elderly person's death would be greeted with relief... The callousness with which human lives are discarded in our throwaway world of the modern age is incomprehensible.

There is a story about Germany during the Second World War, a story titled, "Sing a Little Louder." It tells of a church that stood near some railroad tracks during those dark days of the Third Reich. On Sunday mornings, trains could be heard – boxcar after boxcar after boxcar – heading east. Those in the church knew *who* were on those trains, knew *where* the trains were going, and knew *why*. But in order to avoid dwelling on the implications of it all, in order to drown out the noise – whenever they heard a train coming, the congregation would simply "sing a little louder."

It was Holocaust survivor Elie Wiesel who spoke those immortal words, "NEVER AGAIN!" And yet, how soon we forget. It was less than 25 years after the Nuremberg Trials that *our* nation's highest court *sentenced to death* the unborn children of America.

We have surpassed – *tenfold* – the death toll of the Third Reich's concentration



Tony Lauinger

camps. Since 1973, in what we pride ourselves in calling the most civilized nation on earth, we have killed more than *61 million* unborn children in what are euphemistically called abortion "*clinics*." Over 61 million innocent human beings killed – *that* is the legacy of *Roe v. Wade*.

For those who have been oblivious to the assaults on human life by abortion, infanticide, and euthanasia, the Coronavirus pandemic has reminded humankind of our own mortality. The COVID-19 crisis has brought out both the worst and the best of human nature. On the one hand, there are those cavalierly musing about whom not to treat. Lee Siegel put it this way in an April 4, 2020 op-ed in *The Wall Street Journal*:

**"You usually get a doctor, or more often a 'bioethicist' – an academic who is neither a physician nor a scientist – comfortably explaining the ins and outs of allowing a hospital patient – an inestimably precious human being – to die. What you don't get is the perspective of a doctor who would**

**rather risk his life than allow a patient to die. You don't hear from the vast majority of doctors and nurses who don't consider themselves 'heroes' for going to work during the pandemic, because healing people is a sacred obligation that they have vowed to fulfill every day of their own inestimably precious lives."**

An inspiring example of the human spirit rising to the occasion in a previous crisis was recounted in a March 21, 2020 *New York Times* article by Sheri Fink:

**"Hurricane Sandy was bearing down on Bellevue Hospital in New York City in 2012, and the main generators were about to fail. Dr. Laura Evans would be left with only six power outlets for the [intensive care] unit's 50 patients.... For those about to lose electricity, she and her colleagues stationed two staff members at the bedside of all patients who relied on ventilators, preparing to manually squeeze oxygen into their lungs with flexible Ambu bags.... In the end, it was improvisation that prevented tragic rationing at Bellevue. The generator fuel pumps failed, but a chain of volunteers hand-carried diesel [fuel] up 13 flights of stairs. Dr. Evans's patients were all maintained on backup power until they were transferred to other hospitals."**

Contrast such life-affirming efforts with the viewpoint that some lives are not worthy to be lived, that those deemed – by OTHERS – to have a "diminished quality of life" are not worth saving, that a child who is regarded as a "burden" may be killed at will in the peaceful sanctuary of her mother's womb. Pray God our world will learn to be guided by the better angels of our nature.

# Dem State Attorneys General Push FDA to Drop Limits on Abortion Pill During Pandemic

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

Demonstrating that even a world health crisis is not enough to sway them from their fixation on abortion, several Democrat state attorneys general have sent a letter to the commissioner of the U.S. Food and Drug Administration (FDA) asking that regulatory restrictions on the distribution and prescription of mifepristone, the abortion pill, be lifted.

This is an outcome abortion pill advocates have sought for years, hoping to make the two-drug chemical abortion technique more broadly available in America.

The FDA has already loosened restrictions on RU-486 (mifepristone) in a number of ways since it was first given approval in September of 2000. It altered recommended dosages, extended the latest point in pregnancy it could be used, reduced the timeline and the qualifications for prescribers. However, advocates have been vocally unhappy that the FDA continued to require abortionists to certify their understanding of the chemical abortion process and risks and to buy their pills directly from the distributor.

Advocates, by contrast, want, at a minimum, to be able to screen potential patients online and either ship them these pills through the mail or have them pick them up from their local pharmacy.

They have used this latest viral crisis with COVID-19 to argue that prescribing these pills online and having them delivered for home use offers women a safer way to abort and would minimize the use

of already stretched medical personnel and resources.

Risks posed by the abortion pill to women going through an otherwise natural, healthy pregnancy are rarely seriously considered, and the life of the unborn child is not considered at all.

## Written in Blood?

In what was obviously a coordinated effort, the joint letter signed by 21 Democrat Attorneys General [FN The list of signatories includes: Xavier Becerra (California), Phil Weiser (Colorado), William Tong (Connecticut), Kathleen Jennings (Delaware), Karl A. Racine (Washington, D.C.), Clare E. Connors (Hawai'i), Kwame Raoul (Illinois), Tom Miller (Iowa), Aaron M. Frey (Maine), Brian E. Frosh (Maryland), Maura Healey (Massachusetts), Keith Ellison (Minnesota), Aaron D. Ford (Nevada), Hector Balderas (New Mexico), Letitia James (New York), Joshua H. Stein (North Carolina), Ellen F. Rosenblum (Oregon), Josh Shapiro (Pennsylvania), Peter F. Neronha (Rhode Island), Thomas J. Donovan, Jr. (Vermont), Mark R. Herring (Virginia)] asked the FDA Commissioner Stephen Hahn and the U.S. Secretary of Health and Human Services Alex M. Azar II to "increase access to reproductive healthcare, including safe and legal abortion, during this pandemic."

They specifically urge the FDA to waive its "Risk Evaluation and Mitigation Strategy" (REMS) restrictions or to use its enforcement

discretion to "allow certified prescribers to use telehealth for Mifepristone."

They insist that those REMS

has also recorded nearly two dozen deaths and thousands of complications associated with use of these dangerous pills.



restrictions that require registration and certification of the prescriber and allow them to be ordered only directly from the distributor create "unnecessary barriers between women and abortion care, not only making it harder to find—for example, by prohibiting sale by retail or mail-order pharmacies—but also making it unappealing to prescribe."

Further, the attorneys general complain, the REMS requirement that the patient be handed the mifepristone at the clinic, medical office, or hospital under the supervision of a health care provider amounts to "barring the use of telehealth," thereby forcing women to go out for their abortions precisely when governments are urging folks to stay home.

Like many abortion pill advocates who have been trying to make their case in the medical establishment, the Democrat state AGs claim that the drug's safety and efficacy has been proven in two decades of use. They say that even the FDA grants that "serious complications have proven rare."

While this is true, the FDA

Those "adverse events" include serious infections, severe hemorrhage, and the rupture of previously undiscovered ectopic pregnancies. This documented record justifies the FDA keeping the REMS regulations in place.

While there is, as of yet, no official record of a response to the AGs' letter by the FDA, an FDA spokesperson responded to a similar recent request from abortion advocates (coincidence?). The spokesperson restated the policy that such regulations were put in place "in order to assure that the benefits of the drug outweigh the risks" ("Abortion Pill Restrictions Won't Be Lifted During Pandemic, FDA Says," [vice.com](http://vice.com), 3/19/20).

In summary, the AGs argue that

**"In light of the unprecedented COVID-19 crisis, we request you remove the FDA's restrictive REMS designation for Mifepristone thereby**

*See "FDA," page 11*



# Memorials & Tributes

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

## In Memory of

### Michael Amend

James & Mary Anita Stautberg  
Patricia Welsh

### William Arjemi

Antoinette Arjemi

### Germaine Brigman

John & Susan Cantele  
Laurine Haas  
Daniel and Sandra Hoaglund  
Jeffrey & Sallie Hollow

### Tom Collins

Governor Bob Riley  
Minda and Ryan Riley

### George W. Goeken

Donna Beiermann  
Marcia Haun  
Derrick Jones  
Lori Kelly  
Leslie Mills & Family  
Steve & Jennifer Winson

### Cecilia Metzger

James & Cheryl Hines  
Angelo Leone

### Sherri Lynn Peery

Edith Raught

### Ione Rahrig

Rick Derf  
John & Marty Gerencer  
Pat & Julie Mason  
Bob & Holly Nolan  
Mary and Mary Ellen Rahrig  
Michele Samouelian

### Luke Rahrig

Lynne Brackman  
Lisa Kluener  
Robert Rieman  
Jeanine Hopewell

### Roy Robert Scarpato

Quincy Vanderhoof

### Larry V. Schafer

Stephen & Linda Hageman  
Bernard & Diana Horzelski  
Ruth Schafer  
James & Carol Small  
Michael & Morgan Weber

### Lyle Schacht

Marlene Schacht

### Dorothy Wolfe

Wayne Wolfe

## In Honor of

### Gealh Frank Wedding

Beverly Stayton

### Rebecca Todd

Karen Strauch

April 2020

**You can make your contribution in loving memory or in honor of someone online at [www.nrlc.org/giving](http://www.nrlc.org/giving) or by sending your contribution along with the form below.**



*In Loving Memory & Honor*

Contribution amount



Your name \_\_\_\_\_

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

Your address \_\_\_\_\_

Name/Address for acknowledgment card \_\_\_\_\_

**Make your check payable to National Right to Life Committee and return with this form to:  
National Right to Life Development Office  
1446 Duke Street | Alexandria, Virginia 22314**



# A beautiful illustration of moral courage by a woman facing a crisis pregnancy will warm your heart

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

Cyberworld is full of amazing testaments to the beauty of life—if only we have eyes to see and a heart ready to be filled.

I was reminded of this truism when a colleague sent me a TikTok video labeled @tellmethenewsjohnny. You see a sorrowful woman who is being asked a series of question by a doctor. It's as if she has a computer screen in front on which she can respond. You can see her expressions and how she answers life-and-death questions.

First, she is told by a doctor, "You know you can abort this pregnancy?" The woman, who is crying, is left with two options: "yes" or "no."

[Spoiler alert: If you want to see the dramatic response yourself, stop reading and view the video at <https://www.facebook.com/kayla.chavaria.7/>]

The woman, with an almost imperceptible shake of her head, presses "no," and lets out a breath. But that is just the beginning.

She is then confronted with a second question. Like the first, it is intended to steer her in the

The woman pauses, exhales a tiny breath, and again responds "yes." It is as if she has passed

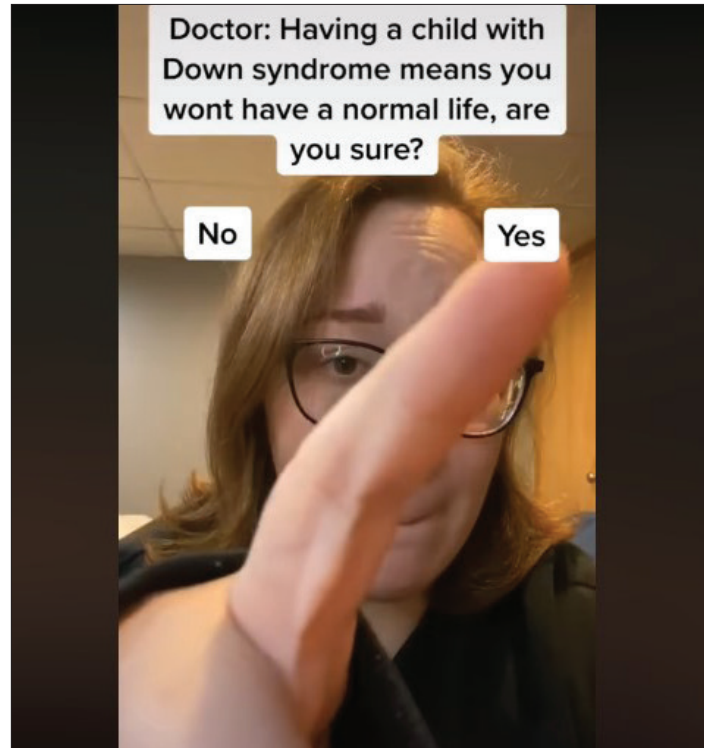
breath, the woman eagerly nods her head in agreement and presses "yes."

In the next segment, we see a beautiful baby, with a smile that lights up the screen. In a series of clips, we see the baby crawling, standing, playing, and walking—each milestone met with abundant encouragement by his real-life mother.

The ending is a true tear-jerker: A message which reads, "I wouldn't change you for the world."

It is not the life-affirming ending alone that makes this less than one-minute-long video so powerful. The woman's face, the pain in her eyes, the intake and exhale of breath (as if to summon her courage) as she contemplates her answers speak volumes. You really sense a woman facing a genuine crisis who overcomes her fears.

If you haven't already done so, give yourself a gift today and watch the video. Chances are it will capture your heart—and remind you of the incredible joy that can be found in raising a child with Down syndrome.



direction of death. The doctor says, "Having a child with Down syndrome means you won't have a normal life, are you sure?"

a test, something out of Greek mythology. Her reward is to be asked, "Okay, would you like to see your future?"

Letting out another deep

## Open Letter to a Pregnant Woman During the Coronavirus Crisis

*From page 1*

Thank you for giving hope in that grocery store, just by your mere presence. I said a silent prayer for you and your baby, and I feel I was not alone.

You ennoble us all with your dedication to the next generation. You bring comfort and stability when such attributes may seem in short supply.

May you and your family be richly blessed and kept

safe from harm during this pandemic. You are carrying the most priceless of gifts—a human being who must be treasured, especially during times such as these.



# Hostile media can't fathom Trump's improving poll numbers

By Dave Andrusko

I'd previously mentioned the following to a colleague, so this is not an after the fact comment. When polling data is favorably disposed to President Trump, and especially so when it comes to his handling of the COVID-19 pandemic, you can bet the farm that somebody else will just happen to find new numbers showing just the opposite.

Here's how Dan Balz and Emily Guskin summarized a key finding from the latest *Washington Post/ABC News* poll conducted March 22-25.

**His job approval rating stands at 48 percent positive and 46 percent negative among all adults, up from 43 percent positive and 53 percent negative in February. That is the highest approval rating of his presidency in Post-ABC surveys and the first time his overall rating is net positive.**

**On the specific question of how well he has dealt with the coronavirus problem, 51 percent say they approve and 45 percent disapprove. A CNN-SSRS poll taken about three weeks ago found only 41 percent approving and 48 percent disapproving.**

But no doubt the *Associated Press* saw this and decided, "this shall not stand." We read soon after a story that concludes only 44% of the public approves of the way President Trump is

handling the pandemic to 55% that disapproves in a poll taken March 26-29. Two things.

First, we are to believe the President's approval of his handling of the COVID-19 dropped from 51% to 44% and his disapproved leaped from 45% to 55% in **four days?!**

Second, even with those

**news going around the country lately, coming in the form of the best approval ratings of his presidency. This has been a serious problem for most of the major liberal newspapers and cable news outlets who generally continue**

a few words. One was in the *Washington Post*, the other in the *Los Angeles Times*, both Trump-hating publications. The gist of the posts was captured in this bad news subhead (by implication all President Trump's fault); "A virus is raging. The economy is in free fall. Why Trump's



numbers, President Trump's approval numbers are 6 points higher than the marks the public gives the federal government for dealing with the virus.

