national RIGHT TO LIFE NEWS

January 2022

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Pro-lifers are brimming with optimism as *Roe v. Wade* anniversary approaches

By Dave Andrusko

In eight days, we will somberly commemorate the 49th anniversary of a heartless assault on unborn babies, a lawless attack on our Constitution, and a colossal lapse in moral judgment that has cost the lives of over 63,000,000 Americans. Yet at the same time, optimism that this historical aberration will be righted has never been higher.

January 22, 1973 will forever be a date etched in the hearts of pro-life champions. *Roe v. Wade* was decided by 7-2, and, perhaps it is no coincidence, *Dred Scott v. Sandford* , a similar stain on our national honor, was also decided 7-2. And just as Justices Byron White and William Rehnquist eloquently dissented in *Roe*, so, too, did two Justices– John McLean and Benjamin R. Curtis –passionately dissent in *Dred Scott*.

Dred Scott held that all African Americans living in the United States — slaves as well as free persons — could never become citizens. It also invalidated the Missouri Compromise of 1820, thereby permitting slavery in every federal territory. *Roe* held that whether unborn babies live or die was a matter of "choice." Every statute—whether very liberal or very protective of the little ones—was vanquished.

See "Optimism," page ??

One Year of Democrat-driven pro-abortion advocacy

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

As the Biden Administration and Democrat-controlled Congress have now been governing a full year, abortion advocacy has proven to be a driving priority.

The Biden Administration has issued numerous orders ranging from international funding of abortion to easing requirements for dangerous chemical abortion drugs. In addition, Congress has voted on some of the most extreme legislation to ever be considered.

With Congressional elections approaching in less than a year, important fights still remain in the 117th Congress. In addition, all eyes are on the Supreme Court as a decision in *Dobbs v. Jackson Women's Health Organization* is expected later this year.

The *Dobbs* case concerns Mississippi's "Gestational Age Act" which bans abortions after 15-weeks gestation. The Court's decision ~~later~~—will address the question of whether a state has a compelling interest in protecting the right to life prior to viability.

The key question seems to be how far the Court is willing to go. Will their decision be to just reject the viability line,

See "Advocacy," page 23

Editorials

Biden's approval ratings sink to 33%

Buried in the latest Quinnipiac poll on page three is an acknowledgement that at 33%, President Biden's approval ratings have hit an all-time low.

"President Biden's job approval rating has tumbled to 33 percent in the latest Quinnipiac University poll, a whopping 17 percentage-point drop from February," writes Brett Samuels. According to the poll of 1,313 adults, "Americans give President Joe Biden a negative 33 – 53 percent job approval rating, while 13 percent did not offer an opinion."

In a tweet, CNN's Ryan Struck tracks the relentless downward spiral: *"President Biden's overall approval rating in the last seven Quinnipiac polls: 49%, 46%, 42%, 38%, 37%, 36%, 33%."*

President Biden's job approval numbers have sunk among all political categories: Democrats (75%, down from 87% in November), Republicans (2%), and, most devastating, Independents (25%).

Biden's falling approval ratings are taking his party down with him. "In the generic congressional ballot, 43% of American adults said they want to see Republicans in control of Congress compared to 42% who said they prefer Democrats," *USA Today's* Joey Garrison reported.

According to the Real Clear Politics average of polls, 42% of Americans approve of Biden's job performance and 53% disapprove."

The *New York Post's* Mark Moore noted that Biden's numbers are down on every metric. "Biden also received failing marks for his handling of the economy (34 percent approve, 57 percent disapprove), the pandemic (39 percent approve, 55 percent approve) and foreign policy (35 percent approve, 54 percent disapprove)," he wrote.

A poll taken for *CNBC* in December and published last week found Biden scores worse on personal favorability: 38/56.

Ed Morrissey writes, "Even worse for Biden, there isn't a policy area in which he doesn't get majority disapproval. In several areas, as you'll see, Biden gets majorities who strongly disapprove of his performance."

The picture these numbers paint for the elections this fall are grim.

"While the president's party typically loses seats in Congress during a first-term election, present polling about Biden and Democrats suggest they could face a rout in November," *CNBC's* Thomas Franck writes.

From the President
Carol Tobias

Honoring our Founders

Two phrases have been going around in my head recently--"The only thing necessary for the triumph of evil is for good men to do nothing" and "standing on the shoulders of giants."

The first quote, usually attributed to Edmund Burke, may not have actually come from him. The second has been around for centuries and is maybe attributable to 12th century philosopher John of Salisbury.

What the words have in common is that both describe the incredible actions and foresight of early workers in the pro-life movement. They were determined not to let evil triumph. And they are the giants on whose shoulders we now stand.

As we come upon the 49th anniversary of *Roe v Wade*, I have been thinking about the thousands of men and women around the country who, back in the late 1960's and early 1970s, knew what would happen if abortion became "mainstream" as a routine medical procedure.

They knew it would mean death for countless innocent, vulnerable human beings, and it would create an overall lack of respect for human life that would manifest in a variety of ways.

Before 1973, these early heroes (giants) fought against efforts in their state legislatures to legalize abortion. After the 1973 Supreme Court rulings in *Roe* and *Doe*, they set up chapters to educate their fellow citizens, they motivated churches to take a stand on behalf of God's little ones, and they encouraged elected officials to defend the babies to whatever extent possible.

These giants awakened the conscience of the nation, determined that *Roe* and *Doe* would never be "settled" law.

The kitchen table often served as the desk, pen and paper was the computer, and a landline telephone constituted social media of the day. Fellow pro-lifers were recruited, NRLC state affiliates and chapters grew, and the foundation of the movement was begun.

There is no doubt the pro-life movement is, today, a powerful force for human rights--educating as to the humanity of the unborn child, caring for mother and child, identifying fellow pro-lifers, electing candidates, passing legislation, challenging court precedence, and so much more.

We owe thanks and gratitude to these giants who were not going to let evil triumph. While many have passed on to glory, others are still working hard, wondering if the Supreme Court, this year, just might reward their years of effort with good rulings for the babies.

Whatever the Court does, our work will not end because the purveyors of death will not give up easily. They will use any and every avenue available to make sure the killing continues.

The Food and Drug Administration (FDA) has relaxed standards for the chemical abortion method, including no longer requiring that the woman receive the pills from the doctor. They may be mailed into her home, making the entire procedure much easier. Hence, we will likely see an increase in the number of chemical abortions.

The Biden administration is using every avenue available to fund abortion with our tax dollars, both here and in other countries.

States with pro-abortion majorities will move to pass legislation protecting abortion and abortion providers. In states where legislatures are strongly pro-life, and if ballot measures are allowed, the abortion industry will put ballot measures before the voters in an effort to enshrine abortion within state law.

There is no doubt that NRLC's structure at the national, state, local level has us well positioned to take advantage of every situation and prepared to fight every battle.

You can be sure NRLC is watching events closely and is prepared no matter what the Court does. We can do no less as we remember the early pioneers of the movement who persevered and laid the groundwork so that we might continue on to victory.

Pro-Life Movement Mobilizes to Retake House and Senate Majorities in 2022

By Karen Cross, National Right to Life Political Director

"The right to abortion nationwide hangs by a thread" reads the first sentence on the endorsed candidates webpage of Planned Parenthood, the nation's largest chain of abortion clinics. The pro-abortion movement understands just how critical the 2022 elections will be. But so do we. The pro-life movement is in a strong position to regain majorities in both the U.S. House and the U.S. Senate. Pro-life victories in November can stop the radical Biden-Harris abortion agenda dead in its tracks.

The House majority is up for grabs in 2022 with Speaker Pelosi clinging to her gavel by only a handful of seats. A huge factor in many states will be the results of the redistricting process in which each state must redraw their Congressional district lines based on data from the 2020 Census. While some states have finalized their maps, some are still being drawn and others remain in litigation.

Pro-life Congressional candidates across the country are in a strong position in 2022. The current Democratic majority has pursued an extreme pro-abortion agenda that is out of touch with most Americans. This agenda includes forcing Americans to have their tax dollars used to pay for abortions. It also includes the passage of the so-called Women's Health Protection Act, which would enshrine into law abortion-on-demand and would overturn existing pro-life laws and prevent new protective laws from being enacted at the state and federal levels. In educating voters about just how far outside the mainstream the Democratic majority stands, pro-life candidates can make significant gains and retake the House.

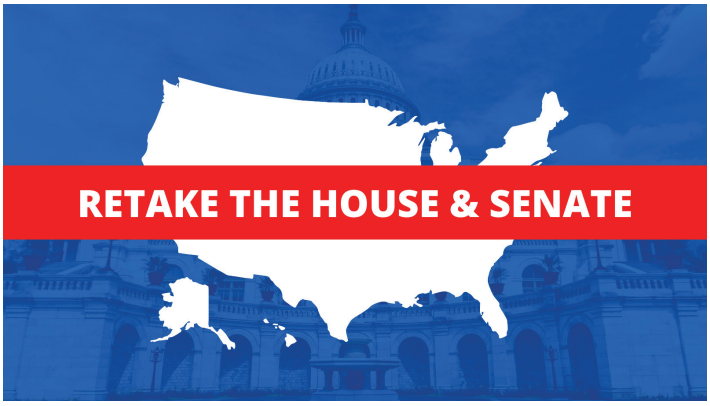
The following is an overview of the Senate states generally deemed competitive in 2022 by political observers and pundits. With about eleven months to go, this could change, and additional states could be added.

Arizona

Pro-abortion Senator Mark Kelly (D) is up for a full term in 2022. In his two years in office, he maintained a 0% voting record with National Right to Life. Among his pro-abortion votes, Kelly voted in favor of taxpayer funding of abortion, and he voted against protecting unborn babies at 20 weeks when they can feel pain. In addition to his extreme pro-abortion voting record in a traditionally pro-life state, Kelly also must contend with underwater approval numbers for President Biden and the Democratic Party broadly. A recent Morning Consult poll found Biden with a net approval rating of -9 in Arizona, the worst numbers among states he won in 2020. Pro-life Attorney General Mark Brnovich leads the GOP field in early polling.

Colorado

Many political observers currently categorize Colorado as Likely Democratic or Safe Democratic. But pro-abortion Senator Michael Bennet (D)'s reelection should not be seen as foregone conclusion. Just months ago, pro-life Republican Glenn Youngkin was victorious over a well-established former governor by two points in a state that Biden won by ten points, a twelve-point swing. While Biden won Colorado by thirteen points in 2020, Hillary



Clinton only carried the state by five points in 2016. In a political climate that favors Republicans, Colorado could very well be in contention. Polling commissioned by one of Bennet's Republican challengers found that "a generic Democratic Senate candidate would face a close race against a generic Republican candidate, the pollster found, with 44% favoring the Democrat and 42% picking the Republican." All these factors considered, the argument can be made that Colorado is not a state to ignore, especially with the balance of power in the Senate split evenly. One net gain by either party wins the majority.

Georgia

After two intensely competitive Senate races last cycle culminating in two Democratic wins, Georgia is back in the spotlight with pro-abortion Senator Raphael Warnock (D) seeking a full term in 2022. When he ran in 2020, Warnock was a first-time candidate without a voting record. Now, he carries the baggage of voting in favor of taxpayer funding of abortion and against commonsense legislation to protect unborn babies at 20 weeks when they can feel pain. To put it plainly, Sen. Warnock is out of touch with Georgia voters. There are number of pro-life Republicans who have thrown their hats in the ring, including football legend Herschel Walker. "I am 100% pro-life. As Georgia's next senator, I will vote for any legislation which protects the sanctity of human life, even if the legislation is not perfect. Every human life is valuable and absolutely worth saving," Walker said in a statement to NRLC affiliate Georgia Life Alliance. State Agriculture Commissioner Gary Black, military veteran Kelvin King and former Navy SEAL Latham Saddler, all three of whom hold pro-life views, have also thrown their hats in the ring.

