national RIGHT TO LIFE NEWS

August 2018

Judge Kavanaugh's confirmation hearing to begin September 4

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Over 100 Members of the House Seek New HHS Rule to Make Consumers Aware of Abortion Surcharge

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

This past Monday, August 6, 102 Members of Congress sent a letter to Health and Human Services (HHS) Secretary Alex Azar requesting new regulations related to Obamacare and subsidies to plans that cover abortion.

The letter, spearheaded by Rep. Chris Smith (R-NJ) and strongly supported by National Right to Life, asks the administration to enforce the Obamacare requirement that insurers offering plans in the state marketplaces must collect a separate payment (or "abortion surcharge") if the plan covers elective abortion.

Unfortunately, but as NRLC warned, Obama-era regulations have essentially permitted insurance companies to hide the abortion surcharge from consumers.

According to Rep. Smith, chair of the Bipartisan

See "Surcharge," page 43

Critical Reinforcements from the 2018 NRLC Academy

By Randall K. O'Bannon, Ph.D., Academic Director, NRLC Academy

This year's Academy students studied Biology and Ethics. They learned about fetal development and the uniqueness of human life. The studied History, so that they understood how we ended up with assisted suicide and abortion on demand and when and how and why the pro-life movement formed to do something about it.

They looked at some of the justifications given for abortion and how those arguments can be answered not just with counterarguments but with

Left to right: Lillian Getgen, Kathryn Probst, Randall K. O'Bannon, Ph.D., Rebbeca J. Rahm, and Jane M. Johnson

legislation that exposes the reality of abortion and prompts women and society at large to consider more positive life affirming alternatives.

They studied basic Organizational and Communication skills so that they can help organize pro-life groups and help them use media effectively.

Students learned how Euthanasia and Assisted Suicide pose a new threat to human life

See "Academy," page 12

Editorials

Understanding what's behind the ceaseless attempts to discredit single-issue pro-lifers

You're going to have to trust me on this one. I am not going into the specifics of either of the two examples I'm about to comment on for the simple reason if I did, we'd spend all our time chasing down rabbit trails and this post would be four times as long.

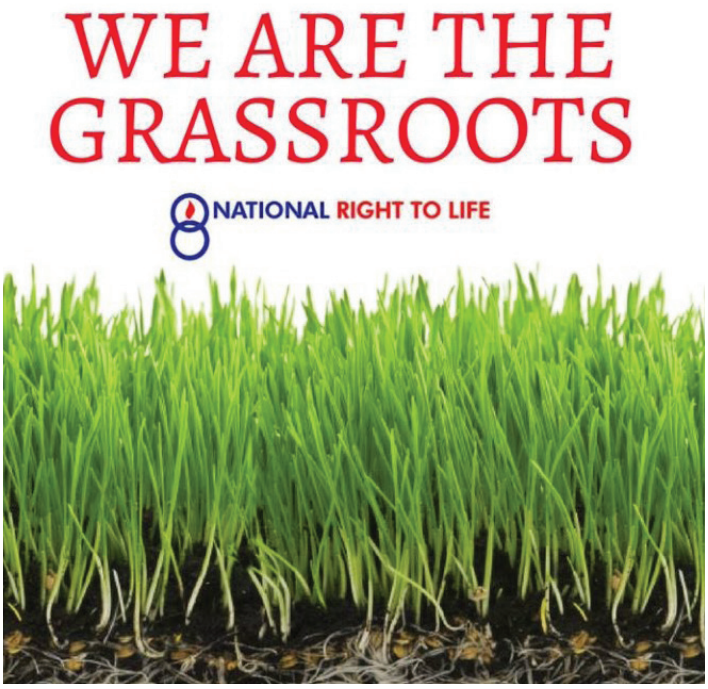
#1. Is a story that ran last week asking why the Pro-Life Movement doesn't concern itself with "x"? The query was not even marginally sincere, as you could tell after, say, a nanosecond. The author's intent was to leave the impression that her argument was so unassailable, so air-tight that pro-lifers would (or at least should) be left sputtering.

In one sense, and one sense alone, she is sort of correct. Her reasoning is so sophomoric, tendentious, and question-begging that you are left, if not sputtering, close to speechless.

Why do I bother even to mention it? Because her article is representative, admittedly in a not particularly sophisticated way, of the meme (usually pro-abortion but not always) that if you don't agree with them about "x"—or, in this case, supposedly do not **concern** yourself with "x"—you're not "**really** pro-life."

The goal is either to discredit pro-lifers in general or to announce that someone has discovered voilà that single-issue pro-life groups are passé. Never mind all that this insistence not to be dragged into other issues has accomplished against pro-abortion forces that have access to money by the billions and the unwavering support of virtually the entirety of the cultural/media establishment. **They** know better.

#2. This second example deals with an individual whose approach to combating the ever-more suffocating atmosphere of political correctness is beginning to win a massive audience. This, not surprisingly, means he is attacked with unbridled ferocity.



However a question has arisen in a number of forums the gist of which is shouldn't reporters at least read what it is he has written **before** they interview him? Wouldn't that help avoid caricaturing what he says to the point of utter absurdity?

See "Understanding," page 41

Judge Kavanaugh's confirmation hearing to begin September 4

Last Friday as we were rounding the clubhouse turn on the August digital edition of **National Right to Life News**, Senate Judiciary Committee Chairman Chuck Grassley (R-Iowa) announced that confirmation hearings for Supreme Court nominee Judge Brett Kavanaugh would begin with opening statements on September 4 and the start of questioning the following day.

"As I said after his nomination, Judge Kavanaugh is one of the most respected jurists in the country and one of the most qualified nominees ever to be considered by the Senate for a seat on our highest court," Grassley said in a statement. "My team has already reviewed every page of the over 4,800 pages of judicial opinions Judge Kavanaugh wrote, over 6,400 pages of opinions he joined, more than 125,000 pages of records produced from his White House legal service, and over 17,000 pages in response to the most comprehensive questionnaire ever submitted as a nominee. He's a mainstream judge. He has a record of judicial independence and applying the law as it is written. He's met with dozens of senators who have nothing but positive things to say."

Let me offer three thoughts as we anticipate what will likely be (how should I put this?) lively hearing.

First, according to reports, Sen. Grassley predicted that the hearings will span three or four days. I sure hope this proves to be prophetic. For other reasons, mentioned below, Senate Democrats are highly unlikely to make questioning concise or fail to find reasons to drag out the hearings.

The Supreme Court's new term will begin in early October.

Second, Planned Parenthood's political arm and other "progressive groups" are pushing senators to oppose Judge Kavanaugh "by sharing stories from their constituents," according to *Washington Examiner* reporter Robert King. "The campaign,

See "Kavanaugh," page 42

From the President
Carol Tobias

Life is Life and Must be Protected

If people are asked to name the darkest days in American history, I think most would say the period of slavery and the civil war. Black Americans were treated literally like property. An infamous Supreme Court decision (Dred Scott) declared that Black Americans could never be considered fully human, could never become citizens.

We are in a comparable situation today. Preborn human beings are considered to be infinitely less valuable than all the rest of us, not fully human. Even though our nation's founding document declares that all are created equal, the lives of these precious little ones are treated like disposable property.

Science and human biology tell us that a new human life begins at fertilization. Life is a continuum. Why are so many willing to deny the humanity of these children?

Yes, the child starts out tiny and is growing and developing throughout the pregnancy. But the child continues to grow and develop into adulthood. The human brain is not fully developed until about age 25. Nothing has really changed except the little one's location.

Whether it be African Americans subjected to slavery, Native American Indians subjected to forced relocation on a Trail of Tears, Jews killed in the Nazi holocaust, or various ethnic groups wiped out in a genocide in Rwanda or Armenia, the loss of life is rightly looked upon with horror. Often, the international community responds with condemnation, imposing sanctions and seeking justice.

Why should the mass killing of 60,000,000 helpless, innocent unborn children be treated any differently? These are members of the human family killed merely because they are "unwanted" or "get in the way" of a plan someone else has for their life.

I do get it. Abortion is "different" because these little ones are sheltered within a womb for nine months. When the person responsible for nurturing that new life doesn't want to — or is pressured not to — participate, the womb becomes a tomb.

No longer are we asked to look the other way only when circumstances are difficult; when there is an extreme or rare situation surrounding the conception of that new life or there are serious physical complications to mother or baby. Now the unborn child is to be treated as if she is a kind of tumor and we must accept that she can and must be removed upon request, at any time during pregnancy.

We are told that whether another human being lives or dies is simply another "choice."

A "choice" is going to McDonald's and deciding whether you want the Big Mac or Chicken McNuggets. If you choose the chicken, do you want 4, 6, or 10 pieces?

There are legitimate choices—certainly some more substantial than others. However, it is fundamentally wrong, and unjust, to treat whether a baby lives or dies as just another consumer "choice."

Advocates of abortion argue that abortion is "health care," just another option that must be available to women. In fact, they take it even further.

Abortion activists would like women to believe that, without abortion, their future will be that of "The Handmaid's Tale," treated as property and sex slaves. In their ridiculous imaginary world, if they can't kill unborn babies, women will no longer be able to be educated, hold jobs, or travel where and when they wish.

In this dystopian nightmare, the unborn child has become the enemy that must be destroyed.

And yet, that baby is a living human being.

A study published in the journal *Developmental Science* looked at how the brains of babies respond when different parts of the body are tapped. The study revealed that "touch is the first sensory system to develop in the baby's brain prenatally."

We know that after birth, babies respond to voices and music they heard before birth.

We know that preborn babies, by at least 20 weeks gestation, are able to feel pain.

There are many important issues in the national discourse, i.e., education, foreign policy, jobs, taxes, and security.

All are important, but are any of those issues more important than life and death? Ask of yourself: are those issues more important than a "choice" responsible for the death of 60,000,000 human beings?

If this holocaust of the unborn matters to you, then do something about it. Be a voice for the voiceless little ones and make a difference.

Life is life and must be protected.

Pro-abortionists prepare their attacks as Judge Kavanaugh's confirmation hearing set to begin September 4

Please help NRLC's efforts to successfully confirm Judge Kavanaugh

The day Judge Brett Kavanaugh was nominated by pro-life President Donald Trump to fill a seat on the U.S. Supreme Court soon to be vacated by Justice Kennedy, we wrote you that the Abortion Lobby and their allies in the media would pull out all the stops. NRLC continues to mobilize grassroots citizens in key states to contact their senators to urge them to support Judge Kavanaugh. We trust many of you will assist us in this costly but absolutely essential endeavor.

Senate Judiciary Committee Chairman Chuck Grassley said on Friday, "Judge Kavanaugh is one of the most respected jurists in the country and one of the most qualified nominees ever to be considered by the Senate for a seat on our highest court," adding, "He has a record of judicial independence and applying the law as it is written."

This leaves opponents with nothing in their arsenal but attempts to smear. A report surfaced last week that the *New York Times* and the *Associated Press* were seeking e-mails that Judge Kavanaugh's wife sent in her capacity of town manager in Chevy Chase Section 5.

The *Washington Post* and now *ProPublica* are trying to figure out some way to turn Judge Kavanaugh's decision to purchase season tickets for friends to the Washington Nationals, for which he was subsequently reimbursed by them in full, into a scandal.

Other attempted smears include darkly hinting that he knew of terrible behavior by a judicial colleague, never mind that there is not a shred of evidence to support this vicious allegation.

There is no depth to which they will not sink to try to defeat Judge Kavanaugh.

Let me conclude by saying NRLC needs your help to raise the resources we need to fight Planned Parenthood, NARAL, the pro-abortion leadership of Senate Democrats, and the Media Establishment.

Would you please consider an emergency sacrificial gift of $500 or $250?

Even $100 or $50 would help us secure the necessary funding to successfully confirm Judge Kavanaugh.

Thank you for all you do to help His most defenseless children.

We can't let the haters win.

For THEIR lives,

Carol Tobias

Carol Tobias, President

MAKE A DONATION

An important message about the upcoming Gosnell movie

We have a very important message from National Right to Life's dear friend, Ann McElhinney, about the upcoming Gosnell movie. The release date is October 12th, 2018.

And we need your help!!

"Dear Friends,

How are you? I'm so excited to be able to send you the first clip we have released from the *Gosnell* movie. We have been getting an amazing reaction. For anyone who thought we were making a documentary this should certainly end any confusion.

Gosnell movie director Nick Searcy (who also plays Gosnell's defense attorney in the scene) introduced the clip on Fox's *Greg Gutfeld Show*. The clip shows the very real difficulties the prosecution faced in securing a conviction against Gosnell who was protected by the political and legal establishment for so long. Please watch and share with anyone you think would like to see it.

We are so happy that we were finally able to announce the October 12th release of the *Gosnell* movie. The timing couldn't be more perfect especially with the historic changes happening in the Supreme Court.

It was very difficult to get to this point, we are so grateful to all the supporters who helped. Once we have the list of movie theaters where the film will open we will send it to you.

People are asking us what can they do to help. We are also organizing grassroots pre-screenings across the country right now. These screenings are vital to the success of the film. They will let people in the areas know the movie is coming out and create a buzz. As you know, the mainstream media and the political establishment want this film to fail. In fact, they never wanted the story to be told in the first place. If you know an organization in your area who would like to sponsor a pre-screening, see the list below of some of the place we need to bring the film to. Organizations can write to me directly at annmcelhinney@gmail.com.

Thank you so much,
Ann

P.S. We are working on the trailer and will be releasing it and the poster very soon. We have also attached a list of the media hits we have received so far at the end of this email.

Pre-Screenings Needed

San Francisco- San Jose
Orlando
Dothan
Honolulu
Detroit
St Louis
Kansas City
Columbus-Tupelo
Cleveland-Akron
Oklahoma City
Tulsa
Portland/Vancouver
Greenville/Spartanburg
Nashville
Knoxville
San Antonio
Lubbock
Abilene

Media Highlights So Far

The Hollywood Reporter: 'Gosnell' Abortion Doctor Movie Gets Distribution Deal

The Guardian: Film about abortion doctor Kermit Gosnell gets US cinema release

Hot Air: Gosnell Movie Finally Gets A Distribution Deal

Washington Times: Ignored no more: 'Gosnell' movie targets women, looks to change minds about abortion

Patheos: 'Gosnell' Feature Film to Finally Hit Theaters This October

Newsmax: Report: Abortion Doctor Movie to Air in 750 Theaters in October

The Daily Wire: 'Gosnell' Movie Gets Distributor, Release Date

Life News: Horror Story of Abortionist Kermit Gosnell Set for Release in 750 Theaters

Coming Soon: Gosnell: The Trial of America's Biggest Serial Killer

Broadway World: GOSNELL Film to Receive National Theatrical Release

Life Site News: Horror story of abortionist 'Gosnell' set for release in 750 theaters

Breitbart: 'Gosnell: The Trial of America's Biggest Serial Killer' to Open in 750 Theaters in October

Christian Post: Gosnell Movie Release Set for October, Filmmakers 'Thrilled' Given Timing of Kennedy Retirement

The Daily Caller: Dean Cain: People Didn't Want Us To Release Abortion Film About 'Most Prolific Serial Killer' In US History

Townhall: Bye Bye, Justice Kennedy, I Won't Miss You

Townhall: Abortion Destroys Everything

Federalist: True Crime Drama 'Gosnell' Beats Lawfare, Coverups To Hit Theatres Backed By $2 Million In Crowdfunding

Lifezette: Director-Actor Nick Searcy Shows a Clip from Upcoming 'Gosnell' Film

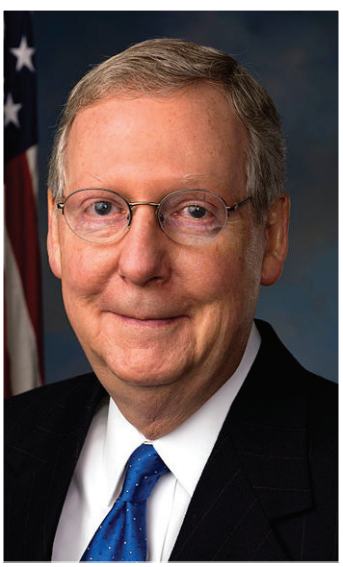
EXCLUSIVE Daily Wire: 'Gosnell' Actress Discusses The Moment She Decided Not To Go Through With An Abortion"

Commemorating National Right to Life's 50 Years of Defending Life

Editor's note. 2018 is the 50th anniversary of the National Right to Life Committee. As part of NRLC's annual Yearbook, which was distributed to attendees at the NRLC convention in Overland, Kansas, there were many tributes to the most effective single-issue pro-life organization in America.

We are publishing these tributes at our daily blog, ***National Right to Life News Today*** *and in the monthly* ***National Right to Life News*** *beginning with this edition.*

Senate Majority Leader Mitch McConnell (R-Ky.)



"Congratulations on 50 years of protecting the dignity of all human life. Because of your consistent advocacy, the rights of the unborn are at the forefront of our national discussion. As a U.S. Senator, safeguarding the right to life is one of my fundamental responsibilities, and I am proud of my 100% Pro-Life voting record.

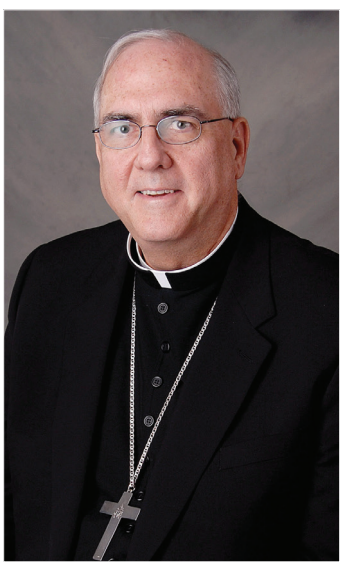
"By enacting the federal ban on partial-birth abortions and overturning Obama-era rules forcing states to fund abortion clinics, Congress has taken important steps to defend the most vulnerable. Currently I am work with my colleagues and the Trump administration to block federal funds from abortion providers like Planned Parenthood. I will continue to protect and defend the unborn and the mother who carry them so we can bring about the day when all life is finally shown the respect it deserves."

Speaker of the House Paul Ryan (R-Wi.)

"Nothing is more powerful than speaking out for those who cannot speak for themselves. National Right to Life has done this better than anyone. Your work has saved countless innocent lives and alleviated so much suffering.

"Beyond all the polices pursued and initiatives passed, you have built a beautiful, loving movement. You have instilled in the next generation the importance of believing in the the worth and dignity of every person. The next 50 years dawn bright for the cause of life. It is a great honor to stand with you."

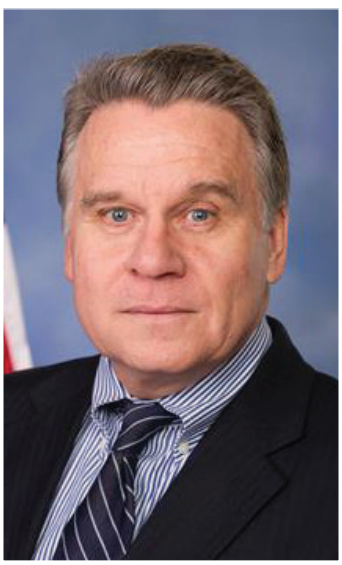
Archbishop Joseph Naumann, Archdiocese of Kansas City in Kansas. Archbishop Naumann is the chair-elect of the USCCB Pro-Life Committee.



"I want to commend the National Right to Life Committee for their hard work in kicking off the pro-life movement in America by setting up non-denominational, non-partisan pro-life grassroots groups in every state in the nation. Those seeds have produced much fruit and gave birth to great successes in Congress and state legislatures these 50 years.

"We still have miles to go before we sleep but a solid foundation was put into place and richly developed because of the National Right to Life Committee."

Rep. Chris Smith (NJ-04), Co-Chair of the House Pro-Life Caucus



"Thank you, National Right to Life, for five decades of extraordinary leadership in defense of the weakest and most vulnerable. Because of your amazing work at both the state and federal level, countless babies are alive today and untold women have been spared the violence of abortion. Throughout the decades, your team has been filled with smart, faithful, and faith-filled individuals. May God continue to give you – and all NRLC affiliates – strength and wisdom."

See "50 Years," page 45

Amazing new video illustrates humanity of preborn baby in womb

By Calvin Freiburger

In just a week, a Facebook video depicting preborn humanity in vivid details has amassed tens of millions of views.

Hashem Al-Ghaili is a Yemeni man who lives in Germany and works as an independent "influencer" primarily through his popular Science Nature Page on Facebook. He also shares informative content on YouTube and Flickr, and his work has inspired people to seek him out as a public speaker and media consultant.

One of his most recent videos, first uploaded to YouTube on June 3 but shared on Facebook last week, illustrates the entire process of fertilization, implantation, development, and birth. The Facebook version features different music and informative captions added throughout.

"Welcome to Life!" reads a caption at the end of the film.

