

December 2019



RIGHT TO LIFE NEWS

Nancy's Gotta Go: Taking back the House Gavel

By Karen Cross, National Right to Life Political Director

House Speaker Nancy Pelosi has got to go!

Why, you might ask?

Nancy's gotta go because...

...her agenda includes abortion on demand – for any reason – and she wants to force you to pay for it with your tax dollars!

Nancy's gotta go because...

...as Speaker of the U.S. House of Representatives, she has blocked action on the Born-Alive Unborn Child Protection Act. This bill simply provides for medical care to babies who survive abortion!

Last year, 183 Democratic Congressmen voted against providing care to innocent



Pro-abortion Speaker of the House Nancy Pelosi Photo: Gage Skidmore

abortion survivors. Unbelievable!

Nancy's gotta go because...

...as long as she's Speaker, we can't pass the Pain-Capable Unborn Child Protection Act, legislation to protect unborn babies by prohibiting abortion at 20 weeks, when the unborn baby can feel pain.

Nancy's gotta go because...

...the goal of House Democrats and their Senate counterparts is to pass New York-style abortion on demand through birth laws.

See "Nancy," page 25

Democrat-led House expected to impeach pro-life President Trump on Wednesday

By Dave Andrusko

The only question from Day One—by that I mean the day after Donald Trump defeated Hillary Clinton in 2016—was whether pro-abortion Democrats could win a majority in the House of Representatives so as to able to impeach him. If they accomplished this, as they did in the aftermath of the 2018 elections, a vote to impeach President Trump was inevitable.

Democrats hate him, and they never accepted that he had defeated Clinton fair and square. That he is vocally prolife and works to defend unborn children, at home and aboard, only makes pro-abortion Democrats despise him all the more.

The vote on impeachment is set for Wednesday. Last week, as *NRL News Today* reported, the pro-abortion controlled House Judiciary Committee voted 23-17 to adopt two articles of impeachment,

See "Impeach," page 29



Pro-life President Donald Trump

Editorials

Planned Parenthood lie about the number of abortion deaths prior to *Roe* earns it a place in *Washington Post's* 2019 Top Ten list for deception

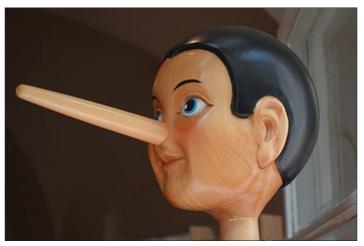
Increasingly, "Fact checkers" are a dime a dozen. Some, such as Snopes, are absurdly biased and, beyond that, incapable of understanding irony and satire. This is why they occasionally "fact check" the Babylon Bee, which is (as it is often described) a hilariously funny Christian version of The Onion.

Sometimes the judgement of the *Washington Post's* Factcheckers is highly questionable(to be polite). Sometimes, ironically enough when addressing the abortion issue, Glenn Kessler and Michelle Ye Hee Lee can produce first-rate work. Why ironic? The *Post* is up to its institutional eyeballs in promoting abortion.

This past week Kessler produced what he described as "our annual roundup of the biggest Pinocchios of the year." Pinocchios refer to how deceptive an assertion is, with four Pinocchios representing the highest degree of distortion. Three Pinocchios means (according to the Post) that a statement has "Significant factual error and/or obvious contradictions." ...

Although Kessler tells us there is "no particular order" to the examples, lo and behold after the pro-forma, obligatory thrice thrashing of President Trump, Kessler goes directly to "Thousands of women died every year pre-*Roe*," an assertion from then PPFA President Dr. Leana Wen.

Briefly, Kessler tells us, "We dug through the statistics and it turns out she was citing numbers from the 1930s, before the advent of antibiotics. In 1972, the number of deaths in the United States from legal abortions was 24 and from illegal abortions 39,



according to the Centers for Disease Control and Prevention."

This is good, although there is much, much more.

*Kessler doesn't list how many Pinocchios for any of the Top Ten, but Wen's assertion drew the maximum--four.

*As Kessler said at the time of the original critique, "The problem with Wen's claim is that it is derived from data that is decades old." In truth, as Kessler was too kind to point out directly, the claim was

See "Deception," page 34

Why the December edition of NRL News is must reading

By the time you finish this editorial I trust you will be persuaded the December edition of the "Pro-life newspaper of record" is must reading that must be shared with all your pro-life family and friends.

We never under-report life-affirming stories that warm the heart of any pro-lifer. Let me cite just two of many examples. "Pro-life mom beats world record for fastest half-marathon while pushing baby stroller" and "Premature baby given hours to live makes miraculous recovery." (See pages 5 mad 14.)

The superb scholarship of Dr. Randall K. O'Bannon is all over this edition. For starters, no one does a better job of analyzing abortion numbers than our Director of Education & Research. Everything you need to know about the latest CDC numbers begins on page 8. (More about that below.)

One of the most promising pro-life initiatives is Abortion Pill Reversal. We have two stories about how women who change their minds in the middle of a chemically-induced abortion have a realistic chance of saving their babies. (See pages 12 and 32.)

Of course, with the politics of 2020 on everyone's mind, we have a slew of stories, starting with the ill-starred, wholly political impeachment process originated by pro-abortion House Democrats. (See pages 1, 27, 28, and 37.)

And we have multiple stories about the Supreme Court. First, the justices chose not to review a lower court decision that upheld Kentucky's ultrasound law. Second, we explore further the High Court's decision to review a challenge to Louisiana's law requiring abortionists to have admitting privileges at a local hospital. (See pages 7 and 13.)

There's much more, but I would like to add some thoughts to what Dr. O'Bannon wrote about the abortion numbers produced by the Centers for Disease Control.

By now, you may know many of the basics. I will summarize them very, very briefly, before moving on to other facets of abortion in America.

From the President

Carol Tobias

My Wish for You -- A Silent Night

I love the Christmas season. People seem

to be a bit more joyful, helpful, and generous. Beautiful lights and decorations on display make everything merry and bright. I love Christmas movies and I especially love Christmas music.



Some songs are thought-provoking (Mary, Did You Know?) and some (Joy to the World) are uplifting. Some are romantic (All I Want for Christmas is You) and others, whimsical (All I want for Christmas is My Two Front Teeth). I love them all.

I have yet to meet anyone who does not know at least the first verse of Silent Night. That peaceful melody with simple but profound lyrics, especially the third verse, is much-loved. According to Guinness World Records, Bing Crosby's 1935 recording is the fourth best-selling single of all-time. (Not just Christmas songs, but all songs.)

Silent night, holy night,
All is calm, all is bright
Round yon virgin mother and child.
Holy infant, so tender and mild,
Sleep in heavenly peace,
Sleep in heavenly peace.

Silent night, holy night, Shepherds quake at the sight; Glories stream from heaven afar, Heavenly hosts sing Alleluia! Christ the Savior is born, Christ the Savior is born!

Silent night, holy night, Son of God, love's pure light; Radiant beams from thy holy face With the dawn of redeeming grace, Jesus, Lord, at thy birth, Jesus, Lord, at thy birth.

The 200-year old song takes on special meaning for me this year. As the country is seemingly torn apart with politics and discord, manifested in anger and hatred and even physical assaults by people who don't

like another person's point of view, we need a night of peace and calm, of pure light and redeeming grace. One night, as a start.

Many people are familiar with the story from World War I, when British and German soldiers, fighting each other on French soil, interrupted the fighting for a one-day Christmas truce. As the soldiers were sitting in their bunkers on Christmas eve, 1914, some German soldiers sang "Stille Nacht" while everything grew quiet and soldiers from both sides listened. When they finished, the British soldiers responded by singing the English version of Silent Night.

As Christmas morning arrived along the 500-mile Western Front, soldiers from both sides emerged to shake hands, exchange personal property as gifts, and play various forms of ballgames. On December 26,

doubts, or have questions about our position? Or to find out where they are really coming from? Can we give someone the benefit of the doubt as to good intentions when they express an opposing opinion? Of course we can, if we want the conversation to continue. They may not know as much as we do and have fallen into a position without thinking through all sides. And, of course, there may be an abortion in their past that colors their response.

Like those soldiers in our great-grandparents' day, I'm imagining one day of truce and civility that might humanize everyone -- and give us a chance to better convey the humanity of the unborn—a day that extends forward, 24 hours at a time.

Would that be reciprocated? It's hard to believe so when we remember that the TV



the truce ended and soldiers went back to fighting the enemy.

I offer that not as a direct comparison. As strongly as we disagree with others, what we ultimately war against is not misguided people but powers and principalities. Often they genuinely, truly do not know what they are doing. That is why some people do leave the abortion industry. Our job is to help them out of the pit by appealing to the better angels of their nature.

This is not about abandoning our convictions or retreating a step in mission to provide unborn children with legal protection and their mothers a better way than destroying their progeny. That is unthinkable.

But can we do better in listening to our family and friends, when they express

show "Scandal" played "Silent Night" in the background as its star got an abortion. That was a slap in the face to pro-lifers and Christians everywhere.

But that is likely not your next door neighbor or a family member or a member of a community organization. Many simply have not thought through what we are doing—not just to unborn children but to ourselves—when we callously take their lives. They are not the insensitive characters we see portrayed on television and in the movies.

I pray that my wish for a time of peace and calm, external and internal, can work for one day. Maybe, just maybe, we can create one moment that will be remembered for a century.

The belief that life has infinite, irreplaceable value--as plain as a red sweater on a newborn baby's back

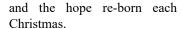
By Maria V. Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

It has become a lovely tradition in hospitals around the nation: dressing newborn babies in distinctive garb, based upon a holiday or some other celebration.

These beautiful photos go viral on social media, adorning Facebook feeds, Instagram stories, and Twitter pages. While some may dismiss this phenomenon as just a

Yet, it is alarming that babies not much younger than these are routinely and brutally denied the right to life.

Abortion represents the ending of what should be infinite



Future generations may indeed wonder at this deeply disturbing dichotomy—the festive observance of life on the one hand, the cold-hearted ending of that defenseless life on the other. While nurses and doctors provide round-the-clock care to premature infants in one health care facility, abortionists down the street can destroy preborn lives as part of one morning's "work."

I have to believe that the schizophrenic nature of our society when it comes to young human life can and will be corrected. A U.S. Supreme Court decision overruling the dreadful travesty of *Roe v. Wade...* laws protecting innocent preborn life at the state level... and vast numbers of pregnancy resource centers pitching in to help can have the combined effect of reversing our cultural descent into nihilism.

Oxford expertly defines "nihilism" as the belief that life is meaningless. The better angels of our natures know differently. It's as plain as a red sweater on a newborn baby's back, the belief that life has infinite, irreplaceable value. And that no amount of pontificating by the proabortion movement will change that incontrovertible fact.



Witness babies dressed like Mister Rogers, the acclaimed children's television host... newborns dressed as characters from the film "Frozen"...and babies outfitted in Christmas stockings.

cute custom, it is actually much more than that. It is a recognition of the amazing beauty of the newly born...an honoring of their personhood... and a celebration of their oh-so-young lives.

possibilities. It is an action born of hopelessness, despair, and even greed by abortion center profiteers. It is the opposite of the neighborliness of a Mister Rogers...the indomitable spirit of a "Frozen" character...

Pro-life mom beats world record for fastest half-marathon while pushing baby stroller

By Martin M. Barillas, LifeSiteNews

A pro-life mother accomplished a world record for fastest half-marathon while pushing her baby daughter in a stroller. This happened despite race officials' objections to the pro-life messaging she and her teammates put forth during the race

Julia Webb (36) won the Route 66 women's half marathon in Tulsa December 1, setting a world record while she pushed her 10-month-old daughter, Gabriella, in a stroller. Wearing a t-shirt that proclaimed, "Remember the unborn," she came in at 1:21:24, according to race organizers. The official results are pending ratification from the Guinness Book of Records.

Fox News reported that Julia said, "I have just felt called to run my whole life." She added, "This is what I was made for. Especially as a mom of three kids, I need some me-time... everything that it entails, I just absolutely love it." Saying that she enjoys competition, Julia said that decided to combine running and motherhood by running with her children in a stroller."

In an interview with

LifeSiteNews, she said that in 2016, she clocked a similar time, pushing her daughter Jonni is stroller, but did not have video evidence to prove it world. LIFE Runners has over 13,000 Christian runners in 39 countries all over the world who raise money and draw attention to the pro-life cause. During

said. LIFE Runners founder Dr. Patrick Castle said in an interview with LifeSiteNews that running for the pro-life cause gave Julia the extra push



Julia Webb of LIFE Runners does a TV interview after beating the women's world record for half-marathon while pushing a stroller.

Photo: LIFE Runners

as required by Guinness.

Both Julia and her husband Alan Webb are active with LIFE Runners, the largest pro-life running group in the the summer, Julia trained with fellow LIFE Runners for the race on Sunday. "They were a big reason I was able to break the record this season," she she needed to accomplish her record run.

A pro-life advocate.

Worldwide network of pregnancy help organizations to defend ND law ensuring women are fully informed about abortion pill

By Lisa Bourne

Heartbeat International filed their answer following a federal district court's decision to allow the international affiliation of pregnancy help centers to intervene in defense of a North Dakota informed consent statute that the American Medical Association (AMA) challenged in June.

The AMA sued in opposition to the state's efforts to fully inform women considering abortion that it terminates the life of a "separate, unique, living human being," and that the chemical abortion process may be reversible if treated promptly.

Attorneys for ADF filed a motion to intervene in the lawsuit on behalf of Heartbeat International, a global network of more than 2,700 pregnancy help organizations, two of which are affiliated pregnancy centers in North Dakota. The court had granted the motion November 26.

Heartbeat operates the international Abortion Pil1 Rescue Network. which consists of more than 600 professionals across North America who are willing and able to administer an FDA-approved drug that has successfully stopped abortions after a mother requests intervention. addition to the 600-plus health care practitioners, some 300 pregnancy help organizations in the APRN network also assist women who choose to try and save their baby by initiating the Abortion Pill Reversal process.

Heartbeat's work would

be affected by the lawsuit's outcome, and its research is already at issue in the litigation.

"Every woman deserves to know the whole truth about abortion, and that includes the facts about her child and the choices she can make every step of the way," ADF Legal Counsel Denise Harle said in a statement. "The American Medical Association, which ought to support providing patients with as much information as possible, instead wants to keep vulnerable women in the dark about vital information about fetal development and their pregnancy options prior to an abortion. Women deserve to know the truth."