See "Retake," page 35

Sign up early for NRLC 2022 to be held in Atlanta June 24-25

By Jacki Ragan

With January 22 only eight days away, what better way to inform, motivate, and encourage pro-lifers than to remind them registration is now open for #NRLC2022 in Atlanta? Just click here for details [https://nrlconvention.com/product-category/register].

This two-day pro-life educational event of the year will take place June 24-25 at the Atlanta Airport Marriott Hotel. Focus on the Family President and CEO Jim Daly will speak at our Saturday night closing Banquet.

Mr. Daly hosts Focus on the Family daily radio broadcast which is heard by more than 5.6 million listeners a week. He has also been honored as Program of the Year by the National Religious Broadcasters. He will be joined by the winner of the National Right to Life Oratory Contest who will deliver his or her winning speech.

To make it easier for more people to attend the entire convention, the annual gathering of the pro-life family will be two days long. You will have your choice of nearly 50 workshops in addition to four general sessions, a Prayer Breakfast, in addition to the banquet.

Please check back often as more speakers are confirming regularly! Workshops will be posted as soon as we can get the schedule confirmed.

Where Texas' Heartbeat Law should go next hotly debated by 5th Circuit Court of Appeals Panel

By Dave Andrusko

According to virtually all media accounts, the January 7th hearing before a three-judge panel of the 5th Circuit Court of Appeals was contentious and tense. At issue was a highly technical but equally important question: Where should the challenge to S.B.8—Texas' Heartbeat Law—go next?

The Center for Reproductive Rights wants it returned to Judge Robert Pitman who impatiently (but briefly) enjoined the law. Texas wants the case to go the Texas Supreme Court because they believe there are state law questions that must first be resolved first.

CRR argues this is merely a stalling tactic. "If the case is sent to the Texas Supreme Court, it could take months to return to the federal level, leaving the law in effect," according the *Texas Tribune's* Eleanor Klibanoff.

"In December, the U.S. Supreme Court threw out most challenges to the law and left only state medical licensing officials as possible lawsuit targets because they can revoke a doctor, nurse or pharmacist's license if they violated the law," Klibanoff wrote.

Judge Edith Jones argued that it was a necessary step for the Texas Supreme Court to weigh in "because state courts ultimately have the authority to decide state law, and the judges would have 'egg on our faces' if the Texas Supreme Court eventually disagrees with their ruling," the *Texas Tribune* reported.

At issue in *Whole Woman's Health v. Jackson* "is whether the Fifth Circuit should ask the Texas Supreme Court to decide if S.B. 8 gives sufficient enforcement power to members of Texas' professional licensing boards to make them the right defendants in a suit seeking to block the law," *Bloomberg News* reported.

While Klibanoff believe it "seems likely that the 5th Circuit will rule to send the case to the Texas Supreme Court, Jones did raise another option that would be no better for abortion providers. She asked whether the court should wait to rule on this case until the U.S. Supreme Court had weighed in on *Dobbs v. Jackson*, another abortion case on their docket."

Having begun a chemical abortion, women do change their minds. APR can save their babies

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

A quiet revolution has taken place in the abortion industry in Pennsylvania.

Chemical abortions now outnumber surgical abortions in the Keystone State, according to statistics recently released by the PA Department of Health.

The stats show that, of the 32,123 abortions that occurred in the Commonwealth, 16,349 were nonsurgical.

The figures do not come as a surprise. Planned Parenthood, the nation's largest abortion operation, has been aggressively marketing chemical abortions to vulnerable women.

Go to the Planned Parenthood Keystone website, and a graphic advertises, "Now you can get the abortion care you need from the comfort of your own home. Find out if getting your abortion medication shipped directly to your home is right for you."

Planned Parenthood Keystone has a goal of expanding abortions in PA—so much for the old pro-abortion rhetoric that abortion should be "safe, legal, and rare."

Thankfully, however, there is an opportunity for women to change their minds after taking the first abortion pill. Pregnant women can visit https://lifeatrisk.org/ and find a provider who can save her child's life using the Abortion Pill Reversal protocol. Women can also call a hotline number at 1-877-558-0333 for assistance in reversing the tragic effects of the abortion pill.

According to https://abortionpillreversal.com, "the abortion pill is the common name for a chemical process that combines two medications… After taking the first pill, some women regret their choice and want to reverse it. That's where abortion pill reversal comes in.

"Using the natural hormone progesterone, medical professionals have been able to save 64-68% of pregnancies through abortion pill reversal."

As evidence, you can read numerous testimonials from women who have successfully had their chemical abortions reversed. Consider Sara's story:

"My little superhero was born happy and healthy on 6-15-20 weighing 6.1 lbs. and 18 inches long! Every day I think how glad I am that I found the abortion pill reversal hotline and thank God for the chance to be his momma."

The upsurge in chemical abortions in Pennsylvania and elsewhere make stories such as Sara's all the more relevant. The fact is, women do change their mind about abortion. Thanks to modern medical breakthroughs, their babies can not only survive, but thrive, through abortion pill reversal.

Whole Woman's Health unapologetically says "abortion is good, we like abortion"

By Dave Andrusko

Many of our readers may recognize the name Whole Woman's Health. It was the litigant in *Whole Woman's Health v. Hellerstedt*, the 20l6 Supreme Court decision which struck down a Texas law requiring abortion providers to have admitting privileges at a hospital within 30 miles, and that they meet the same standards as ambulatory surgical centers.

It is big and growing bigger. As it says on its web page, "We're an independent, abortion provider & advocacy leader, giving people compassion & quality care in our 8 clinics in 6 states (also meds by MN, NM & VA)." Med refers to chemical abortions.

So imagine my total lack of surprise when Whole Woman's Health tweeted the following yesterday:

"Nobody 'likes' abortion." Wrong. We do. We've provided countless abortions to patients who went on to live their best lives.

Abortion is safe and it gives people control of their futures. Abortion is good. We like abortion.

Ah, talk about hitting the sweet spot. One respondent said

I like availability to necessary healthcare.

Another added

I like abortion. I like appendectomies. I like all necessary healthcare.

And, a third avoided the fallback "healthcare" excuse. She chimed in

I love abortion.

I'd wager a pretty penny that Whole Woman's Health studiously avoided saying they "love" abortion. It's one thing to treat the deliberate destruction of a helpless baby as a "necessary evil." The Abortion Industry left that judgmental mantra in the dust years ago.

It's another thing to "like" abortion when you've persuaded yourself it's no different than having an appendectomy. But it's quite a leap to flat-out celebrate—"love"—a "procedure" that uses forceps with sharp metal jaws to grasp parts of the developing baby, which are then twisted and torn away.

What an abandonment of unborn children and their mothers.

Here's to making 2022 the Year of the Unborn Child!

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

2022 will be a busy year in politics in Pennsylvania.

More than a dozen candidates are running for the U.S. Senate seat being vacated by pro-life Republican Senator Pat Toomey. A number of political analysts have said that the contest will be among the closest-watched races in the country and could decide which party controls the Senate.

In the meantime, more than a dozen other candidates are vying for the Pennsylvania Governor's office. Because of term limits, pro-abortion Democratic Governor Tom Wolf is not running for re-election. The Republican field is hotly competitive, but only one Democratic candidate has emerged—pro-abortion state Attorney General Josh Shapiro.

In addition, Pennsylvanians will elect representatives to Congress, to the state House of Representatives, and to one-half of the state Senate. Party control of the U.S. House, along with the state legislature, will be determined by these critical races.

Currently, Republicans control both the state House and Senate, and bipartisan pro-life majorities control both chambers. If Pennsylvania can elect a pro-life Governor and if pro-life members maintain control of the state legislature, the Keystone State could resume enacting protective legislation that would benefit preborn babies and their mothers.

While the Pennsylvania state legislature has passed a number of pro-life bills in recent years, Governor Wolf's veto pen has prevented their enactment. Pennsylvania's abortion totals would be lower, were it not for this bureaucratic logjam.

To discover more about Pennsylvania's pro-life laws and how you can become part of our grassroots activist network, please visit the Pennsylvania Pro-Life Federation website at www.paprolife.org .

Here's to making 2022 the Year of the Unborn Child!

What a joy to find a couple so wholly given over to the idea that all people— regardless of ability or disability— can be a blessing to others!

By Laura Echevarria, NRL Director of Communications and Press Secretary

Our culture embraces people with disabilities more readily than it has in the past but many of those same supportive voices claim that only those with disabilities can speak out regarding their particular disability.

The downside to this is that people who have more severe forms of a disability can't speak out and can't advocate for themselves. This creates a two-tiered system of acceptance and to some degree diminishes the condition of those with a more severe physical or mental condition.

Case in point.

My family and I traveled by plane over the Christmas holidays and on our layover to our destination, a woman in the seat in front of us stood up to disembark. She turned to check her seat and saw that my son's face mask was partially off. She immediately became irate and wanted to know if he had been unmasked during the flight (he hadn't, he had just let his mask drop below his nose after we had landed, and I didn't realize it).

Peter is eighteen and has mild/moderate autism. He is very sweet and compliant but is under the guardianship of my husband and me because he cannot advocate for himself. His diagnosis classification as "moderate" is related to his ability to communicate—Peter has the communication skills of a 4-year-old child.

I could barely contain my ire, but Peter put his mask back on as she demanded and diffused the situation by asking her what her name was and where she lived.

But as she turned to leave, she announced that she was on the spectrum, "too," as if that somehow made her Peter's peer.

Acting independently as an adult and always needing an aide are not the same. I struggled to see the parallel: she wasn't under someone else's guardianship like my son and then stripped of her rights to marry, vote, drive, etc. She certainly didn't struggle to communicate.

But then another event on our trip made up for all of that.

After an eventful day sightseeing on our trip, we stopped to eat. The restaurant had a live band playing songs in Spanish and, while we all ate, Peter was also moving to the music in his seat, and we were encouraging him. My husband was sitting next to Peter and helping him by cutting up his chicken.

These are normal behaviors for us, and we count Peter as a blessing. Neither he nor his brother Nathan (who is also on the spectrum but with a milder condition) have ever been a "burden"

But this slightly older couple apparently were watching us and felt blessed by what they saw. They called our waitress over and told her that they were going to pay for our meal. We've never had this happen before and we were stunned.

It turned out that both the husband and wife were retired teachers, and he was in the National Guard in Puerto Rico. The gentleman spoke of Peter's existence as a blessing and a gift. And he was pleased to see how we treated Peter and his presence in our lives.

What a joy to find a couple so wholly given over to the idea that all people— regardless of ability or disability— can be a blessing to others! This is something we firmly believe in, and I have the privilege to work with wonderful people every day who are dedicated to advancing the right to life. But it was wonderful to find that Peter's presence and our attitudes toward him was a blessing to perfect stranger!

On the first day of the legislative session, Florida introduces law to protect unborn babies after 15 weeks

By Dave Andrusko

Florida began its 60 day legislative session by introducing a bill, modeled on Mississippi's Gestational Age Act now before the Supreme Court, that would protect unborn babies after the 15th week.

The state House and Senate "rolled out identical legislation spelling out the policy, which is similar to one approved by lawmakers in Mississippi in 2018," according to *Politico's* Arek Sarkissian.

Pro-life stalwarts State Sen. Kelli Stargel and Rep. Erin Grall filed the legislation Tuesday, the first day of the session. "I am proud to support this legislation as a capstone to my fight for life in the Florida House," Rep. Grall said.

Pro-life Gov. Ron DeSantis signaled his support.

"I think there's a lot of pro-life legislation, and we will be welcoming it," DeSantis said during a press conference at the state Capitol, "Having protections make a lot of sense."

Sarkissian added, "DeSantis joined five other governors in signing a July amicus brief asking the Supreme Court to overturn *Roe* by supporting the Mississippi law."