The video begins with an egg's release into the fallopian tube, egg and sperm "fus[ing] to form a zygote" in fertilization, and the zygote's implantation in the uterine lining. From there the audience sees "rapid" cellular division, with the embryo quickly taking on a recognizably-human shape.

The apolitical video does not explicitly stake out a position on the debate over when life begins, although settled scientific criteria establish that the physical life of a distinct human organism begins at fertilization, rather than implantation. This consensus has been established for years in mainstream medical and biology textbooks, with many abortionists and even some pro-abortion activists admitting that the procedure they champion kills living babies.

The American Congress of Obstetricians and Gynecologists (ACOG), a purportedly-impartial medical authority that in reality advocates for forcing medical professionals to provide abortion referrals, redefined "conception" in the 1960s to refer to implantation rather than fertilization. Even so, a 2011 survey found that most OB/GYNs continue to say life begins at fertilization, not implantation.

The video goes on to highlight several milestones of fetal development, such as the brain, nose, mouth, ears, and intestines beginning to form at six weeks; the heart being fully developed by ten; the baby beginning to kick at 18 weeks; and more.

Despite preborn babies being fully alive and human from the start of pregnancy, displaying most of the secondary characteristics associated with life by the end of the first trimester, and being able to feel pain by 20 weeks (and potentially earlier), abortion is effectively legal through all nine months in the United States and Canada. Polls consistently show that a majority of Americans would ban most abortions, and pro-abortion activists intensely oppose laws requiring abortionists to offer women ultrasound images, fearing they would cause such numbers to rise further still.

As of the time of this writing, Hashem Al-Ghaili's video has been on Facebook for "about a week," during which it has been viewed 39 million times and shared more than half a million. Al-Ghaili's Facebook page has more than 27 million followers.

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

Argentine Senate rejects bill to legalize abortion through 14 weeks

By Dave Andrusko

In what even the *New York Times* described as a "stinging defeat," the Argentine Senate on August 9 rejected a bill that would have legalized abortion on demand for the first 14 weeks of pregnancy. Abortion is currently allowed in case of rape or when the life or health of the woman is at risk.

Thirty-eight lawmakers voted against the bill, which had narrowly passed the Chamber of Deputies while 31 voted in favor. Two members abstained.

The Times, of course, immediately changed the focus on the story from the bill's defeat to what the authors hoped it represented for the future, such as "But the country in recent years has inched away from a close church-state relationship."

And, naturally, the ability to snuff out unborn children was cobbled together with genuinely progressive causes, so that we are told, "The Argentine campaign is credited with inspiring debate on a variety of women's issues — including domestic violence…"

But Daniel Politi and Ernesto Londoño at least quoted one opponent:

> **María Curutchet, a 34-year-old lawyer with a blue handkerchief around her neck, had a wide smile on her face despite spending almost eight hours in the cold of winter to express her opposition to abortion.**
>
> **"It was a very emotional day," she said. "We were out in huge numbers and showed that we will defend the two lives, no matter the cost."**

And did note that

> **As soon as the voting result was announced, fireworks started going off on the anti-abortion side of the plaza outside the Congress building. Shortly after, a few protesters in support of abortion rights lit fires and threw rocks at the building and gathered police officers.**

Before returning to criticism of the Catholic Church. The monotonously pro-abortion *Guardian* newspaper went after Pope Francis personally. (The Pontiff was born in Argentina.)

As recently as the previous Friday it appeared the measure would pass. But the momentum shifted over the weekend when Senator Silvina García Larraburu said she had changed her mind and would vote against the bill. As *Reuters* reported

> **The about-face by brought to 37 the number of expected no votes, amounting to a majority in Argentina's 72-member. Senate.**

The background is critical to understanding the bigger picture. As the Parliamentary Network for Critical Issues previously explained

> **Pro-abortion mobilization had organized under the theme of a "green wave" with lawmakers and pro-abortion activists holding green scarves. The usual international pro-abortion NGOs were active in the lobby effort including IPPF, Human Rights Watch and 'Catholics for Choice'.**
>
> **Pro-abortion lawmakers made references to radical abortion recommendations from UN treaty bodies including the recent UN report by the Committee on the Rights of the Child which said that Argentine teenagers between the ages of 13 and 16 should have access to abortion. The report recommended the government provide "access to safe abortion services and postabortion care for adolescents, ensuring that their opinions are always heard and duly taken into account as part of the process of decision making."**

Make sure you order the CDs or MP3s from 48th annual NRLC Convention

We just completed the 48th annual National Right to Life Convention. We know not everyone can attend but this year's sessions were just SO amazing, we want to make sure you can order the CDs or MP3s of the sessions so you can benefit from the convention. Order information is at nrlconvention.com!

General Sessions

___**GS1** – Abortion Pill Reversal ~ It May Not Be Too Late – Dr. George Delgado
___**GS2** – The Human Face of Abortion, Dan Compton, Sarah Zagorski, Melissa Ohden
___**GS3** – HHS and the Enforcement of Conscience Rights – Roger Serverino
As America's Birth Rate Hits Historic Lows, Inquiring Minds Wonder…Whatever Happened to the Population Bomb? – Steven Mosher
___**GS4** – Saving Lives Means Saving the House and Senate in 2018 – Carol Tobias, David O'Steen, Karen Cross
___**GS5** – Will Pro-Life Doctors and Nurses Be Driven Out of Medicine? – Wesley Smith, J.D.
___**PB** – Be a Voice for the Unborn…A Voice for the Voiceless – Archbishop Joseph Naumann
___**BQ** – Love Them All ~ Loving Hearts and Saving Lives – Sue Ellen Browder

Workshops

___**1** – Simon's Law—a model for parents to stay in charge of hospitalized care for their children - Kathy Ostrowski, Sheryl Crosier
___**2** – Our Most Effective P.R. Tool: Fund-Raising at the Grassroots - Brian Cusack
___**3** – Recent Legal Developments in Abortion, Religious Freedom and Campaign Finance – James Bopp, Jr., J.D.
___**4** – Errors of the 2018 National Academies of Sciences Report Stating Abortion is Safe – Dr. Angela Lanfranchi
___**5** – Social media Skills for Pro-Life Activists – Raimundo Rojas, Abby Loftus
___**6** – Assisted Suicide Battles Rage in Nearly Every State ~ Is Your State Next? – Mary Hahn Beerworth, Scott Fischbach
___**7** – The Myth of the "Unwanted Child: Special Needs Adoption" – Joleigh Little Bass
___**8** – Major Gift Fund-Raising: What Happens When Roe Goes? – Brian Cusack
___**9** – IRS and Non-Profit Compliance – James Bopp, Jr., J.D.
___**10** – "Advance Care Planning"—Helping You to Enforce Your Wishes or Nudging You to Accept Premature Death? – Jennifer Popik, J.D.
___**11** – Essential Elements for Successful Elections in 2018 – Karen Cross, Darla St. Martin, David N. O'Steen, Ph.D.
___**12** – Communications 101: A Basic Media Primer – Michele Arocha Allen, Derrick Jones
___**13** – Down Syndrome ~ What Prenatal Testing Won't Tell You – Eileen Haupt
___**14** – Let's Raise Some Steady Money for Your Organization – Kevin Allen, Roger Stenson
___**15** – Immigrant Mother. Hostile Family. Aborted Sibling. Absent Father. How (and why) I Survived and Thrived – Krista Corbello
___**16** – Surviving Unplanned Pregnancies – Lynda Bell, Ingrid Duran
___**17** – Ways to Defeat Pro-Life Candidates – Karen Cross
___**18** – Social Media for Right to Life Groups – Raimundo Rojas, Abby Loftus
___**19** – Using the Web to Attract New Members, Inform the Public, and Raise Money for Your Pro-Life Organization – Scott Fischbach, Luis Zaffirini, Raimundo Rojas
___**20** – Are You A Persuasive Pro-Lifer? Tips for Changing Hearts and Minds – Benjamin Clapper
___**21** – Providing Support and Leadership in Churches – Marie Bowen, Rev. John Brown, Ernest Ohlhoff, Rev. Frank Pavone, Rev. Paul Stallsworth, Tom Glessner, J.D.
___**22** – Planned Parenthood After Cecile Richards – Randall K. O'Bannon, Ph.D.
___**23** – Internet Tips and Tricks: Using Google and Social Media to Promote Your Group – Steven Ertelt
___**24** – Abortion Prevention and Healing: A Right Brain Solution for a Left-Brain Problem – Greg Hasek, MA/MFT LPC, LMHC
___**25** – Raising Money to Build Chapters – Michele Arocha Allen, Kevin Allen
___**26** – Parliamentary Procedure Basics – Lt. Governor Michelle Fischbach
___**27** – Overcoming Apathy and Pro-Abortion Opposition in All Denominations – Marie Bowen, Rev. John Brown
___**28** – Terri's Legacy: Building a Network that Will Save Lives – Bobby Schindler
___**29** – The Organization of American States: Working to Keep the Culture of Death Out of the Americas – Scott Fischbach, Raimundo Rojas
___**30** – Post Abortion Trauma Meets Social Media, New Ways to Find Help and Healing – Olivia Gans Turner, Jeanne Pittam
___**31** – Secrets of Highly Successful Multichannel Fundraising Programs – Tiffany Delgado
___**32** – The Pro-Life Movement and Congress: 2018 – Jennifer Popik, J.D.
___**33** –The Church, the Media, and the State – Rev. Frank Pavone, Ernest Ohlhoff, Steven Ertelt
___**34** – Preparing for Abortion after the Clinics Close and Abortionists Retire – Randall K. O'Bannon, Ph.D.
___**36** – Does the Pain Ever End? Dealing with Lingering Anger and Unresolved Grief After an Abortion – Olivia Gans Turner, Rachel Benda, Karen Cross, Sister Patricia Barnett
___**37** – Socio-Economic Problems and Abortion – Sarah Zagorski
___**38** – Beware! State Courts are "Reinterpreting" State Constitutions Now to Keep Abortions Legal After Roe v Wade is Overturned – Carol Dengel, Kathy Ostrowski, Jessie Basgall, J.D.
___**39** – Religious Outreach: Establishing a Pro-Life Presence in Community Churches – Ernest Ohlhoff
___**40** – Why are Abortion Rates Lower Today Than any Time Since Roe? Randall K. O'Bannon, Ph.D.
___**41** – Chapters and Their Work ~ Saving Lives Across America – Jan and Mike Long, Pamela and Chet Rucinski
___**42** – Abortion and Family Relationships – Rachel Benda, Elizabeth Benda
___**43** – Pro-Life Concerns about Girl Scouts – Ann Saladin
___**44** – Impacting the Present and Building the Future: How to Impact High School Campuses – Alexandria Seghers, Krista Corbello, Dick Conklin
___**45** – Abortion Worldwide Report: The History, Policies, and Data, and the Means of Restoring Protection for Human Life – Thomas W. Jacobson, Wm. Robert Johnston, Ph.D.
___**46** – From "Choice" to "No Choice"- Lessons from the Baby Alfie Evans Case – Nancy Valko, R.N.
___**47** – By the Numbers: Understanding Abortion Polling Data – David N. O'Steen, Ph.D.
___**48** The Escalating Struggle at the UN to Prevent the Establishment of Abortion as a Fundamental Human Right Worldwide – Jeanne E. Head, R.N., Scott Fischbach, Raimundo Rojas
___**49** – The Jaxon Strong Story and the Quality of Life Ethics Debate – Brandon Buell, Lynda Bell
___**50** – Adult Stem Cells ~ Saving Lives Now – David Prentice, Ph.D.
___**51** – 2018: Do's and Don'ts for Effective Pro-Life Lobbying: Legislators' Perspective – Senator Molly Baumgardner, Rep. Francis Awerkamp, Rep. Susan Humphries, J.D.
___**52** – When They Say…You Say – Olivia Gans Turner
___**53** – Making the Pro-Life Argument from the Secular Perspective – Kelsey Hazzard
___**54** – What is the Right to Life? – Brian Johnston
___**55** – What the Cofounder of NARAL Wanted Every American to Know – Terry Beatley
___**56** – Right-to-Life Issues in Academia: Political Correctness in American Higher Education and Strategies for Pro-Life Students in a Hostile College or University Environment – Dr. Jeff Koloze
___**57** – Marketing 101: Bypassing the Filter in the Digital Age – Pamela Rucinski, Derrick Jones
___**58** – How to Establish a College Pro-Life Scholarship Training Program in your State – Doreen Shierk, Veronica Arnold Smithers
___**59** – Grassroots Lobbying 101: The Basics – Ingrid Duran, Jeanne Gawdun, Susan Klein
___**60** – Communicate, Convert and Commit: The Art of Pro-Life Persuasion – Raimundo Rojas, Lori Kehoe, Dave Andrusko
___**62** – Be the Revolution: Why Grassroots Organizing is the Power of the Pro-Life Movement – Scott Fischbach
___**63** – List Development and Maintenance: Learning and Utilizing the Basics – Andrew Sabak, Marjorie Higgins
___**64** – Dying of Thirst! Medicine's Intentional Killing Through Dehydration And How to Protect the Vulnerable – Brian Johnston
___**65** – Communications 102: Maximizing your Media Impact – Jessica Rodgers, Tatiana Bergman

National Teens for Life Convention

__**T1** – The Jaxon Strong Story and the Quality of Life Ethics Debate – Brandon Buell, Lynda Bell
__**T2** – Pro-Life 101: Fact vs Fiction – Alli Donohue
__**T3** – History Repeating ~ Facts you Need to Know – Derrick Jones
__**T4** – Relax…It's Only an Extra Chromosome!" – Eileen and Sadie Haupt
__**T5** – Social Justice Begins in the Womb: The Story of a Punk Street Thug, Turned Pro-Life Activist – Bryan Kemper
__**T6** – Apologetics and Being Pro-Life – Alli Donohue
__**T7** – Weird Science vs Life-Affirming Science – David Prentice, Ph.D.
__**T8** – Planned UNParenthood: A Look at the Nation's Largest Abortion Provider – Randall K. O'Bannon, Ph.D.
__**T9** – Abortion: An American Horror Story – Lori Kehoe
__**T10** – Lessons on Life and Hope from Terri Schiavo – Bobby Schindler
__**T11** – Understanding the WHY of Right to Life – Brian Johnston
__**T12** – Generating Energy: Getting Your Peers Motivated and Involved – Raimundo Rojas
__**T13** – A Visit from NRLC President, Carol Tobias – Carol Tobias
__**T14** – Can Social Media Save Lives – Raimundo Rojas, Abby Loftus
__ **T15** – The Importance of Integrity in Pro-Life Advocacy – Wesley Smith, J.D.
__**T16** – When They Say…You Say – Olivia Gans Turner
__**T17** – What's Next? – Joleigh Little Bass, Derrick Jones
__**T18** – Making a Difference: How YOU Can Change History – Joey Patton

Updated FDA reports at least 22 deaths associated with chemical abortions (RU-486 abortions)

By Dave Andrusko

For many years the only data from the FDA about the safety of the two-drug RU-486 abortion technique went all the way back to 2011. For reasons known only to the FDA, it noted an update to its numbers in March 2018.

In 2011, we learned that there have been at least 14 deaths associated with use of the abortion drugs in the U.S. (The FDA also indicated it knew of another five outside the U.S.)

The latest update tells us that as of December 31, 2017, at least 22 women have died.

"As of December 31, 2017, there were reports of 22 deaths of women associated with Mifeprex [RU-486] since the product was approved in September 2000, including two cases of ectopic pregnancy resulting in death; and several cases of severe systemic infection (also called sepsis), including some that were fatal."

The best one can say about the report's update on "adverse events" is that it is incomplete.

As Carole Novielli noted "In addition to deaths, between 2000 and 2012, numerous serious complications were also reported:

- **Cases with any adverse event – 2740 (average 228/yr)**
- **Hospitalized, excluding deaths – 768 (average 64/yr)**
- **Experienced blood loss requiring transfusions – 416 (average 35/yr)**
- **Infections – 308 (average 26/yr)"**

Part of the FDA's revised protocol was to only require that prescribers report deaths to the U.S. distributor, so more than a few less fatal "adverse reactions," no matter how severe, may have fallen through the cracks.

The Guttmacher Institute is the abortion industry's in-house think-tank. Earlier this year it said RU-486 abortions ("Medication abortions") "increased from 6% of all nonhospital abortions in 2001 to 31% in 2014, even while the overall number of abortions continued to decline." In addition, "Medication abortions accounted for 31% of all nonhospital abortions in 2014, and for 45% of abortions before nine weeks' gestation."

I asked Randall K. O'Bannon, Ph.D., Director of Education & Research for the National Right to Life Educational Trust Fund, about what he saw in the FDA report. Dr. O'Bannon has followed the development and promotion of the chemical abortifacient mifepristone for more than twenty years.

The abortion industry likes to argue that these abortions are simple and totally safe, but it rarely shares the stories of hundreds of women who have been hospitalized or the nearly two dozen who have died after taking these dangerous abortifacients.

The abortion industry has been trying to cope with reduced demand and falling revenues by cutting facility, equipment and salary costs by going to webcam abortions where an abortionist never, ever actually physically examines a woman and only monitors her from afar.

It is an irresponsible and dangerous medical abandonment of the woman at precisely the time when her risk is most serious.

Actress in "Gosnell" film faced similar real-life situation

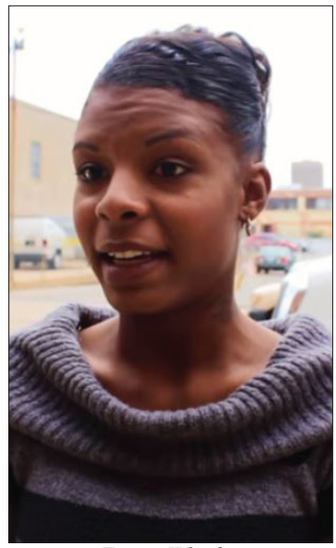
Almost aborted her own baby

By Dave Andrusko

One of my favorite actors, Nick Searcy, has a lead role in "Gosnell: The Movie," which finally opens this October reportedly in over 700 theatres. The film is one of the largest crowd-sourced movies of all time.

For that tiny handful of pro-lifers who might not know, Kermit Gosnell, who operated the notorious "House of Horrors," was a West Philadelphia abortionist who was convicted of three counts of first-degree murder, one count of involuntary manslaughter, and a bevy of other lesser charges. Over the decades Gosnell delivered hundreds of very late-term babies alive and then murdered them by slicing their spinal cords.

Mr. Searcy appeared at NRLC's 2018 annual convention, along with Executive Producer John Sullivan. The year before, Ann



Tessya Whatley

McElhinney, the producer of *Gosnell the Movie* and co-author of the *New York Times* Best Seller *Gosnell: The Untold Story of America's Most Prolific Serial Killer*, was a featured speaker.

Ann told us an incredibly true-life story about the making of the film which I failed to pass along but which critic Christian Toto wrote about last week.

Tessya Whatley plays Viola Brown in the film. Viola considers an abortion but eventually chooses to give her baby life. "It's a similar situation to what Whatley went through several years ago," Toto writes. Whatley's own son is now 6.

"I also was young and pregnant once," she told the Daily Wire in an exclusive interview. "I went to actually abort my baby, and the nurse had let me hear my son's heartbeat."

As Whatley lay on the surgical table listening to her baby's heartbeat while the nurse was out of the room, "I just started crying and decided it was something I couldn't do, I couldn't kill my baby," she said.

"So I put my clothes on, I went out to my grandpa, I told him I couldn't do it, he said, 'let's go,'" Whatley explained.

We will keep you updated as the movie locations are released. For more about the fine reception the movie is already receiving, see page five.

"Distraught mother" laments she has to wait for second opportunity to abort her baby

"I had psyched myself up and I feel totally let down."

By Dave Andrusko

As the saying goes, just when you think you've heard everything…

The headline reads "Mum's agonising wait after cancelled dates follow failed abortion."

The "mum" is an interesting choice of words, given Heidi Buckman's annoyance that she wasn't able to no longer be a "mum" fast enough.

But to be fair, she does have two daughters with her ex-husband. The baby she is trying so hard to eliminate is from a relationship with her partner of seven years.

The gist is that Ms. Buckman's first attempt to abort her child (at nine weeks, after an initial delay of two weeks) using a chemical abortifacient failed. So when the British publications the *Daily Express* learned that due to "staff illness and cancellations" Buckman won't get her abortion for another two weeks (meaning her unborn baby will be 17 weeks old when Buckman finally "succeeds), it published a highly sympathetic account about the "distraught mother."

"I'm so upset," Buckman told Laura Elvin. "I can't think about anything else at the moment. I did not come to the conclusion of doing this lightly, but I had psyched myself up and I feel totally let down."

Warming to the task, Buckman says, "Now it will be another two weeks – if indeed it actually happens – as I have totally lost faith."