"It is an established scientific fact that the life of every human being-with his or her own unique DNA and all other building blocks of life-starts at the moment of conception," said ADF Senior Counsel Kevin Theriot, vice president of the ADF Center for Life. "It is North Dakota's prerogative if it wishes to ensure that women know about that as well as about the existence of promising medical procedures available to her if she chooses to reverse the chemical abortion process. A woman who is informed about the many dangerous risks of abortion, the reality of what the abortion will do to her child and to herself. and her options as a parent is far more likely to make a wise decision concerning her health and her child's life."

The abortion pill, also known as medication abortion, chemical abortion, RU-486 or self-managed abortion, is up to 72 hours after she takes the first chemical abortion drug. The treatment has the best chance for success when



usually used to reference the medications mifepristone and misoprostol, taken to terminate the pregnancy of a developing baby within the first 10 weeks. Currently approximately 40% of all abortions in the U.S. occur through the abortion pill.

The first pill, mifepristone, blocks the effects of progesterone — the natural hormone that women produce that provides the essential nutrients needed for the developing baby to thrive. The second drug in the chemical abortion process, misoprostol, is taken 6-48 hours later, typically at home, and causes cramping and bleeding associated with emptying the uterus and delivering the deceased child.

A chemical abortion can be reversed after taking mifepristone and before ingesting misoprostol.

Abortion Pill Reversal (APR) works by giving a woman extra progesterone

begun within 24 hours. APR is also a new application of an FDA-approved progesterone treatment used beginning in the 1950s to stop miscarriages. To date, more than 900 lives have been saved through the reversal protocol.

The state of North Dakota had formally supported Heartbeat's motion to intervene in American Medical Association v. Stenehjem, along with a similar motion from another group made up of two North Dakota pregnancy centers, 115 doctors and the National Institute of Family and Life Advocates (NIFLA).

In opposing North Dakota's law, the AMA misleadingly cites the Supreme Court's decision last year in NIFLA v. Becerra, ADF said in its statement. The NIFLA v. Becerra ruling had affirmed

See "Network," page 25

Supreme Court will not review decision upholding Kentucky's informed consent ultrasound law

By Dave Andrusko

Without comment or noted dissent, the Supreme Court on December 9 refused to hear an ACLU challenge to a 6th U.S. Circuit Court of Appeals decision that upheld Kentucky's Ultrasound Informed Consent Act.

The 2017 law, based on an NRLC model, requires abortionists to perform an ultrasound prior to an abortion, display and explain the images, play the audio of any fetal heartbeat, and offer women the opportunity to view the images." The woman does not need to view the images.

"This is the best possible news defenders of life in the womb could receive!," stated Kentucky Right to Life Association President Diana Maldonado. "It is bad news for EMW Abortion facility and for Louisville Planned Parenthood, in spite of the money and political power on their side."

Ironically, the decision not to intervene came on the last day of Kentucky Gov. Matt Bevin's term. Bevin had actively promoted and defended a multitude of pro-life measures.

The law was struck down by U.S. District Judge David Hale on September 27, 2017. Both branches of the Kentucky legislature passed HB 2 by overwhelming margins.

The state of Kentucky argued HB 2 "does nothing more than require that women who are considering an abortion be provided with information that is truthful, non-misleading and relevant to their decision of

whether to have an abortion."

Judge Hale disagreed. In his 30 page decision, Hale sided with the ACLU -- that the law compels a doctor's speech in violation of the First Amendment.

Not so, said the three judge panel. Writing for the majority, Judge Bush concluded the the fetal heartbeat, perform an ultrasound, and display and describe the ultrasound images to the patient. This appeal principally concerns whether those requirements violate the doctor's First Amendment rights....

information conveyed an ultrasound bv image, its description, and the audible beating fetal heart gives a patient greater knowledge unborn life inside her. This also inherently provides the patient



Ultrasound Informed Consent Act "provides truthful, nonmisleading, and relevant information aimed at informing a patient about her decision to abort unborn life."

Under Roe v. Wade, a woman has the right to choose to have an abortion. To inform that choice, the Commonwealth of Kentucky directs a doctor, before performing an abortion, to auscultate (or make audible)

Because H.B. 2, like the statute in Casey [the 1992 Supreme Court case], requires the disclosure of truthful, nonmisleading, and relevant information about an abortion, we hold that it does not violate a doctor's right to free speech under the First Amendment.

Judge Bush added

[W]e hold that H.B. 2 provides relevant information. The with more knowledge about the effect of an abortion procedure: it shows her what, or whom, she is consenting to terminate. That this information might persuade a woman to change her mind does not render it suspect under First Amendment. It just means that it is pertinent to her decision-making.

Washington Post columnist tries to mock pro-lifers—by conflating human beings with human sperm

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

A recent article by Washington Post columnist Alexandra Petri ridicules pro-life advocates' contention that unborn humans should not be treated like medical waste.

Referring to legislation that requires dignified treatment of the remains of human embryos and fetuses (whom Petri inaccurately calls "fertilized ova"), Petri writes: "Why such concern for these fertilizing spermatozoa, more than others? Those spermatozoa have passed into the beyond after making connections that elude millions of their brethren. Why honor them?"

She goes on to sarcastically suggest that if we have funerals for embryos and fetuses, then we should have funerals for sperm too:

State legislators, if you have such concern for the select few, remember the unfortunate millions!

We must, of course, give honor above all to those who went to the halls of glory without glimpsing even a hint of an ovum. This is the least we owe those who lived in hope—and died—in states of single blessedness.

Satire can be powerful, but not when it's founded on scientific illiteracy. Petri's mistake is that she confuses human beings with human gametes. They are two very different things.

Pro-life people have no concern for "these fertilizing spermatozoa." We do not wish to "honor them." Pro-lifers have concern, rather, for the individuals who come to be upon fertilization. These individuals, as middle- and high-school biology students (hopefully) learn, are neither spermatozoa nor ova (both of which cease to exist when

fertilization is successful). They are human organisms—members of the species *Homo sapiens*.

They are called zygotes at the one-cell stage, and then embryos (through eight weeks), fetuses (eight weeks until birth), infants, toddlers, adolescents, and adults as they develop themselves throughout life.

"Human development begins at fertilization when a sperm fuses with an oocyte to form a single cell, a zygote," explain Keith L. Moore and T.V.N. Persaud in their embryology textbook TheDeveloping "This Human. highly specialized, totipotent cell marks the beginning of each of us as a unique individual."

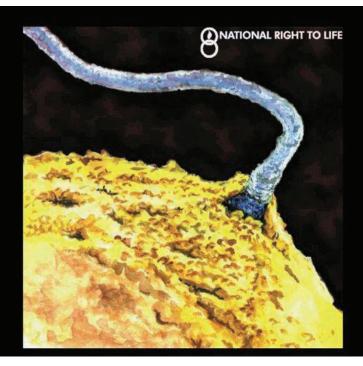
Human zygotes, embryos, and fetuses are human organisms. And since pro-life people think all human beings are important—they oppose discrimination on the basis of

age, appearance, or ability—they care about the treatment of these unborn children.

Spermatozoa, by contrast, are not human organisms. They are gametes (reproductive cells with only 23 chromosomes), which are parts of the parent. They don't develop as human beings—because that's not what they are. Their purpose is to unite with an egg and thereby cease to be. That's why we would never think to have funerals for them. A sperm isn't one of us. It's just a sperm.

Petri is far from alone in conflating living individuals with mere *parts* of living individuals (either gametes or somatic cells). But sound ethics requires sound science. Before we can know how to treat unborn children, we must know what they really are.

What are human embryos and fetuses? They are human beings. Science tells us so.



A single cell, full of life and bearing the unique genetic imprint of a human being who has never before existed, is created at the instant of conception.

The DNA in the 46 chromosomes of that small cell contain full instructions about this new individual's gender, eye color, shoe size, brain capacity, and hair color her DNA will even help determine if she prefers coffee more than wine.

Celebrate your DNA - it's been with you from the very start

Pro-Abortion research inadvertently supports science behind Abortion Pill Reversal

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

For all their talk about "choice," abortion activists have always had a particularly vehement animus against abortion pill reversal. APR allows a woman who has initiated a chemical abortion a meaningful chance to save her baby, if she changes her mind.

With today's first trimester chemical abortion designed to be a two drug process, the idea is the woman who starts but decides to reverse her abortion foregoes the second of the two drugs [misoprostol]and instead takes progesterone to offset the impact of the first drug [mifepristone] which she has ingested.

For years, pro-abortionists in general, and activist proabortion researchers and academics in particular complained that the very idea of saving a baby once the twodrug abortion technique was initiated, was a myth. Some went further, calling it "junk science," saying that there was no evidence that it was possible, and that there were no women interested in it.

Then Dr. George Delgado and colleagues published clinical data in April of 2018 on 547 attempted APR cases. It showed, respectively, a 64% and 68% % successful reversal rate with two subgroups in particular. The first, which received progesterone intramuscularly, the second which received the progesterone orally. These results left the abortion world flummoxed.

They attacked the study and attacked Delgado, personally. But they were forced to deal with the documented existence of women who had indeed changed their minds and had given birth to healthy babies.

They tried to argue that it was failure to take the second drug of the mifepristone-misoprostol regimen that was the reason the chemical abortion failed; that the progesterone boost was of no help; and maybe in some vague sense, dangerous.

Mitchell Creinin, a very prominent pro-abortion researcher who has studied chemical abortifacients at least since the mid 1990s, declared

will eventually die, though it takes some time. In a typical chemical abortion, this is followed by a second drug, the aforementioned misoprostol, given a few days later, to stimulate powerful uterine contractions to expel the dead or dying child.

Because it takes some time to abort the child and sometimes does not work at all, if a woman takes the first drug, mifepristone, but does not take the second, the unborn child may still be alive. Doctors



he would conduct a "scientific" trial to rebut the myth of abortion pill reversal once and for all.

The results, just published earlier this month, were hardly the sort he went looking for.

Creinin's "Scientific" Approach

Mifepristone, or RU-486, blocks the effects the effects of progesterone, the hormone that early in pregnancy is responsible for helping to prepare the uterine lining to receive and nourish the embryonic child. Without that nutrition, that safe haven, the child withers and

like Delgado believe that a boost of progesterone may help counteract the effects of mifepristone and increase the chances of the baby's survival.

Creinin submitted paperwork for his study in December of 2018 and started enrolling patients in February of 2019. He planned to track 40 women who were 44 to 63 days pregnant (dated from their last menstrual period) who had been planning to have surgical abortions. The idea was to have all take the first drug (mifepristone) and then randomly give half regular progesterone pills (which is the abortion reversal

protocol) while the other half would receive placebos. They would be checked two weeks later. If any were still pregnant, they would be given surgical abortions.

According to National Public Radio (NPR), Creinin felt this study would offer definitive proof. "If progesterone can prevent the effects of mifepristone, Creinin says, he'll find that more women in the group that got progesterone are still pregnant, with a pregnancy that's progressing" (NPR, 3/22/19.

Keep that criteria in mind when you read the results.

Up front, Creinin told NPR that he was skeptical that the progesterone would have any effect. He said he believed that mifepristone irreversibly blocks progesterone in the body, so giving subsequent dosages could not be effective. If it turned out he was right, Creinin hoped his findings would help discourage legislators from requiring that women be told about an "ineffective" treatment.

Ending the Study Early

However, just two weeks ago, Creinin and his team announced that they had halted their study early, after just treating just twelve women. Why? "Safety problems." Three of the twelve women had bleeding so severe that they had to be transported to the hospital for treatment.

The study had been slated to run until it had data on a

See "Research," page 10

Pro-Abortion research inadvertently supports science behind Abortion Pill Reversal

From page 9

full forty patients. Creinin hadn't originally anticipated even preliminary results until sometime in 2020 (NPR. 3/22/19). But Creinin decided to stop the study this past summer (the last patient was seen on August 15) after the third severe bleeding incident. The announcement of the study's premature conclusion, however, did not come out until the December 5, 2019 issue of Journal of Obstetrics & Gynecology. [https://journals. lww.com/greenjournal/Abstract/ publishahead/Mifepristone Antagonization_With_ Progesterone to.97525.aspx].

Two of the women, one in the group that received progesterone, and one who received a placebo, quit the study early. They had surgical abortions after just a couple of days in the study because they were unhappy with the side effects of the treatment.

Of the ten remaining patients (five in each group), three had the severe bleeding episodes. Two of these were from the placebo group, one from the progesterone group.

Upon arrival at the emergency room, the patient receiving the progesterone was no longer pregnant and her bleeding stopped within about three hours, with no further treatment required.

Suction aspiration was performed on the two women who received a placebo who had suffered heavy bleeding because they had incomplete abortions. One woman required a transfusion.

Creinin tries to argue that the results show that taking just mifepristone, the first drug in a chemical abortion, but not the second, misoprostol, "could result in severe hemorrhage." Promoters of "Do-It-Yourself" abortions could not have been happy with that.

This statement is radically at odds with assurances given by promoters who insist that mifepristone is so safe that it can be used by women receiving drugs in the mail and who "self-administer."

If what Creinin says is true, it may be critical that women intending to abort comply with the protocol – take both drugs, not just the first. But this is hardly a sure thing when drugs are mailed to women for a DIY abortion.

Furthermore, this ignores the history of mifepristone, or RU-486. Developed in France in the 1980s, it was originally designed and tested as a stand-alone abortifacient. But it was only after Roussel added a prostaglandin to boost effectiveness that a key French scientific panel recommended approval. Efficacy, not safety, appears to have been their chief concern (Baulieu, *The "Abortion Pill*," 1991).

But it was because there is a reduced "effectiveness" when just the first drug is taken that explains why chemical abortions can be reversed. Put another way, if mifepristone started but did not complete the abortion, it was thought there might be time and opportunity to reverse the process.

Results support the abortion reversal

Creinin's study, truncated though it was, clearly appears to support the legitimacy of Delgado's reversal technique.

Four of the five women (80%) who received the progesterone still had "continuing pregnancies" at the two-week point at which Creinin and his team surgically aborted them. However just two of the five placebo patients (40%) were pregnant at the two-week point. Though this lacks the

precision and clarity of a bigger and longer study, the trend line is clear and consistent with the sort of results Delgado encountered. Women receiving a progesterone boost do appear to be better able to counteract the mifepristone and maintain their pregnancies than those who do not.

Abortion reversal works.

So Now Safety is an Issue?

Of course, the success of abortion reversal was not the result Creinin and his allies in the abortion industry were looking to report. So, instead of continuing the study to get results on a full 40 subjects, they cut it off early and changed the subject, acting as if they'd suddenly found a new safety problem with mifepristone of which they had previously been unaware.

The truth is, of course, that bleeding is a part of **every** "successful" chemical abortion but that sometimes it gets dangerously out of hand. Women taking these drugs attempting to abort have bled to death.