The pro-life legislation "would allow exceptions if the mother's life is at risk or if the unborn baby has a fatal anomaly," Micaiah Bilger explained. "It also would create new requirements for hospitals and abortion facilities to report data to the Florida Department of Health, including measures to help identify victims of human trafficking, to keep track of babies who are born alive in abortions and to reduce infant mortality."

The High Court heard oral arguments December 1 on Mississippi's law.

National Right to Life Congratulates Former Spokesperson, Kay Coles James, on Her Appointment as Secretary of the Commonwealth of Virginia

WASHINGTON, D.C.— Virginia Governor-elect Glenn Youngkin announced that he has appointed Kay Coles James as the Secretary of the Commonwealth.

James served as a National Right to Life spokesperson in the 1980s followed by prominent positions in the administrations of both Presidents George H.W. Bush and George W. Bush as well as serving in various capacities in the Commonwealth of Virginia.

"We are extremely proud of and wish to congratulate Kay Coles James on her appointment as Secretary of the Commonwealth," said Carol Tobias, president of National Right to Life. "During her time at National Right to Life, Kay Coles James exhibited the same outstanding qualities that have made her such an exceptional leader. The compassion, vision, and aptitude she brought to her role at National to Right Life will certainly be an asset to the Youngkin Administration.

Kay Coles James
Photo: Gage Skidmore

Pro-abortion Guttmacher says 2021 "the Worst Year for Abortion Rights in Almost Half a Century"

By Dave Andrusko

If you want an uplifting experience, paradoxical as it may seem at first, read the latest summary of state legislation as compiled by the very pro-abortion Guttmacher Institute. The headline tells all: "State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century."

The "worst"?

"Buoyed by the Supreme Court's 6–3 anti-abortion majority, state legislators raced to enact abortion restrictions," writes Elizabeth Nash. "As of December 1, 106 abortion restrictions had been enacted in 19 states. This is the highest total in any year since abortion rights were affirmed by the US Supreme Court in 1973."

With an emphasis on "the South, the Plains and the Midwest," Nash quickly pivots to the South which is "a particular concern: The Supreme Court has allowed Texas' ban on abortion starting at six weeks of pregnancy to remain in effect—and it is possible that the Court, which in December heard arguments in Mississippi's ban on abortions after 15 weeks, might uphold that prohibition and use the opportunity to overturn *Roe v. Wade.*"

Nash tells us that the previous high for "restrictions" was in 2011 when 89 were passed which was "far surpassed" by the 106 abortion restrictions in 2021. "A total of 1,336 abortion restrictions have been enacted since *Roe v. Wade* was handed down in 1973—44% of these in the past decade alone," she writes. "In addition to abortion bans of all types, restrictions on medication abortion were passed by many state legislatures." Of course, there were setbacks—victories in Nash's eyes: "Some state legislatures expanded access to reproductive health services." That would include Illinois which, unfortunately, ended its successful parental notification law. But Guttmacher's lament remains reason for pro-life optimism. On to 2022!

Prenatal test results for rare genetic anomalies often wrong, perfectly healthy unborn babies aborted

By Dave Andrusko

I'd wager a pretty penny that the *New York Times* thought long and hard about publishing "When They Warn of Rare Disorders, These Prenatal Tests Are Usually Wrong." As pro-life bioethicist Wesley J. Smith wrote, "Prenatal-testing companies are making a lot of money selling early-gestation, prenatal blood tests that search for rare genetic conditions beyond Down syndrome. Moreover, their test results are often wrong."

First example, Ms. Yael Geller who was told her "prenatal blood test indicated her fetus might be missing part of a chromosome, which could lead to serious ailments and mental illness." Fortunately, she had another test taken and "now has a 6-month-old, Emmanuel, who shows no signs of the condition he screened positive for."

Sarah Kliff and Aatish Bhatia were blunt in their conclusion:

"Ms. Geller whose baby had been misled by a wondrous promise that Silicon Valley has made to expectant mothers: that a few vials of their blood, drawn in the first trimester, can allow companies to detect serious developmental problems in the DNA of the fetus with with remarkable accuracy.

That includes the screening that came back positive for Ms. Geller's son–for Prader-Willi syndrome, "a condition that offers little chance of living independently as an adult. Studies have found its positive results are incorrect more than 90 percent of the time."

But Kliff and Bhatia found that "Nonetheless, on product brochures and test result sheets, companies describe the tests to pregnant women and their doctors as near certain. They advertise their findings as 'reliable' and 'highly accurate,' offering 'total confidence' and 'peace of mind' for patients who want to know as much as possible." Their very lengthy analysis shows the record of inaccuracies has not slowed down the rush to promote sales.

National Review Online's Alexandra DeSanctis put it succinctly:

> **In a culture where abortion is the quick and easy "solution" for a baby who is deemed unfit or less than normal and therefore unwanted, how much more seriously should we take this report from the Times, which suggests that doctors are wrong far more often than not when diagnosing a serious fetal disorder?**

Woman encouraged to abandon daughter with Down syndrome at the hospital

By Cassy Fiano-Chesser

A United Kingdom woman is telling the world about the terrible advice she received after giving birth to a daughter with Down syndrome. In an article written for the *Daily Mail*, she outlined how staff reacted to the surprise diagnosis, and how little compassion was shown for her baby — or for her.

Nicky Laitner, 53, was just 29 when she gave birth to her oldest daughter, Charlotte. Through the pregnancy, she chose not to undergo any testing. "I wouldn't have had a termination so I didn't see the point; and because of my age I'd no reason to think I was having anything but a 'normal' pregnancy," she said.

Yet she could tell the moment she saw Charlotte that something was different about her, and the reaction of medical staff confirmed her suspicions right away.

> **"[T]he midwife ran out of the room in tears," she recalled. "I turned to Steve in confusion, and he told me he thought our daughter had Down's syndrome. In that moment, I felt like my whole world had come crashing down."**

Things only got worse from there. "Charlotte was just a few hours old when a maternity nurse suggested to me I could leave her at the hospital and return home to carry on my life without my baby," Laitner said. "It was the first but not the last time I felt pitied to have a child with Down's syndrome."

Yet her advice had the opposite reaction. "Her words roused me from the fog of shock and worry I'd been in since giving birth – when it was immediately obvious Charlotte wasn't the baby I thought I was having – and fired up in me a fierce sense of protectiveness that has never left me," she said.

Laitner already felt deep love for her daughter, but was still scared. Then, a meeting with a pediatrician the next day began to allay some of those fears:

The next day we took her home with the words of a wise paediatrician ringing in our ears. 'Charlotte is healthy and will do what Charlotte will do,' he'd told me when I naively asked how 'bad' her Down's syndrome was. He encouraged me to take each day as it came, never put limits on her and simply enjoy my baby. As any mother of a child with this syndrome will tell you, no matter how much you cherish them, it's hard to block out the negativity of the world around you.

After going home, friends expressed sympathy or avoided interacting with her. Others blamed her for not undergoing testing during the pregnancy so she could have had an abortion. She often felt that people pitied her, but it led her to feel even more determined to do the best she could for Charlotte. "I knew she was as valuable as any other child, and hoped in time other people would see that too," Laitner said.

Last month, a *Telegraph* investigation exposed how "do-not-resuscitate" orders were being given to teens with autism and learning disabilities throughout the COVID-19 pandemic, during routine medical appointments. A report released early in 2021 found the same results, as did previous investigations before the pandemic. The discriminatory mindset against those with disabilities appears to be deeply embedded into UK culture.

Charlotte, now 22, has graduated from high school and obtained a Bachelor of Arts degree in inclusive performance. "I cried tears of immense pride at her graduation," she said. "Beautiful, confident and happy, it's hard to believe expectations of her were so low it was suggested I abandon her or, even worse, that I should have ended her life before she was born."

Charlotte works at a movie theater, and wrote that one of her favorite things is to take her mom out to lunch, and pay the bill herself. "It's just a small thing, but it matters a lot to me," Charlotte wrote. "To work, to earn my own money, to treat Mum – it all reminds me I'm a grown woman, making my own way in life, no different

See "Abandon," page ??

Factsheet: Reported Annual Abortions 1973-2019

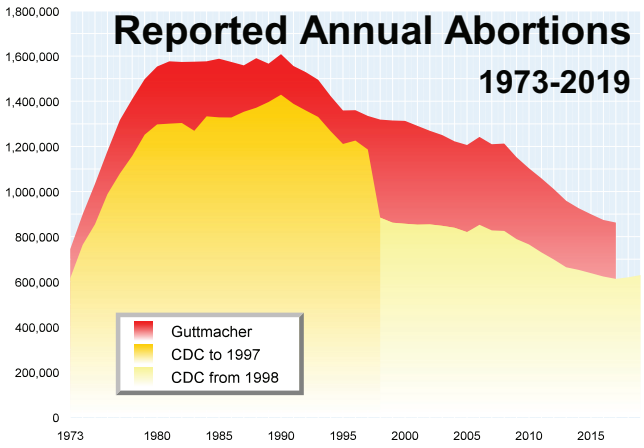
ABORTION statistics

United States Data and Trends

	Guttmacher	CDC
1973	744,610	615,831
1974	898,570	763,476
1975	1,034,170	854,853
1976	1,179,300	988,267
1977	1,316,700	1,079,430
1978	1,409,600	1,157,776
1979	1,497,670	1,251,921
1980	1,553,890	1,297,606
1981	1,577,340	1,300,760
1982	1,573,920	1,303,980
1983	1,575,000	1,268,987
1984	1,577,180	1,333,521
1985	1,588,550	1,328,570
1986	1,574,000	1,328,112
1987	1,559,110	1,353,671
1988	1,590,750	1,371,285
1989	1,566,900	1,396,658
1990	1,608,600	1,429,247
1991	1,556,510	1,388,937
1992	1,528,930	1,359,146
1993	1,495,000	1,330,414
1994	1,423,000	1,267,415
1995	1,359,400	1,210,883
1996	1,360,160	1,225,937
1997	1,335,000	1,186,039
1998	1,319,000	884,273*
1999	1,314,800	861,789*
2000	1,312,990	857,475*
2001	1,291,000	853,485*
2002	1,269,000	854,122*
2003	1,250,000	848,163*
2004	1,222,100	839,226*
2005	1,206,200	820,151*
2006	1,242,200	846,181*
2007	1,209,640	827,609*
2008	1,212,350	825,564*
2009	1,151,600	789,116*
2010	1,102,670	765,651*
2011	1,058,490	730,322*
2012	1,011,000	699,202*
2013	958,700	664,435*
2014	926,190	652,639*
2015	899,500	638,169*
2016	874,100	623,471*
2017	862,320	612,719*
2018	871,806§	619,591*
2019-21	886,677§	629,898*

*excludes NH, CA and at least one other state

national RIGHT TO LIFE EDUCATIONAL FOUNDATION
1446 Duke Street, Alexandria, VA 22314
202-626-8800 www.nrlc.org



There are two basic sources on abortion data in the U.S.: The U.S. Centers for Disease Control (CDC) publishes yearly, but relies on voluntary reports from state health departments (and New York City, Washington, D.C.). It has been missing data from California, New Hampshire, and at least one other state since 1998.

- The Guttmacher Institute (GI) contacts abortion clinics directly for data but does not survey every year.
- Because it surveys clinics directly and includes data from all fifty states, most researchers believe Guttmacher's numbers to be more reliable, though Guttmacher still believes it may miss some abortions.

Both the CDC and Guttmacher show significant recent drops and sustained declines over the last 25 years.

- Total abortions dropped 28.8% from 1998 to 2019 with the CDC, and fell 46.4% from 1990 to 2017 with GI.
- Total abortions fell below 1 million for the first time in the 2013 GI count and have continued downward to 862,320 in the most recent GI figures for 2017.
- The **abortion rate** for 2017 for GI was 13.5 abortions for every 1,000 women of reproductive age (15-44), less than half that of 1981 (29.3) and lower than when abortion was legalized in the U.S. in 1973 (16.3).
- GI says there were 18.3 abortions for every 100 pregnancies ending in live birth or abortion in 2016, 18.4 for 2017, lower **abortion ratios** than any since 1972.
- Guttmacher says that abortion "providers" have dropped from a high of 2,918 in 1982 to 1,587 in 2017.
- According to the CDC, the percentage performed with chemical abortifacients like mifepristone rose from 9.6% in 2004 to 43.7% in 2019.