A spokesperson for Marie Stopes UK, the huge abortion chain which carries out most abortions for the British National Health Service, told Elvin

"While medical abortion [chemical abortion] is highly effective, around two per cent will require further treatment to end the pregnancy. We make sure this is explained to every woman.

Cleaning boss Heidi Buckman has been waiting two months for her abortion (Image: Heidi Buckman/SWNS)

"We also know any delay to treatment can be worrying. Occasionally staff sickness means that we need to reschedule appointments and we work closely with women to ensure they can receive treatment at the earliest opportunity."

"My kids have started to ask, 'Why have you got a tummy?,'" Buckman tells Elvin, adding "and the stress I am under is really putting a strain on my relationship."

Speaking of Marie Stopes UK and without the slightest recognition of the irony, she complains, "I feel like they don't care. I'm just a number to them."

Critical Reinforcements from the 2018 NRLC Academy

From page 1

in our day, and how hospitals, insurers, and government bureaucrats have tried using cost cutting as a reason to deny lifesaving medical care.

It's a bona fide college course, with classes, reading, research, labs, and papers. That's why a couple of this year's students are earning college credit from Franciscan University of Steubenville.

But they've not only been given lots of information, they've also had the opportunity to put it into practice, engaging in mock lobbying, interviews, preparing testimony, delivering speeches, writing columns, developing ad campaigns, and even analyzing medical studies.

It's prepared them to be effective pro-life advocates at a time when such leaders are needed.

Jane M. Johnson, a teen leader from North Dakota said, "I had the amazing opportunity this summer to learn in depth about issues I've been passionate about my whole life. From mock debates to the Capitol, from ad campaigns to a baseball game, I enjoyed a summer in the city AND feel more prepared for my work for life."

NRL Academy students with NRLC President Carol Tobias (center). Left to right, Jane M. Johnson, Kathryn Probst, Rebbeca J. Rahm, and Lillian Getgen

Rebbeca Rahm, a passionate pro-lifer from Minnesota, called the Academy "a truly rewarding experience." Rebbeca said that "The people that I have come to know here have been the best part of the academy. I loved to hear and see how passionate each person is here is about protecting life."

Lillian Getgen, who attends a secular college in Florida, told us that "I came to the academy wanting to gain courage for what I stand for, which is of course life!" It was a lot of material to cover in just a few all-too-short weeks, but Lillian says "Heading back home after five weeks filled with many practicums and heavily informed reading material I've been able to become more confident when discussing why I am Pro-life. I feel as though with the amount of practice I've had, I can take on any pro-choice argument that comes my way."

Katie Probst, a recent Benedictine (KS) college graduate from Massachusetts that already has a job lined up in pro-life work, said "Coming to the Academy, I thought I knew a lot pro-life movement. But at the Academy, not only did I learn more in-depth information about the movement, I learned how to use this knowledge. I believe that the Academy has prepared me to better defend and fight for life."

National Right to Life appreciates the testimonials, but it was the passion and dedication of these students that made this year's Academy so successful. Each had different talents and interests and we believe each will make their own unique contributions to the movement.

Eradicating bigotry, not babies with Down syndrome

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

It was one of those posts that seemed to light up Facebook.

The post depicted a photo of a teenager with Down syndrome, with a cross skywritten above her head. Accompanying the photo was this text, written by her father, Kurt Kondrich:

"This morning Chloe looked out the window and said, 'I see Him dad, I see Jesus!' We walked outside and she pointed into the sky where a Cross had appeared - PRICELESS! Chloe has strong favor with Jesus and she is an instrument God is using to restore a culture of LIFE! 'See that you do not despise one of these little ones. For I tell you that their angels in heaven always see the face of my Father in heaven.' Matthew 18:10"

Chloe has become a kind of goodwill ambassador, traveling the United States to show the promise and possibility of children born with Down syndrome. She has met the President and Vice-President and been photographed with recording artists, sports stars, and other celebrities.

Currently, Chloe is on a mission to enact legislation to ensure that preborn babies with Down syndrome are not targeted for destruction. House Bill 2050, also known as the Down Syndrome Protection Act, is a common sense piece of legislation which was introduced in the Pennsylvania House of Representatives earlier this year. The bill would ban abortion for the sole reason of a Down syndrome diagnosis.

State Representative Judy Ward (R)co-sponsored the bill, along with House Speaker Mike Turzai (R).

Chloe Kondrich

When the bill was introduced, Rep. Ward stated, "The future has never been brighter for babies born with Down syndrome. Medical and social advances have changed what it means to live with this condition. Down syndrome means that opportunities exist in every area of school, community and even professional life. We've learned too much to accept that Down syndrome citizens should be considered anything less than full members of the community. They deserve respect and the protection of our laws."

Rep. Ward pointed out that, at the beginning of the 20th century, a baby born with Down syndrome was not expected to live past his or her 10th birthday. But in 2018, the life expectancy for a person with Down syndrome is 60 years of age.

The impetus for the Pennsylvania bill was a deeply disturbing CBS News report documenting that babies with Down syndrome were being aborted in Iceland at an alarming rate. Words like "eradicating" were used. Turzai believes that this lethal form of discrimination must end.

"We're raising the concern in Pennsylvania because of some tragic trends in European countries," Turzai said. "In Iceland, they've become notorious for the claim that Down syndrome has been nearly eliminated. What they fail to mention is that Iceland has a 100 percent abortion rate of pre-born children with this diagnosis. I believe in the dignity of every human being. None of us are born perfect, and we all have something beautiful to contribute. Pennsylvania is a loving, compassionate community, and we want to extend welcome and support to Down syndrome families. They need to know they're not alone."

In their joint news release, Rep. Turzai and Rep. Ward noted how one U.S. company had made history by selecting a baby with Down syndrome as its spokesmodel: "Gerber introduced the world to Lucas Warren, who was selected as the 2018 Gerber baby. Lucas is a healthy 1-year-old from Dalton, Ga., who is full of spirit and potential. He also has Down syndrome.

"Down syndrome is a congenital,

See "Eradicating," page 15

Three kinds of arguments for abortion—and where they go wrong

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

Abortion ends the life of a human being at the embryonic or fetal stage of her development. Is this killing morally permissible? Or is it an injustice?

More than 150 years ago, a Boston physician named Horatio R. Storer pointed to the heart of the issue. "The whole question," he observed, "turns on ... the real nature of the foetus *in utero*."

Does the unborn child have a right not to be intentionally killed? Does she matter like we matter? Does she count as one of us?

Almost all arguments offered in defense of abortion relate to this fundamental question in one of three ways. Some arguments just *assume* that unborn children don't matter. Some arguments try to *show* that unborn children don't matter. And some arguments *contend* that unborn children are actually beside the point.

Here's why each of these types is mistaken—and why children in the womb deserve our respect and protection.

Arguments that assume unborn children don't matter

Many popular arguments only make sense if unborn children don't really matter—if they don't have the kind of value and right to life that other human beings have. Consider these examples.

Freedom. Abortion defenders say that women have a right to choose, or that we should "trust women," or that we should respect their moral agency and let them decide. People have the right to choose to do lots of things, but there are some things that aren't okay. No one has the right to decide to kill a teenager, for example, because teenagers are valuable human beings who have human rights.

If unborn children are also valuable human beings, then we likewise may not kill them.

Circumstances. Supporters of abortion frequently point to the difficult circumstances that pregnant women face. But if unborn children have a right to life, like children who have already been born, then killing them is no more justified in tough socioeconomic circumstances than killing born children in those same circumstances.

Consequences. People sometimes say that prohibiting abortion would produce terrible consequences, such as the deaths of many women from illegal abortions. But no one would argue that we should legalize infanticide in order to make it safer and easier for desperate parents to get rid of their newborn children. If unborn children also deserve protection, then (alleged) negative consequences aren't a good reason to make it legal to end their lives.

Equality. Legalized abortion is necessary for women's equality, some people argue, because the challenges of pregnancy and childbirth fall uniquely on women and not men. But the challenges of caring for 10-year-old children fall on the parents of 10-year-olds and not on everyone else—and laws against killing or abandoning such children are clearly still justified. If unborn children matter, like 10-year-olds, then the same is true of laws protecting them.

Tolerance. Some people say that personal opposition to abortion shouldn't be imposed on others. But if abortion unjustly takes the life of an innocent person, then society shouldn't allow it. No one would say, "I'm personally opposed to withholding basic care from nursing home patients, but I don't want to impose that view on everyone else."

None of these arguments, then, would justify the killing of born human beings. If unborn children deserve the same respect, then these arguments don't justify killing them either.

Arguments that try to show unborn children don't matter

Other arguments in defense of abortion try to actually show that unborn children don't matter—that they are different from the rest of us in some way that is morally significant. And that's why killing them is permissible.

One way to argue for this view is to claim that unborn children aren't even human beings (in the biological sense of the term). But that's empirically false. The science of embryology shows that human embryos and fetuses are living human organisms—members of the species *Homo sapiens*—at the embryonic and fetal stages of life.

A second approach is to argue that although unborn children are biologically human, they do not have the same value and right to life as older human beings—they are not yet "persons" like we are. But the differences between born and unborn human beings simply aren't relevant to whether or not an individual bears a right to life.

Unborn children may look different, for example, but appearance has nothing to do

See "Arguments," page 42

Man convicted of felony murder in death of 37-week-old unborn baby

Also convicted of first-degree domestic beating in brutal attack on ex-girlfriend

By Dave Andrusko

Christopher Ammons Kemp, originally charged with capital murder for the savage beating of his pregnant ex-girlfriend and the death of her 37-week-old unborn baby, has been convicted of felony murder, a lesser charge, and first-degree domestic violence.

Ivana Hrynkiw, of Al.com, reports that Jefferson County Circuit Judge Laura Petro will sentence the 31-year-old Kemp on September 27.

Kemp's attorneys argued that Kemp never intended to kill the baby. Kemp testified that "he blacked out for part of the assault" against Jessica Jackson, according to Hrynkiw.

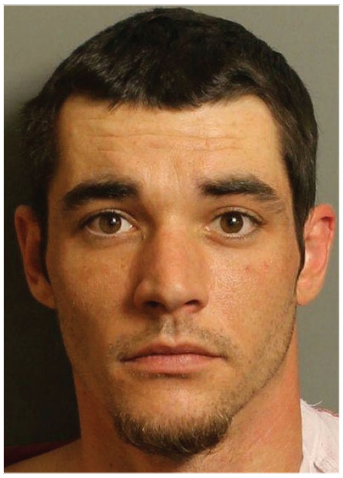
He said he remembers coming back into consciousness on top of Jackson, strangling her with his left hand and punching her with his right. That's when he "realized what [he] was doing."

"I don't know," Kemp said. "I just panicked. I had a drug-induced psychotic episode."

Prosecutors painted a far different portrait of a man whose attack on Jackson was so brutal doctors initially told Jackson's family to "prepare for the worst."

Prosecutors said "Kemp had been stalking Jackson for weeks, and coming by her house in Bluff Park [in Hoover, Alabama]. They said the day of the attack, Kemp was hiding in Jackson's garage waiting for her to come home."

Evidence at trial showed Jessica Jackson was severely beaten in the garage of her Hoover home on March 16, 2016. Her ex-husband found her over an hour after the beating, and called police. She was transported to St. Vincent's Hospital and then UAB [University of Alabama] Hospital, where her unborn baby girl was pronounced dead. Jackson was hospitalized, and doctors initially told her family to prepare for the worst.



Christopher Ammons Kemp

After the attack, testimony at trial revealed, a mutual friend contacted Kemp and told him about the condition of Jackson and his unborn child. He replied via Facebook messenger, "I didn't want to hurt her, just the baby."

Defense Attorney John Robbins told jurors that Kemp "snapped" and then attacked Jackson.

Not so, Deputy District Attorney Joe Roberts told jurors. "The evidence of intent is strong and undeniable."

Eradicating bigotry, not babies with Down syndrome

From page 13

chromosome abnormality causing developmental delays and physical limitations impacting a child's height and facial appearance. In recent years, celebrity support and public awareness about advances in support for families impacted by the condition have dramatically improved the life span and educational and work opportunities for individuals with Down syndrome."

House Bill 2050 passed the House in April by an overwhelming bipartisan, veto-proof majority of 139 to 56. The legislation then moved to the state Senate, where it was reported out of the Senate Judiciary committee in June.

The Pennsylvania Senate recessed for the summer without taking a full vote on the measure. But advocates for the legislation—especially families with children with Down syndrome—hold out hope that the Senate will approve the bill once it returns to session in September.

Governor Tom Wolf, who has volunteered for the abortion giant Planned Parenthood, has stated that he will not sign any bills that would limit what he refers to as "abortion access." However, he has been far less vocal on the Down Syndrome Protection Act than other pro-life bills. Observers believe his silence is based on the fact that he does not want to be perceived as opposing people with disabilities.

Pro-life advocates continue to work to secure a veto-proof majority in the Senate. In the meantime, young people like Chloe Kondrich continue to inspire hope that someday all children with Down syndrome will be protected under the law.

If only an abortion-minded woman could see…

"Portrait of Lotte, 0 to 18 years" in 5:37

By Dave Andrusko

A while back (it seems like just yesterday), we posted a story about Dutch filmmaker Frans Hofmeester who had filmed his daughter, Lotte, every week, from birth up until she turned 12 years old and then made a time lapse video.

As the father of three daughters and one granddaughter, I was utterly captivated. It so happens that last week I ran across an update. Here's the caption/explanation:

> **Lotte becomes 18 years old in this film! "Subscribe" Dutch filmmaker and artist Frans Hofmeester has been filming his children Lotte and Vince since birth. Every week the images are shot in the same style. With this footage he creates time-lapses which show the aging of his children within minutes.**

The first account we headlined, "Birth to Twelve Years Old in 2 min, 45 sec." The most recent was titled, "Portrait of Lotte, 0 to 18 years" in 5 minutes and 37 seconds.

The parents among us will doubtlessly think to themselves, "That's right!" It does seem as if our children grow up before us in a blink of an eye. (Saturday, I ran a 5K with my oldest. She is 35!)

And what jumps out at you is the continuity. While there is gradual, ongoing change, Lotte at birth is Lotte at 18, only bigger, able to make even more comically funny faces, but also far more aware she is being filmed.

I wonder, what if a woman facing a crisis pregnancy were able to see in her mind's eye a time lapse edit of her developing child—from whatever stage the baby is at the point when she may be contemplating an abortion until the baby is born?

She would see that it really isn't all that long and that the baby who is tiny and sort of a stranger now will soon be much larger and someone for whom she would give her life.

Please take out 5:37 of your day and watch "Portrait of Lotte, 0 to 18 years" at www.youtube.com/watch?v=nPxdhnT4Ec8.

Wisconsin man who spiked girlfriend's drink with RU-486 is convicted of attempted first-degree intentional homicide of an unborn child

By Dave Andrusko

The case of Manishkumar M. Patel, who attempted to slip his unsuspecting girlfriend an abortifacient, has finally come to a conclusion, almost 11 years later.

Patel has been convicted of attempted first-degree intentional homicide of an unborn child. "The attempted homicide charge carries a maximum sentence of 60 years in prison," according to Alison Dirr. "Sentencing was scheduled for Oct. 9."

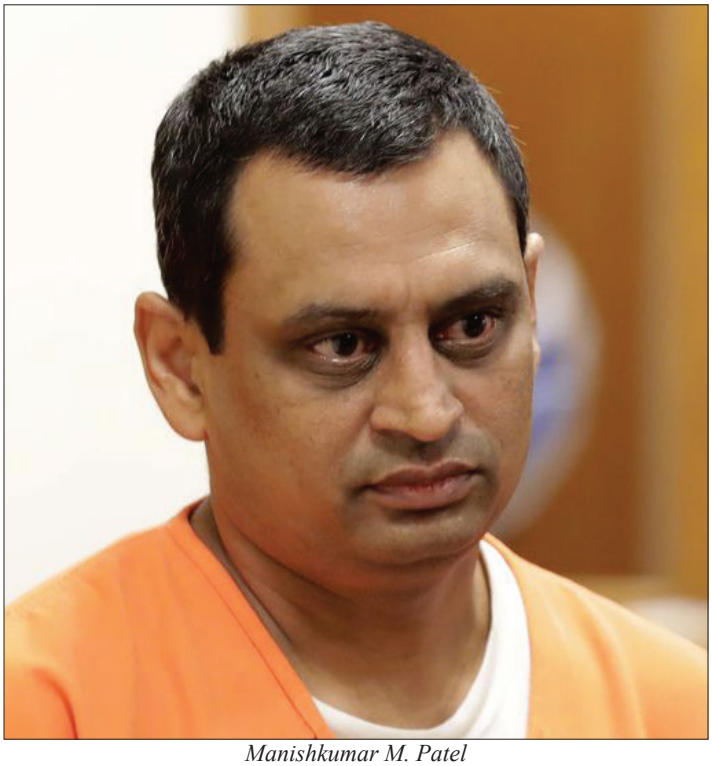
Patel's girlfriend did not ingest the drink but miscarried weeks later,

This was one of the very early cases of a boyfriend slipping his pregnant girlfriend an abortifacient. As we reported previously, Darshana Patel was suspicious and did not drink the smoothie that was laced with RU-486.

This took place in November 2007. A bench warrant was issued the following January for Patel (who was not related to the woman) on multiple charges, including attempted first-degree intentional homicide of an unborn child. He jumped a $750,000 cash bond, which he forfeited.

Patel's list of criminal charges had included "second-degree recklessly endangering safety, placing foreign objects in edibles, possession with intent to deliver prescriptions, stalking, burglary, possession of burglary tools, and two counts of violating a harassment restraining order," according to Dirr of *USA Today*

According to a 2008 *Associated News* story, the couple had a long-standing relationship, which resulted in a son in 2004. A subsequent pregnancy ended in a miscarriage in 2006 (Manish Patel denied that child was his.)



Manishkumar M. Patel
Photo: Wm. Glasheen/USA TODAY NETWORK-Wisconsin

In August 2007 Darshana Patel said she became pregnant again. But this time, Dirr reported (citing a criminal complaint), "she noticed how attentive Manish became. He even prepared meals for her on occasion."

Darshana noticed Manish stirring a smoothie at an ice cream store and grew suspicious, Dirr reported. "When he offered it to her, she noticed powder on the cup's rim, and the pregnant woman feigned illness and didn't drink it."

According to the criminal complaint

> **A short time later, her doctor detected problems in her hormone levels, and she contacted the lab to test the substance in the cup. While waiting for a kit to test the substance, she miscarried. The lab test later confirmed the presence of the abortion pill.**

A bench warrant was issued for Patel on Jan. 31, 2008. He was not located and arrested (in Malone, New York) until January 2017.

The Sheriff's department sent out a press release, explaining how Patel was apprehended.

> **At 1:15 a.m. on Friday, the U.S. Border Patrol stopped a vehicle in Malone, N.Y. that was suspected to be involved in possible criminal activity and agents identified Patel as a passenger.**
>
> **He had a fraudulent passport that expired in December 2016. The agents took Patel and the driver to the Border Patrol office and asked them to be fingerprinted. He took agents aside and said he was not who his travel documents indicated he was.**
>
> **A records check showed Patel was wanted by Outagamie County.**

"A host of other charges in the case and two other cases — one felony case and one misdemeanor case — were dismissed as part of a plea agreement," Dirr reported.

No, abortion is not health care. It's #FakeHealth.

By Ryan Bomberger

Editor's note. This is excerpted from a post at the Radiance Foundation.

August 1, 2018 – Only in the world of abortion activism is violently induced death considered healthcare. Fake feminism has led millions to believe that justice is when the strong prevail over the weak. Pro-abortion politicians claim to fight for equality, but only promote enmity between two human beings that are biologically designed to be connected – mother and child.

Lately, pro-abortion activists are amping up their War Against Pregnancy. They have powerful allies in public education, #fakenews media, Hollywood, the music industry, Bible-evading churches and even professional medical associations.

Let's keep in mind, medical professionals have broken the trust of the public and exploited unsuspecting victims many times. They've conducted heinous acts in the name of science throughout history (like Shark Island, Tuskegee Syphilis Experiment, Nazi Science Experiments, Gosnell's Supercoil Experiment, Puerto Rico Birth Control Experiment, Philadelphia Prison Experiments, Children with Cerebral Palsy at Sonoma State Hospital, University of Iowa 'Monster Study', and so many more).

So, let's disabuse ourselves of the notion that medical science is always ethical. Human beings and institutions, especially those that profit from killing innocent human beings, always need to be held accountable (in the case of Planned Parenthood…abolished).

There is virtually no accountability for the abortion industry, which fights tooth and nail to self-police its business of butchery.