One other important consideration. Hot Air's Jazz Shaw subsequently wrote the following before the *AP* came up with its numbers:

**As [Hot Air's] Ed Morrissey recently pointed out, President Trump has received some of the only good**

**to insist that the Bad Orange Man is always Bad, no matter what happens. The majority of them have avoided talking about his improved ratings, or if they do, they add in every caveat imaginable about how it either won't last or doesn't matter.**

Last week, two articles, in particular, ran that are worth

approval rating is still going up?"

The author could contribute it to the stubborn faithfulness of the "deplorables," but the improvement reflects more support from Independents and even some Democrats. How can that be?

Well, duh, perhaps despite a never-ending barrage of media criticism, the public has more confidence in President Trump's leadership than does the media elite.



# An Update on State Pro-Life Legislation

By Ingrid Duran, Director, Department of State Legislation

Looking back to 2019, the legislative session began January 22 with a body blow to the stomach. Pro-abortion Gov. Andrew Cuomo (D) signed New York's reprehensible "Reproductive Health Act," which was extreme by any definition. The Act not only legalized abortion throughout pregnancy, it removed what little pro-life protections the state had for abortion survivors. It was a template for other states, such as Illinois and Vermont, which unfortunately followed suit.

However, as I reported in *National Right to Life News Today*, the 2019 session ended with many pro-life bills passed by various legislatures and signed into law.

In 2020, the first punches were again thrown by pro-abortionists. On January 2<sup>nd</sup>, New Jersey Governor Phil Murphy signed a law that authorized 9.5 million of tax payer dollars to go towards organizations that perform abortion, such as Planned Parenthood.

Shortly after that, the Virginia General Assembly passed the pro-abortion Equal Rights Amendment.

On top of that the Virginia General Assembly has recently passed a bill gutting the Woman's Right to Know law. These informed consent laws are lifesavers because they allow mothers a chance to see the ultrasound of their baby. This legislation provides mothers with information on their developing baby, alternatives to abortion such as adoption, abortion risks, and local resources that aid families, and a 24-hour reflection period. It is currently on Gov. Ralph

Northam's desk and he has until April 11<sup>th</sup> to sign the law, which he is expected to do.

At least three states, Maryland, New Hampshire, and Virginia, were considering amending their constitutions to create a right to abortion. In Maryland, it was disguised as a right to privacy act, but Maryland Right to Life saw

abortion procedure; pro-life constitutional amendments that clarify state constitutions do not create a right to abortions or a requirement that abortions be funded; the "Born-Alive Infants Protection Act" to ensure that babies that survive abortion attempts receive the kind of medical treatment any other baby delivered at a

Missouri, Nebraska, New Jersey, and Virginia. In Michigan, legislation can be initiated by the citizenry. Our affiliate, Right to Life of Michigan, collected hundreds of thousands of signatures to initiate legislation to ban dismemberment abortions. In February, I went to Nebraska to provide testimony in support of the dismemberment abortion ban on behalf of National Right to Life and our affiliate Nebraska Right to Life.

Pro-life constitutional amendments were filed in Alaska, Iowa, Kansas, and Kentucky. Both Iowa and Kentucky's bill has passed one chamber of their legislature and are awaiting action in the other chamber. Unfortunately, in Kansas, the Value Them Both amendment passed on house by the required two-thirds majority but fell 4 votes in the other.

The Born-Alive Infants Protection Act was filed in six (6) states: Alabama, Kentucky, Michigan, Ohio, West Virginia, and Wyoming. Last week, Wyoming's Governor vetoed a law that would provide medical care for babies that survive abortion. Abortion survivors, such as Melissa Ohden, Claire Culwell, and Giana Jessen are all now thriving adults.

West Virginians for Life were instrumental in educating the citizens of their state and assisting pro-life lawmakers in the passage of their born alive law that was ultimately signed by pro-life Gov. Jim Justice. In Alabama, Kentucky, and Ohio, it has passed one chamber in the



this as the Trojan horse that it was. They fought hard to educate Marylanders of the dangers of this bill, and the bill was withdrawn. Although there were a number of extreme abortion on demand laws that were introduced, most failed.

But, as the pro-abortion thinktank, the Guttmacher Institute consistently updated, pro-lifers are busy working to establish protections for the unborn. This year's common trends in the state legislatures include: protecting unborn babies from the brutal dismemberment

similar gestational age would receive; "trigger" abortion bans allowing the state to prohibit abortions when *Roe v. Wade* is overturned; and Abortion Pill Reversal – an informed consent law that provides abortion-minded women with information about the possibility of reversing the intended effects of a chemical abortion, should they change their mind after ingesting the first of two drugs.

The Unborn Child Protection from Dismemberment Abortion Act was introduced in five (5) states: Maryland,

*See "Update," page 26*

# On closer inspection the values of pro-choice people actually support a *pro-life* conclusion.

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

How can we change the minds of people who defend the killing of unborn children? It's not easy.

Research on persuasion suggests that shared values make a big difference. Persuasion is very difficult when people think accepting a new view means rejecting their core values or beliefs. If, however, they see that a view is actually consistent with—or supported by—those existing values, then persuasion is very possible.

But do those who favor abortion share pro-life values?

In her highly influential (yet justly criticized) book *Abortion & the Politics of Motherhood*, Kristin Luker argued that the abortion debate reflects disagreement between fundamentally different views of the world. Laurence Tribe wrote a book titled *Abortion: The Clash of Absolutes*. If clashing worldviews really are at stake, then the debate could be almost intractable.

The truth, though, is that people on both sides of the abortion issue have more in common than they might think. Pro-lifers don't need to challenge the core values of "pro-choice" people. We just need to show that those values don't require a pro-choice conclusion. In fact, we can show that those values support a *pro-life* conclusion.

Here's how.

## Our shared values don't support the pro-choice position

Consider two main values that seem to drive defenders of abortion. The first is autonomy

or freedom. People have a "right to choose," abortion supporters say.

But "pro-choice" advocates don't support a right to choose just anything. They don't support a right to choose to abuse one's spouse, for example. Both pro-choice and pro-life people favor a right to choose some things and oppose a right to choose other things. In which category does abortion belong? That's the question on which we disagree.

Most abortion supporters see the right to abortion as a matter of bodily autonomy. Even here, though, the two sides share common ground. Pro-lifers typically think people should be able to make all sorts of decisions regarding what happens inside their own bodies. We just don't think that autonomy justifies violating the rights of other human beings.

Bodily sovereignty doesn't justify dismembering and killing human beings *in utero*. This might be easier to see outside the context of abortion: No one thinks pregnant women should drink a substantial quantity of alcohol or ingest other substances that cause serious harm to their unborn children. Why? Because autonomy must respect the rights of others.

So both pro-choice and pro-life people agree that freedom is important but also can be misused. They agree with Nelson Mandela: "To be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others."

Where do the two sides disagree? We disagree about

whether abortion is a misuse of freedom that does not fall under the purview of our autonomy. We disagree, that is, about whether unborn children have rights that abortion violates.

The second value is compassion. Pro-choice people often express concern for pregnant women who face difficult and unfair circumstances. They express concern for women who became pregnant following the evil of rape or incest. They express concern for children

to the difficulties of life—a response that can also hurt women, men, families, and society as a whole. That's why the pro-life movement (which encompasses thousands of pregnancy care centers, maternity homes, adoption agencies, and post-abortion help programs) works to support both pregnant women and their children through whatever challenges they may face.

Think about a different issue. Both pro-life and pro-choice



who could grow up in poverty and suffering.

Pro-life people share the same concerns. Both sides think having compassion for those in tough situations is important. But they differ on how best to deal with those situations.

Because pro-lifers think unborn children have rights, they think the violence of abortion is an unjust response

people agree that killing a five-year-old child is always an unjust response to the economic and social hardship of a single father—even if such killing is advocated in the name of compassion. That's because five-year-olds have human

See "Inspection," page 39

# Please sign Petition calling on Speaker Pelosi to allow a vote on The Born-Alive Abortion Survivors Protection Act

By Dave Andrusko

As *NRL News Today* reported on many occasions, the Democrat-controlled House of Representatives has heretofore successfully bottled up proposed legislation to explicitly require that a baby born alive during an abortion must be afforded “the same degree” of care that would

apply “to any other child born alive at the same gestational age,” including transportation to a hospital. The title of the measure is “The Born-Alive Abortion Survivors Protection Act” (H.R. 962).

NRLC is asking you to download a petition addressed to Speaker of the House Nancy

Pelosi (D-Ca.), fill it out, and return it to

**National Right to Life  
1446 Duke Street  
Alexandria, VA 22314**

The Petition simply but powerfully calls on Speaker Pelosi “to allow a vote on legislation that would protect

babies who are born alive following an abortion attempt.”

You can download additional copies at [www.nrlc.org/getinvolved/](http://www.nrlc.org/getinvolved/) or call (202) 378-8843.

We deeply appreciate your help.



## TELL SPEAKER PELOSI: Protect Children Born Alive Following an Attempted Abortion

Dear Speaker Pelosi:

Current federal law does not sufficiently protects babies who survive an attempted abortion. While the law recognizes that all infants born alive are “persons,” babies who survive an attempted abortion are left defenseless because there is no requirements that the abortion provider treat the infant with the same degree of care they would provide to any other newborn.

The Born-Alive Abortion Survivors Protection Act (H.R. 962) would remedy this problem by requiring that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” including transportation to a hospital.

However, your Democrat House Leadership is refusing to hold a vote on this legislation. Therefore, we the undersigned call on you to allow a vote on legislation that would protect babies who are born alive following an abortion attempt.

<b>1</b>	PRINT NAME	ADDRESS
	PHONE NUMBER	
	EMAIL ADDRESS	
<b>2</b>	PRINT NAME	ADDRESS
	PHONE NUMBER	
	EMAIL ADDRESS	
<b>3</b>	PRINT NAME	ADDRESS
	PHONE NUMBER	
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	EMAIL ADDRESS	



# A beacon of encouragement for pregnant women who are feeling scared and anxious

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

During this grave time created by the Coronavirus pandemic, people in the U.S. and around the world are thirsting for good news. I found such a ray of sunshine in my tour through cyberspace in the Twitter feed of “The View” co-host Meghan McCain.

“My husband Ben and I have been blessed to find out I’m pregnant,” McCain tweeted. “Although this isn’t how I expected to announce my pregnancy, both we and our families are excited to share the news with you all.”

There is nothing in this world that can produce more joy than

the expectation of a baby. It is the confirmation, it has been said, that God wants the world to go on.

McCain has frequently and courageously defended the right to life on her TV program, often the lone voice on a set filled with rabid and vindictive pro-abortionists. She has been like a voice crying out in the wilderness of broadcast television. She has also eloquently and touchingly spoken of the devastation she experienced during her miscarriage.

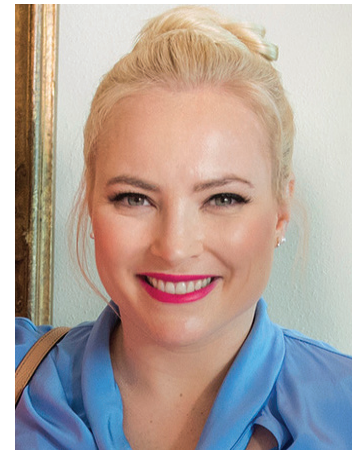
McCain is also demonstrating

that a woman does not have to sacrifice her child in order to achieve professional success. She will continue appearing on “The View”—from her home via satellite.

This brave mother is setting a wonderful example for women around the world. Her strength and tenacity can give hope at a time when that queen of virtues may be in short supply.

If you know of a pregnant woman who is feeling scared and anxious, share with her the story of Meghan McCain. It may be just the encouragement she needs now—and may

help drown out the voices of negativism she may find along her path to parenthood.



*Meghan McCain*

## Dem State Attorneys General Push FDA to Drop Limits on Abortion Pill During Pandemic

*From page 4*

**removing these unnecessary, undue burdens in accessing safe and time-sensitive, essential medical care.”**

### Say, that looks familiar

It is hardly coincidental that this letter appears on the heels of and echoes the language of, a joint statement by the American College of Obstetricians and Gynecologists and other reliable abortion friendly medical societies. The statement demanded that abortion be recognized as essential and “time-sensitive” healthcare in a time when government is urging that people postpone non-essential medical services.

Because of the FDA’s REMS requirements, “women seeking to obtain healthcare” (that is, abortion) and follow

state directives to “shelter-in-place,” “cannot abide by such requirements,” the joint statement reads. “These women” they say, are “putting themselves and their families at risk when they seek out the healthcare that they need.”

Thus, ACOG et al. demand that “the federal government must act to ensure that no matter where they live, they can continue to receive necessary, safe, and legal abortion care.”

The AGs assert, but do not explain how these abortions are supposed to be “necessary” or “essential” services, particularly at a time when medical care and personnel are desperately needed to fight the Corona virus.

There is no evidence, no claim that they are speaking on behalf of women with medical

conditions whose lives be threatened by the continuation of their pregnancies. What they do offer is simply that there are women who want abortions; that there are people who want to sell and ship them abortion pills; and government officials who want to see them be able to get abortions in the middle of a worldwide health crisis. And it is only “time-sensitive” in the sense that it will become a riskier later term abortion procedure IF a woman and her medical adviser are determined to go through with the abortion rather than let the baby be born.

The truth is that “telemedical abortions” would expose the worst and most dangerous features of chemical abortions. Besides potentially making a woman go through this horrific procedure all alone,

encountering her child, unsure of whether her pain and cramping and bleeding are normal or whether she is bleeding to death, she also faces the prospect that the pills will not work. They fail anywhere from 2-7% of the time, and more often in the case of older unborn babies.

Outcomes such as these, real possibilities, mean that she may have to return to the clinic or show up at the Emergency Room for additional pills or treatment, where contagion is rampant, where staff are overextended and stressed – the last place an immunocompromised person wants to be.

Much better, in the time of pandemic, for the mother and child to stay safe, the mother at home and the child alive and growing in her womb.

# Planned Parenthood begs for protective equipment to do abortions as coronavirus rages

*At least one regional Planned Parenthood chain is providing only abortions, and no other services, during the national health emergency.*

By Dorothy Cummings McLean

Planned Parenthood is begging supporters for protective equipment and other supplies while other doctors and nurses go without as they try to save the lives of coronavirus patients.

Sue Dunlap, the president and CEO of Planned Parenthood Los Angeles, wrote a message to the abortion giant's mailing list asking for "all of the same supplies you are hearing about on the news."

"In order to keep our patients, staff, and sites moving through this emergency, we need all of the same supplies you are hearing about on the news," she wrote.

"As gloves, masks, and medications run low, we are doing all that we can to procure supplies for the essential care our community is depending on us to provide."

Like the World Health Organization, Planned Parenthood considers the killing of unborn human life "an essential service," and abortion businesses remain open in most American states while other elective services,

like dental care, are suspended. Nevertheless, Planned Parenthood is asking not only for scarce medical resources, but also for extra funds for its "almost-500 coworkers in order

of daycares have been shut, so it is unclear whom Planned Parenthood employees are paying to care for their children.