The Consequences of *Roe v. Wade*

63,459,781

Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2017,

A total of 63,459,781 unborn babies have been lost to abortions since *Roe v. Wade*

By Dave Andrusko

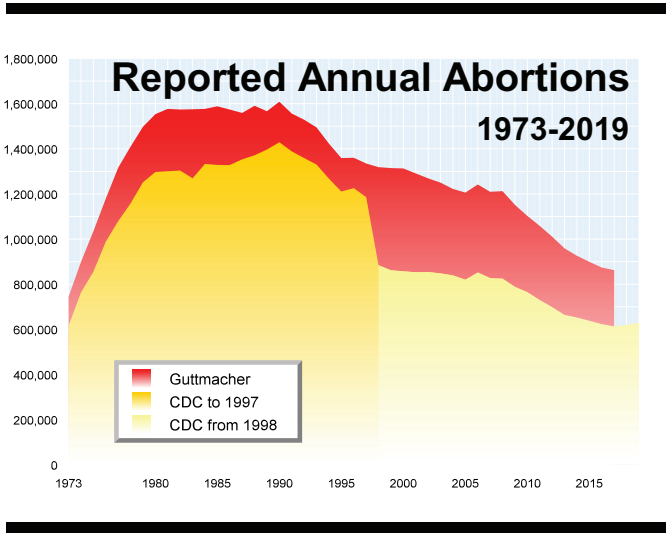
As we approach the 49th anniversary of *Roe v. Wade* and *Doe v. Bolton*, NRLC's Dr. Randall K. O'Bannon has compiled a factsheet estimating that 63,459,781 babies have been aborted since 1973.

The numbers continue to show a steady decline in abortions since 2009, although the 2019 Center for Disease Control (CDC) survey shows a slight increase in abortions.

Dr. O'Bannon, NRLC's director of Education & Research, draws his numbers from the two main sources: the CDC and the pro-abortion Guttmacher Institute. Both show significant drops and sustained declines over the past 25 years.

Each source has advantages. Guttmacher contacts abortion clinics directly but does not publish numbers each year. By contrast the CDC publishes each year but depends on voluntary reports from state health department. In addition, California, the nation's most populous state, New Hampshire, and Maryland did not report abortion data at all.

Dr. O'Bannon pointed out that "In 2019, in the reporting areas included in the report, the CDC found an abortion rate of 11.4 abortions per 1,000 women aged 15–44 years." In addition, "The CDC found a ratio of 195 abortions per 1,000 live births."



However, "the 2019 numbers are still a decrease of 1.3% from the 638,169 abortions recorded in 2015, and nearly 18% lower than what was recorded in 2010 (765,751)," according to Carol Novielli.

For perspective, from 2010 to 2019, the abortion rate decreased an amazing 21% (from 14.4 abortions per 1,000 women ages 15-44 to 11.4 per 1,000), and the abortion ratio decreased 13% (from 225 abortions per 1,000 live births to 195 abortions per 1,000 live births).

"The use of the chemical abortion method using mifepristone appears to be on the rise in many states," said Dr. O'Bannon. "The number of chemical abortions might be lower if women were told the truth about the deaths and injuries associated with chemical abortion methods. Instead, the abortion industry peddles lies about the ease of the method and pushes for fewer and fewer protections for women undergoing a chemical abortion."

Dr. O'Bannon continued, "Promoters of these pills like to trumpet high safety rates, but neglect to mention how that with hundreds of thousands of women taking these pills, even a couple of percentage points of women hemorrhaging, dealing with infections, and ectopic pregnancy, represents thousands of women desperately seeking treatment, which may or may not be nearby."

One recent study showed that emergency room visits by chemical abortion patients increased by 500% from 2002 to 2015. Those numbers would only be expected to grow with more lax safety regulations.

The full report from the CDC can be found at www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm

Eliminating FDA safeguards mean putting more women undergoing chemical abortions at risk

By Dave Andrusko

Let's compare and contrast the differing responses to the FDA's December 16 decision to make permanent its April 2021 order that removed the required in-person doctor's visit for women seeking a chemical abortion. Forget for the moment that we always knew it was a ruse and that Biden's hand picked commission "studying" the question would inevitably allows the abortion pills, mifepristone and misoprostol, to be distributed by mail after a woman has a telehealth call with an abortion provider.

"The FDA's decision eliminating its unnecessary in-person requirement did not come a moment too soon," ACLU attorney Julia Kaye said in a statement." "This decision follows the science, something we could only hope for from our nation's regulatory body on medications," said Dr. Jamila Perritt, president and chief executive of Physicians for Reproductive Health."

By contrast, "The FDA's decision today places women at risk," said Carol Tobias, President of the National Right to Life Committee. "These changes do not make this abortion process safer for women. What these changes do is make the process easier for the abortion industry."

She added, "The FDA knows the dangers of this abortion drug combination, but in the name of political expediency, has lifted the safety measure requiring an in-person doctor's visit."

You look at the numbers of death—26–and the "adverse events" –which numbered in the thousands–and how can you say, as does Perritt, that "the science shows that medication abortion care is safe to administer via telehealth"?

Taking shortcuts with women's health is nothing new for the abortion industry, indeed it is its stock and trade. There is a **reason** to see a doctor in person before swallowing mifepristone, starting with screening her.

As Dr. Randall K.O'Bannon has written, the screening

> **determine gestational age (the pills effectiveness drops the farther along the child's development), check for ectopic pregnancy (the pills do not work in circumstances where the child has implanted outside the uterus), or other contraindications (allergies, other conditions that might make use of the pills particularly dangerous).**

These are not insignificant precautions. That is, they are not insignificant if you care about happens to women.

One other thing. The Abortion Industry has chafed about "restrictions" since RU-486 was first approved. Number of visits; the number of the pills used; how far into pregnancy women could endure chemical abortions, etc. etc. etc.

Let me end with another quote from Dr. O'Bannon:

> **If telemedicine means pills being sold to women that are not fully screened for disqualifying medical conditions, taking pills far past the recommended deadline, effectiveness will most certainly decline further. As consequence at least hundreds, probably thousands more women will be left stranded, desperate for help, and maybe scrambling for emergency surgery.**

Pro-abortionists laments that 95% of abortions are performed in free-standing clinics "largely isolated from other medical institutions"

By Dave Andrusko

Carole Joffe is a veteran pro-abortion apologist whose writings are welcomed in the pages of publications such as the *Washington Post*. I remember once reading the following at rhrealitycheck.org [now renamed https://rewirenewsgroup.com] where she wrote

> **The specifics of abortion methods can be unpleasant to the lay public. However, this is true of most operations that remove tissue from the body.**

"Specifics" such sawing off limbs from living unborn children, suctioning arms and legs, etc., etc. Just like any other "operation."

Her latest contribution appears in the aforementioned *Washington Post* under the headline "Failing to embed abortion care in mainstream medicine made it politically vulnerable: Actions by the medical profession in the 1970s still reverberate today."

In a nutshell, her thesis is that the male dominated, conservative, don't-rock-the-boat medical establishment that existed at the time of *Roe* and years after wanted little to nothing to do with abortion. That why 95% of abortions occur in free-standing clinics which "are largely isolated from other medical institutions." The result is that "the embattled status of abortion care, and its failure to become accepted as a routine part of reproductive health services."

Interestingly she tells us that "Before 1973, people needed and accessed abortion despite it being illegal in most of the country." She tells us that there was over a million abortions per year, a number we—and many others—have debunked a million times. "Abortionist" has the connotation it does because of "back alley abortionist," Joffe adds. "Though this last group made up **only one segment of providers**, they left an indelible mark on medical colleagues at the time of nationwide legalization." [Emphasis added.]

Is that the only or even the primary reason "Nearly 50 years after legalization nationwide, the majority of obstetrician gynecologists and primary-care doctors do not provide abortions "?

She cites other factors. "Beyond their discomfort with abortion providers, the largely White, male and conservative medical profession of that era was ambivalent about incorporating abortion care for other reasons." Meaning?

Joffe quotes a doctor "complained at an American Medical Association (AMA) meeting in 1970, where legalization was under discussion, 'Legal abortion makes the patient truly the physician: she makes the diagnosis and establishes the therapy.'"

In other words, Joffe writes, "That this scenario would typically involve a female patient dictating a course of treatment to a male doctor only compounded the discomfort in an era when medical authority was almost entirely reserved for men and motherhood was considered normative for women." Sexism by any other name.

I have another reason: aborting an unborn child—a physician's second patient—is diametrical opposed to what an ob-gyn is trained to do. Even Joffe partially concedes this truth:

> **Even after Roe, a physician who supported freedom of choice, commenting on the small number of doctors doing abortions in New York City, remarked: "The rest of the staff regards these doctors with esteem not markedly higher than that previously reserved for the back street abortionist."**

Take a few minutes out to read "Failing to embed abortion care in mainstream medicine made it politically vulnerable: Actions by the medical profession in the 1970s still reverberate today."

Media outlet asks for abortion stories, gets tons of pro-life responses

By Charlotte Pence Bond

On Christmas Day, the analysis and data site FiveThirtyEight posted a question on Twitter asking for abortion stories, and many of the responses they received were not in support of abortion.

The site tweeted, "Do you have an abortion story? We want to hear from you," with a link to an article on the site.

The article explained: "Nearly 1 in 4 American women will have an abortion before the age of 45. But over the past decade, access to abortion in America has changed dramatically. There are fewer clinics and more restrictions. And now it seems likely that the Supreme Court will limit the right to abortion even further. As we document the impact of these shifts, we want to include the voices of people who have had abortions in the U.S."

It went on to ask people to complete a form if they have "had an abortion and are willing to share [their] experiences."

The article concluded, "We know that this can be a sensitive topic, so none of your personal information will be published without your consent."

The form that users are meant to fill out included questions such as, "How did your decision to have an abortion affect your life?" and "Did you have to pay out of pocket for the abortion? If so, how affordable was it for you?"

It also asked:

Where did you live at the time, and how far from where you lived did you have to go to get the procedure?

About how far along were you in your pregnancy when you had the abortion?

What were some of the most important factors in your decision to get an abortion?

On Twitter, the responses poured in, but a vast number of them were stories about people who had either had an abortion and regretted it, or had chosen life.

One of the most popular responses was a photo of an adolescent girl, along with a description:

At the ultrasound for my 2nd pregnancy we were told our baby had Down Syndrome and her heart was incompatible with life. They encouraged us to end the pregnancy. She's completely healthy.

Another woman responded: "I found myself unexpectedly pregnant at the age of 22 in my last semester of college with my daughter. Her father and I decided to marry, and she is still the most unexpected blessing in our lives. I cannot imagine a world without her joyful presence."

Some shared stories about rape and sexual assault, describing how the woman chose to give birth instead of abort her child. People also shared stories about adoption when the mother had chosen to give her child to another family who then discussed their gratitude to her for not choosing abortion.

One person wrote: "I know three women that have had abortions. All three were talked into it by someone else. All three say it's the biggest regret they have in their lives."

The Daily Wire's Ben Zeisloft responded, "Because Christians showed up at Planned Parenthood Philadelphia one cold Saturday in February 2020, this young man had a wonderful Christmas today with his family. And there are many others like him—both in Philadelphia and across the country."

Rep. Dan Crenshaw (R-TX) tweeted a response, writing, "Here's a story: every Christmas we celebrate the unexpected birth of a child that saved the world."

Another user responded: "Yes, I do. I experienced an unplanned pregnancy at 18 and chose to have an abortion. It was a traumatic experience and I still wonder all the time who my son would be today. Stop telling women abortion is their ultimate freedom. I never felt empowered by it."