Nothing in the study points to progesterone as the cause of this bleeding. That comes from the mifepristone. But the progesterone boost does appear, in many cases, to counteract the mifepristone and enable the woman to continue the pregnancy, and if not further interrupted, to give birth to a healthy child.

Actually, if the data is to be trusted, it appears that when the progesterone boost works (80% of the time, in this study), it suppresses not just mifepristone's abortifacient properties, but also the copious bleeding that the abortion pill sometimes provokes. Since saving unborn life was not the aim of Creinin's study, this is

not an outcome he appears to have considered.

Despite apparently confirming that abortion pill reversal may work— a result Creinin was definitely not looking for — Creinin's takeaway from his study is the same one with which he entered. He doesn't want state legislators to require abortionists to tell women that their chemical abortions could possibly be reversed.

Room for More Research... or Not?

Creinin continues to maintain that existing results don't provide adequate evidence of the safety or efficacy of abortion pill reversal, though he cut off his own study before just such definitive results could be obtained. Nevertheless, he laments the "void of high quality research addressing the issue," particularly addressing "the best route of administration, dose and duration."

In his 2018 study, Delgado did try. He reported on a variety of delivery mechanisms, finally determining that oral progesterone pills seemed to be the most effective at reversal. This is the method that Creinin employed, with similar results.

If anything, the safety issue that Creinin uncovered should have prompted him to remind people that mifepristone is a dangerous drug that ought to be pulled from the market, or at least something that ought not be sent to women's mailboxes to be taken unsupervised.

When the abortion drug, mifepristone, not the progesterone, proved too dangerous, Creinin shut down a study that could have solidified the case for abortion pill reversal.

Bottom line: Chemical abortion kills. Abortion pill reversal works. And saves lives.

We can make a powerful case for life with "just the Facts" of fetal development

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

As a journalism student, I was taught never assume. Yet, as a radio reporter, when covering the issue of abortion, I assumed that my listeners knew the basics about abortion.

The huge irony here is that I myself did not have a fundamental knowledge of abortion—in other words, what it did to an unborn child, and what it could do to a mother, in terms of emotional and psychological after-effects.

By that I mean that, for a long time, I did not know that abortion stops a beating heart. I had no clue that, at just 24 days after conception, the baby's heart is beating.

I wonder right now, in newsrooms across America, how many reporters know that important fact about a preborn child's development.

Nor did I know that, a mere 30 days after conception, a

child has regular blood flow within his or her vascular system. I was clueless that, at 42 days after conception, the baby's skeleton is complete. And I had no inkling that, 43 days following conception, a little boy or girl's brain waves can be detected.

News stories do not include the amazing–I would say miraculous–course of fetal development. I suppose there are a number of reasons for this: it's not considered news, it could be construed as favoring the pro-life side, or it represents too much biology for a news piece.

But the fact is, an unborn child's development is great news to many, many people. If merely explaining the facts biases an article to the pro-life side, then the pro-abortion side lacks credibility. And news reporters routinely include gory

details in their reports, so a little biology wouldn't hurt. The truth is that, on mere science important information with everyone–including the news media.



alone, the pro-life argument can and should prevail. We have the facts on our side, and it is up to us to share that vitally We owe it to preborn children and their mothers to do nothing less.

Abortion pill reversal pioneer tells story of courageous girl who led to procedure's discovery

By Calvin Freiburger, LifeSiteNews

Abortion pill reversal is among the most recent innovations in saving preborn lives, and one of the technique's pioneers says it all started with a phone call on behalf of a scared girl desperate to save her baby.

The abortion pill mifepristone (better known as RU-486) works by blocking the natural hormone progesterone that developing babies require to survive. Abortion pill reversal consists of administering extra progesterone to counteract mifepristone's effects, ideally within 24 hours of taking the abortion pill.

Recently, Jonathon Van Maren interviewed Dr. Matthew Harrison, who along with Dr. George Delgado pioneered the technique. Harrison explained how he first came to theorize and attempt it.

Harrison was already prolife while working as an OB/GYN in North Carolina, and he maintained a relationship with the area crisis pregnancy centers. In 2006, one of them called on behalf of 19-year-old Ashley, who had taken RU-486 under pressure from her boyfriend but changed her mind with the support of her parents [and before taking the second of two drugs]. Harrison told them to send her to his office

"I need to step into my office and think and pray about this," Harrison recalls telling her. "I went out of the exam room, went to my office thinking about how RU-486 works." He had been researching the subject of protein receptors, which gave him "this basic knowledge of, well, the receptor models says

Harrison made it clear to Ashley that the progesterone would be safe, but it had never been done before and would not be guaranteed to save her child. "I absolutely understand that this has never been done



Thanks to the discovery by Dr. Matthew Harrison of a way to reverse the tragic effects of the abortion pill, 175 babies have been born alive and healthy, and 100 more are on the way.

that there's got to be something that activates the receptor, there's gonna be something that blocks the receptor."

"What if we just put in more good keys? What if we just flood the system with progesterone and outcompete the RU-486?" he theorized. "So I went in and proposed this to her, and I said, 'Listen, we have progesterone right here in the office. We can give you an injection. It's gonna give you extra progesterone [that] will block that RU-486. And I think that this is the best and only way that we might be able to nullify the effects of the medicine you took."

before," she replied, "and I want to take the risk to try to save my baby."

She took the injection and started bleeding the next day, which Harrison feared might be a sign they were losing the baby. Thankfully, an ultrasound found the baby's heartbeat, which Ashley said "would have made it all worth it" if that had been "the only thing I got to see out of this."

They continued progesterone injections throughout the first trimester, and eventually Ashley gave birth to a healthy baby girl, who is now 12 years old.

"Ashley's story from the very beginning to me is one of the most powerful, because this is a brave young lady" who chose to "step up and to take this risk, never having done before and knowing that she was going to lose the support of her over boyfriend" and face challenges providing for her daughter, Harrison said. Today, Ashley is a respiratory therapist who saves babies' lives in Charlotte, North Carolina.

Abortion pill reversal's pioneers credit it with helping more than 400 women save their babies since 2007.1 Success rates indicate that reversing a chemical abortion is not certain, but it has the potential to save many babies without endangering their mothers. Proabortion organizations such as NARAL and the American Medical Association assail it as "junk science," but pro-life medical experts explain that it's based on well understood principles from progesterone's common use in situations such as treating women with a history of miscarriage and preventing preterm labor.

[1] According to Heartbeat International, the Abortion Pill Reversal reports more than 900 babies saved to date.

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

Court Gag Rule Hiding Secrets of the Abortion Industry from Supreme Court

5th Circuit's Judge Elrod Reveals
Potential Illegal Activity at Abortion Facilities

By Louisiana Right to Life

NEW ORLEANS -Wednesday, Nov. 25. the Fifth Circuit Court Appeals released a concurring opinion that revealed critical information about potentially illegal conduct at abortion facilities in Louisiana. Hope Medical Group for Women, the Shreveport abortion facility at the center of the upcoming U.S. Supreme Court case, June Medical Services v. Gee. continues its fight to hide this information from the public, law enforcement, and the U.S. Supreme Court.

In the decision released the before Thanksgiving. the Fifth Circuit issued a procedural ruling regarding Louisiana's petition for the unsealing of court documents in a separate case brought by the same Shreveport abortion clinic. Louisiana argued that the district court had issued an overly broad protective order that possibly hides criminal conduct from the public and prevents the state from making criminal referrals and from bringing the information to the

attention of the U.S. Supreme Court in the related case that will be argued March 4, 2020.

The Fifth Circuit denied the



Fifth Circuit Court of Appeals Judge Jennifer Walker Elrod

mandamus petition on technical grounds but indicated that Louisiana may file an appeal to unseal the documents through an expedited review.

Notably, Fifth Circuit Court of Appeals Judge Jennifer Walker Elrod issued a concurring opinion hammering the district court's protective order.

Judge Elrod's concurrence

reveals a sealed deposition in which one abortionist, Dr. Doe 2, claims that another Louisiana abortionist, Dr. Doe 5, is inducing labor on women during the second trimester in order to perform an abortion. Elrod writes that Doe 2 stated that this type of procedure in the second trimester is outside the standard of care and a live birth is "certainly a possibility."

In addition, the concurrence indicates that the sealed documents contain evidence of unreported statutory rape, unauthorized abortion on a minor, and improper destruction of patient records.

Benjamin Clapper, Executive Director of Louisiana Right to Life, said: "Judge Elrod's concurrence confirms our observation that the federal district court judges in the Middle Louisiana District Court located in Baton Rouge seem to be acting to protect the abortion industry at all costs. It seems that these Obamaappointed judges may be guarding the most egregious secrets of the abortion industry

from the eyes of the public and even the Supreme Court.

"These sealed documents are potentially indicating that Dr. Doe 5 has performed abortions outside the standard of care and that live birth may be occurring at the same time. If live births have occurred, is Doe 5 providing medical care to these babies, consistent with the requirements of LA RS 40:1061.12? This matter must be investigated by the Louisiana Department of Health and the Board of Medical Examiners, and judges should not be able to stand in the way of these investigations.

"Abortion attorneys in *June Medical Services v. Gee* argue that they are acting in the best interest of women in general. These secret documents seem to paint a different picture. The Supreme Court, law enforcement, and the public should have access to this critical information. The reality of the abuses of the abortion industry should not be hidden behind the robes of federal court judges any longer," Clapper concluded.

AMAZING: Premature baby given hours to live makes miraculous recovery

By Nancy Flanders

Michelle Coyle and her husband Brandon always knew they wanted a family. What they could never have foreseen was the heartache they would face on that journey. Their first pregnancy ended in miscarriage. The second, just three months later, was the same. When they discovered they were pregnant for a third time, they remained hopeful, but life had more curveballs to throw their way — including a miracle.

According to KLFY.com, the pregnancy itself was rather uneventful. They learned they were having a boy, named Carson Joseph Coyle, after his grandfather. Everything was as it should be until at 37 weeks gestation. Carson decided to arrive ahead of schedule. He was only three weeks premature, and the couple was excited to welcome him, but as labor progressed, Carson wasn't moving much. He was positioned too high and Coyle's hips were deemed too narrow. The doctor decided to perform a vacuum-assisted delivery and medical staff filled the room. Baby Carson was born at 10:12 weighing six pounds, but he wasn't doing well.

"He was pretty lifeless," Coyle told KLFY.com. "He was lifeless."

"His feet were purple and blue," added her husband.

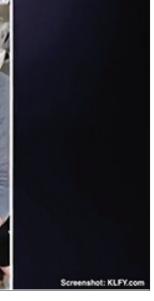
Doctors and nurses from the Neonatal Intensive Care Unit went to work, putting a tube down Carson's throat and placing wires to monitor him. One doctor told the new parents that Carson was likely to have intellectual delays or cerebral palsy. The couple was shocked. They were told that Carson also had bleeding around his brain but that they expected this would resolve. It didn't.

KLFY.com reports that Carson's condition worsened. Overnight he gained

Waldron arrived in the middle of the night armed with a crucifix that he reserves for the seemingly hopeless cases. It was a crucifix used by Catholic priest Fr. Francis Xavier Seelos in the 1800s. Fr. Seelos had

Just 14 days later after doctors predicted his imminent death, Carson went home with his mom and dad. He is doing remarkably well and shows no evidence of any brain damage. The amazing story of Carson's





pounds and his eyes and ears were swollen closed from the fluid. His body was beginning to shut down. His parents, rightly, feared for his life.

"My immediate reaction was to ask if my baby was dying and [the doctor] said, 'Unfortunately it does seem to be looking that way,' to 'please call your immediate family," said Covle. The doctor predicted Carson had perhaps hours to live. A NICU nurse stepped in to baptize him.

"That's when it kind of hit me, if they were getting to that," she said.

That, however, turned out to be a defining moment in little Carson's life and the lives of those who love him.

As prayers began to flood in for Carson, Judge Dennis one miracle attributed to him and Waldron was hoping for a second one to be given to Carson.

Waldron placed the crucifix on the fragile baby as the couple prayed. The next day, Carson was already improving.

"Look it's getting a little better, the blood's getting better, this that and the other is getting a little better!" Coyle said the nurses explained about Carson's lab results. His color was improving, he was breathing on his own, and he was eating. An MRI showed that the neurological damage that had occurred during his birth had disappeared.

"They basically said 100 percent normal neurological functioning," explained Coyle.

healing was shared with the Seelos Center and Fr. Gil Enderle. If Carson's healing is decided to be a genuine miracle performed through Fr. Seelos (his crucifix), he may be elevated to sainthood by the Catholic Church.

While the family and the Seelos center await word from Rome, they know that no matter what decision is handed down, Carson's healing and his life are a complete miracle in their eyes.

Editor's note. According to KLFY, the judge was "a volunteer with the Seelos Center named after a New Orleans priest now on the path to sainthood. "This story appeared at Live Action News and is reposted with permission.

Celebrating the beauty of unborn life enrages pro-abortionists

By Dave Andrusko

Tip of the hat to Micaiah Bilger for alerting us to the wonderful news about Ellen Fisher, who is pregnant with Instagram Ms. Fisher recently posted. Who is Ellen Fisher? She is "a vegan, natural mother homeschooling in Hawaii,



Ellen Fisher via Instagram

her third child, but also, alas, to the predictably vitriolic, antilife response to anyone who is in awe of the magnificent complexity and uniqueness of unborn children.

What started the "controversy" was an

pregnant with her third baby," explains Bethany Mandel. "She posts about food, her kids, her idyllic lifestyle in paradise" with her husband, Andrew.

Mrs. Fisher's "offense" that enraged some of her followers (and she has many!)? Writing reverently about the intricacy, the humanity, the beauty of children as they develop in utero. Here is her Instagram post that triggered the usual suspects:

At 15 weeks pregnant

the baby inside of me has unique, one-of-a kind fingerprints that are visible already. He/ she has fingers and tiny fingernails and toes and eyes and a face and developing organs. The baby's heart is pumping roughly 25 quarts of blood every day and will continue as he develops in the womb. She has reflexes and can open and close her fingers and make movement with her mouth. Between 15 to 20 weeks baby will double in size. As his body grows, his nervous system is rapidly maturing. His nerves are connecting his brain to the rest of his body, traveling to the brain and then down the spine and beginning to extend into his torso and limbs. Sensory development is picking up speed and her brain is designating special areas for smell, taste, hearing, vision and touch. As your baby grows he creates a strong connection

to you and is learning who you are. She can sense your mood and temperament. just 21 days following conception the baby's organs start to develop, and the heart begins to beat. These developmental milestones often take place before the mother even knows she is pregnant. How amazing is the miracle of growing babies! Babies in the womb have intrinsic value. The difference between us and them is time."