Pro-abortion activists now want to parade around with #FakeClinic signs in front of pregnancy care centers repeating every possible lie they can from NARAL ProChoice America? The hanger-waving radical pro-abortion group knows a lot about lying. It's who they are. It's why their co-founder, the late Dr. Bernard Nathanson, called them out for deliberate deception about abortion statistics to sell the lie of abortion to the American public. Dr. Nathanson, once responsible for overseeing 75,000 abortions (5,000 he committed himself including the abortion of his own child) became pro-life and spent the rest of his life educating and unequivocally proclaiming that "all abortion is violence".

That violence, under the unconstitutional guise of Roe v. Wade and Doe v. Bolton, has taken the lives of hundreds of mothers and 60 million defenseless human beings.

Abortion is not healthcare. So, if we want to talk about #fakeclinics, let's talk about Planned Parenthood's 600 abortion centers and the hundreds of other independently owned abortion mills across the country which constantly fight every effort to be held to regular medical standards. They carry out their own self-imposed #globalgagrule every day, because they don't trust women with the truth about abortion.

Any self-proclaimed "leading women's healthcare organization" that pretends we haven't known for over a century when human life begins isn't exactly very sciency. Former Planned Parenthood President and founder of the Guttmacher Institute, Dr. Alan F. Guttmacher, declared in his 1933 book Life In The Making that life begins at conception. Clearly, today's pro-abortion activists haven't gotten that memo.

"Having an abortion doesn't increase your risk for breast cancer or affect your fertility. It doesn't cause problems for future pregnancies like birth defects, premature birth or low birth weight, ectopic pregnancy, miscarriage, or infant death." This blatant dishonesty is from Planned Parenthood, the nation's leading #fakehealth network.

ABORTION AND PRETERM BIRTHS

First trimester induced abortion is a "known immutable medical risk factor associated with preterm birth" according to the Institute of Medicine of the National Academies of Science. Although they did stick this inconvenient truth onto page 625 of a 772 page study, "Preterm Births: Causes, Consequence, and Prevention".

A meta-analysis of 49 studies, published in the Journal of American Physicians and Surgeons, shows a "statistically significant increase in PTB [preterm birth] risk in women with a history of IA [induced abortion]."

According to the CDC, 17% of infant deaths in the United States are due to preterm births and low birth weight. "Babies born too early (especially before 32 weeks) have higher rates of death and disability," explains the CDC.

Those who survive preterm births often experience

See "#FakeHealth," page 50

Mother refuses multiple suggestions she abort, baby and mother survive traumatic pregnancy

By Dave Andrusko

Rebecca Shephard, of Dagenham, Essex, England, had not planned to get pregnant again but when the 27-year-old Care home deputy manager discovered she was in 2017, she and her partner Jack Luckings were delighted.

But because Shephard became pregnant even though she was using an IUD contraceptive coil, her GP recommended an early scan at 7 weeks, according to the *Daily Mail*.

"Seeing her baby for the first time, initially Rebecca was told by the sonographer that she could see no sign of the coil, so it had probably fallen out," the *Daily Mail's* Jessica Rach reported.

However just two weeks later, Shephard started to bleed heavily for the first time. The coil was still in place.

Making her way to Queen's Hospital, Romford, Essex, she lost so much blood that she collapsed in the hospital waiting room – coming to in a hospital bed, with Jack beside her.

'I was terrified,' she said. 'I felt awful and I was so worried about the baby. They did another scan and they said that the baby was still alive, but they could see that the coil was dangerously close to him.

It was at this juncture that doctors offered her the option of aborting the baby for the first time. "But I wanted to give the baby a chance," Shephard told Rach. "I wasn't going to give up hope."

Adding to her worries, there was a 50-50 chance of miscarriage because the IUD was close to the amniotic sac.

Rebecca's daughter Bonnie, eight, (right) and Jack's daughter Ava, six, (left) were excited about their new little brother (seen showing off the scan)

At three different junctures she was rushed to the hospital, because of bleeding. "Luckily, each time, the baby was alright," Rach wrote.

Then her pregnancy really became iffy. Doctors "discovered that a blood clot had formed around the coil, meaning she would probably suffer a late miscarriage." The bleeding calmed down momentary and Rebecca was allowed to home temporarily to see her daughter's dance show.

But, as the performance ended, she began to bleed heavily again and this time it was mixed with some amniotic fluid.

Rushed back to hospital, she was told her waters were leaking, but she was not in active labour.

With such serious complications, Rebecca was offered a termination again – but she refused.

Five days later, after more blood loss, she was given another blood transfusion and told the pregnancy was making her ill.

Doctors decided to transfer to a specialty neonatal intensive care at another hospital. But, as Rach explained,

Rebecca went into labour as she was being transferred and, after just 23 weeks and three days in Rebecca's womb, little Charlie was born on 17 December 2017, weighing just 1lb 4oz -the same size as a tub of butter.

He spent 116 days in hospital, battling a range of conditions including sepsis – a rare reaction to an infection, causing the body to attack itself,- and breathing difficulties.

After all that, thankfully Charlie improved enough to be taken home for the first time this past April.

Rebecca said: 'Bringing him home was lovely, but it was hard. He was still on oxygen but he's such a fighter. He battled his way through all the twists and turns of his neonatal journey and is now slowly coming off oxygen. Charlie weighs 9lb 4oz and is full of fun.

'We know it might not be the end of the journey but we're so proud of him.'

What if the media conveyed the brutal reality of dismemberment abortions?

By Dave Andrusko

Newcomers to the pro-life camp may not be aware that the debate over partial-birth abortions changed the trajectory of the abortion debate. Even Gallup conceded that the publicity "likely caused more Americans to identify as pro-life."

This in spite of our benighted opposition using every dirty trick in the book to attempt to hold back the tide. We were told partial-birth abortions either didn't happen or were unbelievably rare (in fact there were thousands performed); it wasn't a "medical term" (it was a legal term of art defined by Congress as a matter of federal law); and the Supreme Court would never uphold the ban on partial-birth abortions (the High Court did in 2007)—to name just three distortions.

The genius of partial-birth abortion is that the description cleared away the gauzy euphemisms. A baby is partially delivered, surgical scissors are jammed into the baby's skull, and her brains are vacuumed out like so much soot.

This shock of recognition was pivotal in clearly the path for the Supreme Court to uphold the federal ban in *Gonzales v. Carhart*.

I thought of this when I re-read a post that appeared in the pro-abortion Think Progress written by Casey Quinlan. Ms. Quinlan was celebrating the decision by Federal Judge Sam Yeakel to temporarily enjoin Texas' ban on dismemberment abortions of living unborn children. (The Texas attorney general subsequently appealed the decision to the 5th U.S. Circuit Court of Appeals.)

Quinlan was honest enough to concede one thing directly and one indirectly. The former was contained in the subhead: "But it won't stop other states from introducing these bans."

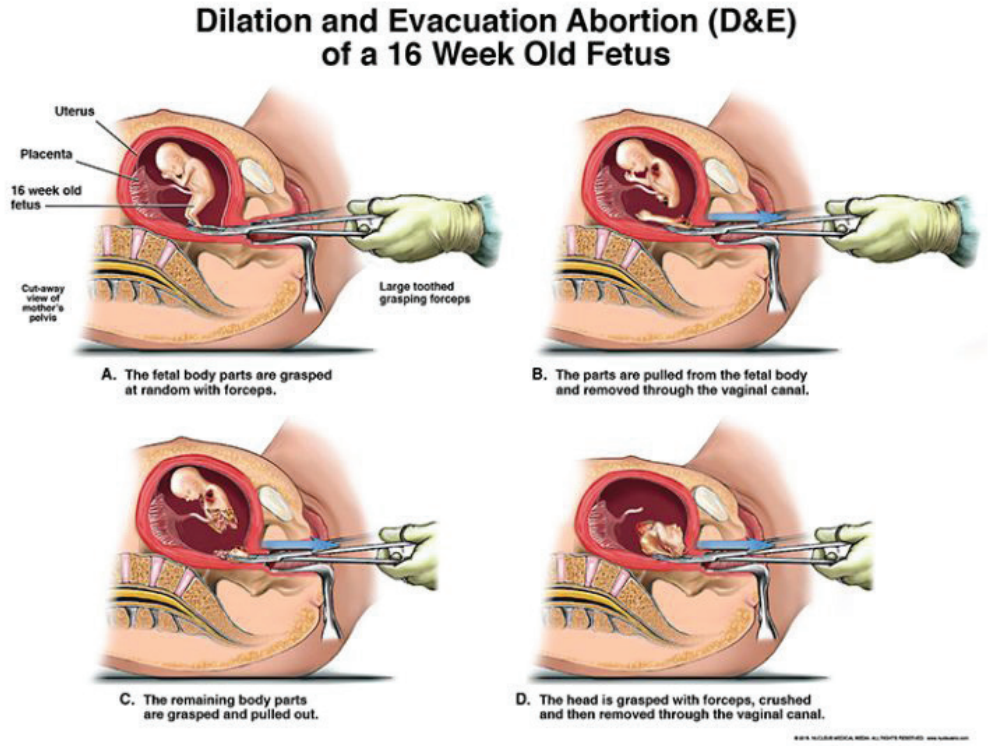
The latter we find when she quotes Elizabeth Nash, senior state issues manager at the pro-abortion Guttmacher Institute. Alluding to the Dismemberment Abortion Ban section of the Pro-Life Senate Bill 8 passed by the Texas Legislature.

Nash added that she finds it encouraging that the media and public have not popularized terms used by anti-abortion activists to describe these laws. By using language that makes the procedures sound dangerous, anti-abortion activists were successful in pushing for what they called "partial birth" abortion bans in the 1990s, Nash explained. This was a different second-trimester procedure called intact dilation and extraction.

"They use this term called 'dismemberment abortion,' which hasn't been picked up in the same way that partial birth abortion was used," Nash said. "We haven't seen that term catch up, so I am wondering if that shows some sense of reluctance on the part of the public and the media to buy into the claims by abortion opponents on this issue."

While this is 50% error and 50% spin, Nash has the big picture correct. The media coverage of laws to ban the dismemberment of living unborn babies could have been written by Planned Parenthood and NARAL.

The coverage (a) relentlessly misrepresents what the law bans; (b) lifts the description of the banned abortion procedure from the pro-abortion playbook; and (c) makes what happens to the unborn child sound almost like an abstraction.



See "Conveyed," page 30

Facebook blocks Republican judge from boosting video of nephew overcoming severe birth defect

By Calvin Freiburger

WELDON SPRING, Missouri – A feel-good video about a Missouri judicial candidate's nephew overcoming a severe birth defect is the latest to be rejected as "shocking, disrespectful," and/or "sensational" under the social media giant's controversial ad approval system.

Chris McDonough is a municipal court judge and a Republican candidate for circuit court judge in St. Charles County. On his campaign website he touts respect for "God's greatest gift – human life," declares that a "judge's role is to interpret and apply the law as it is written, not as the judge would like it to have been written," and highlights the endorsement of social conservative leader and Eagle Forum president Ed Martin.

As part of his pro-life messaging, McDonough has highlighted the case of his nephew Albert, who was prenatally diagnosed with congenital diaphragmatic hernia, a rare condition that can cause life-threatening breathing difficulties. His parents were told he only had about a 25% chance of survival.

"In my family, we've had some very personal experiences that have made me appreciate firsthand how precious and fragile the gift of human life is," McDonough wrote in the introduction to a July 29 video about the case. "The most recent was the birth of our nephew, Albert. He is a miracle. This is his story. This is a story about life, our first unalienable right."

"Oftentimes, parents given this type of diagnosis are given the option of termination. But Albert was always our child, he was never a choice," Albert's mother said. As the video transitions from images of infant Albert in intensive care to footage of McDonough playing with Albert as a happy, seemingly-healthy little boy, she begins talking about the comfort and strength he gave the couple and their son.

Chris McDonough's nephew Albert McDonough for Judge/Facebook screen grab

"Our brother-in-law Chris McDonough was one of the biggest supporters and one of the most special people on our journey, always telling us how things would work out in the end, to keep plugging forward, making us laugh all along the way, and now is perhaps one of Albert's favorite people in the world," she said.

"Albert has one lung and a little bit of another lung, but as you can see he's very energetic and doesn't let that stop him," his mother explains. "He continues to have problems, but again he just keeps pushing forward and doesn't let these challenges impact his fun and his energy as a toddler."

"We stand with Chris McDonough because he, like us, believes that a child is not a choice," she concludes.

When McDonough wanted to boost the video as a Facebook ad, however, he met a message conservatives have become increasingly familiar with over the past year.

"Your Ad wasn't approved because it doesn't follow our Advertising Policies," a Facebook message told him, according to Gateway Pundit. "We don't allow ads that contain shocking, disrespectful or sensational content, including ads that depict violence or threats of violence."

The message suggested that he could fix the problem by "removing this type of content from your ad and/or using a different image or video." The video contains no violent imagery, insulting language, or anything harsher than benign affirmations of the sanctity of life. The word "abortion" isn't even used.

McDonough called out Facebook on Sunday for blocking another candidate's pro-gun ad, and thanked Gateway Pundit on Tuesday for publicizing his own case.

Facebook has come under fire for numerous instances of improperly flagging conservative, Christian, or pro-life content as "inappropriate," a problem that has only intensified since it rolled out a new set of advertising rules in May that have identified a wide range of journalistic and educational content as "political."

The restrictions are examples of what conservative critics say is part of the social media giant's systematic discrimination against conservative voices, including algorithm changes that have been shown to disproportionately impact right-of-center publications over liberal ones. The scandal may be one factor contributing to the company's current struggles in the stock market

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

Life Wins: Indiana Pregnancy Center to Open Across from Proposed Abortion Facility Following Mayor's Veto

By Katie Franklin

When plans to open a new pregnancy help center next to a proposed abortion facility were vetoed this spring, Jenny Hunsberger, vice president of Women's Care Center in South Bend, Indiana, promised to keep serving the community anyway.

"We are sad that care for women and families in South Bend got caught in politics," Hunsberger said at the time, referring to Mayor Pete Buttigieg's decision to veto a rezoning bill that would have allowed the pro-life pregnancy center to open.

"Although this is a setback, Women's Care Center continues to serve," Hunsberger said. "The 73 women in this community who walk through our doors today will receive compassionate and skilled care without judgment."

Now, Women's Care Center is making good on that commitment in an even bigger way, with plans to finally open a new location by the end of 2018. Even better, the new location is right across the street from its original destination and right across the street from the same proposed abortion facility.

To the gratitude of the Women's Care Center team, in the days after South Bend Council failed to override the mayor's veto, the organization was offered the perfectly zoned property by a local businessman.

Ann Manion, president of Women's Care Center, shared the story in a press statement:

> **"In 34 years with Women's Care Center, I have been blessed to witness what I believe are miracles. And one incredible example is the unsolicited offer we received just days after the last council meeting. You may recall that dozens of immediate neighbors expressed their strong support for our new location at 3527 Lincolnway West. And one of those, who has a business right across the street, stepped up and offered his perfectly zoned property at 3530 Lincolnway West. At this new site, without any impediments, we can immediately go to work retrofitting the site, and hope to be serving moms and babies on the westside by year-end."**

Manion says the new location is the product of not just one donor's generosity, but that of an entire community of supporters.

"Many have asked about the 'donor' who made the expansion possible," she writes. "It is important to note that it's not just one. There are dozens who stepped up to support this project in a significant way and hundreds who make our mission possible every single day. Over our history, our donors have always been generous. This is because they care deeply for the women and children we serve."

According to Manion, two out of every three babies born in the city of South Bend now start with Women's Care Center. Right now, 1,449 babies are expected to clients in St. Joseph County.

For Manion, these babies represent the "choice" many women would lose if their only recourse in a moment of desperation was to go to the proposed abortion facility.

"Many have asked, 'Why locate on Lincolnway West?' The simple answer is that our presence provides women choice," she writes.

> **"With 29 centers in 10 states, we have seen time and time again, that next door saves lives. In an environment of peace and safety, many more women are likely to more fully explore their options, come to our center for help if they need it, and ultimately choose life."**

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

Women's Care Center®

South Carolina will vigorously defend pro-life executive order against Planned Parenthood's latest lawsuit

By Dave Andrusko

On July 13, South Carolina Gov. Henry McMaster, reiterating the state's "strong culture and longstanding tradition of protecting and defending the life and liberty of unborn children," ordered the Department of Health and Human Services "to take all necessary actions to exclude abortion clinics from receiving taxpayer funds for any purpose."

Not surprisingly, the *Associated Press* has reported that "Planned Parenthood says it is suing to try to get a judge to overturn South Carolina Gov. Henry McMaster's order that it couldn't provide services under the state Medicaid health plan. Planned Parenthood says that decision means thousands of poor women on Medicaid won't be able to get pelvic exams, birth control or testing for sexually transmitted diseases."

According to the *AP*, Brian Symmes, Gov. McMaster spokesman, "says McMaster will fight the lawsuit as hard as he can because he doesn't think taxpayer money should go to anyone who provides abortions."

Planned Parenthood's absurd contention that it is indispensable received a searing rebuttal from Holly Gatling, executive director of South Carolina Citizens for Life.

"It is utterly laughable that Planned Parenthood claims poor women have nowhere else to turn for health services," she said. "There are numerous health clinics throughout South Carolina that offer high quality, comprehensive health care to women of childbearing age without peddling abortion as just another means of birth control."

Indeed, when he issued executive order 2018-21, Gov. McMaster made clear that although "the State should not contract with abortion clinics for family planning services, the State also should not deny South Carolinians access to necessary medical care and important women's health and family planning services, which are provided by a variety of other non-governmental and governmental agencies."

Gov. McMaster did not name Planned Parenthood specifically. However it is the only free-standing abortion facility in South Carolina that receives Medicaid funding. Gov. McMaster noted that the "payment of taxpayer funds to abortion clinics, for any purpose, results in the subsidy of abortion and the denial of the right to life."

South Carolina Govornor Henry McMaster

The week before he issue his executive order, Gov. McMaster vetoed all family planning funds in the new budget in order to fulfill a campaign promise that he would "do whatever I can to stop Planned Parenthood from getting taxpayer money."

Lisa Van Riper, President of South Carolina Citizens for Life, warmly praised the governor.

"We commend Gov. McMaster for not only keeping his promise to protect innocent human life in South Carolina but also keeping his promise to taxpayers of South Carolina who should not be forced to fund agencies that destroy human life," she said.

Gatling added, "Abortion is **not** health care. Abortion is an act of violence that kills an unborn member of our human family."

South Carolina Citizens for Life has been instrumental in supporting the passage of strong pro-life laws that correlate with the dramatic 63% reduction in the number of abortions occurring in our state.

One year later: All that was wrong in the coverage of Charlie Gard captured in one story

By Dave Andrusko

A year ago I wrote a post that I will always remember.

I'm sure nearly all *NRL News Today* readers vividly remember the farce that was the unfair and misleading coverage of little Charlie Gard.

His parents, Connie Yates and Chris Gard, moved heaven and earth in an unsuccessful campaign to convince the hospital to allow them to take their nearly one-year-old child to America for experimental therapy. Charlie died July 28.

The day before his death warrant was, in effect, signed when the prevailing judge one more time concluded Charlie was better off dead. I wrote the following story deploring reportorial malfeasance.

It is now, tragically, official.

"It is not in Charlie's best interests for artificial ventilation to continue to be provided to him and it is therefore lawful and in his best interests for it to be withdrawn," Justice Nicholas Francis ruled today.

In all likelihood, Charlie will be moved tomorrow to an undisclosed hospice.

So much for giving Connie Yates and Chris Gard time to say goodbye to their desperately ill son. So much for Charlie reaching his 1st birthday, August 4. So much for the bedrock proposition that parents may know something more about their child's "best interests" than a judge and a hospital.

I am going to use this post to dissect Dan Bilefsky's New York Times story that ran this afternoon about the "resolution." Except for spelling Charlie's name right, almost everything about the story is wrong, incomplete, and/or misleading.

In other words, the story distills everything that is **treatment, which could have involved taking him to the United States, acknowledging that the infant's illness was irreversible and that he should be taken off life support.**

wrong about the coverage of a little boy who is suffering from an exceedingly rare and debilitating chromosomal condition–encephalomyopathic mitochondrial DNA depletion syndrome (MDDS)–in which his cells cannot replenish essential energy.

Bilefsky wrote

#1. **"Earlier this week, Ms. Yates, a caregiver, and Charlie's father, Chris Gard, a postal worker, ended their monthslong legal battle to get the infant experimental**

"They also accepted that their desire for him to go home for his last days was not possible, their lawyer said."

Although the world renowned expert in the area of Charlie's disease said he "still felt that there was a chance of meaningful improvement in Charlie's brain," the parents ended their legal battle because Dr. Michio Hirano concluded (according to Connie) that "due to the deterioration in his muscles, there is now no way back for Charlie. Time that has been wasted. It is time that has sadly gone against him."