Crenshaw also posted the responses to FiveThirtyEight's tweet on Instagram, writing, "Look at the replies to this tweet. Will warm your heart."

Editor's note: This article was published by the Daily Wire and was reprinted with permission at Pregnancy Help News.

Baby safe haven law critics put ideology over facts

By Laura Nicole

In the debate around Mississippi's Gestational Age Act, Supreme Court Justice Amy Coney Barrett addressed pro-abortion arguments dedicated to "forced motherhood," pointing out that safe haven laws exist in all 50 states and serve as a last-ditch effort when all other resources are over.

In the wake of Justice Barrett's comments, some abortion activists have sought to cast doubt on the efficacy of, and even the need for, safe haven laws. But these criticisms fail to acknowledge what safe haven laws actually are for, and what they do.

CONCERNS RAISED

Critics claim the safe haven laws don't go far enough to help the women in crisis pregnancies. Still others raise concerns about not knowing the familial medical history of infants surrendered under safe haven laws who are usually are adopted right away, spending little time in foster care. "We didn't really know what we were walking into. It's just one of those things where it's a total leap of faith," said one parent interviewed by the *AP.*

MISSING THE BIGGER PICTURE

All of these criticisms, however, miss the larger picture. According to the National Safe Haven Alliance 2020 report, 4,127 babies have been saved since 1999 when the state of Texas established the first safe haven law, with 120 of those babies (3%) saved in 2020 alone. By 2008, all 50 states had adopted safe haven laws. Contrary to claims, data from the CDC shows that babies killed on their first day of life dropped 67%.

The claim that safe haven activists do not contribute to the needs of women experiencing crisis pregnancies is unfounded. In 2020, the National Safe Haven Alliance (NSHA) created the Baby Sprinkle Project which, according to the report, "provides direct support for parents that need help getting on their feet, whether they choose to parent, place their child for adoption, or relinquish their baby using the Safe Haven law." The organization runs a crisis hotline, and has several programs to help women and families in crisis situations. Its core mission is to help save the babies who might otherwise be killed, giving women an escape hatch and keeping their babies alive.

And while it is true that parents adopting an infant under safe haven laws face many unknowns about the baby's background, this is not a valid argument against safe haven laws. Parents who adopt these babies understand that

adopting a safe haven baby, even with all the unknowns and differences from a traditional adoption process, still saves a human life and gives a child a home. Safe haven laws must be seen as what they are: a last-ditch effort for a woman who feels she is out of options, and one that saves the life of a vulnerable infant.

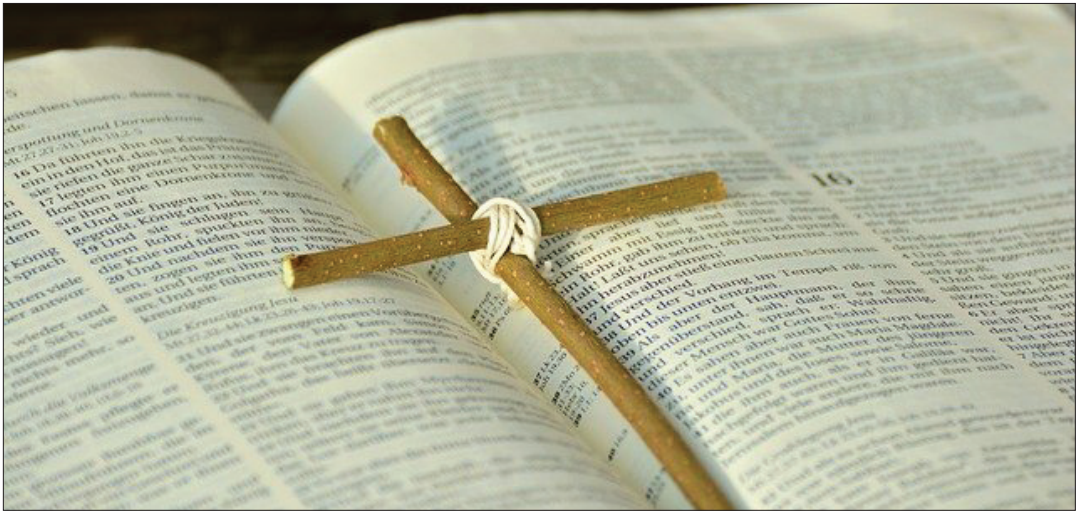
All in all, data shows that safe haven laws are an important option for women and newborns. Critics of safe haven laws in the wake of Justice Barrett's comments have shown themselves to be willing to ignore the facts and also ready to abandon their commitment to women's "choices" – in what appears to be little more than a critical reaction to a Supreme Court justice with pro-life sympathies, whom they oppose.

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

Love, the heart of the Gospel message, is also the heart of the pro-life movement

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

It has been said, quite rightly, that the pro-life case can be made in purely secular terms. In other words, someone could be an atheist, and still believe in the sanctity of human life. But it is also important to note that people of faith have additional reasons for supporting the pro-life cause, based on Scripture and religious teaching.



While perusing the Sunday bulletin from my church, I came across an interesting piece by a woman named Ruth Weber of Davenport, Iowa. Weber deftly addressed the issue of minors having abortions.

"Minors need parental consent to have their ears pierced. Minors need parental consent before caregivers can give them an aspirin or their prescribed medicine. Minors need parental consent to go into the military. Minors need parental consent to marry.

"Why then is Planned Parenthood (the nation's largest abortion operation) so against parental consent before they perform abortions on minor girls? I will tell you why—they will lose money! Planned Parenthood is big business."

Weber also wrote about the clear-cut nature of the issue of abortion.

"There is no common ground here. You are either pro-life or pro-death. A baby is a gift from God to be loved and cherished—not be thrown back in His Face."

Love…the heart of the Gospel message…is also the heart of the pro-life movement. As pro-life advocates, we love mother and child…father and uncle…grandmother and grandfather. It is a love without limits and without qualifications.

Weber summed up her argument with this succinct observation: "A baby has a right to life and a right to expect that we, our judges and our laws, will protect them."

And in that simple statement lies an undying truth: in a civilized society, we have the obligation to protect the most vulnerable from harm. That is why, in addition to pro-life ministry, we need protective pro-life laws.

Laws—and the love behind them—save lives.

Ohio Gov. Mike DeWine signs Born-Alive Infant Protection Act

By Dave Andrusko

On December 22, pro-life Ohio Governor Mike DeWine signed SB 157, the Born-Alive Infant Protection Act. The bill requires that doctors perform life-saving treatment to the baby, as they would to an infant born alive in any other situation. It also requires a report to be created by the Ohio Department of Health for the abortionist to file if a baby is born alive during a botched abortion.

"Ohio Right to Life applauds Gov. DeWine and our overwhelmingly pro-life legislature for ensuring that all Ohioans receive life-saving treatment," said president Mike Gonidakis. "No baby, regardless of the circumstances surrounding their birth, should be left alone to die."

SB 157 was sponsored by state Sens. Terry Johnson, a retired doctor, and Steve Huffman, a practicing physician.

"Thank you Governor DeWine for standing up for Ohio's newborns and protecting life at its most vulnerable stage," said Johnson, "Every child, no matter the circumstances surrounding his or her birth, deserves our compassion and care." Huffman described the Born-Alive Infant Protection Act as "another step in our continued commitment to uphold the sanctity of human life."

According to the *Associated Press*, "In cases of procedures in abortion clinics, doctors must provide care to a baby born alive, call 911 and arrange transportation to a hospital, under the law."

Ohio SB 157 "also allows for women to sue doctors for a baby's 'wrongful death' if a doctor doesn't act to save the baby's life," said reporter Russell Falcon. "Doctors could also face the loss of their medical licenses."

Pro-life Ohio Governor Mike DeWine

Pro-abortion Democrats said the bill was unnecessary and "that most late-term abortions are already banned in Ohio."

But state Sen. Johnson said "a U.S. Centers for Disease Control & Prevention report found at least 143 infants died nationwide following an attempted abortion in a 12-year span," according to Jim Gaines of the *Dayton Daily News*. (Of course, these are only the **reported** cases.) "Medical science is constantly improving, so fetuses not considered viable in the past may be so in a few years."

"This bill doesn't only apply to today, it applies to the future," he said.

One Year of Democrat-driven pro-abortion advocacy

From page 1

permitting states to argue that prohibitions on abortion prior to viability are justified by sufficiently compelling state interests? Or will they issue a broader decision which explicitly either totally or partially overrules the nearly 50 year-old *Roe v. Wade* and subsequent Supreme Court cases?

This case will have sweeping implications on the lives of unborn children and their mothers. Pro-abortion members of Congress have used this case to push the egregious so-called "Women's Health Protection Act," which could receive a vote in the U.S. Senate this year. For more on that, see below.

Ongoing Fights

Government Funding and the Hyde Amendment

In December 2021, Congress passed and President Biden signed a continuing resolution to fund the government. This temporary measure maintaining current spending levels and abortion funding restrictions will run until February 2022, and will need to be readdressed before that time. A continuing resolution means that last year's appropriations, which contain the Hyde Amendment as well as other abortion-funding restrictions, would remain in place for the time being.

The Hyde Amendment is widely recognized as having a significant impact on the number of abortions in the United States saving an estimated 2.4 million American lives. National Right to Life believes that the Hyde Amendment has proven itself to be the greatest domestic abortion-reduction measure ever enacted by Congress.

In July 2021, House Democrats passed several appropriations bills that did not include the Hyde Amendment or other longstanding, bipartisan pro-life protections. Instead they added pro-abortion provisions. Many of these protections would also be eliminated by the nine appropriations bills released by the Senate Appropriations Committee on October 18, 2021.

Congress will need to either further extend the continuing resolution or pass new Congressional appropriations prior to the February deadline or risk a government shutdown. Republican leadership has maintained their commitment to opposing efforts to strip out pro-life protections, despite this full-court press by Democrats to destroy decades of bi-partisanship on this issue.

Chemical Abortion Drugs

In addition to a focus on tax-payer funded abortion, the Biden Administration, on December 16th, sought to make it easier to obtain dangerous chemical abortion drugs.

The U.S. Food and Drug Administration (FDA) made permanent its April 2021 order that removed the required in-person doctor's visit for women seeking a chemical abortion. The decision by the FDA allows the abortion pills, mifepristone and misoprostol, to be distributed through the mail after a woman has a telehealth call with a certified abortion provider.

The FDA knows the dangers of this abortion drug combination, but in the name of political expediency, has lifted the safety measure requiring an in-person doctor's visit.

The So-Called Women's Health Protection Act

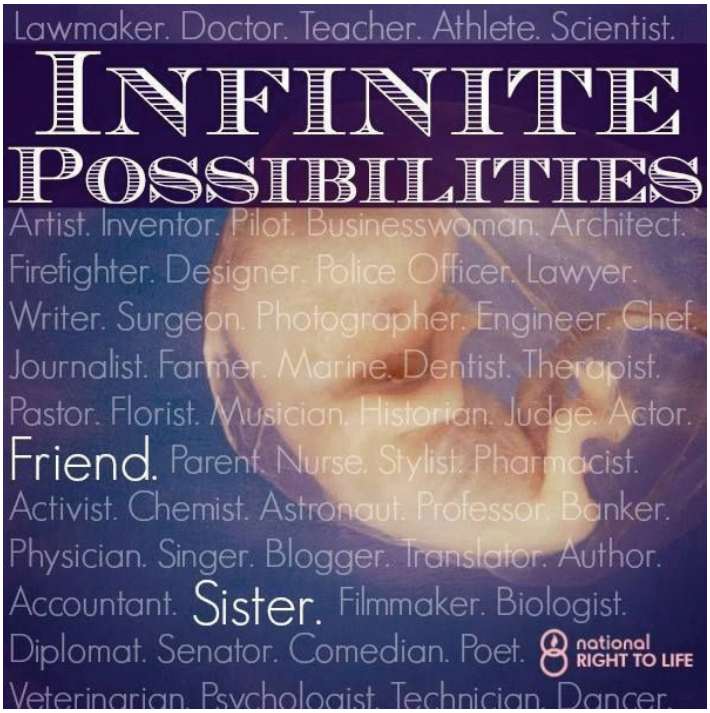
A renewed effort is underway to pass this extreme legislation due to the pending Supreme Court *Dobbs* case. For the first time, the sweeping legislation (H.R. 3755) received a vote in the House and passed 218-211 (roll call no. 295).