I don't know if the anti-life hate mongers would have landed so hard on Mrs. Fisher were it not for the last two sentences. Granted, they'd have been annoyed because she had laid out the developmental landmarks and talked about babies as if they were one of us.

But to recognize the unborn baby's value; to acknowledge his or her uniqueness; and (most of all) to celebrate that, left undisturbed, that little one will arrive in 40 weeks, was beyond the pale for the grumpy, grouchy, crotchety pro-abortion set who demand we all celebrate not life but the "right" to choose death.

Congratulations to Mrs. Fisher and I look forward to seeing more baby bump pictures over the next few months.

Christmas shows us that human beings are really, really important

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

The story of Christmas is about the arrival of Jesus Christ. It's an event that offers important insights regarding human life and dignity. Here are three.

(1) Each of us was once an unborn child.

The incarnation—the coming into the world of Christ as a human being—did not actually happen in a Bethlehem manger. It happened some nine months earlier in Nazareth. We know this because that's how human development works according to the science of embryology and developmental biology. We also know it because that's what the scriptural accounts affirm.

Mary was "with child" (Matthew 1:18) after Jesus was "conceived ... from the Holy Spirit" (Matthew 1:20). Earlier, Gabriel told Mary she would "conceive in [her] womb ... a son, [to be named] Jesus" (Luke

1:31). Luke 1:41-44 recounts that the "baby" John the Baptist (who was in his sixth month post-conception) "leaped for joy" in his mother's womb when he entered the presence of the unborn Jesus (who was probably a several-days-old embryo).

"The incarnation was effected in Nazareth [at Jesus' conception] but manifested in Bethlehem [at his birth]," concludes Christian scholar John Saward. "The adventure of being human began for the eternal Son at the moment of his conception."

Jesus, then, began his earthly existence as an embryo and fetus. So did all of us.

(2) Human dignity transcends age, size, ability, and circumstance.

According to the Christmas story, God entered the world as the child of an unmarried teenager. He entered the world in obscurity and poverty. And he entered the world in the weakest and most vulnerable condition possible. He was a tiny embryo, and then a fetus, and then a newborn baby lying in a manger.

This suggests that the worth and dignity of a human being cannot be determined by age, size, ability, or circumstance. After all, God himself was young and small and dependent. God himself lacked sophisticated mental and physical abilities. God himself was an unborn child conceived in less-than-ideal circumstances.

None of those characteristics have anything to do with value. We have value, rather, because of who and what we are.

(3) Human life is extraordinarily valuable.

Christmas is part of God's larger plan to rescue humanity

because he loves us (John 3:16). Jesus came so that we might live. According to this Christian perspective, God considers human life, which he made in his own image (Genesis 1:27), immensely precious and worth saving at tremendous cost.

"Christian belief in the incarnation is thus inseparable from belief in the objective, and even transcendent, value of the human race as a whole, and of each human person as an individual," writes University of Nebraska professor Carson Holloway.

Christmas, then, shows that human beings are really, really important. Not just some human beings, but all human beings, at all stages of their lives and in all circumstances, including the youngest and most vulnerable—those who have not yet been born.



What new CDC numbers tell us about Abortion in America

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

Over the Thanksgiving holidays, the government released its latest report on abortion in America, confirming a welcomed long term downward trend in the numbers of abortions.

According to the U.S. Centers for Disease Control (CDC), the number of abortions fell 2%

annually (though taking a couple of years to process data), Guttmacher has reported an estimated figure of 862,320 for 2017, further evidence the drop in the number of abortions is continuing.

The value of the CDC's figures, despite its deficiencies, is that it has data for every



from 2015 to 2016, dropping from 638,169 to 623,471. As has been the case for some years now, this number does not include any abortion data from California, the nation's most populous state, nor any numbers from Maryland, New Hampshire, and for 2016, the District of Columbia. Data from California, New Hampshire, and at least one other state have been missing from every CDC surveillance report since 1998.

The private abortion industry research group, the Guttmacher Institute, does have data from DC and all states and reported 874,100 for 2016. Guttmacher's number is thought to be more accurate because it surveys abortion clinics directly rather than relying on reports from state health departments like the CDC does.

Though Guttmacher only conducts its surveys every few years, while the CDC reports

year and reports that data with regularity, giving a good read on abortion's demographic trends.

Key Figures

The abortion rate and ratio reported by the CDC for 2016 are the lowest it has recorded since the Supreme Court declared abortion on demand legal in the U.S. in 1973.

According to the CDC, there were just 11.6 abortions for every 1,000 women aged 15-44 in U.S.. The abortion rate in 1973 was 14 abortions for every thousand women of reproductive age. It was more than double that – 25 abortions per thousand – in 1980.

With respect to the abortion ratio, the CDC says it found that there were 186 abortions for every thousand live births in 2016 (so that everyone is clear, that would be 186 abortions out of a total of 1,186 abortions and

births). The abortion ratio was 196.3 in 1973, the first year Roe was in operation. That ratio reached a peak of 364.1 in 1984.

All these are very encouraging numbers. It is very important to understand that It is not just that there are fewer abortions, but that fewer pregnant women are turning to abortion. It also means that abortion is becoming a less common occurrence in our country.

Type and Timing of Those Abortions

Relying on state reports means that the CDC not only misses data from big states like California, but also means that the data it does receive and report varies from state to state. Some state reports include gestation, method of abortion, racial and demographic details, etc., while others don't. This means while the overall total reflects abortions reported from 47 states, gestational data may only be available from 40 states (or "reporting areas") or data on abortion methods from just 43 states or fewer.

Despite the rapid proliferation of chemical abortions, surgical abortions still make up the majority of procedures in the U.S., the CDC reports. About six in ten (59.9%) were surgical abortions performed at 13 weeks gestation or less. Another 8.8% were surgical procedures performed at greater than 13 weeks. This means that more than two-thirds (68.7%) of those abortions in the U.S. (in the 43 reporting areas) in 2016 were surgical.

The CDC no longer separates these out by individual surgical method. But it does say that this includes "aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, sharp curettage, and dilation and evacuation procedures."

The CDC still reports on the number of hysterotomies (in which both the baby and the uterus are removed) as a separate category, but these were extremely rare. Only New Jersey appears to have reported any by name, with 34, and only 51 are reported for the entire U.S.

The abortions that the CDC classifies as "medical" are typically (but not always) those chemical abortions involving mifepristone (RU-486) and a prostaglandin (some abortions use misoprostol, a prostaglandin, alone, or in combination with another drug, methotrexate).

About a third of the abortions reported to the CDC for 2016 were chemical ["medical"] abortions. Most of them—27.9% of all abortions— were reported at or earlier than 8 weeks gestation. An additional 3.4% were those chemical abortions reported at more than 8 weeks.

The CDC's chemical abortion accounting is complicated by a decision made by the U.S. Food and Drug Administration (FDA) in 2016. The FDA extended the cut off point for mifepristone abortions from 49 days after a woman's last menstrual period to 70 days. Some of the abortions recorded by the CDC as after 8 weeks obviously cross the old barrier.

The CDC also reports 129 "intrauterine instillation" abortions, ones in which chemicals like prostaglandins,

See "Numbers," page 24

Independent abortion clinics bemoan their shrinking numbers

By Dave Andrusko

In 2017 and 2018, NRL News Today wrote extensively about the first two reports from the Abortion Care Network's "Communities Need Clinics," an overview of the abortions clinics not named Planned Parenthood.

Their third report came out last week and, like its two predecessors, it assures readers that their "services" are indispensable even as, they tell us. more of their clinics are closing because of nefarious pro-life legislation passed at the state level. Here are five highlights from the network which is "serving three out of every five people who has an abortion."

* "[I]ndependent clinics are closing at an unprecedented rate: the number of independent clinics in the US has been reduced by over 32 percent since 2012." Last year's report said the number had been reduced by 28%.

*"Although independent abortion care providers represent about 25 percent of the facilities offering abortion care nationwide, they provide 58 percent of all abortion procedures." They're telling us they are the little engine that could kill more babies—in bulk, so to speak—than the organization whose name cannot be spoken.

*The Independents not only do proportionally more abortions per clinic, they perform vastly disproportionate numbers of later abortions—94% of abortions occurring at or after the 22nd week of pregnancy, according to the Abortion Care Network.

*"Of the six states with one

abortion provider, four are served by independent clinics: Kentucky, Mississippi, North Dakota and West Virginia," CBS News' Kate Smith explains. "In four states — Arkansas, Nevada, Oklahoma and Georgia — independent providers are the only options for people seeking abortion after 10 or 11 weeks of pregnancy."

So far, we've been told, the Independents perform most of the abortions, almost all of the abortions 22 weeks and later, and have clinics in states that do not welcome abortionists. What else does this self-promoting report tell us?

*This is nothing new. Nikki Madsen, executive director of the Abortion Care Network, told the pro-abortion website Rewire.News, "Independent abortion providers have been providing the majority of care since Roe was established. The vital role they play in making abortion access a reality in this country is really an untold story."

Message? Independents are underappreciated for their many years of yeoman work.

*Lastly, the report's executive summary tells us

To ensure that people in the United States can get abortion care where and when they need it, independent clinics and the patients they serve need the support of their communities. Advocates must work to end the politically motivated restrictions and coverage bans that push abortion out of reach for patients, and clinics need direct financial and volunteer support to continue to provide care in their communities.

So, give us some money. Two quick thoughts.

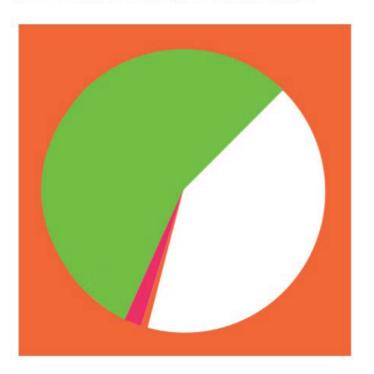
First, there is not a hint that they recognize that as the number of abortions continues to thankfully decline (likely under 900,000 nowadays), there is simply less "demand." Planned Parenthood addresses this by closing less profitable clinics, often those that did not provide abortions, and by building gigantic mega-clinics. And, of course, as the SuperStar

of the abortion industry with a huge political outreach, PPFA is never short on money.

Second, and related, abortion clinics close for reasons other than protective state laws. Abortionists get old and retire and are not replaced, or the building is too old to try to repair.

Since this report largely regurgitates the first time, clearly the third time was not the charm.

Percentage of abortions performed by provider type



1% Physician's offices
3% Hospitals
37% Planned Parenthood
58% Independent Abortion Clinics

Late-term abortionist suffered nightmares that fetus was trying to hold onto uterus walls

By Sarah Terzo

New York City abortionist Dr. William Rashbaum performed over 20,000 abortions in his lifetime. In one article, the magazine *Mother Jones* called him "one of the pre-eminent and longest-practicing providers of second-trimester abortions in the United States."

He died in early May of 2005, at the age of 78. He continued performing abortions up until the last years of his life, and his career as an abortion provider lasted over 30 years.

He did them late-term, through the second trimester, aborting babies that were fully developed, with arms and legs, fingers and toes, and faces which could show human expressions. Many of the babies he aborted were old enough to feel pain.

He promoted abortion in articles and interviews that he gave throughout his life. But in one unguarded moment, he admitted to a reporter that, deep down, he was troubled by the very procedures that he had dedicated his life to performing.

In an article entitled "Cruel to be kind: In the twilight of his career, a late-term-abortion doctor tells all," in the *Boston Phoenix* writer Rebecca Paley describes how Rashbaum began performing abortions right after *Roe v. Wade.* His father, who

was an OB/GYN, was very much against abortion.

"In the beginning, Rashbaum hadalthough Rashbaum felt he was performing a necessary service, it weighed heavily on



problems performing abortions. First, there were his father's objections. 'Growing up, the worst thing my dad could say about another doctor was he did abortions,' he says.

his conscience. He was troubled by a recurring dream of a fetus trying to hold onto the walls of a uterus by its tiny fingernails. Raised to believe that abortion was wrong, he reasons, 'What kind of dreams do you think you are going to have?'"

Although he wrote off his recurring nightmare as a product of his upbringing, it is clear that, deep down, he knew that abortion was not simply a procedure that, as Planned Parenthood puts it "gently empties your uterus" but was in fact killing a developing human being. Sadly, he never allowed his nightmares to influence him. He never stopped performing abortions until his failing health forced him to do so.

Whether he continued to suffer the nightmares for years or whether they faded once he was able to harden his conscience is not clear to me in the article. What is clear, however, is that he did not allow his dreams to influence him. He ignored his conscience, and continue performing abortions. Yet we see that even the most dedicated abortion provider can show some ambivalence but when faced every day with a horror of tearing apart developing unborn humans.

Editor's note. Sarah Terzo is a pro-life author and creator of the clinicquotes.com website. Reposted with permission.

Top 10 Abortion Myths: #2 – Millions of women died in back alley abortions

By Right to Life of Michigan

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

2: Millions of women died in back alley abortions.

The bottom line: Using false numbers and tactics of fearmongering to keep abortion legal does not benefit women.

Comments made this year by Leana Wen, the former president of Planned Parenthood, are an example of this myth in action. She stated: "Before *Roe v. Wade*, thousands of women died every year."

The Washington Post, which is by no means a prolife outlet, pointed out the falsity of such comments: "Even given the fuzzy nature of the data and estimates, there is no evidence that in the years immediately preceding the Supreme Court's decision, thousands of women died every year in the United States from illegal abortions."

Back-alley abortions were not as prevalent as they were claimed to be. Frightful stories of coat-hanger abortions used by pro-abortion advocates to fearmonger and persuade public opinion in favor of keeping abortion legal. Abortion supporters frequently argue that having abortion be "safe, legal, and rare" would be better than the occurrence of dangerous, illegal, and backalley operations.

Bernard Nathanson, a former abortionist and the co-founder of the National Abortion Rights Action League (NARAL Pro-Choice America), was an early propagator of the back-alley abortion myth. Concerning the use of statistics of 5,000 to 10,000 deaths a year,

Nathanson stated, "I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the 'morality' of our revolution, it was a useful figure, widely accepted, Statistics reported by the Centers for Disease Control (CDC) demonstrate that fatalities of women who received illegal abortions do not add up to the thousands or millions of deaths claimed by



so why go out of our way to correct it with honest statistics? The overriding concern was to get the laws eliminated, and anything within reason that had to be done was permissible."

mental image of abortions accomplished with a coat hanger or the use of other unsanitary and gruesome manners to rid the child from the mother's womb are useful to move audiences. However, those were generally not the practices used in the illegal abortions obtained before 1973. Nor was it unlicensed, ill-equipped quacks who were performing abortions prior to 1973. In 1960, Mary Calderone, a former medical director of Planned Parenthood, stated that nearly 90% of illegal abortions were performed by physicians in good-standing.