True they "accepted" that Charlie would be sent to a hospice, not to their home, but only because they were outgunned. The Great Ormond Street Hospital (GOSH) declared there was no way they could care for Charlie at home. (More about that below.) And, as was the case in every debate, Justice Francis sided with the hospital.

#2. **"The case captured the attention of Pope Francis and of President Trump, and underlined the perils of what can happen when a hospital and the parents of a sick child differ fundamentally about treatment and care, and communication between the parties breaks down."**

"Differ fundamentally"? Nothing Connie and Chris offered (through their lawyer) was good enough for GOSH and Justice Francis. Communication will always "breakdown" when one party holds a fistful of aces, the other a pair of deuces. There is no need for the former to compromise and loads of incentives to offer bogus "solutions" that were impossible for Chris and Connie to meet. For example…

#3. **"Grant Armstrong, a lawyer for the parents, initially accused the hospital of 'creating obstacles.' On Wednesday, however, he said that the family had agreed that Charlie would move to a hospice and had found a team**

See "Charlie Gard," page 46

Global feminist group calls on world governments to force doctors to perform abortion

By James Risdon

Abortion activists are insisting in a new report that governments throughout the world strip doctors, nurses, and midwives of their right to opt out of performing abortions for reasons of conscience.

In its June 19 report, Unconscionable/When Providers Deny Abortion Care, the pro-abortion International Women's Health Coalition calls for the elimination of any right by any medical professional to refuse to participate in an abortion.

"Laws should not include 'conscientious objection,' and should not allow for exceptions for reproductive health specialists – such as obstetrician-gynecologists and midwives – to refuse to provide services on the basis of personal beliefs," that report states. "The law should be clear that health care providers are required to uphold professional obligations in the context of unintended pregnancies."

Governments who refuse to comply, the report suggests, should be dragged before the courts.

"[Abortion] advocates should hold governments accountable for ensuring that health care professionals refusing to provide care do not hinder access to abortion," the report states. "In specific instances, litigation might be an effective tool. In others, the emphasis would be on advocacy around changing the law, strengthening regulations, and enforcing compliance."

Jack Fonseca, a senior political analyst at Campaign Life Coalition, called the report "frightening."

"It's frightening that anyone is calling for this and it has to be strongly resisted by people of conscience and governments," he told *LifeSiteNews*. "It's pure fascism. It reveals that the abortion industry does not believe in the right to choose, taking away the right of physicians as to whether they will take part in something that they view as wrong."

International Women's Health Coalition panel discussing setbacks and challenges for women's rights, September, 2014. Photo: iwhc.org

Father Shenan J. Boquet, president of Human Life International, agrees.

"This is yet another illegitimate attempt by the culture of death to impose its utilitarian philosophy on the health care profession," said Boquet to LifeSiteNews. "Pro-abortionists cannot tolerate opposition and cannot allow anyone to even refuse to participate in their deadly activities.

"They demand willing participation," he said. "They know that, even if a few health care professionals refuse to perform abortions, that others will be reminded of the stigma that has always and will always accompany the killing of preborn children."

The president of the Virginia-based prolife organization notes the blatant hypocrisy of pro-abortionists who call for an end to conscientious objection to abortion.

"They complain bitterly that their own right of conscience is violated by President [Donald] Trump's so-called 'gag rule' that does not allow tax-funded organizations to promote or perform abortions," said Boquet. "But they seem curiously eager to violate the rights of conscience of pro-life health professionals."

In its bid to force doctors and nurses into performing abortions, the Women's Health Coalition goes so far as to suggest these healthcare professionals should be punished for refusing to kill unborn children.

"For those who continue to object, create obligations, for example, requiring them to justify their positions and to perform an alternative service," the report states. "Similarly, they should assume responsibility for the burdens caused by their refusal to provide services for their patients, their peers, and the health care system by providing adequate and timely information and referrals to women, and by performing extra duties to relieve their non-objecting colleagues."

Punishing dissidents and removing freedoms is exactly the same approach taken by the Nazis, said Fonseca.

"The Nazis took away conscience rights. It was punishable by imprisonment, professional disciplinary actions, and being killed," he said.

The pro-abortion report repeats often-touted claims that denying abortion to women causes them physical and psychological harm and makes them more likely to be poor.

That's nonsense, counters Fonseca.

"Those are bald-faced lies," he said. "We know from legitimate social studies and scientific research that a majority of women feel pressured and coerced into abortion by a boyfriend or husband … At the old Morgentaler Clinic in Alberta, our president Jim Hughes saw a boyfriend drag a woman by her elbow into the clinic. She didn't want to go."

According to studies, 64 per cent of women who go to an abortion mill did so because of external pressures.

"The abortion industry has no interest in protecting women," said Fonseca. "It's about profit. Every abortion represents a paycheck."

Fonseca emphasized that there is "no such thing as a 'right to abortion' just as there's no legitimate right to murder innocent people, no matter who may come along and claim that there is."

"What these abortion extremists are trying to do is supplant a genuine human right (conscience) with a counterfeit right (to kill children via abortion). The supplanting of real human rights with fake ones that they're trying to achieve is downright evil," he said.

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

Media loathing for President Trump leads them astray just as it did in 2016

By Dave Andrusko

What a coincidence. I was just about to write a post in which I had begun by thanking people for their kind responses to "The deceitful three-pronged pro-abortion attack on Judge Brett Kavanaugh" that I'd written when I ran across a story that reinforced my argument many times over.

You may recall that the third of the three prongs was grossly misleading polling data. It was misleading not just for what it said but more importantly for what it didn't say.

When a pollster poses the question as *Roe* having "established a woman's constitutional right to an abortion at least in the first three months of pregnancy," that leads the unwary reader to suppose that three month is as far into pregnancy as abortion is legal, which is totally wrong. *Roe v. Wade* legalized abortion for any reason or no reason as far into pregnancy as a woman can find an abortionist sick enough to kill her unborn child.

What does have to do with Mark Penn's column in the *Hill* titled, "Polling could be missing reality, again"? Glad you asked. Keep in mind that Penn "served as pollster and adviser to President Clinton from 1995 to 2000," so he is hardly a Republican partisan.

His thesis is one I have yammered about forever and a day. It's one thing to be deliberately misleading—see the way *Roe* was described above. But it's another thing when your bias is so overwhelming that you miss the forest for the trees. Put another way, as Penn does, it's about the questions not asked.

The collective media hates President Trump with such an abiding passion that they cannot see that the questions they ask give them exactly what they want—negativity toward the President—without understanding what the late Paul Harvey called "the rest of the story."

Or, in this instance, the more important part of the story.

Penn writes

> **Notice a disconnect between the polls and the people? The questions focus on the anti-Trump storyline as though the point of the questions is to prove the validity of that coverage. Except for a single query about Trump's performance on the economy, the rest of the questions are framed in ways that would lead any reader to believe everything the president does is wrong and opposed by the public. Some of it is. But not to the extent depicted. That's the danger in polls that miss the full story.**

In other words if pollsters ask questions that consistently "leave out the other side of the story," guess what? The man who could not possibly be elected President in 2016 wins 304 electoral votes! As Penn notes in his opening sentence, "The biggest 'fake news' story of the last few years was that Donald Trump had almost no chance of being elected president."

One other critically important consideration is found in the remainder of Penn's opening paragraph along with the second paragraph [the underlining is mine]:

> **The entire pundit-polling-news establishment (including myself) was wrong, and the expectation was that these institutions would recalibrate their coverage to reflect a true picture of the country. They made an enormous miscalculation and they would, of course, make changes.**
>
> **Almost two years later, very little has changed in polling and analysis at major institutions and news media. If anything, the polling has drifted even further from reality when you look at the questions being asked and, more importantly, the questions not being asked. <u>You don't need polls to see the America you live in. You need polls to understand the part of America you don't know, don't see, and don't understand.</u>**

If you are the *Washington Post* or the *New York Times* or the *Los Angeles Times* or the three major networks and *CNN*, you focus on what makes you mad about President Trump. Penn's point is because these "journalists" are so busy taking their own pulse, they miss the pulse of the nation.

In this case, for example, they miss (among other issues) the power of a revived economy that for many, many people trumps all other concerns.

Penn's conclusion is exquisitely on point:

> **Unless the polls really reflect all the sides of the national debate on the issues before us, they will never reflect the nation they are supposed to capture.**

Appeals Court hears lawsuit challenging Kentucky's ultrasound law

By Dave Andrusko

In early 2017 the Kentucky legislature passed two new pro-life bills. One was the Pain-Capable Unborn Child Protection Act (SB5) which then PPFA President Cecile Richards described as "shameful."

SB5, which has not been challenged, forbids aborting children capable of experiencing excruciating pain while they are killed. But the

Pro-life Kentucky Governor Matt Bevin

ACLU quickly went after the second law, HB2.

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

Late last month a three-member panel of the 6th U.S. Circuit Court of Appeals heard legal arguments in Cincinnati on HB2 struck down by U.S. District Court Judge David Hale and appealed by Kentucky Gov. Matt Bevin.

In gutting the ultrasound law, which passed overwhelmingly, Judge Hale wrote, "The court recognizes that states have substantial interests in protecting fetal life and ensuring the psychological well-being and informed decision-making of pregnant women," but added, "However, HB 2 does not advance those interests and impermissibly interferes with physicians' First Amendment rights."

According to the *Associated Press*, attorneys from the ACLU, maintained that HB 2 forces abortionists to "deliver 'ideological' messages to their patients, even when it's against a patient's wishes," a violating of the abortionist's' First Amendment rights.

By contrast, Chad Meredith, an attorney for the state of Kentucky,

> **said the message isn't ideological but instead delivers "pure scientific facts" relevant to an abortion procedure. He noted that the lone abortion clinic in Kentucky — EMW Women's Surgical Center in Louisville — routinely performs ultrasounds before doing abortions.**
>
> **"All that House Bill 2 requires them to do is to turn the monitor around, show it to the patient and say 'here is what this depicts,'" he told the court based on an audio recording. "This adds absolutely no more than five minutes to the procedure. There's nothing unreasonable about this."**

The *AP's* Bruce Schreiner added

> **When pressed during the hearing to defend the state mandate, Meredith said the information would benefit any woman who mistakenly believes their fetus to be an "inanimate clump of cells and tissue," not knowing it is starting to assume human form.**

Meanwhile on another abortion front, on April 10, Gov. Matt Bevin signed HB 454 into law, making Kentucky the ninth state to ban the vicious and gruesome practice of dismemberment abortion. The ACLU challenged the law and, as reported by *NRL News Today*, the state of Kentucky and the ACLU subsequently agreed to a joint consent order the effect of which was that state officials agreed to take no action to enforce House Bill 454 pending a ruling on the ACLU's request for a preliminary injunction.

A June 5 hearing was then held before U.S. District Judge Joseph McKinley Jr. who ruled that the law not be enforced until

U.S. District Judge David Hale

a trial scheduled November 13.

Reporting for *Spectrum News* back in May, Michon Lindstrom wrote that the state of Kentucky's brief

> **argues that if the bill does not go into effect, unborn children will continue to die in a gruesome way through a practice that "would be punishable as a crime were the subject an animal rather than an unborn human." The brief goes on to say that HB 454 is in the best interest of the state because it protects the dignity of the unborn and ensures doctors' ethics remain intact.**

Why pro-life elected officials are absolutely essential

By Scott Fischbach

THE 2017 ABORTION REPORT, which was released last month by the Minnesota Department of Health, showed that abortions increased slightly in Minnesota for the second straight year.

This recent rise is contrary to Minnesota's long-term trend of declining abortions.

Abortions have dropped in seven of the last 10 years and have fallen 26 percent since 2007.

Thanks to factors like pro-life education, ultrasounds, pregnancy care centers, and pro-life laws like Woman's Right to Know and Positive Alternatives, women are more likely to reject abortion today than in the past. But with the slight increase over the last two years, the long-term abortion decline in our state seems, for the moment, to have stalled.

Pro-life bills have been vetoed

The harmful influence of Planned Parenthood is a huge factor in keeping abortion numbers higher than they otherwise would be. But there's also the inability to enact new abortion-reducing pro-life legislation.

The Legislature has passed numerous MCCL-backed pro-life bills in recent years. But those bills have consistently been vetoed by pro-abortion governors. They include legislation to end the taxpayer funding of abortion, legislation to protect unborn children who can feel pain, and legislation to hold abortion centers to basic health and safety standards.

They also include a bill this year to ensure that women are given the chance to see their ultrasounds prior to abortion.

All of it would have made a real difference. And all of it was vetoed.

Every one of those bills would be law if we had a pro-life governor!

Pro-life laws save lives

This is why elections are so important.

Pro-life laws reduce abortions, help and empower women, and save the lives of unborn children.

We can see this with laws like Minnesota's parental notification requirement (which has dramatically reduced minor abortions), Woman's Right to Know law (which has empowered abortion-vulnerable women with information), and Positive Alternatives program (which has provided needed assistance and support to pregnant women).

But only with both a pro-life Legislature and a pro-life governor can additional measures be enacted!

Lives are on the line

So in this fall's election, we need to vote for pro-life lawmakers in order to maintain the current pro-life majority in the Legislature. No pro-life progress is possible without them.

But we also need, after eight long years of a pro-abortion governor, to elect +a pro-life replacement to the governor's office in November.

Remember this as you vote in the Aug. 14 primary election and then in the Nov. 6 general election. The candidates we vote for really matter.

The lives of unborn children are actually on the line.

Editor's note. Mr. Fischbach is the executive director of Minnesota Citizens Concerned for Life. This appeared in the June-August edition of MCCL News.

Young woman has abortion, boyfriend abandons her

By Sarah Terzo

A woman named Kim told her story:

"He just left me there. He drove me downtown to the Women's Community Clinic – you know the one on Santa Clara – and waited for me to get out of the car. It was a little before 8 o'clock in the morning… I asked him, "Are you going to come in with me?"

"Are you kidding? I've got exams today. Anyway, I wouldn't want anyone to see us here together."

I watched as his car drove off. I was 17. I'd never even been to the doctor without my mom. When I opened the door to the clinic, the waiting room was so full there weren't enough chairs for everyone. Girls, some with their boyfriends, were sitting on the floor; others were standing up and down the hallway. No one looked at anyone or said anything, I mean, we all knew why we were there.…

I wanted to run, but there was no place to run to.

I was there for an hour or so before my name was called along with five others. A nurse came in and told us to follow her. She led us into a room like a lab or something and asked us to line up. It was like a production line: she pricked our fingers, smeared the blood onto a glass slide, took our temperature and blood pressure.

While we were waiting, I saw this man dressed in green surgical scrubs rush by, blood splattered all over the front. I got so sick I almost fainted. I was so scared…

I wanted it over quickly. I was worried because my parents thought I was in school. I needed to get home before they did.

After about another hour, I was led into a room. The nurse pulled back the curtain and said, "Take off your clothes. Tie the gown in front." I looked into her eyes. I needed an adult to tell me I was going to be all right.

"I don't know if I should do this," I said as I stared into her eyes.

"Everyone says that. You'll feel better when it's over and you'll go on with your life." She handed me a pill. "Here, take this, it will help you relax,"…

She was right. The pill she gave me made everything slow down. My body felt heavy…

They led me into a small examining room, where they told me to get up on the table. My feet were placed in stirrups and I waited, alone for a long time. Then the door opened and the doctor came into the room with two nurses. I couldn't see him clearly because I was lying down. He didn't say a word.

One nurse said, "This may hurt a little, but don't worry, it will be over before you know it." She rolled a machine near the foot of the examining table. It sounded like a loud vacuum cleaner.

Before I knew what was happening, I felt a scraping sensation on the inside of me. I heard a sound as if something were getting caught in the vacuum. A sharp pain surprised me. I began to cry, "Stop, stop!" But that sound didn't stop.

I wanted to scream, but I just hung onto the nurse's hand. Finally it was over. I wanted to die. That's when the cramps started. I was so afraid. I thought, I could die right here on this table. The doctor left without saying a word…

I was the last one in the waiting room when Keith finally arrived. I wanted to run to him, to feel his arms around me, pulling me close to his chest like he always did. He didn't even look at me.

We walked outside. He opened the car door for me, then said, "For God's sake you're a mess. You better comb your hair and put on some makeup or your parents will know something happened." His voice was cold. I bent my head to open my purse. Tears filled my eyes, but I didn't say a word. "Our baby just died, don't you know that?" I screamed in my head.

When we pulled up to my driveway, all he said was, "I'll call you."

But he didn't call. I couldn't tell anyone, not my sisters, not my mom, not anyone. I was all alone."

Patricia A Bigliardi, *Beyond the Hidden Pain of Abortion* (Lynnwood, Washington: Women's Aglow Fellowship International, 1997), pp. 164 – 167.

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

Pro-abortion judge surprisingly turns down PPFA's latest request for preliminary injunction against Arkansas pro-life law

By Dave Andrusko

Granted the merits of the case are still in the judicial pipeline, but for pro-abortion U.S. District Judge Kristine Baker to say no to **any** Planned Parenthood request is almost mind-boggling.

Twice Judge Baker accepted uncritically the argument offered by two Arkansas Planned Parenthood clinics, enjoined the state's "Abortion-Inducing Drugs Safety Act," and gave Planned Parenthood preliminary injunctions.

Last August 16, a three-judge panel of the 8th U.S. Circuit Court of Appeals disagreed and vacated her decision, allowing Arkansas to enforce Act 577 which requires abortion clinics providing chemical abortifacients to have a contract with another physician with admitting privileges at a local hospital who agrees to handle any complications.

After the Supreme Court rejected still another appeal, undeterred, Planned Parenthood went back to Judge Baker.

Which brings us to July 30, when, according to *Arkansas Democrat-Gazette* reporter

Judge Kristine Baker

Linda Satter, Judge Baker responded negatively to Planned Parenthood's pursuit of "a new preliminary injunction under alternative grounds."

The two-fold argument combines equal protection (for the plaintiffs) and that the state action "penalized the provider for advocating for reproductive freedom and/or associating with abortion, in violation of the First Amendment" (for the abortion clinic).

Surprisingly, Judge Baker wrote that the clinics "have not met their burden of proof for a preliminary injunction on their constitutional claims." Satter explained that Baker

> **cited disagreement on similar First Amendment issues in courts across the country as preventing the plaintiffs from establishing they are likely to succeed on the retaliation claim. A likelihood of prevailing is a necessary condition for a preliminary injunction. She said the plaintiffs also haven't established a likely ultimate victory on their equal protection claims.**

To be clear the merits of the case are yet to be decided, but this is the first setback in Judge Baker's court for Planned Parenthood.

The allusion to "similar First Amendment issues" presumably includes an almost exact parallel case in Missouri. Planned Parenthood Great Plains and Planned Parenthood of the St. Louis Region and Southwest Missouri challenged a regulation issued by the Missouri Department of Health and Senior Services in October 2017. That DHSS regulation required that abortion providers performing chemical abortions have two Ob-Gyns on call 24/7 who have admitting privileges.

On June 12 Judge Beth Phillips ruled that Planned Parenthood affiliates had not shown that the regulation "is a substantial burden to a large fraction of women seeking a medication abortion."

What if the media conveyed the brutal reality of dismemberment abortions?

From page 20

In fact, dismemberment abortions are every bit as brutal as partial-birth abortions. This "technique" tears and pulverizes living unborn human beings, rips heads and legs off of tiny torsos as the defenseless child bleeds to death. It is a measure of how trafficking in abortion dehumanizes practitioners and defenders alike that a common response is that all "surgery" is "gross."

Just to be clear for 99% of the public what they know about dismemberment abortions is what the compliant, pro-abortion media tells them. If only half of the reality of this "abortion procedure" were conveyed, you would find overwhelming opposition akin to that we saw in the public's outrage over partial-birth abortion.

In the meanwhile, it is up to you and me to share what you read in *NRL News* with as wide a circle of your friends and contacts as possible.

A much poorer world because of discrimination against babies with Down syndrome

By Dave Andrusko

Recently we reposted at *National Right to Life New Today* a very thoughtful story written by Nancy Valko. Nancy wrote eloquently about a post composed by the highly influential bioethicist Arthur Caplan that ran under the headline, "Should It Be Harder to Get Abortions for Down Syndrome Babies?" That commentary appeared on Medscape, a medical news website for health professionals.

Nancy's own headline spoke volumes: "An 'Acceptable' Prejudice," referring to prejudice against babies prenatally diagnosed with Down syndrome. Her story was all the more powerful because she truly knew of what she spoke, particularly the slippery slope impact. She wrote

> **Unfortunately, prenatal discrimination naturally leads to postnatal discrimination as I personally discovered when my husband and I had our daughter Karen who had Down syndrome and a heart defect. We were shocked when the cardiologist gave us the option of refusing cardiac surgery and letting her die despite the excellent chance for survival with surgery.**
>
> **Although we chose life for our daughter, we later found that Karen was secretly made a "Do not Resuscitate" (DNR) during one hospitalization by our trusted pediatrician who said I was "too emotionally involved with that retarded baby." Unfortunately, we eventually lost our Karen to complications from pneumonia before her planned surgery.**

Over the years Dr. Caplan and I have gone back and forth many times in private correspondence. I shouldn't, of course, but I feel a genuine sense of failure.