The Senate has not yet voted on this legislation, but Senate Majority Leader Chuck Schumer (D-Ny.) could bring up this legislation at a time of his choosing. Under current rules, this legislation would need 60 votes to end debate.

Not only would H.R. 3755 overturn existing pro-life laws, it would prevent new protective laws from being enacted at the state and federal levels. This bill seeks to strip away from elected lawmakers the ability to provide even the most minimal protections for unborn children, at any stage of their pre-natal development. H.R. 3755 would invalidate most previously enacted federal limits on abortion, including federal conscience protection laws and most, if not all, limits on government funding of abortion.

With life on the line, it is critical that voters let their voices be heard and vote against these radical pro-abortion priorities.

Please visit NRLC's Legislative Action Center to see how your members voted, and what legislation is currently pending. https://cqrcengage.com/nrlc/action



Tweeting while you wait for your chemical abortion to be completed

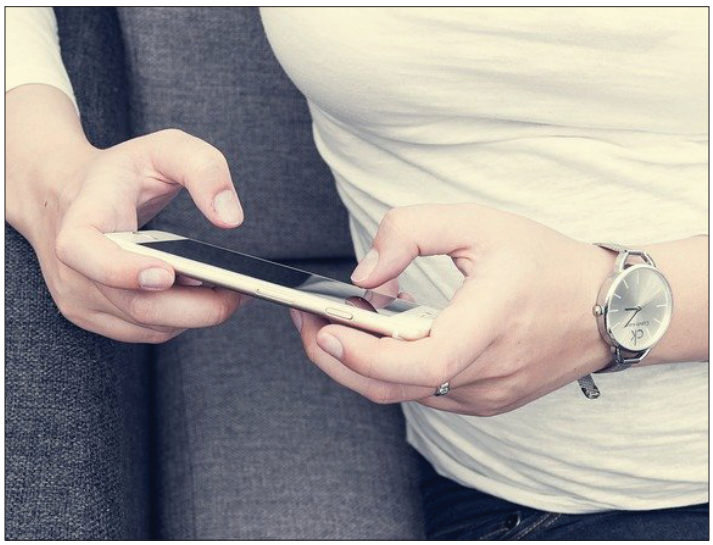
By Dave Andrusko

I am as shocked as I am sad, although I suppose I should not be surprised. A colleague passed along a tweet which generated plenty of approving responses from like-minded people.

I won't quote the tweet, but the sum and substance is the woman lovingly kisses her baby on the head, plays with him, and sings some songs all the while waiting for her chemical abortion to kick in. The final line reads "abortion IS parenthood, babes." In a previous tweet, she celebrates the sense of community—the "love and care and joy"—for an "abortion patient" whose friends "set up a MealTrain for them." She encourages us to "bake pies and order takeout for your friends when they have abortions!"

Is it moral equivalency? Death and life? It's "better" than that. It's a shout-out to knowing what's "right" for you. That it's fatal for the child can be ignored simply by holding the born child who "made the cut."

Sad. So very sad.



Long overdue to correct the error of Roe

By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

Even decades after slavery was abolished, there was a time in our country when it was legally acceptable to separate people by race. In fact, the Supreme Court upheld the constitutionality of racial segregation in the 1896 case *Plessy vs. Ferguson*, protecting the doctrine of "separate but equal."

It would be upheld by the Court seven times.

It took 58 years for the Court to see the error of its ways.

It's impossible to quantify the tremendous damage that *Plessy* did in stalling equal rights for all Americans. Finally, the Court's landmark decision in the 1954 *Brown vs. Board of Education* case determined racial segregation of school children to be unconstitutional. It became a cornerstone of the civil rights movement that led to de-segregation of other institutions.

Today, it's hard for us to imagine how the Court in 1896 could have possibly thought that such a practice was constitutionally protected. The doctrine of separate but equal with regard to race was long overdue.

In similar fashion, another Supreme Court precedent, should join *Plessy* in the ash heap of history. Where *Plessey* marginalized people based on race, *Roe* marginalizes people based on age and location. In a day of 4-D ultrasounds, fetal surgery, and ever-changing viability, it's hard to imagine how the Court in 2022 could still possibly think abortion to be a constitutionally protected right.

In every pregnancy, two separate and equal humans exist. From the moment of conception, a genetically unique human is formed, one who is inside the mother, yet NOT the mother. Perhaps they have a different gender, eye color, or hand dominance. But for sure he or she is a person who has never before existed and never will again-- a person whose future is impossible to predict and whose impact on the world can only be imagined.

Clearly human, created of human parents. Clearly living, as demonstrated by rapid growth. It is intellectually dishonest to say this is not a living human being.

In challenging this, the abortion supporter will frequently invoke personhood, saying that we are not really people with inherent dignity and rights until we possess any number of qualities--sentience, abilities to feel, dream, plan, etc. Yet, one must ask, does a newborn infant possess these qualities? Or those with limited cognitive capacity? Or those tortured by addiction? Are they, or others in likewise vulnerable situations, less a person?

Personhood cannot be qualified by arbitrary social constructs. Defining personhood should be based on objective truth. Scientifically speaking, the indisputable truth is that human life begins at conception, just as it was indisputably true that our human dignity is not a function of race.

Justice Blackmun, in his 1973 *Roe* majority opinion, acknowledged that if the personhood of the fetus is someday established, *Roe* is doomed to collapse, as the 14th Amendment clearly protects the fetus' right to life.

That day has come. Forty-nine years later, at the tragic cost of 63 million American innocent lives, wounded mothers, forsaken fathers, and a fractured society, it's time to correct the error of *Roe*.

Just as separate but equal based on race has no place in our society, equal rights based on biology certainly should be guaranteed for all. Situational circumstances do not change an objective truth of who we are and how we came to be.

We all have inherent worth from the moment of our conception. Every person, once in existence, should have the right to live.

National Right to Life 2022 Pro-Life Essay Contest Deadline Approaching

By Jacki Ragan

Each year, National Right to Life sponsors a Pro-Life Essay Contest for students in grades 7-12.

For 2022 the essay should address the question, **Why are you pro-life?**

Essays should be submitted between January 1, 2022 and January 21, 2022. **Essays must be postmarked by January 21, 2022.**

This is an excellent way to educate young people to the true meaning of abortion and how many lives are lost each year. With almost 3,000 abortions a day, many of their peers are not in their classroom today because of abortion. It can help each individual pro-life student learn and understand not only what is at stake in abortion but how they can help.

There are two separate competitions. There is a Senior Essay Contest for grades 10 – 12; and a Junior Essay Contest for grades 7 – 9.

Essays will be read and judged on originality, content, and accuracy. The announcement of winners will be as soon as possible, but judging time depends on the numbers of entries received.

What follows is a brief "how-to" so that you know how to submit your essay properly.

The essay should be double spaced with pages numbered, between 300 to 500 words in length. The font must be no smaller than 12 pt.

Use a cover sheet that includes: full name, full address, phone number, grade level, student date of birth, parents' name, and word count. All sources used must be cited and please do not include any artwork, pictures, or plastic covers.

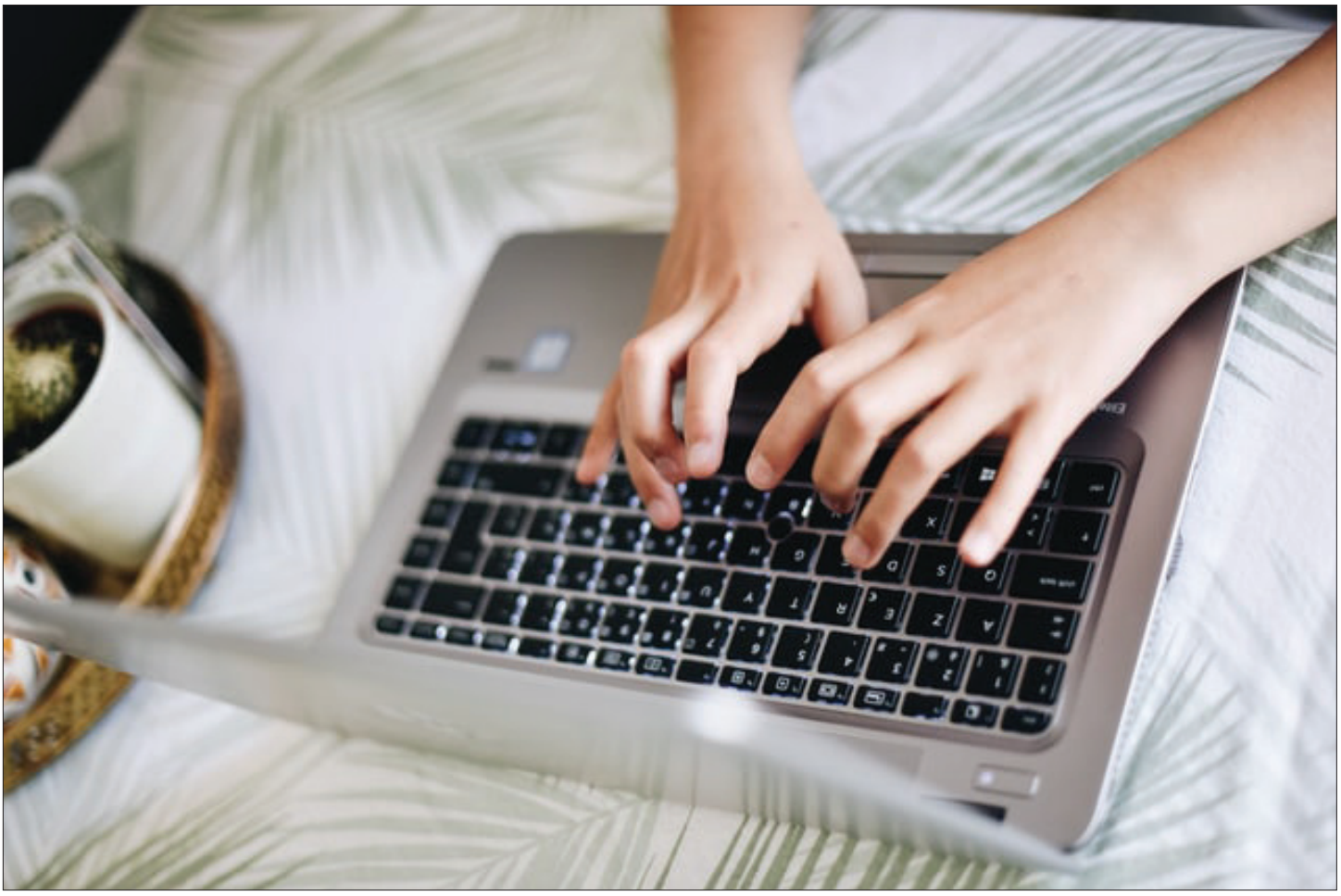
All essays must be mailed to Scott Fischbach, 4249 Nicollet Avenue, Minneapolis, MN 55409

Again, essays must be postmarked no later than January 21, 2022.

First place winners will receive $250, Second place winners will receive $200, and Third place winners will receive $150. Prizes are awarded for both the Junior and Senior contests.

The two first-place essays will appear in the National Right to Life Committee Yearbook and in *National Right to Life News Today*.

If you need additional information on the National Right to Life 2022 Pro-Life Essay Contest, visit www.nrlc.org/students/essaycontest.