Abortions were not safe for women before 1973, yet neither have they been safe for women after the nationwide legalization of abortion. When considering historical and current abortion data, the logic of legalizing a practice in order to make it safe is empty.

pro-choice advocates. In 1972, the year before the legalization of abortion in the United States, the CDC reported that 39 women died from illegal abortion and 24 died from legal abortion. In 1973, the CDC reported 19 women died from illegal abortion procedures and 25 women died due to legal abortion procedures. Legalizing abortion did not lead to a dramatic drop in women's deaths. In fact, the most impressive drop in abortion mortality was connected to the invention and widespread distribution of antibiotics, which occurred years prior to the legalization of abortion. Before antibiotics, childbirth and any type of surgery was extremely dangerous relative to today.

Restrictive abortion laws do not cause harm to the safety and health of women having abortions. In fact, the maternal mortality rate is higher in the United States than in many countries with stricter abortion restrictions. Abortion has been illegal in Ireland (until 2018), and Poland contains some of

the most restrictive abortion laws.

In 1989, Chile passed a ban on induced abortions in every circumstance (until 2015) and has experienced continued reductions in maternal mortality since 1989. The countries of Ireland, Chile, Poland, and similar nations have some of the lowest mortality rates in the world according to the World Health Organization and the United Nations.

Historically, mortality rates from Sweden and Denmark can be compared to the United States. In Sweden, where abortion was legal, 250 maternal deaths from abortion per 100,000 women were reported from 1946-1948. In Denmark, where abortion was also legal, 195 deaths were reported per 100,000 women from 1940-1950. In the United States, where abortion was still illegal, 165 maternal deaths were reported per 100,000 1940-1950. from women [C. Tietze & S.K. Henshaw, Induced Abortion: A World Review (1986), 107]

These historical examples further demonstrate that the myth of women dying from widespread back alley abortions is just that—a myth.

Every life lost is a tragedy. Sharing blatantly false propaganda about the deaths of women affected by abortion prior to 1973 demonstrates a lack of respect and concern for women.

The best way to save women's lives is an advanced and well-functioning medical system, or encouraging healthy lifestyles, not dismembering unborn children in unlicensed and unregulated abortion facilities.

'One Child Nation': A documentary on the human toll of China's population policies.

By Marcus Roberts

www.NRLC.org

For those interested in the horrific, on-the-ground realities of a totalitarian government engaging in population control and social engineering on a massive scale, the documentary One Child Nation on Amazon Prime Video is required viewing. Both of the documentary's directors (Nanfu Wang and Jialing Zhang) were born under the one-child-policy in the 1980s. After emigrating to the USA, Wang sought to "explore the direct effects of the 'population war' on her family".

According to Kyle Smith, writing in the National Review Online, the documentary is full of the little details of what a one-child policy actually means for the people caught by it and those seeking to enforce it. As Smith notes, the term itself is an "aggressively bland" understatement, the horror of which is exposed in the "powerful documentary".

For a start, Wang's name (Nanfu) is a direct result of the policy. It means "man-pillar" and is the name her parents had picked while hoping that their expected child would be a boy. When Wang arrived, the planned name was still given to her.

Village authorities then threatened to sterilize her mother, who still wanted a boy, but instead allowed her to have another child five years later. While her mother was in labour for a second time, Nanfu Wang's grandmother brought a basket into the room. This basket was to be for the baby if it was a girl – she would be put into the basket and then put into the street.

This is indeed what happened to Wang's cousin. Her uncle had a girl baby and so the family climbed over mountains in the night and left the infant on a meat counter in a market with the equivalent of \$20 in her clothes. The family hoped that

that she carried out between 50,000 and 60,000 sterilizations and abortions. Sometimes she induced delivery and then killed the newborn.

Sometimes women were abducted for the procedure: "Tied up and dragged to us like



someone would adopt the child. But, as so often happened with girl babies in rural China, there were no takers. After two days and two nights Wang's cousin died and the family who had abandoned her, reclaimed the body to bury it. It was covered with mosquito bites.

How was the Chinese one-child policy enforced? Sterilisation was offered as an option to women: they were free to refuse, but their house would be burned down, or their pig would be stolen. Other times the sterilization was by force, or the 8- or 9-month-old fetus would be aborted. One official in the documentary estimates

pigs," recalled another woman who served as a "familyplanning" official. The results of this population control were so common in China that an artist, Peng Wang, built a running theme for his pictures around the fetuses he repeatedly found in trash bags in dumping grounds. But, for the state, this was all worthwhile: one propaganda video noted that "Our country prevented 338 million births." (As Smith observes, "'prevent' is doing a lot of work there".)

After the adoption market began to become lucrative in the 1990s, the babies "unwanted" due to the one-child policy

were no longer dumped, but adopted out. Instead of leaving babies to die, people started to collect them and give them to orphanages which would pay \$200 per baby. One man from Shenzen estimated that he collected 10,000 babies for adoption; he relied on trash collectors and taxi drivers to direct him to where new babies were dumped. Unfortunately for him, he was charged with being a "human trafficker" and spent years in prison for his crime of saving thousands of lives.

As we have discussed on this blog, in 2015 China realized the colossal mistake that the one-child policy was. The country was growing old and there weren't enough workers coming through in the next generation (they were lying on meat counters and in rubbish dumps throughout the land). Unfortunately for the Chinese government, the change in the policy has not led to a large number of new births: decades of propaganda and pressure have done their work well.

Now the pressure is the other way: an editorial in the Communist Party paper People's Daily scolded couples with these words: "Not wanting to have kids is just a lifestyle of passively giving in to society's pressures." One marvels at the shameless about-face of a regime whose manipulation of the family is an egregious assault on human rights.

Editor's note. Marcus Roberts is co-editor of Demography is Destiny, MercatorNet's blog on population issues. This appeared at MercatorNet and is reposted with permission.

Attorneys clash over Planned Parenthood funding in Missouri

By Dave Andrusko

NRL News Today has run dozens of stories over the years about two of many fronts in the ongoing battle between Planned Parenthood and the state of Missouri. First. about whether the Missouri Department of Health and Senior Services may revoke license of Planned Parenthood's St. Louis clinic. the state's lone remaining abortion clinic, which DHSS accuses of many health violations. Second, whether the state must fund Planned Parenthood of St. Louis and other abortion providers.

The latest round in the latter dispute took place December 10 in a 30-minute oral arguments before the Missouri Supreme Court.

Here is the gist of the dispute, argued before the sevenmember court by Planned Parenthood attorney Chuck Hatfield and Solicitor General D. John Sauer.

"Planned Parenthood attorneys told the Missouri Supreme Court on December 10 the state's move to cut off funding to its affiliates was constitutionally flawed and violated a state law that allows Medicaid recipients to choose their own provider," according to Jack Suntrup of the *St. Louis Post-Dispatch*.

The state, argued that the Legislature "was in the clear when in 2018 it approved budget language that blocked Medicaid funding from going to 'any abortion facility" and "any affiliate or associate thereof."

Sauer said "a previous General Assembly that approved the Medicaid reimbursement language cannot 'tie the hands of its successor,'" Suntrup reported.

Sauer added, "A general statute cannot require the General Assembly to engage in ... a specific act of appropriation in the future," the *Post-Dispatch* reported.

Hatfield complained to reporters after the hearing, as he did before the judges, that he believed his client "was specifically targeted by Republican lawmakers."

There's been no shortage of preliminary administrative and

legal back-and-forth leading up to today.

Once the Missouri Medicaid

clinic's favor and found the bill unconstitutional."

The state then appealed to the



Audit and Compliance Unit told Planned Parenthood of the St. Louis Region that its reimbursement claims for 2019 were denied, "Planned Parenthood unsuccessfully appealed the decision to the Missouri Administrative Hearing Commission, "according to Joe Harris of Courthouse News.

Planned Parenthood "then filed a petition for review in the St. Louis City Circuit Court, which ruled in the Missouri Supreme Court.

"Planned Parenthood continues to use the courts to try to gain access to our tax dollars as well as override our pro-life laws that protect women and save babies," said Susan Klein, executive director of Missouri Right to Life. "They try at every turn to override the state's right to protect our most vulnerable citizens."

As expected, the judges did not say when they would rule.

Broadcaster tells story on national television of the near-abortion of star football player J.K. Dobbins whom his mom now calls her "miracle baby"

By Dave Andrusko

It's all personal preference, of course, but my favorite announcer since his days in the Washington, DC metropolitan area has been and remains Gus Johnson. If there is such a thing as an enthusiasm gene, Gus is blessed with at least two.

Gus was the *FOX Sports* announcer for the 115th meeting of the Ohio State University and the University of Michigan, about as intense a rival as exists in college football. Alas, for Michigan fans, Ohio State clobbered Michigan 56-27 in a game played two days after Thanksgiving.

J.K. Dobbins is Ohio State's star (and I do mean star) running back. He scored four touchdowns in the rout.

But more important than any football games is (as Kelli wrote), "a moment that had pro-life viewers reacting in amazement."

"FOX Sports announcer Gus Johnson let slip some prolife personal history about Ohio State running back J.K. Dobbins during the Ohio State vs. Michigan game today, with millions of viewers tuning in."
Which was?

"J.K. Dobbins' mom Maya became pregnant when she was 18 years old," Johnson said. "She went to the doctor because she

showing Dobbins, "who she calls her miracle baby."

Programs such as ESPN's "30 for 30" and ESPN's College GameDay offer some of the very best journalism—sports



was thinking about aborting the baby, but changed her mind."

"That baby turned out to be that young man, J.K. Dobbins," Johnson continued, with the cameras or otherwise—around. Often the stories bring tears to your eyes and are hugely affirming, the kind that you never, ever forget.

For example, Auburn played Alabama that same Saturday, another historic football rivalry. Prior to the game, *ESPN's*

College GameDay offered a long piece on the friendship between Auburn radio broadcaster Andy Burcham and the late Rod Bramblett. As Creg Stephenson explained

"Burcham and Bramblett called Auburn sports together for more than 25 years until Bramblett — the primary radio voice of the Tigers — was killed along with his wife Paula in a car accident in May. Burcham and his wife, Jan, had promised the Brambletts they would become guardians to the Bramletts' two children in the event anything happened to them."

And they did, although they had no children of their own, only dogs. How the Burchams handled this highly sensitive situation was beautifully profiled.

Back to Gus Johnson. It takes guts in today's sports world where pro-abortion, leftist causes are celebrated, to share a true-life, life-affirming story.

Hat's off to Gus.

What new CDC numbers tell us about Abortion in America

From page 17

urea, or saline are introduced into the placenta to stimulate contraction to expel the child from the uterus.

As made clear above, most abortions continue to be performed in the first trimester, with 90.9% being performed at or earlier than 13 weeks gestation. As has increasingly been the case since the advent of chemical abortions, more than a third (37.7% for 2016) of all abortions are done at six weeks gestation or less. Nearly two-thirds (65.3%) are performed at 8 weeks gestation or less.

About 9% of abortions are performed at 13 weeks gestation or more — meaning in the second (or third) trimester. The CDC reported that 7.7% percent of abortions were performed somewhere between 14 and 20 weeks gestation. A little over one percent (1.3%) were at 21 weeks gestation or more.

Details on Demographics

Age

By far, the largest percentage of abortions were those performed on women in their twenties: a total of 58.5% on women 20-29. Of these 30% were performed on women aged 20-24, 28.5% for women 25-29. About a third (28.3%) were to women in their thirties and just a small percentage (3.5%) were to women aged 40 and older.

Those aged 19 and younger were responsible for less than one in ten (9.7%) of all abortions. Two-thirds of those (according to a separate CDC table) were performed on the oldest teenagers-18 or 19. The CDC shows that the portion of abortions going to younger teens has been decreasing in the last ten years along with their rates and ratios, demonstrating continued impact of parental involvement laws.

Race and Ethnicity

Race and ethnicity are difficult for the CDC to measure precisely. States categorize and report these differently, resulting in data charts with competing sets of numbers.

By one data set from 36 reporting areas, whites

accounted for 46.7% of abortions, blacks for 42% and 11.3% from other. On a separate chart, Hispanic abortions (which may include women of white, black, and other races) were reported by the CDC to reflect 17.5% of total U.S. abortions, though another CDC data set put these at 18.8%.

Because all CDC data sets are missing data not only from California, but also, in this case, Florida, which have a significant Hispanic population, it is expected that these percentages may be low. This is especially so if Hispanic abortion rates and ratios in those states are at all comparable with those from states that did report. (CDC reported an abortion rate of 11.3 abortions per thousand women of reproductive age for Hispanic women from 36 reporting areas and a ratio of 151 abortions for every 1,000 live births for that same group in 2016.)

Marital Status, Previous Births and Abortions

As would be expected, the vast majority (85.9%) of abortions were to unmarried women. It has been above 80% every year with the CDC since at least 1994.

One shockingly stubborn statistic is that 59% of aborting women report at least one previous live birth. Nearly a third of women (32.7%) reported having already given birth to two children, or more. The CDC does not tell us whether these previous children were still living with their mothers, but owing to the relative dearth of domestic U.S. infant adoptions, it is expected that many do.

Though for most women in 2016, her abortion was her first, a substantial percentage

(43.1%) of women reported having at least one prior abortion. Nearly one in nine (10.9%) reported having two previous abortions and more than one in 13 said she had had three abortions or more.

CDC analysts say that increased contraceptive use among adolescents and "Changing patterns of contraceptive use may have contributed to this decrease in unintended pregnancy." But it is clearly the case that many women are still using abortion as a means of birth control.

How far have we come?

The number of abortions has been coming down, falling substantially in the past three decades. There were 1.6 million abortions in 1990, meaning that the number has dropped by almost half (using Guttmacher's higher, more complete totals) by 2016.

Data from the CDC confirm that downward slide. The number of abortions has fallen across the country, particularly dropping among teens, but with rates and ratios falling among nearly all groups.

Still, much higher rates for minorities persist, as do percentages of repeat abortions. Chemical abortions keep rising, and later abortions continue to be performed.

Clearly there is more work to do, and there will be as long as abortions are legal and desperate women seek them out.

But real progress has been made. There is tangible evidence that what we are doing has been working. Not just in the smaller numbers, but in the babies alive today that have been spared the knife or the poison pill of the abortionist.