Planned Parenthood Los Angeles is also asking for

sewn masks, shoe covers, and surgical hats." According to *National Right to Life News*, Planned Parenthood Keystone is providing only abortions, and no other services, during the national health emergency. Meanwhile, the government of Pennsylvania has suspended all elective surgery in the state.

Catholic writer John Zmirak said Planned Parenthood's determination to keep harvesting human beings even during the pandemic shows the organization for what it is.

"Planned Parenthood wants masks and gloves? Fine. Send them Halloween masks, since they're a pack of ghouls," Zmirak told *LifeSiteNews* via social media.

"Send them baseball gloves, since they only play at providing health care. What they are is a murderous cult, little better than the Manson Gang," he continued. ...

*Editor's note. This is excerpted from a post at LifeSiteNews and is reposted with permission.*



Photo: The All-Nite Images (cc-by-sa-2.0)

to help them cover groceries, child care, or any other expenses they are incurring while working and supporting Planned Parenthood patients through this difficult time."

Much of California, including Los Angeles, is under lockdown, and social distancing between households is being encouraged. Hundreds

of donations of laptop computers and mobile phones.

Planned Parenthood Keystone, which operates in Central and Eastern Pennsylvania, is also asking for supplies [it's since been pulled] to continue aborting children during the pandemic. In late March, it asked for donations of "hand sanitizers, home

# 30,000 Physicians Respond to ACOG claims that elective abortions are “essential healthcare”

## *Continuing to perform elective abortions during a pandemic is medically irresponsible*

*Editor’s note. The following comes from five major pro-life medical groups.*

As representatives of over 30,000 physicians who practice according to the Hippocratic Oath, the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), the American College of Pediatricians, Christian Medical & Dental Associations, the Catholic Medical Association, and the Association of American Physicians & Surgeons decry the call to continue elective abortion during the COVID-19 pandemic made by the American College of Obstetricians and Gynecologists (ACOG) and others which falsely characterize elective abortion as essential healthcare.

In such an uncertain and tumultuous time, the entire healthcare profession is being called upon to conserve resources and healthcare professionals to an extent never seen before. And yet, in the midst of this call, while hospitals are postponing elective procedures and many outpatient clinics are rescheduling non-essential office visits, the abortion industry continues with business as usual.

In their recent joint statement, ACOG with several other traditionally pro-abortion medical organizations, made the preposterous claim that “abortion is an essential component of comprehensive

health care” for women, even though elective abortion treats no disease process.

Furthermore, over 85% of practicing obstetricians and gynecologists do not perform elective abortions. If elective abortion were an “essential



component” of women’s health care, it would be a part of every obstetric and gynecologic practice.

Currently, across the United States, services that do constitute essential health care for women, including routine Pap smears, mammograms, and pelvic exams, are being postponed in order to reduce everyone’s risk of exposure to COVID-19, and to conserve scarce medical resources.

Dr. Christina Francis, Chairperson of AAPLOG, recently exposed ACOG’s transformation into a politicized pro-abortion organization in the Wall Street Journal. ACOG spinning “elective” abortion

into “essential” health care is more of the same.

Continuing to perform elective abortions during a pandemic is medically irresponsible. Elective abortion is neither “essential” nor “urgent,” but it does consume critical resources

can also result in hemorrhage. Emergency room personnel – who are already struggling to meet the demands of the COVID-19 pandemic – will be further strained to provide care to these women.

The American Association of Pro-Life Obstetricians and Gynecologists, the American College of Pediatricians, Christian Medical & Dental Associations, the Catholic Medical Association, and the Association of American Physicians and Surgeons call for all elective abortions to be suspended in accordance with the current CDC recommendations pertaining to elective procedures and office visits.

Sincerely,

**Dr. Christina Francis,**  
*Chairman of the Board,*  
*American Association of*  
*Pro-Life Obstetricians and*  
*Gynecologists*

**Dr. Michelle Cretella,**  
*Executive Director,*  
*American*  
*College of Pediatricians*

**Dr. Michael Chupp, CEO,**  
*Christian Medical & Dental*  
*Associations*

**Dr. Michael Parker, President,**  
*Catholic Medical Association*

**Dr. Kristin S. Held, President,**  
*Association of American*  
*Physicians and Surgeons.*

such as masks, gloves, and other personal protective equipment, and unnecessarily exposes patients and physicians to pathogens.

Elective abortion, both surgical and drug induced, also generates more patients to be seen in already overburdened emergency rooms. Most abortion providers instruct women to go to an emergency room if they have any concerning symptoms after the abortion. Approximately 5% of women who undergo medication [chemical] abortions will require evaluation in an emergency room, most commonly for hemorrhage. Surgical abortions



# Pro-aborts demonize governors who rightly conclude elective abortions are not “essential medical care”

By Dave Andrusko

As *NRL News Today* readers are keenly aware, pro-abortionists are incensed that in prioritizing their response to the COVID-19 pandemic, governors in a number of states have issued orders that have properly concluded that elective—elective with a capital “E”—abortions are not “essential medical care.”

Enter Planned Parenthood’s acting president and CEO Alexis McGill Johnson. McGill Johnson slammed a 5th U.S. Circuit Court of Appeals panel which actually did no more than refuse to stay Gov. Abbott’s Executive Order while the pro-abortionists’ challenge winds its way through the court system.

**5th Circuit – Abortion ruling stayed! <https://twitter.com/TXAG/status/1245011573351034882>**

**helping patients get pregnant. Doctors in virtually every field are scrambling to alter care as the new coronavirus spreads.**

McGill Johnson’s subsequent tweet went even further:

**Devastating. No other form of health care is being targeted this way—only abortion #AbortionisEssential**

To state the obvious, this is not true.

McGill Johnson both begs the question (whether abortion truly is “health care”) and conflates this declaration with her definition that abortion as “essential health care.”

ELECTIVE abortions are not being singled out. They are not being performed because these abortion are not essential. As we fight the COVID-19 virus, many medical services not deemed essential are not being performed.

Consider this from the *Associated Press*:

**Some cancer surgeries are being delayed, many stent procedures for clogged arteries have been pushed back and infertility specialists were asked to postpone**

Micaiah Bilger succinctly put it this way: “These are important health care procedures; they help save lives and relieve pain, but they are being delayed so that hospitals have more beds, equipment and staff to treat people suffering from the virus.”

So, Attorney General Paxton could not possibly be more spot on when he says,

**“For years, abortion has been touted as a ‘choice’ by the same groups now attempting to claim that it is an essential procedure... All Texans must work together to stop the spread of COVID-19. My office will continue to defend Governor Abbott’s Order to ensure that supplies and personal protective gear reach the hardworking medical professionals who need it the most during this health crisis.”**



To Planned Parenthood, NARAL, etc. every abortion is, by definition, essential. Thus, any governor, such as Texas Gov. Greg Abbott, who “justly prioritizes supplies and personal protective equipment for the medical professionals in need” (as Texas Attorney General Ken Paxton said), must be demonized.

Here are two of her tweets:

**“How heartless do you have to be to go to extraordinary measures to take away people’s health care?”**

McGill Johnson tweeted this in response to this Paxton tweet:

**UPDATE: Victory at**

# Fewer clinics in 2020, but Planned Parenthood performing more abortions, later abortions, than it was ten years ago.

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

Planned Parenthood boasted nearly nine hundred clinics as recently as 2010. Today, they have just a little over six hundred. Yet, somehow, abortion, the “service” for which they are most widely known, hasn’t faltered. In fact, in their most recent annual report, they reported

clients to the megaclinic.

And, very important, nearly two thirds of all Planned Parenthood clinics now offer at least chemical abortion (“medication abortion,” in their parlance).

Meanwhile, on the organizational front, a lot of the smaller affiliates have been

and those that change the services they offer.

This does not tell us how many abortions each center performs, how many clients they see, the level of staffing they have, or the relative size of their facilities. Independent research sometimes gives us an idea of how or when a clinic closed or when Planned Parenthood builds or relocates to a larger, newer megacenter.

Even so, nailing down a precise number of operating facilities is difficult. Planned Parenthood is opening or closing clinics on a regular basis. How does one count a clinic like the one in Fayetteville, Arkansas, which is “temporarily closed” while they spend nine months looking for a new place to relocate?

Sometimes there are what appear to be two clinics occupying the same address—one that performs abortions, the other that offers other services. Other times they occupy different floors or different suites but otherwise the same address. Phone numbers may be one digit different.

They may, for legal reasons, want to be recognized as different entities. They may be even incorporated under different affiliates, so that the abortion clinic can meet certain health and safety codes or the non-abortion side can still qualify for state or federal family planning money.

But if they share the same staff, the same premises, have the same management, as they appear to in at least 18 cases, it is difficult to determine whether it is best to count these at 18 different clinics or 36.

## The raw numbers

Taking into consideration the caveats mentioned above, Planned Parenthood currently lists 614 clinics, including those that are double booked at an identical or only slightly modified address. Of those 614, 387 (close to two thirds—63%), currently advertise “abortion services.”

Ten years ago, Planned Parenthood listed 872 clinics, with just 302 (about 35%) offering abortion.

That represents the closure of more than 250 clinics from 2010 to 2020, but an overall increase of 85 clinics performing abortion. Most of the new abortion clinics are those which were not previously performing abortions but have since added chemical abortions using mifepristone.

There were 175 Planned Parenthood clinics offering surgical abortions (or, in Planned Parenthood’s lingo, “in clinic” abortions) in 2010, but just 163 such surgical clinics at Planned Parenthood in 2020.

## Later late abortions

Though the number of Planned Parenthood clinics offering surgical abortions declined in the past ten years, more and more of those surgical clinics that remain are offering later abortions. In 2010 just under half, 80, advertised that they performed abortions at 14 weeks gestations, but in 2020, 110, more than two thirds, said they do so.

Perhaps just as disturbing, in just the last four years, at



performing more abortions than ever – 345,672 for 2018. This, while basking in record revenues topping \$1.6 billion a year.

Many fewer clinics, yet PPFA is performing more abortions. How is this possible?

From data we have gathered, it appears that Planned Parenthood has closed many clinics which did not offer abortion and added it to many that previously had not. Several states appear to have built one or more larger regional abortion hubs. These hubs often offer a full range of abortion services, including aborting much older babies, with feeder satellite centers sending their abortion

gobbled up by rich, powerful, more aggressive regional ones.

It all leads to an organization which is leaner, meaner, and considerably richer. And obviously, more dangerous than ever to unborn children and their mothers.

## Getting a Count

Every few years, National Right to Life goes through the clinic data published on Planned Parenthood’s website. We see the number of clinics which are in each state and what services they offer. We compare that data to data published on their website in previous years. We note the appearance of new clinics, old ones that disappear,

## Fewer clinics in 2020, but Planned Parenthood performing more abortions, later abortions, than it was ten years ago.

From page 15

least 32 of the clinics offering surgical abortions increased their upper gestational limit by at least one week. Most increased by at least two weeks (say, from 13 weeks, 6 days, to 15 weeks, 6 days), but some increased by four, six, eight, or even ten weeks!

The upward trend is undeniable. Only a handful (we counted four) decreased their gestational limit from 2016 to 2020.

There were just three Planned Parenthood clinics advertising that they performed abortions at 24 weeks gestation in both 2010 and in 2016, and a couple more saying that they did abortions at 23 weeks or 23 weeks and six days.

In 2020, there were *fifteen* Planned Parenthood clinics offering abortions at 24 weeks. This is in addition to the two which said they would perform abortions on women 23 weeks pregnant or 23 weeks and six days.

### Sound Familiar?

Eleven of the clinics newly offering surgical abortions through near the end of the second trimester were in California. These were all from just two Planned Parenthood affiliates – Planned Parenthood Mar Monte (eight), and Planned Parenthood Los Angeles (three).

In case either of those affiliate names sound familiar, chances are you remember them from the undercover videos provided by the Center for Medical Progress.

This is the same Planned Parenthood Los Angeles affiliate with late term abortionist Deborah Nucatola

saying she would “crush below... crush above” to see if she could get the fetal organs “intact.” The one where fellow abortionist Mary Gatter said she would use “a less crunchy technique” on these late term babies to get “more whole specimens.”

Mar Monte, one of the biggest Planned Parenthood affiliates in the country, was one of those revealed to be involved in contracts with fetal tissue procurer and processor StemExpress.

If so, it appears that rather than be intimidated by the negative publicity associated with their role as fetal tissue suppliers, Planned Parenthood affiliates in California seem to have been emboldened to perform and promote even later abortions!

### Affiliates Shrink to Grow

While by our count, there appears to be six fewer Planned Parenthood affiliates now than there were four years ago, or are now, calculating precisely is a tricky matter.

As mentioned earlier, affiliates in some states incorporate their surgical or abortion facilities under a different affiliate name, although their degree of separation from the regional affiliate may be more a matter of legal technicality than any physical distinction.

For example, Planned Parenthood of Greater Texas (PPGT) has no abortion clinics under its own name, but has six abortion clinics under the name of “Planned Parenthood of Greater Texas Surgical Health Services.” Several of these appear to be large regional megacenters in Austin, Dallas,

El Paso, Ft Worth, and Waco. Those clinics share addresses (except for maybe a different suite or floor number) with other non-abortion performing clinics run by PPGT.

There are similar arrangements between Planned Parenthood of the Gulf Coast and the Planned Parenthood Center for Choice in both Houston and in Stafford, Texas. Planned Parenthood’s large Midwest affiliate, Planned Parenthood of the Great Plains is connected to Comprehensive Health of Planned Parenthood Great Plains, which operates clinics in Wichita and Overland Park, Kansas, and Oklahoma City, Oklahoma.

Another large midwestern affiliate formed when Planned Parenthood’s Minnesota and North and South Dakota affiliate gobbled up the Planned Parenthood of the Heartland affiliate centered in Iowa. It actually lists itself two ways: as “Planned Parenthood North Central States – PPH” and “Planned Parenthood North Central States – MNS,” though it bills itself as a single unified regional affiliate (PPNCS).

Considering the two varieties of PPNCS as one affiliate but counting the specialized abortion affiliates in Texas as separate, there were 61 affiliates in 2016, and 55 in 2020.

### Merging to Make More Money

What appears to be perhaps just a matter of counting actually tells us some important things about Planned Parenthood. Consolidation continues at Planned Parenthood, as smaller less profitable clinics close and larger, richer, more

powerful affiliates take over smaller weaker ones and purge expensive management.

For example, the recent merger of five New York affiliates into one, Planned Parenthood of Greater New York, now involves 28, or close to half the state’s 57 clinics. It is supposed to cover 65% of the state’s population. An officer for the new affiliate told the *Schenectady Daily Gazette* (5/14/19) that one of the ways the merger was supposed to help them “better serve our patients” would be through reductions in the administrative workforce.

If Planned Parenthood can perform as many services, or maybe even more of their most profitable services, like abortion, with fewer employees, they can increase revenues while decreasing expenses.

And this is precisely what the data appears to show.

For reference, in 2010, with 104 affiliates and 872 clinics, Planned Parenthood performed 329,445 abortions and saw overall revenues of \$1 billion, 48.2 million. In 2020, with 55 affiliates and 614 clinics, Planned Parenthood performed 345,672 abortions (2018) and revenues (for fiscal 2019) reached a whopping \$1 billion, 638.6 million.