Always pro-abortion, he now extends that to the conclusion of his Medscape piece: "I don't think our society should tell people what to do when it comes to decisions about ending pregnancies as long as we are talking about fetuses with genetic problems."

(Caplan's ending is awkward. He is not saying he supports abortion only in cases of genetic abnormality. Rather he means that this is just another case where "choice" reigns supreme.)

He's also moved from a kind of neutrality on physician-assisted suicide to embracing it as just another choice. He prefers the term "physician-assisted dying" (which he finds morally permissible) over "physician-assisted suicide" (which he finds –or at least one time found—troubling.

What about the latest barrier to be breached? Assisted suicide because a person is dissatisfied with life, unhappy with their situation, or feel they have "completed" their life. According to *WGBH*

> **Medical ethicist Art Caplan says that assisted death for people without a terminal disease raises ethical questions.**
>
> **"When someone says, 'I'm lonely or hyper-anxious or I am just too depressed,' is that the basis for giving someone aid in dying?" he said on "Boston Public Radio" Tuesday. "I don't think so."**
>
> **Caplan says that he doesn't believe that medical professionals should be helping people who are just upset and unhappy die. "You really got that slippery slope problem opening up," he said.**

What you can easily predict is that in not so short order, Caplan will move from being "troubled" to acceptance. Why? Because he has persuaded himself there is no slippery slope even as Europe flies down—and off—the cliff.

Just a couple of words about Caplan's post on babies with Down syndrome. He hedges the debate (as he always does) as an example of a "tough issue," indeed "One of the toughest issues that has been emerging in the highly controversial realm of abortion and the ethical issues raised by elective abortion."

Caplan talks about the virtual annihilation of children with Down syndrome in Europe and the high percentage of abortions in the United States that can only increase as the technology

See "Poorer," page 33

A mother's courageous response to a fatal fetal diagnosis: "Doing the best for John-Paul while we had him"

By Dave Andrusko

Perhaps it is because the pro-abortion *Irish Times'* conscience was bothering it for its wildly unfair coverage leading up to the referendum that gutted Ireland's protective 8th Amendment. (The story appeared just before the referendum.) Or maybe they thought they'd throw a bone to what remains of their pro-life readership.

Who could not relate to Johnson's first response in 2006 when an ultrasound showed her baby "would not survive outside the womb"? She thought

> **to "run, get away, hide." She feared she "couldn't possibly" get though the pregnancy.**

Her unborn baby had been given a fatal diagnosis.

Cliona Johnston at her home in Loughlinstown, Dún Laoghaire. Photograph: Cyril Byrne

Whatever the newspaper's motivation, Kitty Holland's story headlined "Fatal foetal diagnosis: 'I had a choice about his life, a choice to know him' Cliona Johnson's son John Paul lived for 17 minutes after being born with anencephaly" is an incredibly powerful, life-affirming story.

Anencephaly—a serious neural tube defect in which the skull, scalp and brain do not develop properly. The baby is typically missing much of his or her brain.

She told Holland that

> **"The obstetrician told us our options were to travel to England and have a termination or continue the pregnancy. He said the hospital would support us either way."**

Johnson said she knew "instinctively" that abortion was out of the question. But the story is totally honest. It would be sometime before she was "at peace" with the pregnancy.

After all, she had five other children at home; she worried that people would ask about her about the baby; and she "worried her unborn son, later named John Paul, would suffer if born."

> **"It was horrendous, like the world had ended and a black hole had opened instead of the life ahead I had imagined for our child. I was so confused and heartbroken," she says.**
>
> **"But neither of the choices was going to avoid the pain of losing this child. So, where did I have choice? I had a choice about his life, a choice to know him, to not be afraid of him and to let him show me who he was. That made me feel, 'This is really the only thing I can choose'.**
>
> **"Looking back now I realise the denial and the instinct to run were the first stage of grief, and grief is a process. But I moved through the stages, from 'I can't possibly do this' to 'Right now, he is safe and okay, and I am okay'. Things realigned in me and it was like a like a new door opened, and it was the child I did have rather that the child I thought I was going to have. With that came a new sense of purpose."**

I will end here because there is much more and I do not want to spoil what is a remarkable story that you should read in its entirety at www.irishtimes.com/news/social-affairs/fatal-foetal-diagnosis-i-had-a-choice-about-his-life-a-choice-to-know-him-1.3502044.

Her response to the routine pro-abortion response—the child is going "to die anyway"—is one that should be shared with any family facing a diagnosis of a fatal fetal anomaly. Her final sentence perfectly illustrates what we sacrifice when we abort a child because he or she will live only briefly.

> **"When we shift culture so that we have choice at the expense of life, we have it the wrong way around."**

Robert Latimer, who murdered his disabled daughter, wants a pardon

By Wesley J. Smith

In 1993, while most of his family was away at church, Robert Latimer took his twelve-year-old daughter Tracy, disabled by cerebral palsy, out to the barn. He put her in his truck, turned on the engine, closed the door, and waited for his daughter to asphyxiate.

He was convicted of second-degree murder — in itself a travesty, as the crime was clearly premeditated — and did more than ten years. Now out on parole, he wants a pardon or a retrial because — get this — Tracy should have died from unintentional side effects of pain-control drugs instead of a "merciful" overdose of carbon monoxide. From the CBC story:

> **"The manifest injustice in Mr. Latimer's conviction lies in the unfair and unlawful deprivation of perfectly legal pain relief for Tracy Latimer," [lawyer Jason] Gratl's letter reads.**

Robert Latimer

> **"Tracy Latimer's life should have ended 'unintentionally' as a secondary consequence of her physicians' administration of opiates to alleviate her pain; her life should not have ended by her father's merciful and intentional administration of carbon monoxide."**

Gratl argues that Latimer is a victim of "medical malpractice" and that the jury may have been "misled into an honest but mistaken belief that Mr. Latimer chose not to give Tracy painkillers stronger than Tylenol."

Good grief. If Tracy needed better medical care, murder was certainly not the way to obtain it. And there is no guarantee that stronger pain control would have killed her, as doses can be tailored according to need and risk.

Latimer called the killing an act of mercy and sought moral refuge under the umbrella of the so-called Right to Die movement. An act of compassion, don't you know?

That's the way this kind of case rolls the last few decades, thanks to the assisted-suicide movement. Showing the flow of the cultural tide, polling showed that most Canadians bought it. Indeed, I remember one pro-Latimer commentary asking rhetorically, "Where were the doctors?" to kill Tracy when Robert needed them.

Read Canadian disability-rights activist Mark Pickup's analysis of the case for a more detailed understanding of what happened.

If Latimer receives a new trial or Prime Minster Trudeau agrees to a pardon, it will send the insidious message that dead is better than disabled. What a "canary in the coal mine" moment that would be!

Editor's note. Wesley's great posts appear on National Review Online and are reposted with the author's permission.

A much poorer world because of discrimination against babies with Down syndrome

From page 31

for detecting babies with Down syndrome grows even more sophisticated.

And then…he does nothing with it.

Caplan's reflexive bottom line is, "I still believe that parents have the right to choose if they do not want to have a child with a genetic anomaly or genetic condition."

The next sentence is the clincher, the ultimate justification: "After all, legally, you don't have to have **any** reason to decide to end the pregnancy." (Emphasis added.)

Think about that one for a second. It follows that abortions for sex selection or, as is the case in England, because you discover your unborn baby has an easily repaired cleft palate, or because (someday) prenatal testing tells you the baby will be only of "average" intelligence—any and all are acceptable reasons.

What about at least letting parents know that all is not doom and gloom? While it's okay "to make sure that people decide [whether to abort] with full and adequate information," Caplan says, "I don't favor mandating that information."

Nancy's response was perfect:

> **The world is so much poorer without people like my late daughter Karen who was greatly loved. Prejudice against Down syndrome justified as the legal "right to abortion" is lethal, not "acceptable".**
>
> **Women and their families surely deserve both comprehensive information and support when a prenatal diagnosis like Down Syndrome is made.**
>
> **And every child, born or unborn, deserves a chance for life.**

Sing It Loud: Why Sharing Your Unplanned Pregnancy Story Matters

By Lauren Urrea

It's only by God's grace and with His given strength that I was ever able to talk publicly about my pregnancy. Those closest to me can attest to what used to be my extreme fear of being in front of a crowd. It started when I was young and continued all the way into my adulthood. I have never wanted to be center stage.

The first time I spoke publicly about my pregnancy was at a fundraiser banquet to a room with over 500 people just a few months after my daughter was born. Nervous is an understatement. From the little bit I can remember, I know I was having to breathe through each step I took to get up to the podium. To this day, I don't remember when or why I agreed to do it, but I am so grateful that I did. Being able to share my story that day started a blessed journey and was more freeing than I could have imagined. In that moment, what had so far been my life's biggest trial was being used to encourage others and bless me in the process.

From there, I had the opportunity to speak at multiple venues over the course of several years, and little by little, I could see God using my unplanned treasure of a daughter to give hope to girls and women who needed it. It brings me such joy to see how my daughter's life is already making an impact on the world without her even knowing it. I don't want to wish the time away, but I do look forward to the day that I can share with her the many ways her life has been a blessing, not just to me and her father, but to so many others.

Through the years, I have also realized that there are a surprising number of women who have the same story, but

understandably, decide not to share it. The fear of the criticism and judgment is immense, and if I'm honest, the thought of it still intimidates me each time I speak publicly. But I am always so pleasantly surprised by the multitude of women (and men) who approach me afterward to say something along the lines of, "That could have been me", or "The same thing happened to my…(insert family member/friend)", or "My daughter is going through this", etc.

The fact of the matter is, my story is not uncommon. It is not rare. By all statistics I can find, I am actually one of a very large number of women who face an unplanned pregnancy. One of my first thoughts when discovering I was pregnant was, "This doesn't happen to girls like me." I grew up in a Christian home, with parents who held me to a high standard and loved me unconditionally.

How very wrong I was. This happens to "girls like me" every single day. Unfortunately, very often it is girls and women like me that, when faced with that same fear, ultimately believe the lie that ending a child's life will make their life easier.

I am convinced that a better understanding of how common unplanned pregnancies are would alone reduce the rate of abortion. The fear, shame, and guilt that these girls and women face is enough to make even the most faithful Christian question their views on the pro-life debate. But it shouldn't be. There are far too many women who have lived through it before them.

I am but one very small fish in an ocean of women who have had the privilege of watching their life's greatest trial turn into their greatest blessing. No, it was not ideal to have a child before marriage. No, I am not endorsing pre-marital sex. What I am suggesting is a change of heart and a willingness to share. If even a fraction of the women who have been through this would talk more openly about it, maybe there would be a greater acceptance that even though this is unintended and not ideal, it is happening and it needs more awareness and support.

So, maybe then when a positive pregnancy test is staring you, your daughter, your cousin, or your friend in the face, there would be less fear. Instead of shame and guilt, maybe the first thing to come to their mind would be my daughter or the many other unexpected but enormous blessings they have heard about. Maybe they would remember the many women they have seen or heard about and think "No, this isn't what I had planned, but I have seen what an indescribable joy it can bring."

This is my story, this is my song. I pray the many women who have the same song would sing it loud and proud, not only because their child's life is worth celebrating, but because there are many other lives who may be depending on it.

Editor's Note: This appeared at Pregnancy Help News. Thes post originally appeared on Lauren's blog: lknuppel.blogspot.com.

To Democrats there can never be enough "focus on abortion"

By Dave Andrusko

It's no secret that the Democrat Party is caught betwixt and between on abortion. On the one hand, the unholy triumvirate of NARAL, PPFA, and EMILY's List have pumped (and continue to pump) enormous of money into electing radically pro-abortion Democrats. Put bluntly, even if the Democrat Party wished to scale back its all-out support of abortion on demand (hint: it doesn't), it would be highly difficult because Democrats are in thrall to pro-abortionists and their deep pockets.

On the other hand, the public simply doesn't buy the Democrats' and their masters' embrace of abortion for any reason at any point in pregnancy—and paid for by the public. The election of pro-life Donald Trump was made possible in no small measure by the abortion issue which was crystallized in the final presidential debate held October 19.

In a piece written for the *Los Angeles Times* titled, "Democrats are entirely too focused on abortion," Michael Wear described what took place at that debate moderated by *Fox News*' Chris Wallace. Wear, about whom we have written before, "directed faith outreach for the Obama campaign in 2012." He wrote

> **When she was asked about late-term abortion, Clinton did not call for abortions to be rare or note that under Obama, the abortion rate was at its lowest point since Roe was decided in 1973. Instead, she launched into an extended defense of late-term abortion that received rapturous praise from some quarters, with Vogue proclaiming that Clinton "awesomely defended abortion rights."**

To be clear, in his book, *Reclaiming Hope: Lessons Learned in the Obama White House About the Future of Faith in America* and in an interview he gave to Emma Green of the *Atlantic* magazine, Wear painted a picture of President Obama that was wildly off-base.

If you were to believe Wear, Obama was like an unrequited lover, reaching out to pro-lifers who did not reach back. He told Green

> **I think Democrats felt like their outreach wouldn't be rewarded. For example: The president went to Notre Dame in May of 2009 and gave a speech about reducing the number of women seeking abortions. It was literally met by protests from the pro-life community. Now, there are reasons for this—I don't mean to say that Obama gave a great speech and the pro-life community should have [acknowledged that]. But I think there was an expectation by Obama and the White House team that there would be more eagerness to find common ground.**

A man dedicated to preserving and fortifying *Roe v. Wade* and who would spend much of his second term abridging the right to religious freedom of large sectors of the Catholic community–this was a search for "common ground"?

Back to Wear's weekend op-ed in the *Los Angeles Times*. He is correct when writing about the impending confirmation fight over President Trump's nomination of Judge Brett Kavanaugh to replace the retiring Justice Anthony Kennedy when he says

> **Kavanaugh's confirmation battle may only make matters worse for Democrats. If the message the party delivers during the Senate hearings is single-mindedly focused on Roe and abortion rights, it may discourage support and turnout in many competitive districts crucial to switching the House and Senate from red to blue. (I'm thinking about states in the Southeast, the Rust Belt and Midwest, and even the Mountain West.)**

But Wear is just as incorrect when he argues that there was a tremendous shift in his party's position on abortion two years ago:

> **Until 2016, Democrats approached abortion as a "tragic choice" that nonetheless should remain generally legal and accessible out of deference to women's health and autonomy.**

It is part of the mythology circulated in some circles that it wasn't until 2016 that the Democrat Party jettisoned the [Bill] Clinton formulation that

See "Democrats," page 40

Parents, beware: *Teen Vogue* is pushing abortion on young girls… again

By Cassy Fiano-Chesser

In 2003, iconic fashion magazine *Vogue* launched an offshoot aimed at covering fashion and celebrities for teenagers. That magazine, *Teen Vogue*, didn't take long to find a new mission: to encourage young girls to engage in promiscuity and to portray abortion as something normal and insignificant, something equivalent to a quick weekend trip to the mall.

Even as *Teen Vogue's* sales declined, the hyper-focus on abortion, politics, and sexuality — in a "fashion" magazine — continued. In 2015, *Teen Vogue* was suffering from sales so low, it had to completely scrap its print magazine, and transitioned to an online-only publication. But the positive promotion of killing the most vulnerable humans among us continues.

This past week, Teen Vogue praised an "abortion comedy tour," boasting that it "fights anti-abortion stigma with humor." The tour is spearheaded by pro-abortion comedienne Lizz Winstead, and in *Teen Vogue's* write-up, readers are encouraged to stop viewing abortion as something negative or traumatic:

Those who are struggling with their abortion experience benefit from resources that can help them navigate those complicated emotions. However, the danger of only amplifying this specific narrative is that it becomes the dominant one, allowing for anti-choice ideologies to exploit that emotion and present abortion as predominantly emotionally disruptive for people.

Teen Vogue applauded the comedy tour for bringing "joy, pleasure, and relief" to discussions on the topic — even though there is nothing joyful about a woman in a situation so dire that she feels she has no choice but to take the life of her preborn child.

The Lady Parts Justice League uses the Vagical Mystery tour to encourage allies and activists around the country to be more intentional about abortion activism….

… [A]t counter protests, like the one we staged at the Northland Family Planning Clinic, LPJL shows just how brilliant of a pairing comedy and grassroots abortion activism can be. The Lady Parts Justice League escalates clinic escorting by further drawing attention to themselves with big posters that distract from protesters' anti-abortion posters. They directly engage with the protesters: asking them questions to expose logical fallacies, gleefully shouting back at their violent language, invoking their improvisation skills and natural wit to make jokes out of the situation.

Notorious abortionist Willie Parker — a man who has compared himself to Jesus Christ — was also recently given space at Teen Vogue to argue in favor of Roe v. Wade. Oddly, Parker argued that legalizing abortion through *Roe* was essential for "basic freedom," and said senators need to consider "the future generations of this country."

It's a strange argument to make, from a man who robs human beings of their most basic freedom — life itself — and is literally killing members of the future generations of this country.

Even more disturbing is that *Teen Vogue* thought this comedy tour was information teenagers needed to hear. But then, it's hardly unusual. *Teen Vogue* has become fully invested in pushing abortion on its readers… and the publication is marketed towards minors. Towards children.

In recent years, *Teen Vogue* has compared the abortion pill [medication abortions] to having a period, even though the two are nothing alike.

Women who have actually had medication abortions refuted the idea of it being in any way similar to a period.

"The pill for me was the experience of having a baby. Contractions for 10 hours, sweating, screaming, being by myself. It was emotionally scarring

See "Teen Vogue," page 40

Nearly 40% of Danish babies prenatally diagnosed with major congenital heart disease are aborted

By Dave Andrusko

There was never any doubt that once prenatal screening becomes nearly universal that it would not only be babies diagnosed with Down syndrome who would be "terminated" in massive numbers.

Denmark, along with Iceland and South Korea, are among the nations that promise to be "Down syndrome free by 2030."

And they are well on their way. According to Claire Chretien, Carsten Søndergaard, the Danish Ambassador to Ireland, wrote to the Irish government that "In 2016, there were four children born in Denmark with Down's syndrome after prenatal diagnosis."

Four.

Now, according to *MedPage Today's* Ashley Lyles

> **Fewer children are being born with major congenital heart disease (CHD) as more of these pregnancies are terminated now that prenatal screening is widespread in Denmark, a population-based study showed.**

Before 2004 when prenatal screening was offered only to women with high-risk pregnancies, barely one-half of 1% of babies diagnosed with a major CHD were "terminated," Lyles reported.

However, according to a report in *JAMA Cardiology* written by Rebekka Lytzen, PhD, of Copenhagen University, and colleagues, now that screenings are universal (and free), 39.1% of babies diagnosed with a major CHD are aborted.

An accompanying editorial and the response solicited by *MedPage Today*, leaves the reader wondering what this says for American babies.

Lyles writes of the accompanying editorial, "Ethical Implications of Prenatal Screening for Congenital Heart Disease," written by Dr. Alexander Kon, that

> **More prenatal detection of CHD through screening is an advantage, Alexander Kon, MD, of the University of California San Diego, noted in an accompanying editorial. Early detection can give families more time for decision making and more control in deciding whether or not to terminate the pregnancy as well as improve surgical outcomes and facilitate excellent neonatal palliative care, he wrote.**
>
> **But Kon also noted that access to such care is not available to everyone in the U.S., particularly the socioeconomically disadvantaged. For poorer families, he suggested, the decision to carry a pregnancy to term may be especially fraught.**
>
> **In particular, they may encounter "significant pressure to minimize expensive treatments" from medical professionals who consider TOP to be a more economical option or from their own socioeconomic situation in regions without universal healthcare, Kon noted.**

Hani Najm, MD, of Cleveland Clinic in Ohio, who was not involved in the study, told MedPage Today that surgeons have become so good in operating on "complex hearts" that the overall mortality rate is around 1%. So far, so good.

To be fair it is difficult to calibrate Dr. Najm's further response but there are some ominous undertones.

Lyles writes

> **Najm agreed there are "ethical questions" when considering "the cost of these surgeries are expensive, the chances that these families and their parents have to come back again frequently to visit the hospitals and maybe two or three operations, [and] the quality of life might not be as normal as other children or other children with simple congenital heart disease."**
>
> **These matters are "quite complex and difficult," therefore, Najm said, "each case should be managed independently of the others, based on the circumstances of the parents and the congenital anomaly itself.**

What does this say about "Quality of Life" judgments? What happened to that 1% mortality rate for surgery on these babies? What does it suggest about what hospital personnel might say to lower income parents?