"Catastrophic": 42.6 million abortions worldwide in 2021

By SPUC—the Society for the Protection of Unborn Children

42.6 million abortions took place in 2021 around the world, according to the website Worldometer, using data from the World Health Organisation. Abortion is still the leading cause of death worldwide.

Abortion is yet again the root cause of death worldwide. It is estimated that 13 million died from diseases and 8.2 million from cancer. There were also nearly 1.1 million suicides.

According to available data, 125,000 unborn babies die every day as a direct result of abortion.

Factoring in the current rate of abortion, since Tuesday, more than 600,000 babies have been killed by abortion around the world.

In 2021, it was also revealed that 210,860 unborn children were killed by abortion in 2020 – the highest number of abortions since the 1967 Abortion Act, as reported by SPUC.

That figure is likely to be the same, or even worse, for 2022.

Abortion is the main cause of death in the UK.

SPUC comment

A SPUC spokesperson said

"2021 was another horrifying year for the unborn. 42.6 million lives lost to abortion is a catastrophic death toll.

"This heartbreaking figure puts much in perspective. The task ahead for pro-lifers is staggering and more urgent than ever. We must not be deterred, however.

"Women and babies deserve more than abortion. They need us. These numbers are a huge loss for society and have a disastrous effect on the well-being of mothers.

"In 2022, SPUC will be launching several pro-life initiatives that aim to shift the balance in favour of the unborn in the UK."

Mom who came off life support to meet 7-week-old son reunites with family for Christmas

By Bridget Sielicki

Indiana mom Autumn Carver had a long road to meeting her third child, but that made the reunion all the sweeter. Now, after nearly 100 days in the hospital, she was home for Christmas with her family — something that seemed highly unlikely just a few months ago.

Autumn caught COVID and had to be hospitalized in August when she was pregnant with her son, Huxley. Unfortunately, she had to be put on a ventilator, and doctors delivered Huxley by C-section at 33 weeks.

Autumn's condition continued to worsen and she was put on an ECMO machine, which is a form of life support. Her prognosis was not good, and doctors thought that if she did survive, she would likely need a double lung transplant.

"When we took on Autumn, the probability was pretty low that she would get better because she had been on the ventilator and ECMO for an extended period of time," Dr. Ankit Bharat, chief of thoracic surgery at Northwestern Medicine told reunite. "If you need ECMO for over a month, your probability of coming off without something like a lung transplant is less than 5 percent."

Autumn spent nearly two months on life support, but when she did wake up in October she was able to meet Huxley for the very first time — a moment that was emotional for everyone. "Her parents, one of her best friends, and many nurses and doctors witnessed the special moment. I don't know if there was a dry eye in the area," her husband Zach wrote on Facebook at the time. "What an amazing day. We have a long way to go, but a good day through this was much needed."

After meeting Huxley, Autumn continued to make improvements and despite the doctors' predictions, she has not had to have a lung transplant — a development Zach says is miraculous. "She can talk. She can walk. She can breathe on her own. We're gonna walk out of the hospital here in a little bit and go home," he told WTHR. "I just don't have the words. I'm super, super excited and blessed and grateful, and it's just a miracle, an absolute miracle, and I thank God every day for her."

After an amazing recovery, Autumn was finally able to leave the hospital several weeks ago, just in time to reunite with her family for the holidays. In addition to Huxley, she also has two young daughters who she was not able to see for the entirety of her hospital stay. "I'm most excited for all five of us being a family under one roof for the first time. The baby just turned three months old and we're going to surprise our kiddos, our two older daughters, Harlow and Sadie. The look on their faces, we're pretty excited to see them," she told *PEOPLE*.

Autumn said that she is looking forward to everything about being at home with her newborn, especially given all she's been through. "All of it, including the late night wake-ups and everything. Baby snuggles are the best. So, just looking forward to that bonding time and letting him get to know mama again," she said.

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

The landscape of Luzerne County, Pennsylvania has been forever changed by Planned Parenthood doing abortions there

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

What a difference a year makes.

Back in 2019, Luzerne County in northeastern Pennsylvania recorded 0 abortions.

In 2020, according to statistics just released by the Pennsylvania Department of Health, the county on the east bank of the Susquehanna River reported some 503 abortions.

Zero to more than 500, in the course of a single year. Luzerne County went from being abortion-free to becoming an abortion mecca, courtesy of a Planned Parenthood providing chemical abortions in Wilkes-Barre.

When you think about it, it's truly astounding. 503 precious babies lost their lives—babies who could have grown up to become doctors and dentists, teachers and tradesmen, artists and airplane pilots.

And then there are the hundreds of mothers left behind to grieve the children lost to abortion. Where are they now? What trauma have they experienced as a result of their abortions? Has anyone heard their muffled cries, triggered by the pain of their searing grief?

And what of the fathers, who may or may not have been involved in the abortion decision. Who is ministering to the holes in their hearts as a result of lost fatherhood?

Abortion is no small matter—it is a matter of life and death. The landscape of Luzerne County, Pennsylvania has been forever changed as a result of the abortion industry plying its gruesome trade.

And it's not just that 2020 changed Luzerne County. 2025 will also be quite different, since there will be 503 kindergarteners missing from classrooms. And 2038 will be missing 503 high school graduates as a result of the scourge of abortion. Meanwhile, the world of 2042 will be missing 503 individuals—workers, mothers, fathers—all because Planned Parenthood launched a chemical abortion spree in Luzerne County in 2020.

This is a story of just one county among 67 counties in Pennsylvania. One county where an abortion business was launched. The repercussions of that event will haunt that county, and our Commonwealth, for decades to come.

Canada is failing its pregnant women

By We Need a Law

Women who choose motherhood should be honored and respected in that choice. Allowing offenders to get away, quite literally, with murder does nothing to empower women or protect real choice.

It is well established that the risk of violence against women increases when they are pregnant[1], yet consequences for their attackers do not increase at all. Right now, pre-born children are not recognized as persons for the purpose of the law, so their death or injury as victims of crime cannot be legally counted.

Victims unrecognized by Canada's law:

2006

Manjit Panghali, along with her pre-born child, was killed and then set on fire by her husband. She was identifiable only by dental records. Her husband was charged with only one count of murder.

2008

Tashina General was strangled by her boyfriend while pregnant with a son she had named Tucker. The killer was charged with one count of murder and served less than 10 years in prison.

2014

Cassandra Kaake was murdered when she was 7 months pregnant with a girl she had already named Molly. Cassandra's killer was charged with one count of murder.

2017

Arianna Goberdhan was *9 months pregnant* when she was murdered by her husband in Pickering, Ontario. *Her pre-born daughter, whom she had named Asaara, was also killed in the attack.* Her husband was charged with one count of murder.

Each of these men knew the woman they were attacking was pregnant. They didn't care. And neither does our justice system.

The stories could go on – there are more than 80 cases in recent Canadian history, and those are only stories of those women who died along with their pre-born children. Many others face assaults that harm both them and their pre-born children. It is time for legislators to ensure that true justice is served in the case of violent crime against pregnant women.

Canada's lack of abortion law should not detract from the injustices these women and children faced. Canada needs a pre-born victims of crime law so criminals who would attack a pregnant woman can be sentenced appropriately by our courts. These children matter, regardless of their location at the time of the crime. These women matter, mothers who desire life for both themselves and their babies.

[1] *See, for example, the World Health Organization's Information Sheet on Intimate Partner Violence During Pregnancy, the Domestic Violence Fact Sheet from the National Coalition Against Domestic Violence, and J. Jasinski (2001) Pregnancy and Violence Against Women: An Analysis of Longitudinal Data, Journal of Interpersonal Violence, 16 (7).*

Huge Victory at God's Battlefield

By Mary Anne Buchanan, WVFL Communications Director

"You're going to do what? Raise $199,000 in less than two months?!?!"

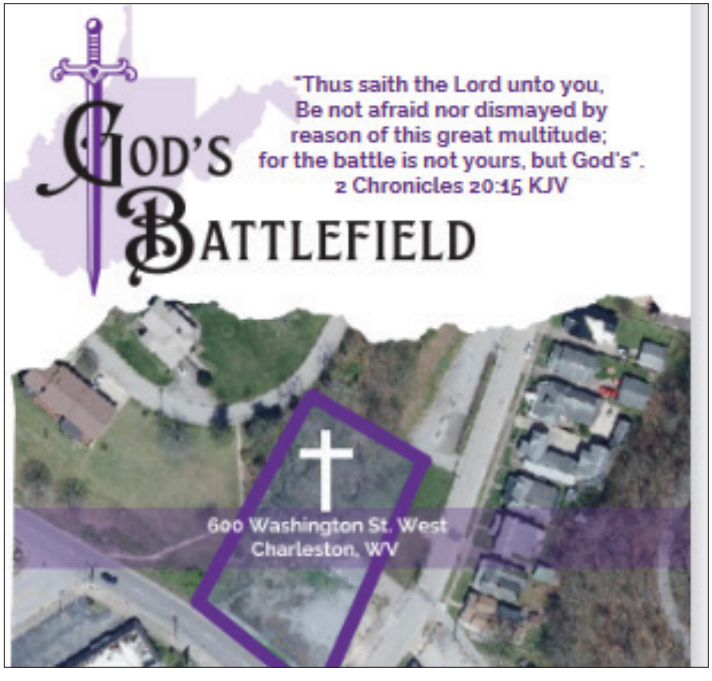
The lesson learned is that one should never underestimate what God can do.

In the December edition of *NRL News*, West Virginians for Life (WVFL) reported on having contracted to purchase the land across from the only abortion clinic in West Virginia in the state capital of Charleston.

Not only was the goal met, but over $100,000 of additional money came in!

The closing is Thursday, January 13. The Board will decide what happens next with the property, but the intention has been to honor and remember the thousands of little boys and girls that have been killed across the street as well as a place to grieve for post-abortive mothers.

The property was used to speak life to the abortion business' patients, employees, and volunteers during a nationally organized constant prayer vigil, which was held in 2021 from September 18-October 31.



Donations poured in from every square inch of the state and even included other states – California, Kentucky, Texas, Colorado, New York, Pennsylvania, Michigan, Massachusetts, Maryland, and Ohio.

If the money had not been raised in time, contributions would have been refunded to the donors and the land purchased by the abortion clinic, who paid no attention to it until getting wind of WVFL's interest. The excess money will be put toward beautifying the space and creating a memorial park to the unborn at the discretion of the Board.

As of January 12, the total raised amounted to over $304,000. According to Kanawha-Putnam County Chapter Leader Missy Ciccarello, who enthusiastically spearheaded the campaign, "This battle belonged to the Lord from the get-go. I never doubted a victorious conclusion with the goal (and more) having been met. I cannot wait to see how lives will be transformed because God's people walked out in faith."

In addition to donating, many people visited wvforlife.org/godsbattlefield/ and watched the stirring video.

Pictures of the property, once finished, are promised.

Funeral director shocked to find preemie declared 'stillborn' was still alive

By Nancy Flanders

A premature baby born at home and later declared stillborn was shockingly discovered to be alive hours later by the funeral director.

According to the *Mirror,* an 18-year-old woman in Brazil went to the hospital on December 27 in severe pain. She was unaware that she was about five months pregnant, and doctors at the hospital failed to check to see if she was pregnant. They sent her home, and she returned a second time due to continued and increasing severe pain. Again, doctors sent her home, where she gave birth to a baby without any medical assistance.

She brought the baby to the hospital, where doctors declared the two-pound, three-ounce newborn to be stillborn. Hospital staff called a funeral director to take the baby's body to prepare for burial. He arrived at the hospital at three in the morning on December 28, and a few hours later, was preparing the baby for the funeral when he noticed the baby sigh. Upon closer look, the baby's heart was beating.

The funeral director immediately returned to the hospital with the baby, and the premature infant was admitted to the neonatal intensive care unit (NICU). Both the funeral director and the family filed a police report and an investigation is ongoing. It is unclear what condition the baby is in at this time.