While Planned Parenthood annual reports from those years show us abortions and revenues were up during that time frame, overall services from 2010 to 2018 (the latest year available) were down 10.7%. Their highly publicized “cancer

See “Fewer,” page 17



## Fewer clinics in 2020, but Planned Parenthood performing more abortions, later abortions, than it was ten years ago.

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screenings” dropped nearly two thirds, or 64.%. Even birth control, Planned Parenthood’s supposed signature product, fell by 50.4%, in those reports.

### Saturation versus Strategic Location

It is no secret that Planned Parenthood is stronger in some states than in others. And depending on their strength and the size of the state, they employ different models to try and extend their lucrative abortion empire.

In some smaller, older states like those on the north eastern seaboard, as well as larger states like California and New York with high population, Planned Parenthood appears to have tried a saturation strategy.

California boasts 111 clinics, a hundred of which perform abortion. New York has the next most in both categories, with 57 clinics, 52 performing abortion. By population, that keeps them in the top ten when it comes to abortion clinics per person, with about one abortion clinic for just under every 400,000 people. A few other larger states with sizeable population like Oregon, Washington state, and Colorado are also fairly saturated with at least one abortion clinic for every half million people.

If one abortion clinic per hundreds and hundreds of thousands of people doesn’t sound like that many clinics, consider this. According to estimates from the U.S. Census bureau, less than 20% of the population were women of “reproductive age” (15-44 years) in 2018. But the overall population figure not only includes large numbers of

women outside this age range but men as well.

More lightly populated states with an inordinate number of abortion clinics like Alaska and Montana also tend to have more clinics per person.

Planned Parenthood abortion clinics are also concentrated in smaller east coast states such as Vermont, Connecticut, and New Jersey. These states also show up on a top ten list counting the number of clinics according to the state’s square mileage, along with Delaware, Rhode Island, and Maryland, but the District of Columbia takes the top spot. Its single clinic serves an area of just 68 square miles.

### The Metro MegaClinic Model

Our study of Planned Parenthood’s clinics also shows another model being employed. In this arrangement, Planned Parenthood sprinkles the state with several non-abortion clinics that feed one or more central large abortion mega-clinics that handle both chemical and later surgical abortions. This is how several larger, more populated states in the Midwest tend to operate.

For instance, Minnesota has 18 Planned Parenthood clinics but just two that offer abortion. The facility in Rochester does only chemical abortions. The megaclinic in St. Paul, in addition to chemical abortions, performs surgical ones all the way up to 23 weeks and 5 days.

In both Ohio and Wisconsin, only three of each state’s 24 Planned Parenthood clinics perform abortions, and all of those perform chemical abortions. In Ohio, each of those three also offer late

second trimester surgical abortions: Columbus up to 17 weeks, 6 days, Bedford Heights (just outside of Cleveland), 19 weeks, 6 days, and Cincinnati at 21 weeks 6 days.

In Wisconsin, two of the three offer surgical abortions, both Madison and Milwaukee advertising abortions up to 19 weeks, 6 days.

Clearly, operating with fewer abortion clinics does not impose a significant limitation on Planned Parenthood’s abortion business. Though figures on the total number of abortions Planned Parenthood performs in Ohio and Minnesota are not available, the relative dearth of abortion clinics did not stop Planned Parenthood Wisconsin from performing 4,128 abortions in 2017, nearly two thirds (64.9%) of abortions performed in the state that year.

### Texas Adapts

Texas, which has 42 Planned Parenthood clinics but just 10 which perform abortions, may be a special case. You may recall that several years ago, when the Supreme Court was considering the *Hellerstedt v Whole Woman’s Health* case on Texas abortion clinic regulations, the media was all agog over the number of abortion clinics which had closed since the disputed law had been adopted (e.g., “Here Are the Texas Abortion Clinics That Have Closed Since 2013.” *Texas Tribune*, 6/2816).

Misleading data on when and why those clinics closed even made its way into the court’s discussions and later decision (see *NRL News Today* analysis, March 8-17, 23, June 30, 2016).

Many clinics did close, but in

many cases, that was because they were unable to sustain business. Texas continued to see demand for abortion dropping, and they faced the prospect of expensive repairs and remodeling to bring aging clinics up to code. But an earlier Texas law from 2011 redirecting state family planning funds to clinics which did not perform abortions probably helps account for the unusual arrangement seen in Texas.

Of the ten Planned Parenthood clinics offering abortion in Texas, only one is officially operated by a standard Planned Parenthood affiliate – a San Antonio clinic run by Planned Parenthood South Texas which performs chemical abortions up to ten weeks and surgical abortion up to 15 weeks and six days. The other nine abortion clinics in the state are officially part of three specialized abortion affiliates – the Planned Parenthood South Texas Surgical Center, Planned Parenthood of Greater Texas Surgical Health Services, and the PP Center for Choice, which is officially a separate corporation, but appears to be connected in some way to Planned Parenthood of the Gulf Coast.

Again, several of these share the same street address (maybe a different floor or suite number) as other non-abortion performing clinics. Two of these special surgical affiliates are directly linked to the websites of Planned Parenthood’s regular Texas affiliates.

See “Fewer,” page 18

# A crisis pregnancy that ended well brings joy to a world thirsting for good news

*One woman's valiant decision to protect her child from the culture of despair can bring hope to countless others.*

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

The unexpected announcement came on a day that had been filled with dire developments flooding social media news streams.

This particular news bulletin came across the electronic transom in the most inauspicious of ways—a two-line email response. The message was short, but exceedingly sweet: a pregnant woman who had been contemplating abortion had changed her mind—and, as a result, changed the world surrounding her.

That single, beautiful life that had been saved brought joy to a number of hearts that were so hungry for good news. No, the announcement would not

be delivered on cable news, but that one woman's decision for life was of immense



importance—for herself, her family and friends, and her community.

One woman's courageous "yes" to life can have a tremendous ripple effect,

encouraging other women to boldly and enthusiastically embrace the babies hidden

within them.

One woman's valiant decision to protect her child from the culture of despair can bring hope to countless others.

One woman's empowering

choice can have lasting, life-affirming effects for generations to come.

The amazing, incredible, and love-filled truth is that our nation is strengthened by each solitary decision in defense of the life in the womb. Each baby saved from the scourge of abortion is a human being of breathtaking possibility.

Every "yes" to life is a "yes" to true freedom, to human dignity, to the hope that does not disappoint. It is a captivating serenade amidst a din of noise and negativity. Each "yes" is an antidote to fear amidst trying circumstances.

And in that "yes," new dreams are born.

## Fewer clinics in 2020, but Planned Parenthood performing more abortions, later abortions, than it was ten years ago.

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The reason for this arrangement is not spelled out, but it may be to enable the non-abortion clinics to qualify for state family planning money, or to ensure that only certain of their facilities have to qualify to meet state health department requirements for ambulatory surgical centers.

In any case, Planned Parenthood seems to have adapted to the situation in Texas by expanding facilities or setting up large abortion megaclinics in major metropolitan areas

such as Houston, Dallas, and San Antonio which can handle large volumes of referrals from regular Planned Parenthood clinics in the surrounding area.

A similar situation appears to exist in Missouri. Faced with state regulations on clinics being litigated in the courts they believe threatened operation of the state's lone abortion clinic in St. Louis, Planned Parenthood of the St. Louis Region and Southwest Missouri recently set up a new megaclinic just across the river

in Fairview Heights, Illinois (*NRL News Today*, 10/14/19).

### Explaining what it means

Whether it is by packing the state with clinics, adding chemical or surgical abortion services to existing clinics, or simply building large regional abortion megacenters, the point is that Planned Parenthood has maintained or expanded its lucrative abortion business, even while their overall number of its clinics has been in steep decline.

It explains a lot.

It explains how you can have at least 250 fewer Planned Parenthood clinics than ten years ago, but still add to the number of Planned Parenthood clinics performing abortion.

It explains how Planned Parenthood got to be the nation's largest abortion provider, now performing four out of every ten abortions in the United States.

It explains why when people think of "Planned Parenthood," they think "abortion."

# Trump Administration stands tall in ensuring that treatment decisions do not violate the civil rights of COVID-19 victims

By Dave Andrusko

When even the Trump-hating *New York Times* has a few good words to say about anything the Trump administration has done, you know the action is close to unassailable. What am I referring to?

*NRL News Today*, our Monday through Saturday pro-life compendium, recently discussed a very, very important Bulletin issued by the Office of Civil Rights (OCR) which is housed in the U.S. Department of Health and Human Services (HHS). The Bulletin directed covered entities to follow the law to ensure that civil rights are not violated in the treatment of those diagnosed with COVID-19.

You would think such an order would not even be needed. But it was—and will continue to be. There had already been plenty of rumblings that in the midst of the COVID-19 pandemic, “some people” were not as important as others—certainly not important enough to receive scarce medical resources.

Here are the lead paragraphs from a story written by Sheri Fink of the *New York Times*:

**The director of the federal health department’s civil rights office said on Saturday that his office was opening a series of civil rights investigations to ensure that states did not allow medical providers to discriminate on the basis of disabilities, race, age or certain other factors when deciding who would**

**receive lifesaving medical care during the coronavirus emergency.**

**The office released a new bulletin on civil rights during the coronavirus crisis, days after disability**

**an interview that in response to multiple complaints, his office was opening the investigations to ensure that state-mandated rationing plans “are fully compliant with civil rights law.” He**

*Washington Post*, Ariana Eunjung Cha observed

**Several large hospital systems — Atrium Health in the Carolinas, Geisinger in Pennsylvania and regional Kaiser Permanente networks — are looking at guidelines that would allow doctors to override the wishes of the coronavirus patient or family members on a case-by-case basis due to the risk to doctors and nurses, or a shortage of protective equipment, say ethicists and doctors involved in those conversations. But they would stop short of imposing a do-not-resuscitate order on every coronavirus patient. The companies declined to comment.**

Stop short.... for now?

Fink’s story is significant particularly because two states which had plans that they backed off of—one argued the guidelines had been “greatly misunderstood.” What we do know, from Fink’s article and elsewhere, is that Alabama’s plan said patients

**with “severe or profound mental retardation” as well as “moderate to severe dementia” should be considered “unlikely candidates**



**rights advocates filed complaints arguing that protocols to ration lifesaving medical care adopted by Alabama and Washington State were discriminatory.**

**“Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism,” Roger Severino, the office’s director, said in a news release. “Persons with disabilities, with limited English skills and older persons should not be put at the end of the line for health care during emergencies.”**

**Mr. Severino said in**

**said his office had heard from “a broad spectrum of civil rights groups, pro-life groups, disability rights groups, from prominent members of Congress from both sides of the aisle, from ordinary people who are concerned about their civil rights in this time of crisis.”**

These are, obviously, very iffy times, but especially for the disabled, the elderly, and others with chronic medical conditions who are in the bullseye of those who itch to ration medical care in the best of times, let alone in a pandemic. For example, writing for the

*See “Treatment,” page 29*



# SPUC seeks legal recourse as government extends DIY at home abortion due to Coronavirus crisis

By SPUC—the Society for the Protection of Unborn Children

The Government is facing the prospect of a courtroom challenge after a policy U-turn which will allow women to carry out DIY abortions at home in the midst of the coronavirus crisis. John Deighan, SPUC Deputy Chief Executive said: “In light of the confirmation that the Government has changed the policy on abortion to allow both abortion pills to be used at home, SPUC has instructed its legal team to examine the new proposals with a view to instigating judicial review proceedings against the policy.”

The Government proposal will permit women to take the required two abortion pills at home which SPUC believes to be a breach of the existing legislation.

Mr. Deighan said: “It is our understanding that such a policy is beyond the scope of the Abortion Act. However, we will closely examine the policy and take appropriate action based on the best legal advice.”

## “A shambolic and rudderless Government”

A debate on the issue peaked on March 23rd regarding the use of abortion pills at home.

For several hours there existed a formal policy that legalised ‘DIY’ abortions. An official letter, published on the Department of Health website, and signed by Mark Davies, Director, Population Health, classed the home of a doctor as a place where abortion could be prescribed and the home of the woman as the place where the abortion could take place.

Later that evening the document on the Department of Health website was removed, with the website stating that the announcement was “published in error, there will be no changes to abortion regulations.”

The Health Secretary was clear when telling Parliament that there would be no change in the law in this area and the dangers to women were strongly expressed in the House of Lords.

Pro-abortion groups reacted angrily and have been clamoring for the policy to be re-instated, which the Health Secretary has now caved in and agreed to.

On March 30th, a Department of Health and Social Care spokesperson announced that guidance had been updated and

women would be permitted to use abortion pills at home without visiting a clinic.

Mr. Deighan continued: “What we are witnessing is

**taking of human life by abortion.**

**“It is unbecoming of the pro-abortion groups to take advantage**



a shambolic and rudderless Government which has made no less than three contradictory statements in a matter of days.

**“Let it be crystal clear: any medical professional must act in compliance of the law. SPUC is therefore contesting home abortion pill use which heightens physical and psychological dangers for women, and as trivialising the**

**of our current crisis to pressure the government and threaten further strain on our NHS resources. The evidence that abortion pills raise the level of complications for women is clear. Our health service does not need the pressure of dealing with emergencies arising from women self-aborting at home.”**

# British Govt Spends Over £1,000,000 in one year to fly pregnant women from Northern Ireland to Great Britain to kill their unborn babies

By Alithea Williams, SPUC—the Society for the Protection of Unborn Children

Since June 2017, the British Government has been funding women from Northern Ireland to come to Great Britain for abortions. Just how much taxpayers' money has been spent on flying women over to have their unborn children killed has now been revealed.

Minister of State (Department of Health and Social Care) Helen Whately spelled out how this money is being spent: “The cost of supporting women travelling from Northern Ireland to England to access abortion services in 2018/19 was around £1.08 million [over \$1,300,000 in American dollars]. This includes the cost of the procedure and travel and accommodation. The cost of this scheme is met by the Government Equalities Office through funding provided by HM Treasury.”

One million pounds in a year! Given that the abortion statistics show that there were 1,053 abortions for women in Northern Ireland in 2018, that means about a thousand pounds on average is being spent per woman.

What about women in crisis pregnancies who want help to keep their baby? Are they getting this kind of free government money? For many women, a



thousand pounds could go a long way to alleviating any immediate financial difficulties which may be leading them to consider abortion. But no, the Government will only “help” you if you want to abort your baby.

We know that the Government does not fund alternatives to abortion in England and Wales. When asked, “What alternatives to abortion are

offered by clinics which provide NHS-funded abortions when providing abortions which are so funded”? The answer from the Department of Health

women from Northern Ireland in 2018 is an increase of 192 from 2017. Clearly, the offer of funding not only the abortion, but the associated travel and accommodation has made a difference to the number of women travelling for abortion. How many lives have been lost because abortion has been made such an easy option, whilst alternatives have not? And how many women have wanted to change their minds and choose life, but have felt unable to do so, because the Government has already paid for their whole abortion trip?