If the rate is up to 39.1% in Denmark (as of 2013), what is it now? What is said to parents that convinces them to abort their babies?

And what is the implication for the United States and families whose unborn babies are diagnosed with major congenital heart disease?

Why the push for at-home abortions is bad for women

By Texas Right to Life

Abortion activists periodically lobby to make abortions easily accessible in ways that endanger women even more than the current abortion industry. Every abortion ends the life of preborn child, and every abortion puts a mother at risk for life-threatening complications. Making abortion accessible through telemedicine ["webcam"] and substandard clinics heightens these risks for women. Sometimes even these measures are not considered enough by radical abortion activists, and they encourage Do-It-Yourself [DIY] and at-home abortions.

In a stunning recent example, this last dangerous practice was being encouraged not by fringe radicals but by a body of reproductive physicians. In the United Kingdom, the Royal College of Obstetricians and Gynaecologists (RCOG) is urging England to allow women to undergo medication abortions at home with no supervision from an abortionist. RCOG went so far as to say that not allowing these unsupervised, at-home abortions would "punish" women because they would be required to go to a hospital for the abortion.

Nothing could be further from the truth. Requiring supervision for a procedure that ends the life of a woman's growing preborn baby is a commonsense measure for several reasons, which even staunch abortion promoters should recognize.

Medical [chemical]abortions are not, as the abortion industry often advertises, merely "like having a period." In the process of the medical abortion, the first pill, mifepristone, breaks down the uterine lining, which kills the growing baby. The second pill, misoprostol, which is usually taken 24-48 hours later, expels the body of the dead baby by inducing contractions.

This violent and lethal process can cause severe reactions in the woman, as with cases like Kimi Faxon Hemingway, who was in dire condition after the first drug failed to kill her baby.

After undergoing a medical abortion, Hemingway continued to bleed for months. Hemingway made several follow-up visits to the abortion facility where she had received the abortion pills, but Hemingway received no medical assistance. The severity of her situation was only discovered when she collapsed in an airport and was taken to a hospital.

The abortion clinic's failure to intervene in Hemingway's life-threatening ordeal should be an indictment of the abortion industry's lack of professionalism and compassion. If abortion pills are taken at home without supervision, Hemingway's experience would simply be the norm.

Another severe risk overlooked by at-home medical abortions is ectopic pregnancy. There have been several tragic cases [in which women undergo abortions, only to die from a ruptured ectopic pregnancy that was not diagnosed by the abortionists. This is one of the medical reasons why pre-abortion ultrasounds are of great importance. The abortion pill does not kill a baby who is developing outside the uterus, and thus a woman who takes the abortion pill may think she is no longer pregnant without realizing that she is experiencing an ectopic pregnancy. Even anti-Life groups acknowledge this serious risk, which indicates that medical abortions should not be done without supervision.

Most importantly, medical abortions should not occur at home because a woman in a crisis pregnancy needs personal interaction. Meeting with a woman face-to-face to ensure her informed consent and to give her access to available resources so she knows all her options is the bare minimum standard of care for a life-and-death decision like abortion. That is why Texas requires abortion clinics to show women their ultrasounds, give them "A Woman's Right to Know," and ensure a 24-hour waiting period before acting on an abortion decision.

Assessing if a woman is being coerced in her decision is another important aspect of pre-abortion counseling. Studies show that 64 percent of post-abortive women "felt pressured by others" to undergo an abortion. Whether a family member, boyfriend, or employer, people urge women to choose abortion as "an easy way out." Pro-Life sidewalk counselors at abortion facilities play a vital role in connecting women with resources that the profit-driven abortion facility counseling so often fails to offer.

This social pressure to choose abortion and a lack of information does lead women to regret their medical abortions. Proper counseling should discover significant coercion and provide women with the support necessary to choose independently. One woman who was coerced and not given information about the medical abortion was traumatized when she delivered the body of her deceased seven-week-old child.

Women deserve to be fully-informed and supported. In a crisis pregnancy, the baby is not the crisis; circumstances are. If abortions are relegated to clandestine, DIY procedures, women will not have access to information and resources that mean the difference between Life and death.

"Zombie Law"? You Must Mean *Roe v. Wade*

By Right to Life of Michigan

Zombies are frightening. Even though they are dead inside, they keep shambling around the landscape, devouring the brains of unsuspecting victims, consuming the lives of millions in an apocalypse of Hollywood proportions.

Forget for a moment that it's the abortion industry that wants to suck the brains out of children or sell them for science experiments.

The pro-abortion news website *Rewire* recently published an article about how the Democratic candidates for Michigan governor are committing to do everything in their power to make sure abortion remains totally legal and unregulated. The candidates promise they will repeal Michigan's pre-*Roe v. Wade* "zombie law" that protects unborn children, if elected.

What is this "zombie law"? Since 1846, Michigan has legally protected the lives of unborn children. The most recent update of our law is from 1931. If *Roe v. Wade* is overturned, this law may have an opportunity to go back into effect.

Abortion supporters like the three Democratic candidates running for Michigan governor call this a "zombie law" because they somehow believe it's already dead. Except that's not true at all.

Just a few weeks before *Roe v. Wade* and its companion case *Doe v. Bolton* overturned the laws of all 50 states and forced abortion through all nine months of pregnancy for any reason on America—and the lives of more than 60 million innocent human beings—Michigan voters had a chance to vote on the "zombie law."

Abortion supporters tried to repeal it through Proposal B of 1972, but 60% of Michiganders voted to keep our law.

Can you really call a law that got a supermajority of support last time it faced the voters "dead"? Can you call a law that's actually still in legal effect "dead"? We don't think so.

Roe v. Wade, however, is definitely a case befitting the walking dead. Only 13% of Americans believe abortion should be generally legal in the third trimester, but that's law of the land because of *Roe v. Wade* and *Doe v. Bolton*. That's 87% of Americans who oppose its effects.

Roe v. Wade is legally indefensible. Even Justice Ruth Bader Ginsburg can't give you a legally-compelling reason to believe *Roe v. Wade* was decided correctly based on the law. Laurence Tribe, a well-known lawyer and abortion supporter, is forced to admit, "One of the most curious things about *Roe* is that, behind its own verbal smokescreen, the substantive judgment on which it rests is nowhere to be found." (*Harvard Law Review* [1973])

Roe v. Wade has the outer husk of an actual judicial decision, but it is dead inside and dangerous to innocent lives. That's much different than our state law, which is based on facts like the humanity of unborn children, and has received large public support.

Once you get past the verbal smokescreen of terms like "zombie law," you can see where Democratic gubernatorial candidates Abdul El-Sayed, Shri Thanedar, and Gretchen Whitmer actually want to take Michigan. None of these extreme abortion positions featured in the *Rewire* article have broad popular support:

- Forcing all hospitals to do abortions.
- Removing waiting periods before abortions.
- Forcing people to pay for abortions through their insurance plans.
- "Prohibit government interference with physician-patient treatment programs or laws that place a burden on access to abortion," i.e., repealing every prolife law on the books, from abortion clinic regulations to our state's partial-birth abortion ban.

Think about that. These three candidates are demanding that women in the third trimester can walk straight into an abortion clinic and begin a partial-birth abortion that day. The child is birthed until only their head remains in the birth canal. The abortionist then stabs the child's head, and sucks their brains out.

You will be forced to pay for this real act of zombie-esque violence. If you work in the medical field, you will be forced to participate. If something goes horribly wrong during the procedure, nothing will happen because the state won't be regulating abortion clinics anymore.

Is that "women's healthcare"? It's not enough for these candidate to affirm *Roe v. Wade* and abortion through all nine months of pregnancy for any reason, they demand every popular, common-sense abortion regulation that's been upheld by the U.S. Supreme Court since 1973 be repealed.

Like a zombie, the abortion extremism of these three candidates refuses to stop. Their positions resemble something closer to *Resident Evil* than the opinions of most Michigan voters, and we eagerly await the opportunity to educate Michigan citizens about these on-the-record promises in the coming months.

Parents, beware: *Teen Vogue* is pushing abortion on young girls… again

From page 36

and physically horrible."…

"[I] wouldn't wish that my worst enemy should go through a medical abortion. The pain plus the uncertainty as to whether the abortion had really taken place was awful."

Nothing… had prepared me for the searing, gripping, squeezing pain that ripped through my belly 30 minutes later. I couldn't even form words when Stewart [her boyfriend] called to check on me.

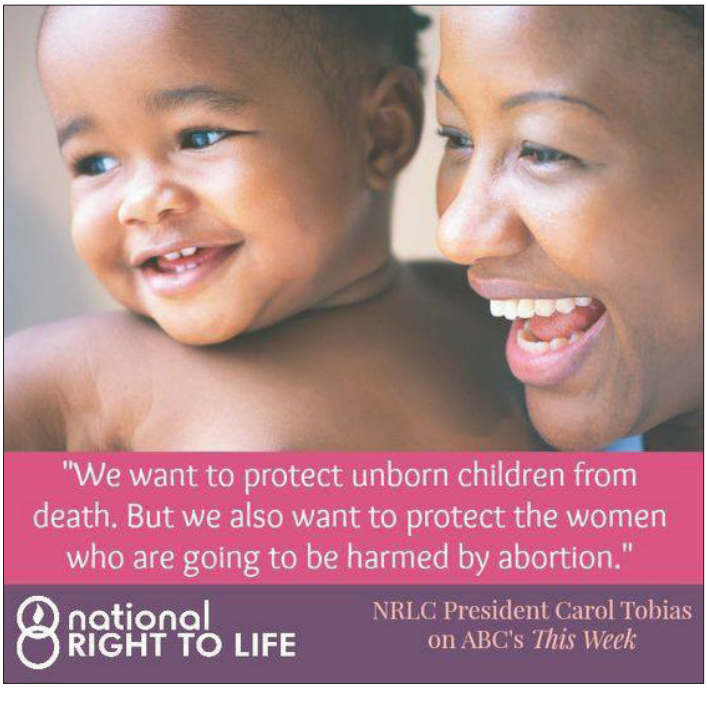
It was all I could do to gasp, "Come home! Now!" … I was disoriented, nauseated, and, between crushing waves of contractions, that I imagine were close to what labor feels like, racing from the bed to the bathroom with diarrhea.

Yet all *Teen Vogue* told young girls is that it was just like a period. The publication has likewise published a "gift guide" for post-abortive teenagers, called former Planned Parenthood president and CEO Cecile Richards a "feminist role model," portrayed abortion clinic escorts as heroes, and lied about and demonized pro-lifers while refusing to tell the truth about Planned Parenthood.

Are these the messages that young girls need to be hearing? This kind of extremism has no place in a publication marketed towards children, and yet, that's exactly what *Teen Vogue* continues to do. And the problem is that this has continued, even as Teen Vogue's sales fell so low that it had to completely halt print production.

Unfortunately, it's very easy for teens to access this pro-abortion propaganda, and harder for parents to find unless they're diligently monitoring all internet access — which they can only do at home, anyway. And this just makes *Teen Vogue's* pro-abortion extremism, aimed at teenagers, all the more nefarious.

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



To Democrats there can never be enough "focus on abortion"

From page 35

abortion should be "safe, legal and rare." Mrs. Clinton had abandoned that position long before 2016, egged along by the likes of NARAL, EMILY's List, and Planned Parenthood.

But does anyone really believe that either Clinton had **ever** sincerely sought to keep abortions at a minimum or saw abortion as a "tragic choice?" Of course not, and neither does the Democrat Party, then or now.

Abortion, to them, is a positive good, which means (literally, not figuratively), the more abortions there are, the better? Why?

Because there is an "unmet need" that is not being "met." Why? Because of protective state and federal policies. And it they could ever gut the Hyde Amendment, pro-abortionists would win a huge victory: access to the federal spigot to pay for elective abortions.

Stay tuned. Wear's admonition notwithstanding, the Democrat Party and the Abortion Establishment will pull out all the stops to defeat Judge Brett Kavanaugh.

Understanding what's behind the ceaseless attempts to discredit single-issue pro-lifers

From page 2

Why/how does this apply to us, beyond the related consideration that entire governments around the world are busy trying to compel pro-lifers to speak a pro-abortion message and/or put their consciences in a deep freeze?

No one would say that no reporter has ever done his/her homework before interviewing pro-lifers. Clearly that is not true.

But it equally true that reporters could not come up with the off-kilter, wildly unrepresentative portrait of pro-lifers that is a staple of media coverage if they at least made the attempt to come to the interview with biases on hold and having read our material with something less than unrelenting hostility.

I remember right after Mr. Trump surprised the entire media and political establishments by winning the presidency that some prestigious media outlets said, in effect, whoa, how could we have been that wrong? They promised to do better.

When they went out into the hinterland, some, of course, treated the "Trump voter" as an anthropologist would a hitherto undiscovered tribe in the middle of the South Pacific. But others at least tried.

No doubt some of those who went out to "fly over country" were sincere. But others, like those who insist they will judge who are the "real pro-lifers," had/have a different agenda. Which is?

To divide. In this instance, divide President Trump from the coalition (which included many, many prolifers) that elected him President.

Please remember (a) that we have a pro-life President and pro-life leadership of both houses of Congress and many state legislative bodies because the Pro-Life Movement has, is, and will remain single issue; and (b) that President Trump is fulfilling every promise he made to our Movement.

Please be aware of that when people tell you otherwise.

Judge Kavanaugh's confirmation hearing to begin September 4

From page 2

rights and Obamacare." These organizations have bushelfuls of money and the ear of almost the entire media,

Third there are stories circulating that various news organizations are seeking e-mails that Judge Kavanaugh's wife sent in her capacity of town manager in Chevy Chase Section 5 (under Maryland's Public Information Act). Presumably they are trolling for exchanges between the judge and his wife (and others) they could misconstrue and inflame and distort.

Combine this with a guilt by ugly association campaign some of the usual lowlights are trying to gin up against Judge Kavanaugh (with zero evidence) and you aren't expecting Senate Democrats and their allies to exactly be on their best behavior.

That same Friday I read about

Judge Brett Kavanaugh watches with his family as President Donald J. Trump signs the document Monday evening, July 9, 2018, in the Treaty Room of the WhiteHouse, naming Kavanaugh as his nominee to become the next Associate Justice of the Supreme Court.

the September 4 hearings I read an op-ed that was wrong on just about every point but one:

> **President Trump's election and his move to fill the federal bench with his picks should show liberals once and for all that they should emphasize rule by the people, and their elected representatives, after decades of vying to enshrine their priorities through judges**.

And what could possibly be a more stellar example of "enshrin[ing] priorities through judges" than *Roe v. Wade*?

Three kinds of arguments for abortion—and where they go wrong

From page 14

with value. Unborn children are less physically and mentally developed, but toddlers are less developed than teenagers, and that doesn't make them any less important. Unborn children are dependent on someone else, but so are newborn children and many people who are elderly, sick, and disabled.

Human rights are not based on characteristics like these. They are based on our shared humanity. That's why every human being matters.

Arguments that unborn children are irrelevant

According to a third category of argument, however, abortion is justified *even if* unborn children are valuable human beings. That's because those children happen to live inside the body of someone else—someone who has a right to bodily autonomy.

One version of this view says that pregnant women have a right to do whatever they want with whatever is inside their body. But autonomy is limited when someone else's body is also involved. Most people agree, for example, that pregnant women shouldn't ingest drugs that cause birth defects. And if harming unborn children is wrong, then killing them (through abortion) is even worse.

Another version contends that just as we may refuse to donate an organ to save someone else's life, a pregnant woman may refuse to let an unborn child use her body to survive. Abortion, however, isn't merely the withdrawing of bodily support—it is intentional and active killing, often by dismemberment, which violates the child's right to life (the right not to be intentionally killed) and right to bodily integrity. The father and mother, moreover, bear responsibility for the ordinary care of their child because they brought her into existence.

Bodily autonomy is real and important. But it can't justify intentional killing or wipe away our obligations to those who depend on us.

Arguments for abortion can't get around the truth

Almost every statement in support of abortion falls into one of these three categories. They are fatally flawed.

Both bodily rights arguments and appeals to freedom, circumstances, consequences, equality, and tolerance can't get around the heart of the issue—whether unborn children count as members of the human family deserving of our respect and protection.

And arguments for excluding unborn children from the human family can't get around two stubborn truths. The first is a fact of science: Human embryos and fetuses are human beings. The second is a principle of justice: Every human being has an equal right to life.

That's why there's no getting around the conclusion, as Horatio R. Storer put it in 1860, that killing children *in utero* is a "violation of … all reason, all pity, all mercy, all love."

Over 100 Members of the House Seek New HHS Rule to Make Consumers Aware of Abortion Surcharge

From page 1

Congressional Pro-Life Caucus,

> **Obamacare's abortion surcharge is practically invisible to consumers. Consumers have a right to know. Abortion is not healthcare—it dismembers and chemically poisons defenseless unborn children and hurts women. The Trump Administration now has the opportunity to take action and enforce the law to bring transparency to Obamacare's abortion coverage and the abortion surcharge. No person should have to pay for abortion coverage they don't want.**

At the time Barack Obama was elected president in 2008, an array of long-established laws, including the Hyde Amendment, had created a nearly uniform policy that federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, with narrow exceptions. Regrettably, provisions of the 2010 Obamacare health law ruptured that longstanding policy.

Among other objectionable provisions, the Obamacare law authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that cover abortion on demand.

Health and Human Services Secretary Alex Azar

For documentation, please see: www.nrlc.org/uploads/ahc/ProtectLifeActDouglasJohnsonTestimony.pdf, and www.nrlc.org/uploads/DvSBA/GenericAffidavitOfDouglasJohnsonNRLC.pdf.

Direct subsidies

The Congressional Budget Office estimates that between 2015 and 2024, $726 billion will flow from the federal Treasury in direct subsidies for Obamacare health plans. In September, 2014, the Government Accountability Office (GAO) issued a report that confirmed that elective abortion coverage is widespread in federally subsidized plans on the Obamacare exchanges.

In the 27 states (plus D.C.) that did not have laws in effect to restrict abortion coverage, over one thousand exchange plans covered abortion, the report found. (See "GAO report confirms elective abortion coverage widespread in Obamacare exchange plans.")

Some defenders of the Obamacare in 2010 insisted that this was not really "federal funding" of abortion because a provision in Section 1303 of Obamacare stated that a "separate payment" would be required to cover the costs of the abortion coverage. National Right to Life and other pro-life groups dismissed this as a mere bookkeeping gimmick that sharply departed from the principles of the Hyde Amendment.

In the years since the enactment of Obamacare (known officially as the Affordable Care Act—ACA), it became evident that the Obama Administration disregarded the inadequate measure of segregating funds and sharply departed from the principles of the Hyde Amendment. The Obama Administration issued Section 1303 regulations permitting insurance companies to ignore separate payment requirements which included failing to require insurers to disclose the abortion surcharge from consumers.

A statutory fix, such as the House-passed the No Taxpayer Funding for Abortion Act (H.R. 7), is necessary to remedy the severe problems with the ACA in regard to abortion coverage. However, there are steps the Trump Administration can take to mitigate ACA's massive expansion of abortion coverage.

According to National Right to Life Executive Director David N. Osteen, Ph.D.

> **Until the day that Congress can repeal the abortion-expanding elements of Obamacare, we support the effort of Congressman Smith and over 100 members of Congress in urging new regulations that could at least ensure basic transparency is provided to consumers – and inform them when they are paying for abortion coverage they do not want.**

The "little things" that help turn a woman from abortion to a choice for life

By Dave Andrusko

Like many of you, along with contributing to National Right to Life, I also donate to women-helping centers, also known as pregnancy centers. My middle daughter volunteers at one of these life-affirming alternatives to abortion in Virginia which makes the linkage even more personal.

On their webpage they tell young girls and women they are "a non-profit organization committed to empowering women facing unplanned pregnancies." Emphasis on "empowering."

Read their email newsletters and you instantly realize that they operate on a shoestring budget relying entirely on the graciousness and generosity of people who will never know the babies whose lives they have helped save. Each time I read about their "judgement-free confidential" services ("provided free"), I am reminded of the truth that no matter how deeply pro-lifers might be immersed in the battle between the Culture of Life and the Culture of Death, we (meaning, in this case, me) can easily miss something that is hugely important.

Alongside with news about a "Layettes for love" drive and the polite plea for more volunteers, often we read the wonderfully encouraging news of a mom who chose life. However, one issue awhile back added this hugely important detail: "at least five of our moms who had previously had abortions chose life for their new pregnancies."

Pro-lifers are overjoyed that the number of abortions, the abortion rate, and the abortion ratio are at the lowest numbers since *Roe v. Wade* opened the floodgates. Buried in that encouraging news, however, is that 60% of the little over 925,000 abortions performed in 2014 were repeat abortions, meaning the woman has had undergone at least one prior abortion.