Nancy's Gotta Go: Taking back the House Gavel

From page 1

Just one example, there is the "Woman's Health Protection Act," a bill we accurately refer to as the "Abortion Without Limits Until Birth Act."

If passed, the law would invalidate nearly all state limitations on abortion, including waiting periods and women's right-to-know laws. It would also invalidate the existing Pain-Capable Unborn Child Protection Act passed in states across the country.

Currently, there are 211 Democrat sponsors of the unlimited abortion until birth legislation.

We cannot allow this to continue.

We know that passing prolife laws saves lives. The Hyde Amendment, which bans virtually all taxpayer funding of abortion, is conservatively estimated to have saved to saving *2 million lives*!

Nancy's gotta go...

...because we care what happens to pregnant mothers and their babies. We believe in win-win solutions.

Nancy's gotta go...

...because elections have

consequences. If we work together, we can return the Speaker's gavel to pro-life Republican leadership's hands.

There is a path, albeit a difficult one. It's not going to be easy, but babies' lives are worth fighting for.

The 2020 elections are closer at hand than you think. Congressional primaries begin March 3, on "Super Tuesday," in Alabama, Arkansas, California, North Carolina and Texas. Candidates for 113 congressional seats are at stake in one day!

Fortunately, we have pro-life Senate Majority Leader Mitch McConnell and President Trump as stopgaps to Nancy's agenda. But we also wish to pass protective legislation which is impossible when proabortionists control the House.

To accomplish this, we need to flip at least 19 seats in the U.S. House of Representatives currently held by pro-abortion Democrats.

National Right to Life has a plan and together with your time, talent and treasure, and prayers, we can turn this around.

Nancy's gotta go. Period.

Worldwide network of pregnancy help organizations to defend ND law

From page 6

that the government cannot force people to speak a message against their beliefs.

As explained by ADF attorneys who litigated the *NIFLA* case, North Dakota's law deals with informed consent prior to a medical procedure with serious consequences, not unconstitutional compelled speech.

The Supreme Court in NIFLA reaffirmed that such accurate, relevant information is lawfully part of informed consent to abortion, ADF said in its statement.

"The NIFLA decision guarantees that Heartbeat and its members cannot be forced to speak a message unrelated to the medical services they provide; at the same time, it ensures that women undergoing abortion (or any other medical procedure) will be protected by longstanding canons of medical ethics requiring that they be told about the risks,

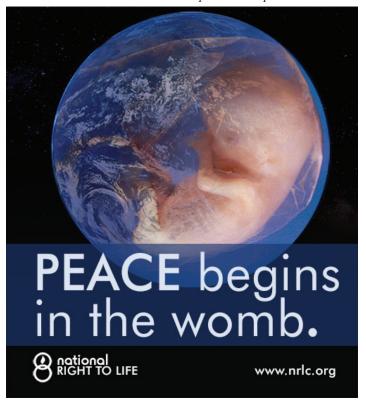
alternatives, and consequences of the procedure," the motion to intervene filed with the U.S. District Court for the District of North Dakota, Western Division, in American Medical Association v. Stenehjem explains.

"This Court's proper consideration of NIFLA is necessary to safeguard the pregnant women who will be hearing the Human Being Disclosure and APR Disclosure before consenting to a life-altering medical procedure—women who may soon be contacting Heartbeat for information, medical treatment, or support."

Christa Brown, Heartbeat International's Director of Medical Impact, concurred with the fact that women have a right to be fully informed about abortion.

"Women deserve to know the truth," she said. "They don't give up that right when they seek an abortion."

"Denying women the truth denies them real choice," said Brown. Editor's note: Pregnancy Help News is a project of Heartbeat International. This story is reposted with permission.



Pro-Abortion Actress Rages Against 'Pro-Birth' Pro-Lifers Who 'Don't Give a F***

By Alexa Moutevelis

One actress is trying to give Gloria Steinem a run for her money in pro-abortion extremism. Jameela Jamil (The Good Place), who had an abortion when she was younger, is so exercised about abortion that she's been raging at pro-lifers on Twitter.

It all started with a November 6 interview between Iamil and Steinem in Bazaar. In the interview, Steinem repeated her mantra that without abortion there is no democracy. After Katie Yoder brought attention to the interview and quote in a Townhall article posted on Sunday, Jamil faced pushback from pro-lifers.

Apparently, it made an impact because the actress subsequently tweeted out on to the pro-life "trolls:"

To the people trolling me and@GloriaSteinem because we said there is no democracy without a woman's right to choose...I SAID WHAT I F SAID and vou're clueless if you think I'm

going to take it back. My life is more important to me than an unborn fetus' one. Suck on that.

Clearly the words of a thoughtful, reasonable person who has thoroughly examined the abortion debate from all sides. Or not.

Two days later, she was still feeling the clapback from prolifers about her awful quotes because she angrily tweeted:

> You people are Pro birth. Not pro life. There are plenty of starving. homeless babies currently. Over 100k currently seeking foster care. You care about fetuses. Once they're out the womb, you don't give a f***. Help the kids who are alive first, then call yourself "pro-life"

Jamil falls back on the familiar leftist trope that pro-lifers never, ever do anything to help the poor and needy. Meanwhile,

it is a long-established fact that conservatives give more generously than liberals. And it's not as if you can't help the

made. Both for me, and for the baby I didn't want, and wasn't ready for, emotionally, psychologically and financially.



born and unborn at the same time - or that doing nothing to stop a problem means you can't oppose it. As blogger Matt Walsh tweeted, "Am I allowed to oppose murdering the homeless even if I don't volunteer at a soup kitchen?"

Back on May 13, when the Georgia heartbeat bill was in the news, Jamil bragged about her own abortion and again brought up the foster care system, tweeting that her abortion was "the best decision I have ever

So many children will end up in foster homes. So many lives ruined. So very cruel."

Jamil would have us believe that a violent, premature death is better than growing up in foster care, being adopted, or otherwise being raised under difficult circumstances. So very cruel, indeed.

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

Guess what? Online Harvard-Harris poll shows Clinton #1 choice of registered Democrats

By Dave Andrusko

This and \$1.10 will buy you a small cup of McDonald's coffee when it's on sale. But, as someone who has expected Hillary Clinton to run again in 2020 from the night she lost in 2016, this is interesting.

Valerie Richardson of the Washington Times reported last week that the former New York Senator and Secretary of State narrowly outdistanced former VP Joe Biden in a Harvard-Harris poll of registered Democrats.

When asked who they would support for the party's presidential nominee, 21% said Clinton as compared to 20% for Biden.

"Placing third in the



Pro-abortion Hillary Clinton

hypothetical race was Vermont Sen. Bernard Sanders at 12%, followed by Massachusetts Sen. Elizabeth Warren at 9% and ex-New York City Mayor Michael Bloomberg at 7%," Richardson wrote.

There are the usual caveats. It was an online survey and Bloomberg's numbers were probably slightly inflated because the survey of 1,859 voters came just after the former mayor of New York entered the race.

I was going to write about something Clinton told the *BBC Radio 5 Live's* Emma Barnett last month, but didn't. Richardson reminds us that although Clinton said she had no plans to enter the contest, she added, "I never say never to anything."

And she added the hopelessly

self-serving comment

"I will certainly tell you, I'm under enormous pressure from many, many, many people to think about it," she said. "But as of this moment, sitting here in this studio talking to you, that is absolutely not in my plans."

Richardson noted, "In the current primary field without Mrs. Clinton, Mr. Biden led the pack with 29%, followed by Mr. Sanders with 16%, Ms. Warren with 13% and Indiana Mayor Pete Buttigieg with 8%. Both Mr. Bloomberg and Mr. Kerry drew 5%." Hillary Clinton

NYTimes survey shows Democrats toe the Planned Parenthood line with enthusiasm

By Dave Andrusko

National Review Online's Alexandra DeSanctis wrote an interesting post headlined "2020 Democrats Expose Extreme Abortion Policies in New Survey" covering in much greater detail something we'd addressed earlier: an abortion survey the New York Times took of the Democrats running for President. Her fine story prompted me to take a second look.

There are no startling revelations in the presidential candidates' responses, just some nibbling around the edges. This is a hard-core proabortion field, so you expect that they would toe the Planned Parenthood line with almost 100% fealty.

The irony is that immediately following the first paragraph of the Times' synopsis, the reader is provided with a link to another Times' story which ran the same day. It is one about which we wrote at great length: "On Abortion Rights, 2020 Democrats Move Past 'Safe, Legal and Rare."

The stories complement each other, removing any doubt just how radically pro-abortion the party now is, how completely it is in Planned Parenthood's pocket.

The best (but by no means only) examples are their opposition to any ban on "viability" abortions past (which the Times incorrectly pegs at 24 weeks) and support for compelling the public to pay for abortion. By contrast, the public supports a ban on abortions past 24 weeks and is strongly against taxpayer funded abortions.

How to square the circle? As DeSanctis astutely observes, only Minnesota Sen. Amy Klobuchar seemed open to limitations ("restrictions") past 24 weeks, but on closer

We've plowed this ground a hundred times. 1.3% of roughly 926,000 abortions is 12,000. The number is clearly higher for reasons we have explained on multiple occasions. (It's

examination it was the usual pro-abortion runaround.

Here is the explanations/ justifications of one of the leading candidates for why aborting late term babies is fine by her:

> Massachusetts senator Elizabeth Warren used same formula. "Only 1.3 percent abortions place at 21 weeks or later, and the reasons heartbreaking," she said. "20-week abortion bans dangerous and cruel. Thev would force women to carry an unviable fetus term or force women with severe health complications to stay pregnant with their lives on the line."

very important to remember, for example, that many of the states that abort the most babies have **no** reporting requirements!) Even 12,000 abortions hardly warrant a "rare" or "only" designation.

Overwhelmingly, these abortions have nothing to do with "an unviable fetus" or "women with severe health complications." These women did not recognize (or refused to recognize) they were pregnant and/or delayed having an abortion for a host of reasons. DeSanctis adds, "There are a few clinics in the U.S. that advertise late-term elective abortions. including Southwestern Women's Options, a facility in Albuquerque, N.M., that performs elective abortions through 32 weeks pregnancy." (My emphasis.)

What about picking the

public's pocket to pay for elective abortions? Yes, indeed, harmonize the 16 Democrats who responded, although there was one slightly off-key note from former Vice President Biden. DeSanctis writes

> "Biden will repeal the Hvde Amendment and use executive action to on his first day in office withdraw the Mexico City 'global gag rule' and Donald Trump's Title restrictions," Biden's campaign told Times in a statement. But despite willingness to jettison his lifelong stance and drift along with party dogma, Biden didn't answer two additional questions in the survey: whether he would sign a budget that included Hyde and whether he would require private insurers to cover abortion.

By the way, I almost forgot that the Times asked the candidates "Do you believe that abortion should be 'safe, legal and rare'? Why or why not?" That was the one-time all-purpose evasive answer, first formulated by Bill Clinton.

Only one candidate, who polls less than one half of 1 %, said "yes." Another, who has since withdrawn, said yes with qualifiers.

There was nothing in the Times survey that would upset Planned Parenthood. All the Democrats bow at their institutional feet.

Democrat-led House expected to impeach pro-life President Trump on Wednesday

From page 1

panned by Republicans as a "kangaroo court."

What's happened since? Two major developments. Chris Cillizza, *CNN* Editor-atlarge and a confirmed hater of President Trump described New Jersey Democratic Rep. Jeff Van Drew's decision to switch parties "due to his opposition to impeachment" as a "godsend" for President Trump.

Cillizza, of course, doesn't believe Van Drew's switch to the Republican Party confirms Mr. Trump's contention that Democrats are "blinded by

their hatred for him" and that impeachment "is nothing more than a partisan hoax." But Cillizza fears the "average person" may believe that "Democrats are so dead-set on impeachment that it's driving moderates right out of the party. And that's a message that will resonate with his base, sure, but also potentially with a public that has grown increasingly skeptical about whether the President should be impeached and removed."

That's number one. Number two is that the average of

recent polls is trending in the President's favor. "That average includes two national polls released Monday that show more people oppose impeachment/removal than support it."

The lone remaining question is how many Democrats who won in 2018 in districts carried by President Trump, will not vote to impeach. At most, it will be a handful

When proceedings reach the Senate in January, there is a trial over which Chief Justice of the Supreme Court John Roberts will preside. A two-thirds vote is required to convict.

When the House Judiciary voted, the White House voiced its acute displeasure.

"This desperate charade of an impeachment inquiry in the House Judiciary Committee has reached its shameful end," White House press secretary Stephanie Grisham said. "The President looks forward to receiving in the Senate the fair treatment and due process which continues to be disgracefully denied to him by the House."



30% more Babies with Down Syndrome aborted after 26 hospitals introduce Non-Invasive Prenatal Testing in England

Critics foresee even worse numbers when introduced in all hospitals

By Dave Andrusko

I vividly recall how Non-Invasive Prenatal Testing (NIPT) was first packaged. First, women could learn earlier in their pregnancy that their baby had a "marker" indicating he or she was likely to have a genetic anomaly, most often Down syndrome. That would give them more time to adjust was the calming reassurance.

Besides (and second) because the test was administered typically around the tenth week there would next to no chance a baby would be inadvertently miscarried, as is the case with other screening measures that take place much later in the baby's development. So, in a sense, this was a "pro-life" test.

This was preposterous on its face. Everybody knew it would increase the number of abortions if for no other reason (and there were others) more and more women would have NIPT and because sooner or later (sooner, it turned out) babies would be screened to see if they were the "wrong" sex.

The Society for the Protection of Unborn Children reported last week about "Shocking new statistics" published in *The Times* under the headline "New test brings big fall in birth of Down's babies: More women are opting for abortions after having DNA screening for the syndrome, raising alarm among campaigners."

Here are the *Times*' lead paragraphs:

The number of babies born with Down's syndrome has fallen by 30% in NHS hospitals that have introduced a new form of screening.

The figures, which have been released by 26 hospital trusts in England under freedom of information laws, cover the period

in the autumn of last year was postponed, and a start date has not been announced. [Underlining added.]

According to the *Times*, NIPT "involves extracting the baby's DNA from the mother's



from 2013 — before the test was introduced to some hospitals — to 2017. The 26 account for about a fifth of the hospital trusts that offer maternity services.

More women who have the new test go on to have abortions because it is much more accurate in detecting Down's.

Campaigners for the rights of children with Down's fear that the trend will be replicated nationally when the NHS introduces non-invasive prenatal testing in all hospitals. Its planned launch

blood. It will be offered to pregnant women who are found, in preliminary screening involving a blood test and ultrasound scan, to have a high chance of a baby with Down's syndrome."