With the imposition of an extreme new abortion framework on Northern Ireland, doubtless less money will be spent on women travelling from Northern Ireland for abortion. But this shocking figure is an illustration of how far government will go in pursuit of the abortion agenda, as tragically illustrated by the government decision to authorise both stages of the medical abortion procedure at home earlier last week.

was: “The Department does not directly fund services that provide advice on unplanned or crisis pregnancies.” There has been no indication that the Central Booking System, which directs women in Northern Ireland to GB abortion clinics, offers any alternatives either.

The abortions statistics also say that the 1,053 abortions for

# ‘She Saved Me:’ ‘American Idol’ Airs Powerful Pro-Life Adoption Story

By Alexa Moutevelis

Amidst all the darkness in the news, one 23-year-old waitress from Idaho brought in some much-needed light with her pro-life story of adoption that aired on *American Idol* this week.

Contestant Amber Fiedler was 9 months pregnant when she first auditioned for the *American Idol* judges. It was then that she told them of her decision to place her baby for an open adoption, saying:

**The last few years I was going out and drinking a bunch. I was getting caught up in life. With this pregnancy, I’ve learned who I was as a person. I’ve had time to sit and think, and looking at the big picture of life – there’s days where I don’t even have \$20 in my pocket. If I’m not ready to be a mom, why would I put her through that, you know? ... Having the time to think and reflect on my life, the baby, she saved me. She really did.**

What a powerful pro-life testimony!

By the time she sang during *AI*’s Hollywood Week, in an episode that aired last Monday night, Fiedler was 3 weeks post-partum and told judges she felt, “Really good.”

“It was such a beautiful moment when she came out and just seeing the adoptive mom hold her – it felt right,

it felt good, it felt peaceful and I’m really happy about my decision,” Fiedler said, revealing the adoptive family named the baby Nora Rose, the



Rose after Fiedler’s red hair.

“She’s really going to bring a lot of light to a lot of people’s lives – I mean, she’s brought a lot of light to my life,” she added. “I have a really good feeling that I really am gonna help people and help girls who are going through what I went through. ...It’s all for her.”

She went on to sing “Rise Up” by Andra Day which ended in a standing ovation from the judges.

[A week ago] Sunday, Fiedler posted an update to Instagram saying she was “speechless with how much support has been pouring in since my audition aired.” She went on to describe how she knew the experience was God’s plan and that having

her daughter “saved” her and made her realize her “worth:”

**...Nora was born happy and healthy. It was the most beautiful**

**I was quite literally throwing my life away. She saved me because she brought me out of that, and made me realize my worth. I’m not ready to be a mom. I realize the mistakes I made, and I will be smarter. She has so much love in her life. I’m excited for y’all to see her grow with me!**

So many babies conceived in difficult circumstances are aborted and it would have been easy for Nora to have become just another abortion statistic. God bless Fiedler for turning her struggles into a positive, life-affirming, life-changing experience for others to learn from. Hopefully she gets many more opportunities to share her story with the world as *American Idol* continues. She is truly an inspiration and we wish her well in the competition.

Unfortunately, also this week, it was reported that a 15-year-old *American Idol* contestant went through singing a pro-abortion, pro-Planned Parenthood song she had written, titled “My Body, My Choice,” to protest pro-life abortion laws. It doesn’t appear that the song was played on air.

*Editor’s note. Unfortunately, Amber lost out in a subsequent round in this year’s competition. This story appeared at Newsbusters and is reposted with permission.*

**experience to be a part of. To watch the adoptive mom hold her when she came out. I knew in that moment, it was the right thing. Nothing about the birth made me second guess my decision. I knew the moment I made the decision it was what God had planned. American Idol did an amazing job smashing my story in 3 minutes, INCREDIBLE. There were a lot reasons why I placed Nora for adoption and I wasn’t making smart choices with my life (hence why I got pregnant).**



# Argentinian Court upholds prison sentence for doctor who refused to abort baby at 23 weeks

By SPUC—the Society for the Protection of Unborn Children

An Argentinian appeal court has upheld a 14-month prison sentence for a doctor who refused to perform an abortion on an unborn baby at 23 weeks gestation. John Deighan, SPUC Deputy Chief Executive has described the situation as “outrageous and beyond belief.”

Argentinian Obstetrician and Gynecologist, Dr Leandro Rodríguez Lastra, was found guilty of “breaching the duties of a public official” in 2019, after he refused to perform a late-term abortion two years previously in 2017.

## The circumstances – He saved the woman’s life

Abortion is illegal in Argentina. It is only permitted during certain circumstances such as rape or if pregnancy is believed to pose a threat to the mother’s health.

In 2017, a 19-year-old woman, who was 20 weeks pregnant following a rape, was suffering extreme pain after consuming misoprostol, the first of two abortion drugs. She was brought to Dr. Rodríguez Lastra who found that she had developed a septic infection and was at risk of losing her uterus and may have died. He did not perform an abortion, determining that the procedure

posed too great a risk to the life of the mother and the unborn child.

Dr. Lastra administered drugs to the patient to reverse the effects of the misoprostol. The 19-year old woman agreed with

Meynet stated that because the doctor was not in the registry of conscientious objectors, he was duty bound to perform the abortion.

The sentence is expected to be appealed and over 130,000



Dr Rodríguez Lastra. She later gave birth and placed the baby for adoption.

An obstetric expert testified that this diagnosis was correct, and that Dr Rodríguez Lastra saved the woman’s life.

However, the charges brought against Dr Rodríguez Lastra were pursued by pro-abortion activist, Marta Milesi, not the patient.

In 2019, Judge Álvaro Meynet, sentenced Dr. Lastra to 14 months imprisonment and 28 months disqualification from holding public office. Judge

people have signed the petition in support of Dr. Lastra.

Mr. Deighan said:

**“The situation in which this good doctor finds himself is beyond belief. The action undertaken by this doctor saved both the life of the mother and her child. This is what genuine life-saving healthcare looks like. Dr Rodríguez Lastra should be commended for his actions – the work of a doctor whose**

**vocation is to uphold and save lives.**

**“The very fact that legal charges were brought forward by external pro-abortion activists, and not the patient concerned, illustrates clearly the deep hostility and hatred within the pro-abortion lobby, towards anyone with a pro-life position, even in an instance like this when the doctor has obviously acted in the best interests of the other and child.”**

## Abortion ideology discriminating against doctors

SPUC has been reporting on the crusade against medical professionals who do not comply with pro-abortion ideology.

Earlier in March, SPUC reported on how two nurses in Sweden were refused employment as midwives due to their pro-life beliefs.

In 2019, South African doctor, Jacques de Vos, faced charges of ‘unprofessional conduct’, after he told a patient that “a foetus is a human” and claimed that abortion kills a human.

# Multiple faulty reasons to justify vetoing a bill to treat abortion survivors equally

By Dave Andrusko

This may be the single strangest veto of a pro-life bill that I have ever read.

Wyoming Gov. Mark Gordon vetoed Senate File 97, sponsored by State Sen. Cheri Steinmetz. As *NRL News Today* previously reported, SF 97 requires physicians to “take medically appropriate and reasonable steps to preserve the life and health of an infant born alive” following an attempted abortion.

Gordon’s veto is very much worth reading in its entirety. Let’s go through it.

#1. The bill “doesn’t limit abortion...” Ironically, among the typical pro-abortion laments (although it is not true) is that bills such as the federal Born-Alive Abortion Survivors Protection Act **do** limit abortions....somehow.

Of course, as Sen. Ben Sasse (R-Neb.) explained in many eloquently speeches in committee and on the Senate floor, this “isn’t a debate about third-trimester, or second-trimester, or first-trimester abortion.” Rather it’s “about making sure that every

newborn baby has a fighting chance – whether she’s born in a labor and delivery ward or whether she’s born in an abortion clinic.” No more treatment for a baby who survives an abortion than any other newborn of the same



Wyoming Gov. Mark Gordon  
Photo: Mike Groover

gestational age, but no less, either.

#2. Gordon takes refuge in the 2002 Born-Alive Infants Protection Act because, he writes, the law says that any baby born alive during an abortion is a “person.” Not to treat such a baby, Gordon argues, would put an abortionist “in violation of any federal law

that protects a person, human being, child, or individual.”

But this ignores the whole panoply of evidence that the law is ignored because there are **no enforcement penalties!**

As NRLC has explained numerous times, in the years since the Born-Alive Infants Protection Act was enacted, “evidences have multiplied that some abortion providers do not regard babies born alive during abortions as persons, and do not provide them with the types of care that would be provided to premature infants who are born spontaneously. In some cases, such born-alive infants are even subjected to overt acts of deadly violence. In 2013, Dr. Kermit Gosnell of Philadelphia was convicted under state law of multiple homicides of such born-alive infants, but such a prosecution and conviction is uncommon. In some jurisdictions, local authorities seem reluctant to investigate reports of infants born alive during abortions, or to bring appropriate indictments even in cases in which the publicly reported evidence of gross

neglect or overt lethal acts seems strong.”

#3. There already are laws on the books, Gordon writes, to punish abortionists who abort once a “fetus has reached viability.” But who decides “viability”? The abortionist. Moreover—again—bills such as SF 97 are not mandating “futile” measures. They say merely what you would do for a preemie born in the conventional manner you do for the abortion survivor. Finally...

#4. This law is actually counter-productive, Gordon maintains in his veto letter, because it would “eliminate the opportunity for a child to pass away in the loving arms of parents, rather it would require that a child be removed from those loving parents and placed in a situation where the child might still pass away in the midst of stressful, painful and futile efforts to resuscitate.”

Does Gov. Gordon understand the bill is about babies who are **abortion survivors?**!

We can only hope the Wyoming legislature overrides Gov. Gordon’s veto.

# Planned Parenthood Keystone becomes a 100 percent abortion operation

*Pa. Legislators call on Gov. to enforce own order banning elective surgical procedures*

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

A number of state lawmakers in Pennsylvania are incensed that Planned Parenthood is continuing to perform abortions in the Commonwealth in the midst of the campaign to stop the spread of the Coronavirus crisis.

They are calling on Governor Tom Wolf to enforce his own order, which allows ambulatory health care services to continue, but bans elective surgical procedures during the current pandemic

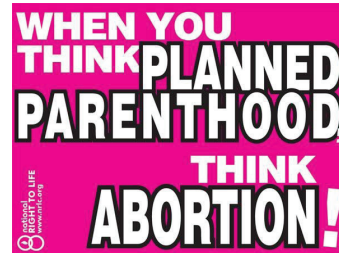
State Senator Douglas Mastriano (R) sent a letter to

the Governor, calling on him to ensure that Planned Parenthood Keystone comes into immediate compliance with the elective surgery ban.

Planned Parenthood Keystone has gone as far as possible in the opposite direction: it has become a 100 percent abortion operation. It announced on its website that its locations were open only to do abortions.

Governors throughout the nation have ordered that elective abortions cease as medical professionals scramble to deal with the fallout from

the Coronavirus. Masks and other medical goods are in short supply and, by operating



its abortion business, Planned Parenthood is using equipment that is critically needed by hospitals to combat the deadly Coronavirus.

Abortion centers in Pennsylvania are regulated as ambulatory surgical facilities under a 2011 law. The statute resulted from the tragic Kermit Gosnell case. The West Philadelphia abortionist Gosnell was convicted of murdering three newborn babies and of involuntary manslaughter in connection with the death of patient Karnamaya Mongar. As a result of that trailblazing law, as many as nine abortion facilities have shut their doors because they could not or would not meet basic health and safety standards.

## COVID-19's Impact on the 2020 Elections

*From page 1*

the Republican National Convention, which is scheduled for the week of August 24, in Charlotte, North CaR.

While pro-abortion former Vice President Joe Biden is the presumptive Democratic nominee, pro-abortion Independent Socialist Bernie Sanders sees a slim, but possible chance to secure the nomination. Thus, we may not know who the Democratic presidential nominee will be until late August.

On the life issue, it won't matter which of the two is the nominee, since both Biden and Sanders support the Democratic platform of unlimited abortion through birth and using taxpayer dollars to pay for them.

In contrast, pro-life President Donald J. Trump and his Administration have established more pro-life policies than any other president in history.

For an updated downloadable presidential candidate comparison to see where the

presidential candidates stand on life issues, go to: [www.nrlc.org/uploads/records/2020POTUScomparison.pdf](http://www.nrlc.org/uploads/records/2020POTUScomparison.pdf)

A summary of President Trump's record on life issues is available here: <http://www.nrlc.org/uploads/records/trumprecord.pdf>

### PRIMARY ELECTIONS

How are primary elections being affected?

The wildest changes came in Wisconsin. On Monday, the day before the presidential primary, Gov. Tony Evers suspended the election. Late in the day, the state Supreme Court "ruled 4-2 that Wisconsin's elections on Tuesday should carry on, overruling Evers's earlier decision to delay the elections until June 9 because of the coronavirus," the Hill reported. "Republicans had challenged Evers's order, arguing that the move violates state law."

Many states have changed their primary elections. Alaska, Connecticut, Delaware, Georgia, Hawaii,

Indiana, Kentucky, Louisiana, Maryland, New York, Ohio, Pennsylvania, Rhode Island, West Virginia, and Wyoming have rescheduled their primary election dates due to the coronavirus.

Several states, including Alaska, Hawaii, Nevada, and Wyoming, have changed to mail ballots only.

Because Kentucky, Louisiana and New York have postponed their presidential primaries beyond the June 9 deadline set by the Democratic National Convention, they are at risk of losing half of their delegates at the nominating convention.

### SPECIAL ELECTIONS/ RUNOFFS

How have the special elections and primary runoff elections been affected by the coronavirus?

Alabama's primary runoffs have been postponed from March 31 to July 14. North Carolina's runoffs have been changed from May 12 to June 23.

Of the four Congressional special election remaining, two have been changed.

The special election in Maryland's 7<sup>th</sup> Congressional District will continue to be held as scheduled on June 2. However, it will be by mail-in ballot only.

The special election in New York's 27<sup>th</sup> Congressional District has been rescheduled from April 28, until June 23.

COVID-19 has presented all Americans with challenges that we must overcome, one of which is handling our right to vote and election of those who will enact laws protecting all lives.

As with all elections, turnout will be key. So, remember to vote, whether by mail ballot or in person, and remind our pro-life friends and family to do the same.

Watch for future issues of *NRL News* and *NRL News Today* for updates and information about the 2020 elections.



# Life-affirming stories abound in a time of great uncertainty

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

Even in the midst of a frightening pandemic, where grim forecasts predict massive death tolls, life-affirming stories are emerging.

I happened to be standing in a line at the supermarket, keeping my social distance, when I could not help but overhear a wonderful conversation which speaks to the dignity and value of all human life.

An elderly woman had turned to the middle-aged father and son behind her and started to ask them questions about their lives. She learned that the family actually numbered thirteen—and the mother was pregnant.

To this family, each child was an abundant blessing, an unrepeatable, one-of-a-kind creation. Each member of the household had equal worth—including the child nestled safely in the mother's womb.

Rather than a burden to be discarded like a used tissue, the preborn child was celebrated and revered. The life of that unborn baby is filled with tremendous possibility and promise, which his or her

parents deeply recognize.

In a society that all too often does not honor life, this family is a shining example of hope—the kind of hope that can bring healing to us all.