I wouldn't pretend to make global generalizations about repeat abortions. The reasons why a woman would have another abortion are enormously complex, as anyone who has worked at a pregnancy center will quickly tell you.

But you can say with confidence that there will be a tipping point, where the decision for life or death will be made–a hinge, if you will. Something as "small" as the assurance that the mom will have a car seat for her new baby, or a stock of diapers, or a few sets of clothes for a newborn can and do make all the difference in the world.

This is quadruply true if the woman (or girl) also has living children.

Like many churches, ours periodically conducts a drive to collect just such items. Kudos and gratitude to all those who generosity helps women and girls in extreme distress, particularly the saintly volunteers at women helping centers.

Commemorating National Right to Life's 50 Years of Defending Life

From page 6

Guy Benson, journalist

"Anyone who devotes their passions to resisting the ghoulish mission of the deep-pocketed abortion lobby has my gratitude and respect. For decades, National Right to Life has been standing for the human rights of unborn people – and it's an honor to stand alongside them. This is a difficult issue on which people of good faith can disagree.

"But as our national debate plays out, it's essential to have dedicated advocates lobbying on behalf of the most powerless and voiceless Americans. The National Right to Life does so tirelessly.

"Your cause is just. Thank you."

Ben Shapiro, author, columnist, and political commentator

"National Right to Life is doing the most important work of all: working to change minds about the value of human life. The unborn require strong, principled and smart defenders – and fortunately, that's what NRL is. How we treat the most vulnerable and innocent among us is a referendum on our decency. And NRL is working to ensure that America moves toward decency."

Monsignor Jim Lisante, Pastor

"It's been my privilege to be associated with National Right to Life for the past thirty years, as a supporter and as a friend.

I love this organization: it's smart, effective, convincing and made up of the very best America has to offer. And it is truly a voice for the voiceless. Blessings on this important anniversary."

Ann McElhinney, Author "Gosnell: The Untold Story of America's Most Prolific Serial Killer" and Producer of the forthcoming"Gosnell, the Movie"

"Blessings and congratulations to National Right to Life for keeping on keeping on. Your work, saving lives, affects eternity and inspires generations. Whoever saves a life saves the whole world.

"Thank you for never giving up."

One year later: All that was wrong in the coverage of Charlie Gard captured in one story

From page ??

of doctors and nurses willing to care for him until life support was removed after about a week.

"But Great Ormond Street Hospital said that arrangement was not feasible amid concerns that the doctor organizing the care was not a pediatric intensive care specialist."

The "however" is totally misleading. Mr. Armstrong didn't retreat from his characterization. Justice Francis's timetable and the hospital's unrealistic demands put him up against a wall.

For example, we were told that GOSH rejected the family's counter-proposal because, in part, "the doctor organizing the care was not a pediatric intensive care specialist."

Yet it was nurses from GOSH, presumably very familiar with Charlie's case, who "offered to work 12-hour shifts on their days off – facilitating the family's wish," as the *Daily Mail* reported. Said Armstrong, "Several nurses from Great Ormond Street have volunteered to assist. May I pay tribute to these nurses."

Not good enough. (We won't go into the malarkey about not being able to navigate Charlie's ventilator up the stairs of Chris and Connie's flat.)

The hospital, through its attorney, Katie Gollop, said that the "task of finalizing an end of life care plan" for Charlie "must be "safe, it must spare Charlie all pain, and it must protect his dignity. At the same time, the plan must honour his parents' wishes about two matters in particular namely the time and place of his passing."

But as Bilefsky's story makes clear between the lines, neither of the wishes about those "matters" was "honored." And lastly

#4. This will be the longest quotes/analyses, because they are both desperately wrong and emblematic of the way GOSH stigmatized any medical authority who dared to disagree with them.

> **After an M.R.I. scan last week, medical experts concluded that the treatment would no longer be effective, and Charlie's parents agreed that life support should be withdrawn.**

As noted above, Dr. Hirano still believed there was a chance of meaningful improvement in Charlie's brain." But because so much time had been wasted (recall that the hospital fought Connie and Chris's every effort to enroll Charlie in Dr. Hirano's nucleoside therapy program), his muscles had so deteriorated, "there is now no way back for Charlie."

> **The hospital said in a statement that it had also been concerned "to hear the professor state, for the first time, whilst in the witness box," that he had retained a financial interest in some of the compounds used in the treatments for mitochondrial DNA depletion syndrome.**

Get it? Dr. Hirano was just in it for the money. There is a not-so-subtle hint (to put it politely) of a conflict of interest.

In fact, Dr. Hirano stated, "As I disclosed in court on July 13, I have relinquished and have no financial interest in the treatment being developed for Charlie's condition."

And, by the way, who is Dr. Hirano? Is he likely hurting for cash or looking for cheap headlines?

According to his bio, he received his B.A. from Harvard College and M.D. from the Albert Einstein College of Medicine. He specializes in myopathies and other neuromuscular disease. Dr. Hirano serves as Chief of the Neuromuscular Division and Co-Director of the Columbia University Medical Center Muscular Dystrophy Association clinic and is Director of the H. Houston Merritt Center for Muscular Dystrophy and Related Diseases.

In addition, "Dr. Hirano serves on the NIH Therapeutic Approaches to Genetic Diseases (TAG) study section, Medical Advisory Committee (MAC) of the Muscular Dystrophy Association, and Scientific Advisory Board of the United Mitochondrial Disease Foundation."

A hugely qualified physician with loads of credentials.

Of course there **was** a real conflict of interest–or loyalties–in this case. Victoria Butler-Cole was Charlie's court-appointed legal guardian (because Charlie's parents were/are not presumed to be best qualified to judge what is in their son's "best interests").

Charlie's de factor lawyer is "chairman of Compassion in Dying, a sister organisation to Dignity in Dying which campaigns for a change in the law to make assisted dying legal in the UK. Dignity in Dying used to be called the Voluntary Euthanasia Society," to quote the *Telegraph*.

Alas, there is every reason to believe Charlie will die on Friday. We will update you on developments as quickly as we can.

Pray for Charlie, Connie, and Chris.

Home abortions are dangerous for women. Here's ten reasons why

By Alithea Williams, Society for the Protection of Unborn Children

Women are being told that medical abortion is a safe and easy solution to unplanned pregnancy.

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Following the recent decision in Wales to license the second stage of medical abortion for home use, there have been increased calls for England to follow suit.

In a piece in the *British Medical Journal* published on a week ago Tuesday, the heads of the Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Health, and the British Society of Abortion Care Providers called on Jeremy Hunt to allow abortion pills to be taken at home (a stunt that was slightly derailed by the fact that he'd been replaced as Health Secretary the day before).

SPUC supporters will know that the Society has taken the Scottish Government to Court for introducing this same policy. Like many in the media, perhaps you assume that the reason we are doing this is because we oppose abortion in all circumstances, and any attempt to widen access.

However, we really believe that not only is such a move illegal, it has serious health consequences for women. Indeed, the more I look into this, the angrier I am that medical professionals are promoting something that is so obviously ideological at the expense of women's safety, and that the media allows this to go unquestioned.

So, here are ten reasons why allowing the abortion pill to be taken at home is dangerous and must be opposed.

1. Complications for medical abortion are common

There has been much talk of medical abortion being "safe" and "easy". However, medical abortion isn't just taking a pill that makes the baby disappear. As the stories of women promoting home abortion illustrate, a medical abortion causes cramping, heavy bleeding and nausea.

As [abortion provider] Marie Stopes said on their website (on a page that has now been taken down), it is normal to experience "bleeding and strong cramps (like period pains) that can last for several weeks." Other side effects include "diarrhea, nausea, vomiting, dizziness, warm flushes, chills, headaches and pains. Medical abortion can also worsen symptoms of migraines and asthma in some people."

Marie Stopes also lists the rare but possible complications: haemorrhage, infection, failed abortion, incomplete abortion, thrombosis and death. And some of these are not as rare as Marie Stopes may wish to suggest. For later medical abortions, after 13 weeks gestation, the proportion of incomplete medical abortions that needed subsequent surgical intervention varies widely between studies, ranging from 2.5% in one study up to 53% in a UK multicentre study.

Even for early medical abortions, up to 9 weeks gestation, the RCOG reports (p41) a Finnish study that found 6% of women needed subsequent surgical intervention compared with less than 1% of those having surgical abortions. And, contrary to claims by the Scottish Government, medical abortions are not safer than surgical. A study of 42,600 first trimester abortions in Finland (where there is good registry data, unlike in the UK) found that six weeks post abortion the incidence of complications after medical abortion was four times higher than after surgical abortion – 20% compared to 5.6%.

With all these possible side effects and complications, how is removing abortion from medical supervision, while continuing to promote it heavily to women, in any way a good idea? Women may be unaware that their abortion is incomplete and may therefore only seek medical help when infection develops. Taking the second pill outside of medical supervision will compound this.

2. The precise time interval is important

There has been much focus on the desirability of taking the pill at home, so that women can choose a convenient time to induce their abortion. "If I had been able to take the second abortion pill at home, I would have been able to access everything I needed," says Claudia, the woman fronting the home abortions campaign. "I wouldn't have been rushed and panicked and worried about going through an abortion in a taxi, and I could have taken the pill in the place and time that was right for me."

Well, actually, no. The precise time interval between taking mifepristone (the first pill) and taking misoprostol (the second) is critically important in the effectiveness of the regimen

See "Dangerous," page 48

Home abortions are dangerous for women. Here's ten reasons why

From page 47

and directly affects how likely the woman is to experience a failed drug-induced abortion and require surgery. Misoprostol is recommended to be taken 24 to 48 hours after taking mifepristone, otherwise its effectiveness is significantly lowered.

Yet there is nothing to stop a woman taking the second pill outside the recommended hours if she is outside of medical supervision. Research has shown that, unsurprisingly, women prefer a short time frame between the pills, and so may inclined to take the second pill less than 24 hours after the first. But this leads to a significantly increased failure rate with one study finding that nearly one out of every three to four women who took buccal [placing the pills between the gums and the cheek]misoprostol shortly after the mifepristone failed to abort.

This means that removing control over the timing of misoprostol administration, allowing women to take it at a time 'convenient for them', will increase failure rates, complications and need for subsequent surgery. (Of course, we ourselves would never see as 'failure' the survival of the baby, as opposed to a baby already dead failing to leave the woman's body. Some babies do survive after the first pill is taken, and some women have a change of heart and refuse to take the second pill, hoping their baby is still alive.

3. The precise manner of taking the drugs is important

The precise way in which the drugs are taken also affects failure rates. The popular image of the abortion pill is of taking it orally, like a painkiller, but actually, vaginal and buccal administration is generally recommended over oral. Oral administration of misoprostol combined with the recommended low dose of mifepristone is not as effective in emptying the uterus after the unborn child has died and results in a higher failure rate, but is nonetheless preferred by women over the other methods. The second visit to a hospital or clinic builds in an important safety feature by allowing for direct observation and monitoring of the administration of misoprostol at a precise time and in a precise way after mifepristone administration. Many people (offensively) compare medical abortion to miscarriage management, but it should be noted that although medical treatment for miscarriage may be self-administered, it only requires a dose of misoprostol, not mifepristone, so timing and manner of administration are not as significant.

4. No control over who takes it or where

The second visit also means there is medical control over who is taking the abortion pill, and where. Once a pill has left the clinic, there is no way of knowing who is going to take it, and whether they are doing so freely, or under coercion. There is also no control over where it is being taken.

All the talk has been about a woman taking the pill in her home (and that's what the Welsh and Scottish Governments have changed the guidance to allow), but once it has left the clinic, it can be taken anywhere – in a school, in the back of a car, or, irony of irony, in the backstreets. There is also nothing to stop it being taken at the wrong stage of gestation, which can be very dangerous for the woman.

5. Keeping abuse victims away from authorities

All of these points about who is taking the pill and where lead to genuine concerns that the abortion pill is useful for those who want to keep women away from the authorities as much as possible – for example, the victims of abuse or women who have been trafficked.

6. "Home" could mean anything

For all the talk about women being able to take the pill in the "comfort of their own home" there has been no discussion as to what this means in practice. In fact, unlike 'hospital' and 'general practitioner's surgery' there are no specifications or requirements as to what is classed as a home.

It could vary from a palace to a caravan or a tent or houseboat. There is no requirement for any inspection process to be carried out of the 'home' in order to evaluate and confirm a specific and agreed standard, or to confirm the availability of equipment which may be necessary if required for a medical emergency or even for basic comfort during the abortion 'procedure'. This includes even such basic things as a bed, pillows, towels, a sick bowl, a working toilet, hot and cold running water, heating, lighting, a working telephone in case of an emergency… There are just no requirements at all, and no way of enforcing them if there were.

7. Home could be miles away from a hospital

As there are possible complications with a medical abortion, one might expect, on the part of those advocating such abortions, some concern for women being able to get to hospital in the case of an emergency. However, with their rhetoric about transport difficulties in coming into the clinic for the second pill, proponents of home abortion argue that it should be available to precisely those women who would have difficulty getting to a hospital! It is dangerous to give women medical abortion if they are not easily available for follow-up contact or medical evaluation.

8. Leaving women alone

The Scottish guidance makes it clear that another adult should be at home with a woman while she is suffering the effects of the abortion pill. But how is such a check to be carried out? The second adult could be anyone aged 16 or over or even someone very old and frail and incapable of supervising a medical abortion. It could foreseeably be an abusive partner – or even a pimp – who may have no consideration for the pregnant woman's care other than the desire that she abort this baby and be seen to have done so.

Moreover, an adult is neither a medical professional nor a

See "Dangerous," page 49

Home abortions are dangerous for women. Here's ten reasons why

From page 48

registered medical practitioner. There is no requirement for any standard of first aid qualification or medical knowledge in case of emergency or simply that the person care for the pregnant woman whilst she suffers the adverse effects of the drug she has taken. The Welsh Government has not even specified that an adult be present.

9. The psychological effect of aborting at home

We know that a medical abortion can be deeply traumatic, and physically very painful for women who endure it, whatever the circumstances. Even the BBC programme Abortion on Trial, though generally very sympathetic to abortion, made this clear: several of the women described the horrific physical pain of a medical abortion, and the distress of having to see the dead baby. One participant said: "I wish someone had told me I would see the product of the pregnancy", while another described passing the baby in the shower.

We know from the testimony of those who have counseled women through Abortion Recovery Care and Helpline (ARCH) that the place where an abortion happens can trigger traumatic flashbacks. How much worse is this when the place is your own home, rather than an anonymous clinic you can leave behind? The psychological fallout of having to see, and flush away, the baby yourself is severe. How can promoting this be in the best interests of women?

10. Trivialising abortion

Finally, allowing abortions to take place at home trivialises abortion. Of course, this is bad for babies, but it is also bad for women. It will inevitably lead to women being told that they can easily opt for abortion, when that might not be what they truly want. It makes it more likely that they will be coerced into abortions, and left to deal with the aftermath by themselves. Abortion being treated as something that can be done over the weekend with no medical supervision, rather than as a serious procedure with genuine risks and side-effects, means women's health is being sacrificed to an ideology that only cares about widening abortion access at all costs.

I gratefully acknowledge the excellent research of Philippa Taylor in these blogs: Ideology or evidence? The battle over abortion pills and Abortion pills: a safer, easier and more convenient option? The evidence says 'no', from which several of the points are taken.

No, abortion is not health care. It's #FakeHealth.

From page 18

breathing problems, feeding difficulties, cerebral palsy, developmental delays, vision and hearing problems. Out of 23,455 infant deaths in 2015, there were 4,084 deaths due to "disorders related to short gestation and low birth rate."

Studies have shown preterm births among black women are three times higher than whites and Hispanics. The CDC reports that black women's abortion rates are three times higher than whites. So what does Planned Parenthood do? In its typical racially targeting manner, the billion-dollar abortion giant tweeted: "If you're a Black woman in America, it's statistically safer to have an abortion than to carry a pregnancy to term or give birth."

By the way, if President Trump had tweeted that, there would've been an absolute national #fakenews media uproar and charges of "white supremacy" and "racism". But since an organization that kills (disproportionately black lives) for a living said it, "Go Feminism!"

ABORTION AND BREAST CANCER

"Specifically, older age, family history of breast cancer, earlier menarche age, induced abortion, and OC [oral contraceptive] use were associated with an increased risk of breast cancer," concluded a landmark 2009 study conducted by the National Cancer Institute's own (now retired) branch chief, Louise Brinton. The study, "Risk Factors for Triple-Negative Breast Cancer in Women Under Age 45" is completely suppressed by the National Cancer Institute.

The taxpayer-funded governmental agency falsely claims there are no valid studies on the link between induced abortion and breast cancer (ABC link) since the 1990s (which they claim are all flawed). There are 29 studies from 2000-2018 that show a positive correlation between abortion and breast cancer, the majority (18) of which are statistically significant.

Brinton's research shows a 40% increase in breast cancer risk with a previous induced abortion, yet her own agency denies the facts. Many medical professionals would rather play politics than present preciseness. The Breast Cancer Prevention Institute provides an exhaustive list of peer-reviewed studies that debunk the political position of the NCI.

BIRTH CONTROL AND TRIPLE-NEGATIVE BREAST CANCER

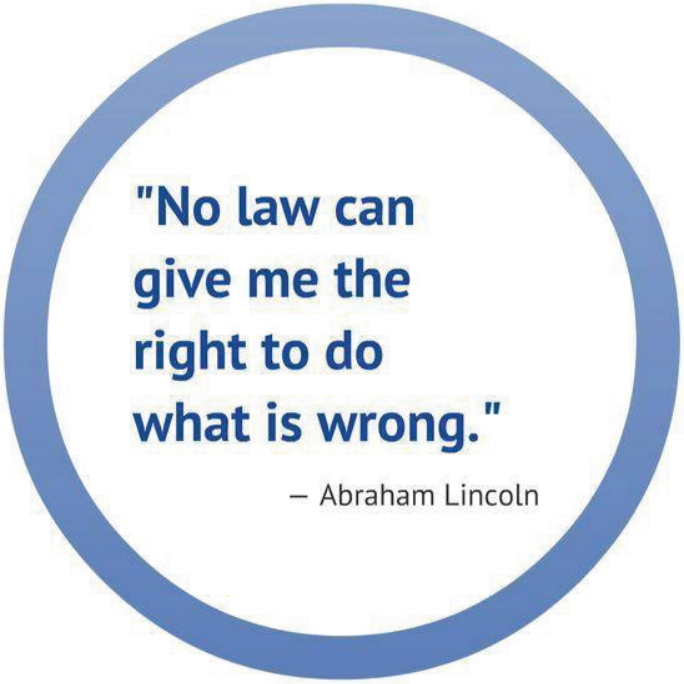
Let's remember that Planned Parenthood founder and leading eugenicist, Margaret Sanger, defined birth control like this: "Birth control itself, often denounced as a violation of natural law, is nothing more or less than the facilitation of the process of weeding out the unfit, of preventing the birth of defectives or of those who will become defectives." This is just vile. The nation's largest abortion chain, spawned in eugenic racism and elitism, thought they could, and should, control the population.

So the next time someone tries to claim birth control is about women's rights, let's remember the pseudoscience that motivated the mother of the movement.

Actual science has never been the abortion industry's foundation. Deception and exploitation are its DNA. …

ABORTION AND MENTAL HEALTH

Despite the fact that Planned Parenthood constantly likes comparing the abortion of a child to having a tooth pulled, there are no support groups for those who've had their wisdom teeth yanked. But there are many networks of post-abortive ministries dedicated to help, heal and restore women and men devastated by the irreplaceable loss abortion causes.



Wisdom illuminates that an abortionist killing someone's unborn child will have adverse effects. And science reveals that truth. In a study published in the Journal of American Physicians and Surgeons, 73.8% of post-abortive women surveyed "experienced at least subtle forms of pressure to terminate their pregnancies." Another 58.3% reported having an abortion to "make others happy". Sixty-six percent "knew in their hearts that they were making a mistake."

How could there not be consequences? According to another study on Abortion and Mental Health, there was a drastic 81% increased risk of mental health problems, with nearly 10% directly attributed to abortion.

Despite the distortions of "professional" medical organizations like the American Psychological Association (APA) and the American College of Obstetricians and Gynecologists (ACOG), Americans need to realize that politics often trumps principles, like adherence to sound scientific evidence. (By the way, I highly recommend The American College of Pro-life Obstetricians and Gynecologists, or AAPLOG, for the scientific facts about abortion and reproductive health.)

Pro-abortion organizations like APA and ACOG align with an industry that is willing to accept any collateral damage in order to protect an abortionist's unrestricted "right", up until the moment of birth, to kill someone's child. Pro-abortion activists work zealously to anesthetize the public to what abortion really is – a violent and corrupt billion dollar business merely posing as healthcare.

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