SPUC greeted the numbers with justifiable alarm and quoted many critics:

Actress Sally Phillips, whose 15 year old son Olly has Down's syndrome, and who has been a vocal critic of the Government's prental screening programme welcomed the Times' report, saying: "Since for profit motives have entered the population screen arena it has proved tremendously

difficult to hold them to account." In June, she told medics at the Royal College of Obstetricians and Gynaecologists' 2019 conference that the introduction of NIPT was being driven by a global industry, estimated to be worth £4.75billion by 2025.

She said: "If making money out of testing that leads in most cases to termination is not a form of eugenics then I do not know what is."

Despite the outward acceptance of people with disabilities, and the efforts made to fully integrate them into society, it is clear that these eugenic attitudes are rife. Paralympian Tanni Grey-Thompson said today that strangers branded her "disgusting" when she was pregnant with her daughter.

"The first thing I was offered at my first scan was a termination because people were like: 'You should not have children'" she said.

"We had a discussion [with the medical staff] about if I was trying for babies and that individual had some quite complicated views on disability – [an attitude of] we might breed."

Abortion: the greatest existential threat of our day

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

Dictionary.com's word of the year for 2019 is "existential." The word pops up often in Democratic Presidential debates, most often used to describe an "existential threat."

The website offers these definitions of "existential": 1.) "of or relating to existence"; and 2.) "of, relating to, or characteristic of philosophical existentialism; concerned with the nature of human existence as determined by the individual's freely made choices."

But with their lock-step adherence to the concept of no legal limits for abortion whatsoever, the Democrats vying for the White House seem to ignore what is the greatest existential threat in our day.

Since 1973's tragic U.S. Supreme Court ruling known as *Roe v. Wade*, more than 61 million precious preborn children have perished as a result of legal abortion. While the total number of abortions each year have thankfully declined, *Roe* remains a death

sentence for over 900,000 unborn babies annually.

Abortion is also an existential threat to pregnant women. Research shows as many as 60 percent of abortions are coerced; women are being pressured by boyfriends, husbands, parents, or even grandparents to abort their offspring. For these victimized women, abortion is not a "freely made choice," but one born out of intense fear, abuse, and oppression.

President Trump recognizes legal abortion for the existential threat that it is. He supports legislation that would ban the gruesome practice of late-term abortion. He appoints judges who do not subscribe to a pro-abortion litmus test. And he looks forward with great anticipation to the day that *Roe v. Wade* is discarded into the dustbin of history.

Given the way that our society has suffered from legal abortion, it is altogether fitting that "existential" is the word of the year. But it is important that the word be properly applied.

Politicians have used it so much this year that it has become a cliché. But it is altogether fitting scientists and screenwriters. It has destroyed lives and families in equal, horrific measure.



when it is used to describe the greatest human rights violation of our time.

Legal abortion has robbed our society of the existence of painters and poets, mathematicians and musicians, The 2020 election may be one of the most important factors in determining whether that existential threat is finally conquered—or whether it is allowed to fester and grow.

Newborn twin saves brothers life with a hug

By Texas Right to Life

Twins Dylan and Deiniol Zimunya were born at just 25 weeks gestation. The boys weighed in at a mere 2 lbs and 1 lb 9 oz at birth. Their arrival came unexpectedly after their mother, Hannah, went into labor prematurely and gave birth two days later in the hospital. The boys were initially together in a neonatal intensive care unit in Bolton, England, but later Dylan was transferred to another facility 60 miles away near the family's home in Wrexham.

The boys' mother, who also has three other children with her husband Xavi, told the *BBC*, "We were expecting the boys to be born early with them being twins, but I don't think anyone expects or can prepare themselves to go through that... The whole experience was terrifying."

The terror continued. Without his big brother, Deiniol's condition began to deteriorate, and 14 weeks after his birth, Deiniol's doctors believed he would not survive. Deiniol still required 100% oxygen support and was not improving. Dylan was brought to Deiniol, to say goodbye to his twin.

When the boys were placed next to each other, Dylan cuddled his brother. The *BBC* reports, "The twins spent just five minutes together in the incubator having a cuddle, but hours later Deiniol's condition had stabilised, and his oxygen support was reduced to 50%."

Their mother says, "It was incredible. Somehow Dylan, by just being there, managed to help Deiniol — he made him better. I wasn't expecting that at

all, and neither were the nurses and doctors."

When Dylan left, Deiniol's condition again began to deteriorate. His oxygen level was increased, and once again his medical team feared for his life. The nurses suggested bringing his brother back, and

powerful and life-saving the connection of twins can be. The power of the bonds twins sometimes have at birth reveals the extent of development that takes place in the womb. In a culture poisoned by abortion, many people mistakenly believe that Life begins at birth. With

first birthdays, because there was a time where we didn't know if both of them would get the chance to."

Deiniol still requires oxygen until his lungs mature, but the boys are otherwise happy and healthy at home with their older brother and two



the results were immediate. Hannah told the *BBC*, "Within two days Deiniol was taken off his ventilator completely. It really was a miracle... He saved his life with a cuddle. It was brilliant to watch, and it showed all of us that they should never have been separated."

Current medical research is inconclusive about the benefits of treating premature twins together or separately. However, there are several personal stories like the Zimunyas' that show how

these amazing stories of twins, we have further confirmation that their precious lives began in every way in the womb.

For Deiniol, his family believes his brother truly saved his life. The pair remained in the hospital for an additional two months, and after another three months in the hospital, Deiniol was finally able to come home. In October, the twins celebrated their first birthday. Their mother says, "I can't explain how happy I am both boys have celebrated their

older sisters. In addition to the incredible stories of twins comforting each other at birth and demonstrating a clear bond outside the womb, ultrasounds show that twins in the womb deliberately communicate with each other, even long before birth at just 14- to 18-weeks' gestation. Hopefully, stories like Dylan and Deiniol's will prompt further research into the potentially life-saving bond that twins share, and how best to address the needs of babies in the womb and after birth.

Hallmark actress: My personal experience shaped film's pro-adoption message

By Calvin Freiburger

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

Fealty to abortion-on-demand may be the norm in Hollywood, but actress Kristin Chenoweth stands as a stark contrast with her new Hallmark Christmas film's affirmation of adoption, which was inspired in part by her own life story.

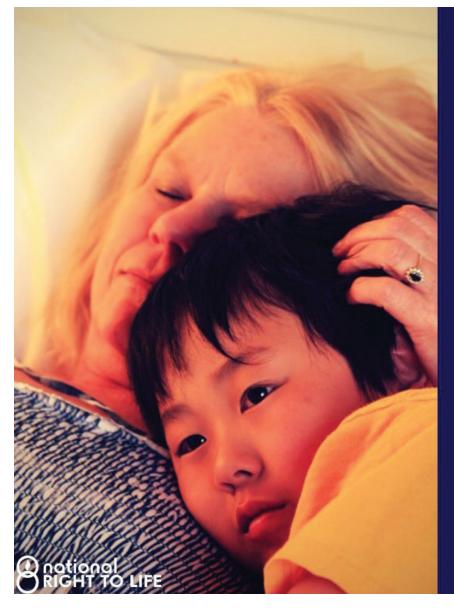
A Christmas Love Story, which stars Chenoweth, premiered on the Hallmark Channel on December 7. The Daily Wire reports that the actress attended a question and answer session the day

before, during which she offered some insight into a scene of an adopted character's first meeting with his or her biological mother.

"That scene happened to me. I am adopted and I had this virtually same conversation with my birth mom," Chenoweth explained. "I remember [my birth mom] saying to me, 'Can you ever forgive me?' And I was like, 'There's nothing to forgive. You gave me such a great life. I got the right parents.' Anyway, that scene is very special to me because we developed it around exactly what happened in my life."



Kristin Chenoweth in Hallmark Channel's "A Christmas Love Story" YouTube screenshot



"Adopting one child won't change the world, but for that child the world will change."

Planned Parenthood lie about the number of abortion deaths prior to *Roe* earns it a place in *Washington Post's* 2019 Top Ten list for deception

From page 2

based on data that was inadequate when it was accumulated and patently absurd in retrospect.

*Wen peddled this nonsense not once, but three times.

* In explaining his "Four Pinocchios" ["whopper" status] designation Kessler concluded "Wen is a doctor, and the ACOG is made up of doctors. They should know better than to peddle statistics based on data that predates the advent of antibiotics. Even given the fuzzy nature of the data and estimates, there is no evidence that in the years immediately preceding the Supreme Court's decision, thousands of women died every year in the United States from illegal abortions." Finally

*Another huge irony. In his Top Ten list, Kessler cites a New York Times story in which Planned Parenthood was busy explaining away why they had lopped off Wen's head after less than a year. In that story, after reporters Sarah Kliff and Shane Goldmacher cite Kessler's conclusion that the assertion was false, they write that this was something "a former employee said she had been told repeatedly by her staff but disregarded."

Does that pass the smell test? Nope.

More significant, Planned Parenthood and truth are rarely

ever mentioned in the same sentence. A headline that ran over a column that appeared in *The Washington Post* in August 2015, written by Michelle Ye Hee Lee, we learn "For Planned Parenthood abortion stats, '3 percent' and '94 percent' are both misleading." PPFA received three Pinocchios but

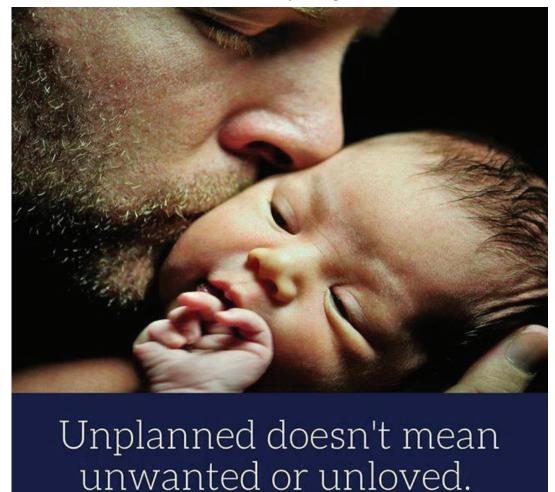
easily could have earned four.

Kessler concluded his original critique with this:

[A]dvocates hurt their cause when they use figures that do not withstand scrutiny. These numbers were debunked in 1969 — 50 years ago

— by a statistician celebrated by Planned Parenthood. There's no reason to use them today.

To which I would add something much stronger. These people are shameless.



Bloomberg Family Foundation gave \$13,962,000 to Planned Parenthood 2014-17

By Joseph Vazquez

Liberal billionaire Michael Bloomberg's company dedicates an entire webpage talking about the company's commitment to "advancing women," and apparently for his nonprofit Bloomberg Family Foundation, that means giving millions to the abortion

report,323,999 abortions in the 2014-2015 annual report, 321,384 abortions in the 2015-2016 annual report, and 332,757 abortions in the 2016-2017 annual report. During this time, Planned Parenthood also received hundreds of millions in taxpayer dollars.



industry.

The billionaire's non-profit organization Bloomberg Family Foundation has given at least \$13,962,000 to Planned Parenthood Federation of America within just four years (2014-2017), according to Foundation Directory Online Data.

What makes the contributions so concerning is that Planned Parenthood and its affiliates performed 327,653 abortions in the 2013-2014 annual

Yet this kind of generous giving to one of the premier abortion providers in the U.S. is typical for Bloomberg. *The Washington Post* published an October 24, 2018 piece in what appears to be an attempt to paint the billionaire as a "centrist," but acknowledged that "He [Bloomberg] sends tens of millions of dollars to Planned Parenthood to protect abortion access."

LifeSiteNews reported on November 27 that Bloomberg

"is one of the most radical pro-abortion politicians in American history. When he first ran for mayor of New York in 2001, he pledged to force everyone training to become an obstetrician or a gynecologist in a city hospital to learn how to perform an abortion." And with millions in contributions to Planned Parenthood, it looks like he has been putting his money where his mouth is.

A November 14 New York Times piece noted Bloomberg's stance on abortion:

"His [Bloomberg's] team also noted Mr. Bloomberg's efforts as mayor of New York to promote abortion rights policies, like requiring city hospitals to instruct resident doctors on abortion care."

He also reportedly told one of his pregnant female employees to "kill it," after she had informed him of her pregnancy. Is that perhaps why he has been willing to throw massive amounts of cash behind Planned Parenthood?

"Planned Parenthood awarded him [Bloomberg]

its Global Citizen Award in 2014 for his pro-abortion record," LifeSiteNews stated on November 25, "including investments to decriminalize abortion abroad and enacting a 'gag order' against pro-life pregnancy centers in New York City."

In 2014, a press release revealed that the billionaire committed \$50 million to "Family Planning 2020 (FP2020), a global collaboration of governments, non-profit organizations, donors and researchers, to ensure that women in the world's poorest countries have access to family planning information, contraceptives, and services by 2020."

That "collaboration" also included partnering with the Planned Parenthood Federation of America and the Planned Parenthood mega-funder Bill & Melinda Gates Foundation, according to Influence Watch.

Family Planning 2020 is a global initiative that works "to enable 120 million more women and girls to use contraceptives by 2020."

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

A pro-life conversation guide to effectively discuss abortion during the holidays

Especially when discussing with those who do not share our views

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

Editor's note. The following remains my favorite advice how to promote the cause of life in an effective and non-offensive manner during the holiday season

The holiday dinner table offers a natural forum for congenial (hopefully!) conversation about current events and issues. Defenders of unborn human life should be prepared to take advantage of opportunities when they arise. Here are some suggestions to help you effectively discuss abortion with family members and friends who may not share the pro-life view.

(1) Know how to clarify the issue

When faced with an argument or reason for abortion, ask vourself whether it works to justify killing obvious examples of rights-bearing human beings, such as newborn babies, toddlers, teenagers and adults. If not, it assumes that the being killed by abortion, the unborn (i.e., the human embryo or "fetus"), is not an intrinsically valuable human being, like toddlers and teenagers-that is, it simply assumes the very conclusion it must defend.

For example, a woman should not have a "right to choose" to drown her toddler in the bathtub. The question at hand is whether the unborn. like a toddler, deserves full moral respect and ought not to be killed for the convenience or benefit of others. If so, killing the unborn by abortion, like killing a toddler for the same reasons, is a serious moral wrong.

(2) Know how to articulate the pro-life argument

The pro-life position is that abortion elective unjustly takes the life of an innocent human being. This position is supported by modern science (showing that what abortion kills is a human being, a by embryology textbooks and leading experts.