In this unique time, look around you. See the blessing

of each individual member of your family. Treasure each beloved friend. Know that each person is a gift who can bring about a world of change—something our world sorely needs...especially right now at a time of great uncertainty.

As apprehension and concern grip our nation, let us all be the voice that reassures that each and every life remains beautiful, inviolable, and deserving of the full protection of the law.



## An Update on State Pro-Life Legislation

*From page 8*

legislature. It is noteworthy that the Kentucky Senate passed it unanimously.

Trigger laws were introduced in Idaho, Ohio, and Utah. As noted above, these laws will not go into effect unless Roe is reversed, granting states the power to prohibit abortions. Idaho's law and Utah's law were signed by their respective

Governors just last week.

Abortion Pill Reversal (APR) was introduced in Iowa, Michigan, Ohio, Tennessee, and Virginia. In Iowa and Tennessee, it has passed a committee. In Ohio it passed their Senate last November. The Florida legislature amended their parental notice law to a parent consent and Gov. Ron

DeSantis has indicated that he would sign the bill.

While the COVID-19 outbreak may have stopped any pro-life legislation from moving further along, NRLC and its affiliates have been hard at work making significant strides in state legislatures nationwide. The amount of pro-life laws introduced and

passed exceptionally outweighs what the pro-abortion lobby is capable of getting passed. Even during this pandemic, our entire staff and affiliates are diligently working from our homes to make sure that we can advocate effectively for those without a voice.

# Fending off the Abortion Industry's lust for more abortions during the COVID-19 epidemic

By Dave Andrusko

Let's compare and contrast the following two items. Taken together, they are hugely revealing. The first is a tweet sent out by Texas Attorney General Ken Paxton:



Second, there is this headline for the abortion-obsessed *New York Times* editorial page: “Make Abortion More Available During the Pandemic — Not Less.”

We’ve written about the amusing (in a perverse sort of way) pro-abortion conceit that pro-lifers are “taking advantage of the Coronavirus.”

Of course this is the usual pro-abortion attempt to shift our eyes away from the obvious: it is the **abortion industry** and its seemingly endless list of media admirers who are trying to leverage a tragedy. (It is very, very much like what Democrats attempted to do with the fiscal stimulus package.)

As a big-time newspaper, *The Times*’ editorial recycles this malarkey along the customary lines. Here’s how it works.

In order to preserve supplies of life-saving PPEs [Personal Protective Equipment] and to “flatten the curve” of the COVID-19 pandemic, states are urging that **all** elective surgeries be postponed. *The Times*’ editorial page channels a statement put out by the pro-abortion American College of Obstetricians and Gynecologists (and others) that “Abortion is an essential component of comprehensive health care.”

So, there shouldn’t be a prohibition on elective abortions, *The Times* argues. But.....there is much more on their list of agenda items.

On the theory that you “never let a crisis go to waste,” the editorial page argues that “A lack of timely access to abortion” is all the more reason to promote two of its long, long-standing objectives.

First, make it easy as pie to obtain the two abortifacients that make up “medication” abortions –mifepristone and misoprostol. They write

**Given the coronavirus pandemic, it is incumbent on the F.D.A. to relax its regulation on mifepristone, at least temporarily. Doing so would allow many women to get a prescription for abortion-inducing drugs from a doctor via telemedicine, at which point the medications could be mailed to the patient.**

Note the irony. Earlier in the editorial, they whine that once abortion clinics close, often they do not re-open.

But any “temporary” relaxation would be difficult to reinstate. However, the *Times* doesn’t care that “The F.D.A. says that the regulation, known as a REMS (risk evaluation and mitigation strategy), is needed ‘to ensure that the benefits of the drug outweigh its risks.’”

Why? Because “reproductive rights experts [the usual array of pro-abortion researchers who grind out study after study] note that the drug is very safe and argue that it is overregulated.”

As I wrote, “It is impossible to persuade any abortion advocate to acknowledge the number of women whose deaths are associated with the use of chemical abortifacients. Or the thousands and thousands of ‘adverse events,’ many of which are very, very serious.”

The second objective *The Times* and the Abortion Industrial Complex are trying to accomplish by exploiting the COVID-19 pandemic is to end the Hyde Amendment. The Hyde Amendment prevents almost all federal funding of abortion and is credited with saving well over two million lives. Prior to the Hyde Amendment, as NRLC testified, “[B]y 1976, the federal Medicaid program was paying for about 300,000 elective abortions annually, and the number was escalating rapidly.”

Dressed up in concern “for the poor,” the objective (never stated but inevitable) of gutting the Hyde Amendment is to reverse the steady diminution in the number of abortions.

According to the pro-abortion Guttmacher Institute, “Approximately 862,320 abortions were performed in 2017, down 7% from 926,190 in 2014.”

Consider how far we have come in the right direction. In 1990, **1.6 million** unborn babies lost their lives! From an industry and a political party (the Democrats) who believe there will always be an “unmet need” for more killing, the Hyde Amendment is insufferable.

Pro-lifers have—and will continue—not only to make unassailable case that elective abortions are not “essential medical services,” but also fight the assault launched by Planned Parenthood and its enablers in Congress and the states against laws that protect both women and unborn children.

# Governor Suspends Medical Procedures Due to Pandemic

By Mary Anne Buchanan

West Virginians for Life applauds Governor Jim Justice, who, with the support of Attorney General Patrick Morrisey, has announced that all health care facilities postpone all surgeries and procedures that are not medically necessary during the current COVID-19 pandemic. In his statement the Governor said he would “suspend all elective medical procedures” effective 11:59 p.m. tonight.

This should mean that elective abortions will not be available in West Virginia during this pandemic. However, those defined as medically necessary according to WV code will still be available to women and girls in those rare instances. In WV Code §16-2M-2 “medically necessary” abortions are defined in part as

**“a condition that... so complicates the medical condition of a pregnant female that it necessitates the immediate abortion of her pregnancy ...to avert her death or... will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions.”**

A number of states, among them neighboring Ohio, have

included abortion in their calls to cancel all non-essential or elective surgeries. The purpose of these directives is to prevent the spread of COVID-19 and to preserve personal protective

In addition, the physicians point out that “Elective abortion is neither ‘essential’ nor ‘urgent,’ but it does consume critical resources such as masks, gloves, and other

for Life, stated, “In a February 2020 West Virginia poll conducted by Triton Polling, only 22% of registered voters support abortion for elective reasons. We support Governor



*West Virginians for Life leaders with Governor Jim Justice after the March 2, 2020 Born-Alive Abortion Survivor bill signing. Pictured (L to R): Hilda Shorter (Raleigh County president), Kathy Crowe (Kanawha County), Missy Ciccarello (Kanawha County president), pro-life Governor Jim Justice, Dr. Wanda Franz, president of WVFL, and Bo Burgess (Mason County president).*

equipment (PPE) for use by those engaged in serving the needs of COVID-19 patients.

Representatives of over 30,000 physicians have responded to the claims of pro-abortion medical groups that elective abortions are “essential healthcare.” In their response, the 30,000 physicians point out that “elective abortion treats no disease process” and “[c]ontinuing to perform elective abortions during a pandemic is medically irresponsible.”

personal protective equipment, and unnecessarily exposes patients and physicians to pathogens. Elective abortion, both surgical and drug induced, also generates more patients to be seen in already overburdened emergency rooms.” They indicated that 5% of women who undergo medication (chemical) abortions end in an emergency room, usually for hemorrhage.

Wanda Franz, Ph.D., president of West Virginians

Justice and Attorney General Morrisey in protecting the public and preserving resources for use by those fighting COVID-19.”

National Right to Life Director of State Legislation Ingrid Duran commented that, “West Virginians understand elective abortions are not healthcare. Abortion facilities should instead donate PPE’s to the brave healthcare workers working day and night to save lives.”



# New life inspires hope amidst the fear surrounding the Coronavirus

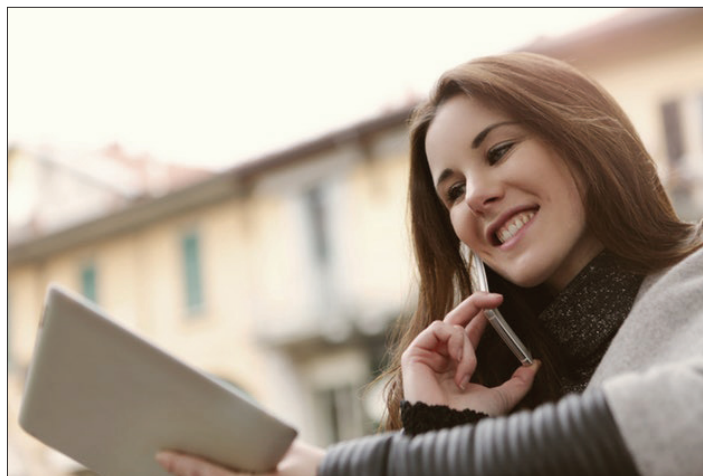
By Maria V. Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

The group of ladies joked that they should start their own reality show, based upon their attempts to get together through a Facebook Messenger video chat. They had gathered through the miracle of cyberspace for connection, positivity amidst the pandemic, and prayer.

In fact, they have been finding the experience so uplifting that they are video chatting as many as three times a day. You can see the changes in their expressions as they emerge from the isolation of their homes and move into fellowship with their friends thanks to a handy Internet connection.

The camaraderie between the women is so great that they even communicate typed

messages to one another between video calls. In one of those exchanges, a member of



the group had exciting news to share—her godson had just been born.

In the face of great fear surrounding the coronavirus outbreak, these women had

found hope. They wrote of the tremendous blessing of this baby amid a sea of bad

news. They offered their congratulations and well wishes. And they expressed the wonder and gratitude that a new life had given.

This baby joy was infectious. On a tough day of epic proportions, the announcement of that child's emergence into the world brought unbridled happiness.

Ironically, the young lad's name is Rocco. His namesake is recognized by the Catholic Church as a patron of those suffering from plagues.

Little Rocco's friends in the prayer group hope that his birth is a sign that our modern-day plague will soon subside.

## Trump Administration stands tall in ensuring that treatment decisions do not violate the civil rights of COVID-19 victims

*From page 19*

for ventilator support" during a period of rationing. Washington's guidance recommends that triage teams consider transferring hospital patients with "loss of reserves in energy, physical ability, cognition and general

health" to outpatient or palliative care.

On Saturday, Severino said, "Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism." He added, "HHS is committed to leaving no one behind during an emergency and helping health

care providers meet that goal. Persons with disabilities, with limited English skills, and older persons should not be put at the end of the line for health care during emergencies."

Near the end of Fink's story, which ran Sunday, we read

**If the country reached a point where health care rationing standards**

would be applied, Mr. Severino said, "those standards must comply with civil rights laws."

"Ultimately the question as to resource allocation is not a scientific or medical one," he added. "It is ultimately a moral and legal one."

# Maryland Right to Life Achieves Victories for LIFE, Unifies Pro Life Movement in Maryland

By Julie Biasotti, Director of Administration, MDRTL

There is exciting news from the state of Maryland with two significant victories for life during the abbreviated 2020 Maryland General Assembly. Senate Bill 664 (SB664), an Abortion Amendment that threatened to enshrine abortion in the Maryland state constitution was successfully opposed. Senate Bill 701 (SB701) Physician Assisted Suicide was denied any vote. Several other bills were defeated, including House Bill 96, which would have redefined a human embryo as a gamete, effectively deregulating the trafficking of embryos. In the process of securing these legislative wins, Maryland Right to Life (MDRTL) skillfully lead the unification of the community of pro-life organizations scattered throughout the state. Through unprecedented church outreach, grassroots messaging and tireless lobbying efforts, MDRTL moved the needle towards the realization of a pro-life Maryland.

On March 11th, in a stunning turn of events, SB664 Declaration of Rights – Right to Privacy was withdrawn by its sponsor Senator Susan Lee (D) from the Senate Judicial Proceedings Committee mere minutes before the hearing was to take place. This was a direct response to a groundswell of opposition spearheaded by MDRTL.

Federal and state courts have consistently held that a constitutional right to “privacy” includes a woman’s right to have an abortion. This privacy amendment therefore would have invalidated all existing

health and safety statutes and regulations regarding abortion and bar any future attempts to pass lifesaving legislation such as a partial birth abortion or dismemberment bans.

Even so, it was a challenge to convince some within the pro-life community as well as many pro-life legislators of the dangers of SB664, because it did not mention abortion clearly, or identify it as an amendment on abortion. This was a herculean task requiring extensive communications and outreach.

“The Constitution is silent on the issue of abortion, but clearly affirms the right to life”, said Laura Bogley, Legislative Director of Maryland Right to Life. “This bill asks us to decide which right is fundamental, the right to life or the right to take life. That is the choice voters unwittingly would have been asked to make in November.” Bogley contends that the abortion industry is weaponizing state constitutions against women and children, depriving them of critical health and safety measures for the sake of profits. “The majority of voters, whether “pro-life” or “pro-choice” support some reasonable restrictions on abortion, particularly on late-term abortions when children can feel pain and could survive outside their mothers,” said Bogley. “This bill takes that choice away from the voters by shifting the power to the courts instead of our elected representatives.”

To sound the alarm and develop a strong opposition to SB664, MDRTL held a kick-off event at the State Capitol

in February. It was a sea of blue t shirts and standing room only in solidarity for life at Maryland LIFE Day 2020. Also

remarkably strong opposition, staff representing Senator Susan Lee, a known NARAL partner, and sponsor of the



on hand were many other pro-life organizations. Following a luncheon with legislators, advocates were briefed and then met with their representatives by county. With an overwhelming response including over **200** advocates and **70** legislators in attendance, this was a pivotal day which bolstered opposition to the Abortion Amendment as well as Physician Assisted Suicide (PAS).

In the months and weeks leading up to the hearing for SB664, MDRTL held strategic planning calls and meetings with pro-life organizations across the state. Despite a limited budget, nearly **50** witnesses, including many high-level expert witnesses and four constitutional lawyers were identified to form formidable witness panels. In addition, a campaign at the grassroots level to get advocates to the hearings bore fruit. On the day of the hearing for SB664, nearly **150** Marylanders gathered in Annapolis to defend the Maryland Constitution and the human rights it exists to protect. Faced with this

bill, attempted to negotiate with MDRTL Director of Legislation, Laura Bogley in the final minutes before the hearing and ultimately chose to withdraw the bill.

In addition to the defeat of the abortion amendment, MDRTL expects that PAS will be defeated. The so-called “End of Life Option Bill” (SB0701/HB0643) was reintroduced in 2020 for the fifth time in six years. This bill attempts to decriminalize Assisted Suicide and create a legal right for a physician to prescribe lethal drugs to an individual to self-administer for the purpose of bringing about the individual’s unnatural death.

Again, MDRTL worked with a coalition of organizations to develop an impressive list of witness testimonies in opposition to the bill. In addition, advocate messaging to legislators was deployed and targeted lobbying efforts executed. Without enough votes

# Alicia Keys tells *CBS Sunday Morning News* she was almost aborted

By Dave Andrusko

It was a seemingly throwaway line from substitute *CBS Sunday Morning News* host Lee Cowan. Cowan was introducing a piece by correspondent Tracy Smith. Smith had interviewed megastar Alicia Keys about a week prior, and Cowan mentioned they'd be chatting about Keys' "new book as well as other matters."

Those "other matters" included the revelation that Keys' mother almost aborted her! Some backdrop puts that courageous decision in perspective.

Smith says of Keys that "for the past few years, the 39-year-old married mother of two started doing some hard soul-searching, and the result is a book: not a memoir, but more a journal of self-discovery: *More Myself: A Journey*."

**Keys goes back to the very beginning, writing about how her mom, Terry Augello (who was then a single paralegal), had a relationship with flight attendant Craig Cook, and got pregnant.**

Smith says to Keys, "Your mom talks about how she nearly had an abortion." Keys responds

**"Right. Even her mother said to her, 'Terry, you never do anything easy.' She was making a really big**

**choice. And at the time, I'm sure she didn't even know why she was making that choice exactly. But she knew it. She knew what she needed to do."**

Augello did more than Choose Life for Keys. A single mother and always short on money, she raised Keys in Hell's Kitchen, then, as now, a very dangerous place to live. And although they had the usual mother/daughter drama ("tough love"), in the end, Keys became a musical prodigy.

She graduated as valedictorian of her high school, "was offered a scholarship to Columbia University – and, somewhat poetically, a contract with Columbia Records."

Her career took off in 2001 with the song "Fallin," from her debut album, "Songs in A Minor."

Although nothing else is said in the interview about Keys nearly being aborted, if you go to the indispensable "Song Facts," you learn that "Fallin" was "about the emotions that occur when you care very deeply for a person. Keys was going through a turbulent relationship when she wrote it, which inspired the song," a "case of young love."

But also this:

**According to Keys, her mother, who raised her on her own (her**

**dad split when she was two years old), helped inspire this song. Her mom could drive Alicia crazy at times, but**

**struggling with some lingering doubts: about what she was doing, why she was doing it, and even who she was.**



Alicia Keys

Photo credit: Walmart Stores

**her love for her was unwavering.**

The focus on the *CBS Sunday Morning News* interview is Keys' journey to find herself. As Smith wrote

**But even as she was rocketing to new heights of fame, the private Alicia Keys was**

"Self-discovery" is a journey we may choose to embrace, avoid, or finesse. But is only because of the courage of Terry Augello that Alicia Keys has the luxury of attempting to learn who she is, why she is, and to entertain tens of millions of fans around the world in the process.



## “Safe Haven Law” and Baby Box billboards to launch in Blytheville, Mena

LITTLE ROCK – Arkansas Right to Life is continuing a campaign to promote the Safe Haven Law and Baby Boxes across Arkansas with new billboards in Blytheville and Mena, said Rose Mimms, executive director of Arkansas Right to Life.

The Blytheville and Mena billboards will run for four weeks starting in April. The Blytheville billboard located at Interstate 55 south of Highway 18 has average weekly impressions of more than 58,000. The Mena billboard located at U.S. Highway 71 north of Dickson Road has weekly average impressions of nearly 30,000.

Mimms said the Arkansas Right to Life Safe Haven Law billboard campaign is funded through donations, adding that the Knights of Columbus organization has been instrumental in providing sponsorship for a number of the billboard locations.

Monetary donations by Knights of Columbus members in Mena and Blytheville are making the purchase

of billboard space in those locations possible, said Mimms.

Since the first Safe Haven Law billboard campaign began in Harrison in June 2019, billboards have been placed in 13 Arkansas counties. In addition to the newest billboards in Blytheville and Mena, two Safe Haven billboards continue to run throughout the year in Searcy County on Highway 64 north and in Faulkner County on Highway 367/64 east, said Mimms.

The Safe Haven Law, enacted in Arkansas in 2001, is designed to protect babies from being hurt or killed from abandonment by parents who are unwilling or unable to provide parenting. Under the law, a parent may give up an infant anonymously at a hospital emergency room or law enforcement agency. In 2019 the law amended to include manned fire stations as a surrender location. The amended law sponsored by Arkansas Sen. Cecile Bledsoe and Rep. Rebecca Petty also approved the installation of Safe Haven Baby Boxes at surrender locations.

Mimms said the billboard campaign’s purpose is threefold: 1) to educate the general public and parents about the Safe Haven Law, 2) to advise manned fire departments that they are now an official surrender location and 3) to promote the option of Safe Haven Baby Boxes for parents who want or need total anonymity in the safe surrender of their baby.

The first Safe Haven Baby Box in Arkansas was dedicated in September 2019 at Fire Station No. 3 in Benton. Other surrender locations are in the works, said Mimms, with the next location likely being in Jonesboro. Mimms added that hospitals and law enforcement agencies are surrender locations.

Mimms said every state has a Safe Haven Law, but provisions vary from state to state. The Arkansas Safe Haven Law allows a parent to bring a child 30 days old or younger to an official surrender location without facing prosecution of endangerment and abandonment of a child.

The law does not prohibit prosecution for abuse or neglect of the child that occurred before the child was given up to a medical provider or law enforcement agency.

Once a baby is surrendered, the Arkansas Department of Human Services Division of Children and Family Services (DCFS) is contacted immediately and the child treated medically. DCFS will assume responsibility for the child and place the child with a “forever” family.

The DCFS maintains a website, public service announcements and materials in both English and Spanish to help educate the public about the Arkansas Safe Haven law.

“Arkansas Right to Life joins the effort with our support of the law to add manned fire departments and the installation of Safe Haven Baby Boxes in Arkansas through our educational billboard campaign,” said Mimms.

Organizations or individuals wishing to support the Safe Haven Law campaign may visit [artl.org/donate](http://artl.org/donate) or mail a tax-deductible gift to Arkansas Right to Life Educational Trust Fund (note Billboard Campaign in check or online), Box 1697, Little Rock, AR 72203-1697.

For more information or questions at the campaign contact Mimms at (501) 663-4237 or email [artl4237@att.net](mailto:artl4237@att.net).

Arkansas Right to Life is the state’s oldest and largest pro-life organization in Arkansas and the state affiliate of the National Right to Life Committee.



**Surrendering Your Newborn  
at a Fire Station Delivers...**

**No Shame No Blame  
No Names**

**Crisis?  
Call Safe Haven Baby Boxes  
1-866-99BABY1**

# ACOG, pro-abortion activists exploit COVID-19 crisis to promote Telemedical abortion

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

While the nation tries to clear hospital schedules and reallocate medical personnel to handle the influx of Corona patients, abortion activists and politically corrupted medical groups are trying to exploit the crisis to keep the clinics running and move internet abortions forward.

## Medical Establishment Defends Abortion as Essential

Two days ago, the American College of Obstetricians and Gynecologists and several other related medical groups reliably allied with the pro-abortion cause\* issued a joint statement declaring that abortion should be considered “an essential component of comprehensive health care.” That is, a procedure that clinics and hospitals should continue to have available at a time when other elective and non-essential services are being delayed so that medical professionals can devote their precious time to COVID-19 patients.

They argued that abortion is a “time-sensitive” procedure where delays might make it more risky or “completely inaccessible” and said that an inability to obtain an abortion would “profoundly impact a person’s life, health, and well-being.”

In what almost sounds like a threat, the groups say that they do not support any COVID-19 responses “that cancel or delay abortion procedures.”

So invested are they in maintaining their capability to kill unborn children that they are not only appear willing to sit out the Corona public health

crisis but also are willing to bring those pregnant women, most probably in excellent physical condition, into hospitals and clinics where they may be unnecessarily exposed

activists used travel limitations imposed by the European Union to argue for relaxed travel rules and new laws allowing the ordering abortion pills over the internet. Not to be

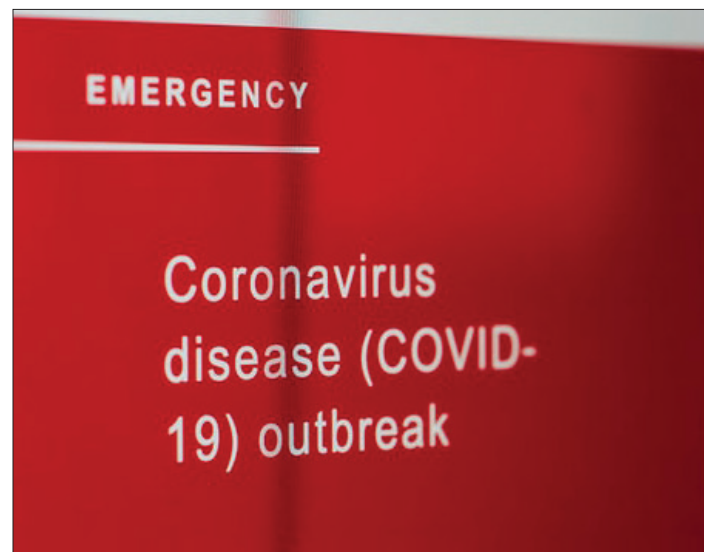
dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals by or under the supervision of a certified prescriber,” the FDA’s REMS say. These requirements are in place “to ensure that the benefits of a drug or biological product outweigh its risks.”

Not surprisingly, abortion activists who are anxious to see these pills sold online and made widely available, object to these requirements.

They first sought to get around original FDA requirements by having women in some small store front video chat with an abortionist back in the big city (“webcam” abortions). He clicked a button and a drawer containing the pills popped open at her location.

More recently, they have been conducting a “study” in several states whereby a woman can log in from home and do the interview there, order the pills online, and have them shipped to her home. Activists want to be able to do this nationwide without restriction.

\*The American Board of Obstetrics & Gynecology, the American Association of Gynecologic Laparoscopists, the American Gynecological & Obstetrical Society, the American Society for Reproductive Medicine, the Society for Academic Specialists in General Obstetrics and Gynecology, the Society of Family Planning, and the Society for Maternal-Fetal Medicine.



to the COVID-19 risk.

ACOG and these groups seem unable to imagine that the best medical outcome would involve both mother and child surviving. Much better than a prescription of abortion and exposure is a medical community devoting its resources to treating the viral outbreak, with the mom foregoing elective, non-essential abortion so that both mother and baby live and thrive.

Saving lives. Isn't that what medical care is supposed to be about?

Of course, that's hardly the only effort to use the Corona crisis to push abortion.

## Chemical Abortion Activists Want FDA to Drop Opposition to Telemedical Abortion

Earlier this week, Irish

outdone, U.S. abortion activists have used the COVID-19 crisis to try to pressure the U.S. Food & Drug Administration (FDA) to drop distribution restrictions that prevent women from obtaining the pills online.

Unlike other drugs that are sold in pharmacies and may be ordered, with a prescription, from online pharmacies, the FDA has (because of serious medical risks associated with their use) limited distribution of these abortion pills to the offices of doctors (or other medical professionals) who certify that they are familiar with the drug's workings and its risks.

This is part of what is called the FDA's Risk Evaluation Mitigation Strategy (REMS), which here prohibits the mailing of drugs to patient.

“Mifepristone must be

## ACOG, pro-abortion activists exploit COVID-19 crisis to promote Telemedical abortion

*From page 33*

Daniel Grossman is the director of ANSIRH, the University of California San Francisco's abortion research/advocacy group Advancing New Standards in Reproductive Health. He is a prominent researcher who has pushed web-cam abortions and defended women self-aborting with abortion pills. He recently tweeted explicitly connecting the Corona virus and a call for abortions by "telemedicine" (3/18/20).

Grossman said "Patients don't stop needing contraception and abortion care during a pandemic. As people are being asked to shelter in place across the nation, I explained to @Rewire\_News why it's time that we expand access to telemedicine, including for abortion."

The March 18, 2020 Rewire.news article calls "telemedicine" the "best option during the COVID-19 outbreak" for "increasing access to reproductive care." Though expressing a concern that birth control prescriptions might "take a backseat" during the pandemic, they also worry, along with ACOG and its allies, that women will delay, or possibly forego, their abortions.

They call telemedicine "an alternative way to receive medical care during the COVID-19 pandemic that will "keep sick people from congregating but it also protects patients and practitioners."

Grossman tells Rewire that "The effectiveness of medication abortions done by telemedicine is pretty much the same compared to having an in-person visit." Rewire said Grossman said it could be a "lifeline during the pandemic."

### Dangers of Telemedical Abortion Ignored

Even setting aside his cruel

misuse of the word "lifeline" for abortion's killing and his callously opportunistic effort to use the pandemic to push his agenda, Grossman irresponsibly glosses over the problems associated with chemical abortions, ones that would only be exacerbated with telemedicine.

While claiming the "effectiveness" would be "pretty much the same" for telemedicine as an "in person visit," Grossman fails to point out that these drugs do not work for a certain percentage of women and that a number of women face serious complications that for some have proven deadly.

This fact negates whatever "relief" telemedical abortion is supposed to provide a medical system being redeployed to fight the virus.

While some have claimed the mifepristone and misoprostol combination to be close to 98% effective, others have put efficacy at closer to 92%-93%. This is for babies earlier in gestations, however, and abortion pill advocates have been promoting and using the drugs later into pregnancy when the drugs are demonstrably less effective.

Even when they do "work," the ordinary chemical abortion ["medication abortion"] comes with extensive bleeding, painful cramping, and considerable gastrointestinal distress. Sometimes women are hospitalized, sometimes they hemorrhage, have infections, or result in undetected ectopic pregnancy which can put women in the morgue.

When and if a woman has a relationship with and access to a doctor, particularly one who is familiar with her case, these complications can usually be

treated. When she has never actually met her doctor [the abortionist] or undergone a physical examination, she may have to rely on her own understanding of her condition ("Is this amount of bleeding normal?") "Are these painful cramps from the pills or my body's reaction to an infection or an ectopic pregnancy?") and her ability to get emergency help.

It is stunningly irresponsible for the abortion industry along with those of their allies among the professional medical associations, to expect that these women can simply show up at their local ER, already overburdened with COVID-19 patients, and get treatment for their complications or failed abortions.

(That many of these abortion activists actually tell women that they don't need to tell emergency room personnel that they have taken abortion pills and are having a reaction, but can pass it off as a miscarriage, makes it clear that agenda is a higher priority than patient safety.)

That doesn't matter to abortion advocates. For them, this isn't time to let a good crisis go to waste.

### Pressuring the FDA

Dr. Grossman told Rewire, "I really hope that the FDA would consider at least temporarily lifting the Risk Evaluation Mitigation Strategy for mifepristone, and that states that have imposed bans on the use of telemedicine for medication abortion will also lift those," Dr. Grossman said. "I think that's really needed right now."

Thankfully, the FDA hasn't taken the bait.

"Certain restrictions, known as a risk evaluation and

mitigation strategy (REMS), are necessary for mifepristone when used for medical termination of early pregnancy in order to ensure that the benefits of the drug outweigh its risks," the FDA's Office of Media Affairs told the online news blog VICE in response to a query ("Abortion Pill Restrictions Won't Be Lifted During Pandemic, FDA Says" vice.com, 3/19/20), repeating the defense of the regulations that it has given since before the pandemic.

Grossman says he is only asking for the relaxed safeguards to be temporary. But he and other abortion activist make it clear they'd like it to be permanent and to go even further. Grossman is the director of ANSIRH, the University of California San Francisco's abortion research/advocacy group Advancing New Standards in Reproductive Health.