Morally, relevant no difference exists between

human beings before and after birth. Unborn humans differ from older humans, such as newborns, in their size, level of development, environment and degree of dependencyremember the helpful acronym SLED-but none of those



of our species) member together with a foundational moral principle (the equal fundamental dignity and right to life of every member of the human family).

The science of embryology tells us that the unborn from conception is a distinct, living and whole human organism-a member of the species Homo sapiens, the same kind of being as each of us, only at a much earlier stage of development. This fact is uniformly affirmed

differences are significant in a way that would justify killing the former. For example, a five-year-old child lacks the physical and mental abilities of a 10-year-old, but she is no less valuable and deserving of respect and protection.

Each of us has a right to life by virtue of what (i.e., the kind of being) we are, rather than because of acquired characteristics or abilities that only some human beings have and others do not. So all human

beings, including the unborn, are equal in having basic dignity and a right not to be killed without just cause.

(3) Know how to respond to common objections

Claims by abortion advocates about the number of women who died from illegal abortions are wildly overstated, as NARAL co-founder Dr. Bernard Nathanson frankly admitted. According to the Centers for Disease Control, 39 women died from illegal abortion in 1972, the year before Roe v. Wade, while 24 died from legal abortion (abortion had been legalized in some circumstances in some states). Maternal mortality improved in the decades preceding Roe as a result of advances in modern medicine having nothing to do with legal abortion.

If you cannot answer a challenge, don't let it fluster you. Be honest and say you will get back to the challenger after thinking and reading more about the issue.

(4) Know facts about fetal development

In addition to knowing that the life of a human organism, a human being, begins at conception (see above), it is useful to know some details about the development of human beings in the womb. These facts bring home for many people the humanity of the unborn child. For example,

See "Conversation," page 41

Democrats answer *NYTimes* survey on abortion, reveal just how radical they are

By Dave Andrusko

It is one thing for us, as prolifers, to highlight the selfevident truth about Democrats running for President, but is quite another when unofficial newspaper Abortion Industry acknowledges that Democrats have gone completely over to the dark side.

This headline and subhead for Maggie Astor's story appearing in the New York Times confirms most, but not all, of what we have written about the 2019 incarnation of the Democrat Party:

> "On Abortion Rights. 2020 Democrats Move Past 'Safe, Legal and Rare': The Democratic presidential candidates don't want to simply defend abortion rights. They want to go on offense."

I say "most," because to present the entire truth might (a) make most readers of the Times deliriously happy but (b) risk the full, gory, extremist truth getting out to the wider public which does not share the party's (and its media enablers') fanaticism.

So what does Astor tell us and who does she use to document her conclusion? The Times surveyed the major Democrat candidates for President abortion. (Five minor candidates did not respond, according to another of Astor's stories: "Steve Bullock, Julián Castro, John Delaney, Tulsi Gabbard and Kamala Harris.") are Astor's lead Here

paragraphs: The **Democratic** presidential field has

coalesced around an abortion rights agenda more far-reaching than anything past nominees have proposed, according to a New York Times survey of the campaigns. The positions reflect a hugely

Recall that "codifying Roe" is code for eliminating any and all limitations on the "right" to abortion—at both the federal and state levels. The objective is to obliterate even the most minimal restriction which enjoys widespread popular support.



consequential shift on one of the country's most politically divisive issues.

Every candidate The Times surveyed codifying supports Roe v. Wade in federal law, allowing Medicaid coverage of abortion by repealing the Hyde Amendment. and funding removing restrictions for organizations that provide abortion referrals. Almost all of them say they would nominate only judges who support abortion rights. explicit pledge Democrats have long avoided.

"Allowing Medicaid coverage of abortion" means picking the pockets of unwilling taxpayers to pay for abortions, returning us to the days prior to the Hyde Amendment when Medicaid paid for some 300,000 abortions! (There are some minor quibbles about other phases of the issue that need not delay us.)

Planned Parenthood, course is delighted:

"What you've seen is that it's no longer O.K. for any candidate just to say they're pro-choice," Jacqueline Ayers, vice president for government relations and public policy at Planned Parenthood told the Times. "They're being very specific on how our rights are under attack, how access to

abortion is being undermined in this country, and putting forth plans to protect and expand rights."

December 2019

To Astor's credit. acknowledges that this may not necessarily redound to the benefit of pro-abortionists. (Spoiler alert: it won't.) Ironically, she distorts what President Trump said in order to assert that he is distorting the abortion issue:

> The ramifications are hard to predict. The public is strongly supportive of v. Wade, but deeply divided on how accessible abortion should be beyond Roe's protections. President Trump has shown that he is willing to weaponize abortion to turn out his base. including through misleading or outright false narratives. And historically, abortion has been a bigger motivator for conservative voters than liberals.

You'll recall that President Trump called out pro-abortion extremist Hillary Clinton in the pivotal third presidential debate and has many times since told the truth about Clinton. That truth—that Democrats miles to the Left of the public on abortion—is, if possible, even more true about the current crop of Democrats running for President.

See "Democrats," page 41

Why the December edition of NRL News is must reading

From page 2

*The CDC, unlike Guttmacher, publishes numbers yearly. The trade off is Guttmacher's numbers (which are released roughly every third year) are more accurate.

Why? Unlike the CDC, which relies on the kindness of state health departments (some of the largest states ignore the CDC), Guttmacher active engages abortion facilities. That's why its estimates there were 862,320 abortions in 2017 while the CDC's numbers for 2016 were 623,471.

*The CDC (as did Guttmacher) tells us that the number of abortions, the number of abortions for women of child-bearing age (the abortion rate), and the number of abortions for every thousand live births (the abortion ratio) have dropped to "historic lows."

Every lost baby is one too many, but this is incredibly important news.

All of these components could not have reached "historic lows" unless we had helped establish a new vocabulary about the littlest Americans, a more complex understanding about whose life is taken, and a deeper recognition that — whatever position a woman or a man ultimately takes—"one of us" is destroyed in every abortion.

Pro-abortionists can talk till the cows come home that the decline is almost exclusively explained why the wider use of more effective contraceptives. (NRLC has no position on contraception.) But it's not so. For one thing, the number of repeat abortions continues to remain alarmingly high even as other categories continue to decline.

For another, as National Review pointed out, "Data from

were just 186 abortions for every 1,000 live births. The abortion ratio reached a peak of 364.1 for every 1,000 live births in 1984!!

*Let me quote directly from Dr. O'Bannon's analysis:

By far, the largest

The CDC shows that the portion of abortions going to younger teens has been decreasing in the last ten years along with their rates and ratios, demonstrating the continued impact of



Guttmacher show that between 1981 and 2011, the percentage of unintended pregnancies that resulted in an abortion fell from approximately 54 percent to 42 percent." Also, as Dr. O'Bannon explained, "It's not just that there are fewer abortions, but that fewer women who become pregnant are turning to abortion."

Put another way, hypothetically you could have a higher number of abortions just because you have a larger population of women ages 15-44 or a much lower number just because this population of women of child-bearing age decreased.

But the abortion ratio gets around this problem of how frequently pregnant women are choosing life over abortion. It tells us the number of abortions for every 1,000 live births.

According to the CDC, there

percentage of abortions were those performed on women in their twenties: a total of 58.5% on women 20-29. Of these 30% were performed on women aged 20-24, 28.5% for women 25-29. About a third (28.3%) were to women in their thirties and just a small percentage (3.5%)were to women aged 40 and older.

However...

Those aged 19 and younger were responsible for less than one in ten (9.7%) of all abortions. Two-thirds of those (according to a separate CDC table) were performed on the oldest teenagers–18 or 19.

parental involvement
laws.[Underlining
added.]

Protective laws make a difference, which is why proabortionists fight them tooth and nail. Involving parents in the abortion decision of minors (specially 17 and under) makes a huge difference, which is why the Abortion Lobby pulls out all the horror stories to try to combat passage of laws requiring teens to tell their parents--with provisos for judicial bypass should there be genuine reasons for a minor not to tell a parent.

Thanks again for reading our monthly *NRL News*. If you are not receiving it, or our daily National Right to Life News Today, please subscribe at https://www.nationalrighttolifenews.org/join-the-email-list

Shocking UK data: 718 women, including 5 teens, have had at least 6 abortions

LONDON, England,—Government data obtained through Freedom of Information requests indicate that five teenagers were among the 718 UK women who underwent their sixth abortion in 2018.

In 2018, 143 UK women had their eighth abortion.

"A woman seeking her

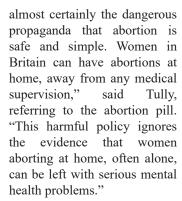
Is anyone asking questions about why a teenager, possibly underage, keeps presenting for abortion?"

SPUC reported that the numbers also show:

- Five teenagers were among 718 women who had at least their sixth abortion in 2018
- 143 women had an

sixth termination – 10% up on 2017 and a 33% increase on 2016

• 1,298 women – including five teenagers – had their fifth abortion in 2018, while 4,389 women – including 23 teenagers – had their fourth termination



Abortion company Marie Stopes UK was dismissive over the numbers of women having undergone eight abortions, according to *SkyNews*, because they were but a tiny fraction of the 205,295 women who aborted their unborn children throughout England and Wales in 2018.

Abortion is legal through 24 weeks of pregnancy in England. Ireland voted to legalize it in 2018, ending its legacy as one of the world's most pro-life nations. The UK government imposed abortion and samesex "marriage" on Northern Ireland last month after the Stormont assembly failed to fully assemble.

In 2012, the *Daily Mail* reported that British taxpayers were funding repeat abortions to the tune of £1 million {\$1,285,000} a week.

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



seventh or eighth abortion could easily be in an abusive situation where she is being repeatedly coerced into having an abortion," said Antonia Tully, Director of Campaigns for the Society for the Protection of Unborn Children (SPUC). "Alarm bells should be ringing loudly when teenage girls are having repeat abortions.

- abortion last year having previously had seven or more terminations a 19% increase on 2017 and a 27% rise on 2016
- 172 women had their seventh abortion in 2018 a 26% increase on 2016
- 403 women had their
- Overall, 84,258 repeat abortions were performed in Britain in 2018, including 3,332 on teenagers with the overall figure up 7% on 2017 and an 11% rise on 2016

"Among the reasons for the increase in repeat abortions is

Woman waking up from abortion: "Give me back my baby!"

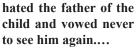
By Sarah Terzo

The Abortionist is a book written by an illegal abortionist in 1962. This is the contents of a letter that was written to the abortionist.1

> "I recall fighting my way out of the black void into which the drug had plunged me to hear myself screaming hysterically, "I want my baby! Give me back my baby!" And as I sobbed away, you tried to console me, telling me it was over and that everything was all right.

everything But wasn't all right. Lying there, I felt only disgust at myself. I had broken nature's most sacred code, the propagation of the human race.

That was the trust for which I had been placed on earth and I had violated it.



But you I do not hate.



life survival of the fittest and, in some way, I knew I was not fit to bear a baby or to be a mother...

I hated myself, I

You have given me a second chance. When everyone else turned their back in scorn, you were willing to allow me the responsibility of deciding whether I

wanted my child. You made me feel I still had the dignity due to every human being."

There is so much self-hatred and post-abortion regret in this testimony, yet she does not blame the abortionist who did the abortion. She seems to be unable to admit that abortion was a horrible mistake, no matter how upset it made her.

[1] Dr. X, Lucy Freeman The Abortionist (London: Victor Gollacz LTD, 1962), pp. 43 -44.

Editor's note. This appeared clinicquotes.com. Sarah Terzo is a pro-life author and creator of the clinic quotes website

A pro-life conversation guide

From page 36

the heart begins to beat about three weeks after conception, before many women even know they are pregnant. At about six weeks, brain waves can be detected. By 20 weeks, a wealth of evidence indicates that unborn children can experience excruciating pain.

The stunning complexity of prenatal human development is "beyond any comprehension of any existing mathematics today," says renowned medical imaging expert and mathematician Alexander Tsiaras

(5) Know how abortion can hurt women

The health risks of abortion, both physical and psychological, are very well documented. Familiarize yourself with a few facts.

For example, many studies suggest that abortion can increase a woman's risk of breast cancer. Moreover, while no one ultimately regrets not having an abortion, many, many (though of course not all) women now deeply regret their decision in favor of abortion. A 2011 meta-analysis published in the prestigious British Journal of Psychiatry-"the largest quantitative estimate of mental health risks associated with abortion available in the world literature"-found an 81 percent increased risk of mental health problems among women who have had abortions.

(6) Know about alternatives to abortion and compassionate support for women

Both motherhood and adoption are ethical, life-affirming options. Some 3,000 pro-life pregnancy care centers across the United States stand ready to help pregnant women in need. Many programs are

available to help women and others deal with the aftermath of abortion.

(7) Be winsome

Pro-lifers must be kind. respectful. fair-minded and willing to listen and respond thoughtfully to those who disagree. Don't call someone "pro-abortion" in conversation. since it is usually inconsistent with how he sees his position and can turn him off to productive dialogue. Show compassion toward pregnant women facing difficult circumstances and women who have undergone abortions.

(8) Ask questions

Instead of relying just on blunt assertions—and putting the burden of proof on yourself ask strategic questions to poke holes in someone's position and get him thinking. Make him defend his claims. For example, if he says a baby becomes a person after birth, ask how a mere trip through the birth canal, a shift in location, can change who/what someone is or whether or not she has a right to life.

If a pro-choice advocate says he is personally opposed to abortion but thinks it should remain legal, ask why he is opposed; note that the reason for personal opposition (abortion kills a human being) is precisely the reason abortion should not be permitted under law. (I recommend the "tactical approach" developed by Greg Koukl and used in Ch. 9 of Scott Klusendorf's *The Case for Life.*)

You probably won't change someone's mind on the spot. But you can have a friendly conversation and give him or her something to think about. That should be your goal.

Democrats answer *NYTimes* survey on abortion, reveal just how radical they are

From page 37

One other quote which is very illuminating. Astor writes

Whether any of this changes in 2020 will depend, in part, on how the Democratic nominee talks about abortion rights, particularly in battleground states like Pennsylvania

and Wisconsin where many swing voters are not as far to the left on abortion as the candidates.

This is the fig leaf that Democrats and most of the media use to hide the truth. It is not just "swing voters" in a handful of states who are "not as far to the left on abortion as the candidates" but a wide swath of the American public. Ask them if they support taxpayer funding of abortion; informed consent laws; parental involvement in the abortion decision of their minor daughters; bans on abortions of pain-capable unborn babies, and on and on.

The public opposes the first and supports all the remainders (and much more). By contrast Democrats are committed to paying for abortions and for erasing even a scintilla of a limitation on abortion.

This will not go well for Democrats in November 2020.