Their next suggestion? They say "mifepristone and misoprostol [the two drugs that make up the "medication abortion" technique] meet many of the FDA's criteria for being available over the counter.... FDA approval of an OTC mifepristone-misoprostol product could dramatically increase access to medication abortion."

That's the real aim. It strains the imagination to think that anyone honestly sees telemedical abortion as the best way for American women to deal with the Corona virus.

But if they can somehow connect abortion to our public effort to eradicate the virus, they think they can knock down some of the last remaining barriers to absolute open, indiscriminate access to these deadly and dangerous abortion pills.



## Remember these latest examples illustrating why it is critically important to have a pro-lifer in the White House

*From page 2*

As you would have anticipated, there were plenty of pro-abortion machinations, efforts by hook or by crook, to use money from the \$2 trillion-dollar stimulus bill to pay for abortion on demand. But when President Trump signed the CARES Act, the Hyde Amendment provisions were applied across the board. Moreover, the CARES Act ensures that Planned Parenthood—the largest abortion provider—will not have access to forgivable loan money meant for small businesses.

NRLC wrote, “We praise the President and pro-life members of Congress for working to ensure that federal laws are followed and funds will not be used to prop up the abortion industry during the COVID-19 pandemic.”

Previously, NRLC President Carol Tobias had joined more than 50 pro-life leaders in submitting a to Secretary of Health and Human Services Alex Azar urging “public

officials to use their broad emergency authority to safeguard against the extreme abortion agenda.”

At the top of the list was “Ensuring that emergency response funds are not diverted to the abortion industry.”

Then, on March 28, the Office of Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) proactively responded to newspaper accounts and the recommendations of so-called “bioethicists.” Explicitly sometimes, implicitly on other occasions, they had raised the possibility of rationing care based on the age and ability of those affected by COVID-19. Others raised the possibility of instituting mandatory “do not resuscitate” (DNR) orders for COVID-19 patients, **even if doing so overrode a patient’s advanced directive or the family’s wishes!**

The OCR Bulletin responded by directing covered entities to follow the law to ensure that

civil rights are not violated in the treatment of those diagnosed with COVID-19.

“Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism,” OCR Director Roger Severino said. “HHS is committed to leaving no one behind during an emergency and helping health care providers meet that goal. Persons with disabilities, with limited English skills, and older persons should not be put at the end of the line for health care during emergencies.”

The accompanying press release explained, “OCR is particularly focused on ensuring that covered entities do not unlawfully discriminate against people with disabilities when making decisions about their treatment during the COVID-19 health care emergency.”

National Right to Life had sent a letter to President Trump, HHS Secretary Azar, and OCR Director Severino sounding the

alarm about the danger of planned discrimination and the need to protect persons with disabilities, the elderly, and individuals with chronic conditions. (You can read the letter here: [www.nrlc.org/wp-content/uploads/Covid-19-Rationing-letter-3.19.2020-1.pdf](http://www.nrlc.org/wp-content/uploads/Covid-19-Rationing-letter-3.19.2020-1.pdf))

“We praise OCR Director Severino and the Office of Civil Rights for issuing the bulletin and for directing that covered entities ensure that people are treated equally under the law,” said Carol Tobias, president of National Right to Life. “No one should face discrimination in their health care when dealing with a diagnosis of COVID-19.”

Jennifer Popik, J.D., legislative director for National Right to Life, added, “It is vital that during this crisis, Americans can trust that they will receive the care they need without regard to their age, health, or ability.”

This is our pro-life President at work.

## Maryland Right to Life Achieves Victories for LIFE, Unifies Pro Life Movement in Maryland

*From page 30*

to pass on the floor, democratic leadership opted to have no vote in committee. That said, the Maryland General Assembly ended several weeks early due to COVID-19 concerns and there is a special session scheduled for the last week of May, leaving a very small

window for PAS resurrection.

Stated Laura Bogley “This is wonderful news to all of us. All indications are that PAS is not likely to be a priority for special session. Nevertheless, MDRTL would like to encourage advocates to maintain a reasonable effort to oppose the

bill until special session has adjourned.”

These victories are a testament to the power of a strong, well-organized pro-life voice. MDRTL plans to continue outreach initiatives which will afford cohesive messaging and grassroots lobbying efforts

throughout the state. There is still much work to be done in the years ahead to protect the preborn and most vulnerable. MDRTL will continue to provide strong leadership as we work to protect all innocent life in Maryland.

# Abortion Industry's Response to COVID-19: "Business as Usual"

By National Right to Life

In response to the COVID-19 virus pandemic, hospitals and other primary care facilities are rightly focused on this medical emergency. Federal and state governments have called for all elective surgeries to be rescheduled in order to ensure care for those in immediate need and to free up vital resources to treat those impacted by COVID-19.

But the abortion industry is ignoring this call and instead is working to ensure there is no interruption in the destruction of unborn babies.

"The vast majority of abortions are elective procedures and despite calls on the national, state, and local level for all elective procedures to be postponed, abortion clinics are conducting business as usual," stated Carol Tobias, president of National Right to Life. "As hospitals struggle to provide care, find supplies to protect doctors, nurses, patients, and other hospital personnel, abortion clinics are endangering staff and patients in those same communities."

At least two states are directly addressing the abortion industry's callousness. The

Ohio Attorney General David Yost issued the following statement to abortion clinics continuing to operate in Ohio:

**You and your facility are ordered to immediately stop**

**health of a patient.**

In Texas, Governor Greg Abbott release an executive order stating,

**[A]ll licensed health care professionals and all licensed health**

**life of, a patient who without immediate performance of the surgery or procedure would be at risk for serious adverse medical consequences or death, as determined by the patient's physician; PROVIDED, however, that this prohibition shall not apply to any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete the hospital capacity or the personal protective equipment needed to cope with the COVID-19 disaster.**



**performing non-essential and elective surgical abortions. Non-essential surgical abortions are those that can be delayed without undue risk to the current or future**

**care facilities shall postpone all surgeries and procedures that are not immediately medically necessary to correct a serious medical condition of, or to preserve the**

"Abortion clinics conducting business as usual in the presence of a life-threatening disease shows just how callous pro-abortion groups and abortionists are to protecting life at any stage," said Tobias. "We call on groups like Planned Parenthood to cease operating and donate any medical supplies to local hospitals in need."

# National Right to Life Praises State Affiliates Asking that State and Federal Directives Apply to Abortion Facilities

WASHINGTON, D.C.— As health care workers face the challenge of caring for a staggering number of patients with coronavirus, abortion facilities are conducting business as usual. National Right to Life’s state affiliates have led the way in urging state officials

to close abortion facilities as non-essential medical services. Closing facilities would protect clients and staff from possible exposure to COVID-19 and free up medical supplies and personal protection equipment for use by hospitals during the coronavirus pandemic.



to close abortion facilities as non-essential medical services. Closing facilities would protect clients and staff from possible exposure to COVID-19 and free up medical supplies and personal protection equipment for use by hospitals during the coronavirus pandemic.

“We praise our state affiliates for leading the way in challenging the abortion industry’s ‘business as usual’ response to the coronavirus

pandemic,” stated Carol Tobias, president of National Right to Life. “During this time, it is vital that all available U.S. resources be focused on turning the tide of the pandemic.” Pro-abortion groups and their allies are challenging orders from governors in

several states who are calling for a ban on all non-essential surgical procedures—including abortions. Federal and state officials have called for a halt to all elective surgeries so medical care can be focused on those in immediate need and personal protection equipment can be reserved for those on the frontlines in the pandemic. The abortion industry has ignored calls to close abortion facilities and is continuing to pursue the

destruction of unborn babies for monetary gain.

“Thousands of surgical procedures have been put on hold, millions of Americans are practicing social distancing, several states have issued stay-at-home orders, and thousands are hospitalized with coronavirus, yet abortion clinics are conducting business as usual,” stated Tobias.

In addition, abortion proponents and apologists are calling for telemedicine abortions using RU-486. However, a recent press release by the American Association of Pro-Life Obstetricians and Gynecologists noted that approximately 5% of all RU-486 abortions result in emergency room visits—most often because of hemorrhaging. These visits would put women at risk of contracting coronavirus and strain the resources of already stretched emergency room personnel.

“While hospitals and emergency rooms struggle

to care for those affected by coronavirus and lives are lost daily to this disease, abortion facilities are deliberately taking the lives of unborn children and calling it ‘essential care’” stated Jennifer Popik, J.D., legislative director for National Right to Life. “Taking the life of an unborn baby is not essential care for the mother or her baby.” “National Right to Life affiliates have been leading the way to see that abortion clinics comply with directives to cease non-essential services,” said Ingrid Duran, National Right to Life’s director of State Legislation. “States that have called for abortion facilities to stop abortion procedures include Alabama, Indiana, Iowa, Louisiana, Mississippi, Ohio, Oklahoma, Tennessee, Texas, and West Virginia.”

Temporary restraining orders halting or preventing state directives to stop elective abortions have been issued in Texas, Ohio, and Alabama.



## Is this pro-abortion blame game familiar or what? Attribute their behavior and attitudes to pro-lifers

From page 2

(current or predictable) of essential medical equipment (aka, “personal protective equipment”) and resources (such as hospital beds) that would justify Republican governors categorizing elective abortion as a non-essential medical service.

But, as is the case with kindred pro-abortion articles, the exploitation comes from the pro-abortion side. Campoamor is using the COVID-19 pandemic to advance her own causes (beyond complaining about pro-life laws that long preceded the current medical crisis).

For example, pro-abortionists see a golden opportunity to persuade the FDA to relax laws on medication (chemical) abortions, which have already been loosened. As the *New York Times* editorialized, “Given the coronavirus pandemic, it is incumbent on the F.D.A. to relax its regulation on mifepristone, at least temporarily. Doing so would allow many women to get a prescription for abortion-inducing drugs from a doctor via telemedicine, at which point the medications could be mailed to the patient.”

Like her cohorts, Campoamor wants abortions federally funded, which is why they so hate the Hyde Amendment. But from the perspective that there always and forever will be an “unmet” need for more and more and more dead babies, this makes perfect (if sick) sense.

The Hyde Amendment (a) bans federal funding of almost

all elective abortions; (b) has saved over 2 million lives; and (c) is a constant reminder to the pro-death set of the wonderful days when 300,000 abortions (and rising) were funded prior to the Supreme Court upholding the law in 1980. Babies that “should” have been annihilated were not.

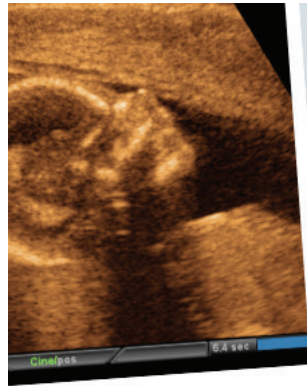
Campoamor is quite correct—treating elective abortions as non-essential has “prompted a slew of legal battles.” What else is new? Also, not new

is that pro-abortion groups in many cases were able to have their challenges heard by their favorite (and I do mean favorite) judges.

So, just for the record, next time you hear the nonsense that pro-lifers are “exploiting” a genuine medical emergency or “oppressing women,” just remember this is coming from the usual suspects. Same tune, different song.

As we wrote last week, “pro-lifers have—and will

continue—not only to make the unassailable case that elective abortions are not ‘essential medical services,’ but also fight the assault launched by Planned Parenthood, the ACLU, and their enablers in Congress and the states against laws that protect both mothers and unborn babies.”



The ultimate test of your greatness is the way you treat every human being.

POPE ST. JOHN PAUL II

# On closer inspection the values of pro-choice people actually support a *pro-life* conclusion.

From page 9

rights that deserve our respect and protection.

Where do we disagree? Not on the value of compassion. Rather, we disagree on the question of whether unborn children, like five-year-olds, really matter. And on that question, other shared values can point us to a resolution.

## Our shared values do support the pro-life position

Most pro-choice people genuinely value science and its ability to generate knowledge about the world. They appeal to evidence from science to support their views on a wide range of issues.

What does science tell us about the nature of human embryos and fetuses—the individuals who are destroyed in abortion?

It tells us they have a DNA and body distinct from their mother. It tells us they are growing through cellular reproduction and metabolizing nutrients into energy. It tells us they are genetically human and the offspring of human parents. And it tells us they are organisms developing themselves through the stages of life as members of our species.

“We of today know that man is born of sexual union; that he starts life as an embryo within the body of the female; and that the embryo is formed from the fusion of two single cells, the ovum and the sperm,” wrote Dr. Alan Guttmacher, who later became president of Planned Parenthood. “This all seems so simple and evident that it is difficult to picture a time when it wasn’t part of the common knowledge.” Guttmacher wrote that in 1933. The facts of embryology and developmental

biology are even more clear now.

So unborn children are living human organisms—human beings. That’s what science establishes. But how should we treat them? Do they have rights like other human beings do?

This is where another shared value can help. Most pro-choice people deeply value equality. They think people have equal basic rights and deserve equal treatment. But what, exactly, makes everyone equal?

Here’s why that question is so relevant to the issue of abortion. Although pro-choice people typically think all of *us* (the readers and author of this article) have equal rights, they don’t consider unborn children part of that moral community. Unborn children, on this view, don’t have rights because they lack certain characteristics. Maybe it’s because they look different from us. Or because they can’t think or feel the way we do. Or because they depend entirely on their mothers for shelter and sustenance.

This view denies the equality of unborn humans, of course, but it also undermines the equality of everyone else. That’s because all of those characteristics—appearance, mental functions, dependency on others, and so forth—come in varying degrees. None of us have them equally. So if our rights depend on such traits, then some of us have a greater right to live and some of us have a lesser right to live. The pro-choice position just can’t account for equality for anyone.

So what can?

If we are equal, then we must share something that is the basis for our equality. It must be something we all have equally

(that’s why it couldn’t be traits like ability and independence). What could it be? It could only be our common humanity. We are all the same kind of being, even though we differ in every other way.

And unborn humans share in that humanity. They are fellow members of the species *Homo sapiens*. If equal rights belong to all of us simply because we are human beings, then they belong to unborn children too.

Pro-choice people are already committed to a vision of human equality. They only need to expand that vision in order to encompass everyone. Just as they oppose discrimination on the basis of race, gender, ethnicity, and socioeconomic status, they should oppose discrimination the basis of age, size, ability, and condition of dependency.

## Making the case for life through common values

Too often, supporters of

abortion think pro-lifers hold radically different values. That’s not true. By tapping into shared values, we can make the case for life persuasive.

Pro-lifers don’t want to restrict freedom or control women’s bodies. We have compassion for low-income women and victims of sexual assault. We rely on the findings of science. We advocate the fundamental equality of all human beings.

Pro-lifers share one other crucial area of common ground with defenders of abortion. Like us, pro-choice advocates want to be on the side of good. They don’t want to be on the side of injustice and discrimination and exclusion. They want to be the ones standing up for the rights of the marginalized. They want to be voices for the voiceless.

Our goal should be to offer them the opportunity to be just that. After all, it’s what being pro-life is all about.

DOCTORS  
SHOULD  
KILL  
PAIN,  
NOT  
THE  
PATIENT