This is not the first time a premature baby has been declared dead and later found to be alive. In October 2020, a premature baby born at 23 weeks in Mexico was declared dead and was taken to the morgue. About six hours later, he was discovered crying and moving in the morgue refrigerator. Sadly, baby Jesús Sebastian died four days later.

In 2012, a baby girl born prematurely at 26 weeks in Argentina was declared stillborn, but after her parents were told they could see her in the morgue, they discovered she was alive — 12 hours after her birth. They named her Tiny Luz Milagros, or "Miracle Light."

The baby girl suffered sepsis and neurological issues after her time in the morgue and sadly died shortly after her first birthday from "multiorgan failure and disseminated intravascular coagulation, which then led to shock," explained Leonardo Carina, the local secretary of health.

Though many hospitals and doctors refuse to provide care for premature babies born before a predetermined gestational age — such as 24 weeks in some hospitals in the United States — babies born as young as 21 weeks have survived and thrived with proper and immediate medical care. A map of hospitals able and willing to care for such premature babies can be found here.

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

Leading international abortion provider admits 1 in 20 women have fragments of baby/placenta left inside them after medical abortion

By Right to Life UK

Marie Stopes Australia has admitted that over 5% of medical abortions it provides fail to complete, meaning that 1 in 20 women have fragments of the baby and/or placenta remaining in their uterus following a medical abortion.

These women will then require further treatment to prevent ongoing bleeding and infection, and may require a surgical procedure to remove the retained products of conception (RPOC).

The figures have been highlighted by Kevin Duffy, former Global Director of Clinics Development at Marie Stopes International (now MSI Reproductive Choices).

Kevin Duffy said that given around 10,000 women currently undergo at-home abortion each month in England and Wales, Marie Stopes' Australia's figures suggest that 500 of these women will need further treatment to complete their abortion. He further highlighted that this is consistent with the findings from a freedom of information investigation in England and Wales, which found 495 women each month were seeking hospital treatment due to RPOC, with 365 of these requiring surgical intervention.

A rate of 1 in 20 is classified by The National Institute for Health and Care Excellence (NICE), as 'Common', and 'Rare 'is defined as less than 1 in 1,000.

In his report, Kevin Duffy has outlined that the figures provided by Marie Stopes Australia showed a 5% failure rate for medical abortions among women whose pregnancies are at a gestational age not exceeding 9 weeks. Each of these women had first had an ultrasound scan to confirm this. Kevin Duffy said that these statistics may underreport the incident of complication, given that the risk of incomplete abortion increases along with gestational age, and that there is little effective verification of pregnancy state under current UK telemedicine abortion guidelines that permit abortion without an ultrasound scan.

Significant problems have arisen

Since 'DIY' home abortions were introduced in March 2020 in England and Wales, significant problems have arisen.

According to a leaked "urgent email" sent by a regional chief midwife at NHS England and NHS Improvement on the "escalating risks" of 'DIY' home abortions, several women attended Emergency Departments for incidents including significant pain and bleeding, ruptured ectopics, and resuscitation for major haemorrhage. The email leak also revealed that police opened a murder investigation into the death of a baby who they believe was born alive despite her mother taking 'DIY' home abortion pills.

A nationwide undercover investigation found evidence of abortion providers putting women at significant risk by not carrying out basic checks before sending them 'DIY' home abortion pills.

A Freedom of Information request submitted by Welsh Assembly member Darren Millar earlier this year revealed that ambulance call-outs to women who had completed a medical abortion at home had doubled since the change in regulations allowing both sets of pills to be taken at home.

There are also increased concerns regarding abortion coercion, given that 7% of British women have been pressured into an abortion by their husband or partner.

On 23 June, the results of the Scottish Government's consultation on whether to make 'DIY' home abortions permanent were published and showed that only 17% of submissions supported making them available permanently in Scotland.

England and Wales also conducted consultations earlier this year, but the results have not yet been released.

Strong public opposition

This strong public opposition to making 'DIY' home abortion permanent is also reflected in polling undertaken by Savanta ComRes that shows the overwhelming majority of the general Scottish public, especially women, are concerned about the safety, quality and legal issues arising from 'DIY' home abortion.

Over 600 medical professionals have signed an open letter to the Scottish, Welsh and English Governments

See "Provider," page 34

Leading international abortion provider admits 1 in 20 women have fragments of baby/placenta left inside them after medical abortion

From page 33

calling for an end to 'at-home' abortion due to concerns that it has led to a number of abortions occurring over the ten-week limit and that it fails to protect women and girls from being coerced into an abortion against their will.

Profits prioritised over patients

In 2017, a damning report from the UK's Care Quality Commission (CQC) accused Marie Stopes International (now MSI Reproductive Choices) of paying staff bonuses for persuading women to have abortions.

At all 70 Marie Stopes clinics, inspectors from the Care Quality Commission found evidence of a policy that saw staff utilise a high-pressure sales tactic, calling women who had decided against having an abortion to offer them another appointment.

Another report in 2017 showed that nearly 400 botched abortions were carried out in two months at Marie Stopes clinics. The report also outlined that across another three-month period, 11 women needed emergency transfers hospital after difficulties at facilities run by the abortion provider.

In 2016, Marie Stopes International was forced to suspend abortion services for a month after an unannounced inspection by the CQC found 2,600 safety flaws at Marie Stopes International abortion clinics in the UK including doctors going home and leaving women under sedation to be supervised by nurses and healthcare assistants, fetuses being put in waste bins rather than cremated and staff trying to give a vulnerable, visibly distressed woman an abortion without her consent.

The inspectors also found that almost half of nurses working at the clinics had not been trained to do resuscitation, safety incidents including medical blunders and equipment failures had increased by a third in a year and doctors were signing off up to 60 consent forms at a time when they were meant to be making a thorough assessment. One doctor filled in up to 26 consent forms in two minutes.

A spokesperson for Right To Life UK, Catherine Robinson, said: "There are so many obvious and serious problems that arise from 'DIY' home abortions outside of a clinical setting, the latest being that complication rates are likely to be seriously obscured".

"These figures reveal that there is something seriously wrong with the safety standards of at-home abortion whether it be in England and Wales or Australia".

"All abortion is lethal for unborn babies but once again, those who are pushing for 'DIY' abortion to become a permanent feature of the law are doing so with full knowledge of the dangers that it poses to women. Contrary to their rhetoric, abortion providers such as MSI Reproductive Choices are now showing little concern or care for women – they appear to instead be more concerned with expanding abortion access regardless of the effect this has on women's health".

Pro-Life Movement Mobilizes to Retake House and Senate Majorities in 2022

From page 4

Nevada

The state of Nevada, a state represented by two Democratic senators and a Democratic governor, and which has not been carried by a Republican presidential candidate since 2004, has emerged as one of the GOP's top pickup opportunities in 2022. Incumbent Senator Catherine Cortez Masto faces a strong GOP challenger in former state Attorney General Adam Laxalt, the grandson of former Nevada Governor and Senator Paul Laxalt. A November poll from the Trafalgar Group, which delivered some of the most accurate polling of the 2020 cycle and the 2021 Virginia Governor's race, found Laxalt leading Cortez Masto by a margin of 44% to 41%. The issue of abortion has already made its way onto the campaign trail. "In my election, I think Nevada should be asking candidates for every office what they'll do to protect these rights, and those who oppose reproductive rights should be held accountable at the ballot box," Cortez Masto told CNN. Voters will certainly be holding candidates accountable, but it is Cortez Masto who should be worried. Her extreme pro-abortion position, which would allow abortion for any reason throughout all nine months of pregnancy, and would use tax dollars to pay for it, is out of touch with the views of Nevada voters.

New Hampshire

Republicans have been looking forward to taking on Senator Maggie Hassan (D) since she won her seat by just 1,017 votes in 2016. During her time in the Senate, Hassan earned a 0% on National Right to Life's legislative scorecard. A UNH Survey Center poll found that just 33 percent of voters approve of her job performance, while more than half (51 percent) disapprove. Additionally in the Granite State, President Biden's approval numbers remain underwater and Republicans hold a five-point advantage on the generic ballot. According to polling, a generic Republican in New Hampshire bests a generic Democrat by a margin of 47% to 42%. In this climate, Republicans have real shot at flipping the seat. State Senate President Chuck Morse and retired U.S. Army Brigadier General Donald Bolduc have entered the race on the Republican side, and others may enter before the June 10, 2022, filing deadline.

North Carolina

In the Tar Heel State, incumbent Senator Richard Burr announced his intentions to retire at the end of his term, setting up a competitive battle for a Senate seat that has not been open since 2004. This is a must-hold seat if Republicans are to retake the Senate majority. While President Trump carried the state in both 2016 and 2020 and the state's junior senator Thom Tillis won in 2014 and 2020, North Carolina remains one of the most highly contested and most expensive battlegrounds. Leading the pack for the GOP nomination are Congressman Ted Budd and former Governor Pat McCrory, both of whom are pro-life. By contrast, Democrats have largely coalesced behind pro-abortion former state Supreme Court Justice Cheri Beasley. Her position on abortion is far outside the mainstream. Beasley supports a policy of abortion on demand through all nine months of pregnancy, and she would use tax dollars to pay for it. On her campaign website, she calls for gutting the life-saving Hyde Amendment, the longstanding appropriations rider that prevents the use of federal funds for abortions. She also calls for the passage of the so-called Women's Health Protection Act, an extreme bill that would tear down most pro-life laws passed in states nationwide. Polling by Redfield and Wilton Strategies in November 2021 found a dead-heat race between either Budd and Beasley or McCrory and Beasley.

Pennsylvania

Like North Carolina, Pennsylvania has an open seat up for grabs in 2022 with pro-life Senator Pat Toomey choosing to retire and honor a pledge he made previously to run for only two terms. Prior to 2016 when President Trump carried Pennsylvania, it had not voted for a Republican presidential candidate since 1988. In 2020, President Biden, who was born in Scranton, Pennsylvania, narrowly carried the state by a margin of 50.01% to Trump's 48.84%. Given the competitive nature of state, it has drawn large fields on both the Republican and Democratic sides. With a filing deadline months away, even more candidates are expected to jump in the race.

Wisconsin

Most political observers agree that pro-life Senator Ron Johnson is the most vulnerable Senate Republican in 2022. He is the only incumbent Republican senator up for re-election in a state carried by President Biden. (Although, Biden just narrowly carried the state. The final margin was 0.63% over President Trump.) Senator Johnson holds a 100% rating from National Right to Life for his two terms in office. On the Democratic side, around a dozen candidates are vying for the nomination. Most notably, Lieutenant Governor Mandela Barnes and State Treasurer Sarah Godlewski, both pro-abortion, have entered the race. Godlewski has the endorsement of EMILY's List, a powerful Democratic fundraising group that pours money into the campaigns of Democratic women who support abortion without limits. Early polling in the race shows Barnes leading the pack for the Democratic nomination. In his race for lieutenant governor, Barnes was endorsed by the nation's largest chain of abortion clinics. Wisconsin is expected to be one of the tightest races in the country and critical for Republicans to hold if they are to retake the Senate.

Actions speak louder than words for pro-abortion President Biden

By Dave Andrusko

Every few weeks someone in the media will channel the impatience pro-abortionists feel with what the Biden administration is allegedly doing on abortion. He "barely even uses the word abortion," they complain, according to the *AP's* Colleen Long and Zeke Miller.

To "prove" that speaking on abortion is good politics, "There is support for protecting Roe," Long and Miller write. "In 2020, *AP* VoteCast found 69% of voters in the presidential election said the Supreme Court should leave the *Roe v. Wade* decision as is; just 29% said the court should overturn the decision."

However, if you peruse that poll for even two minutes, you'll discover from the *AP's* Hannah Fingerhut that the public wants limitations that *Roe* doesn't allow:

> **After the first trimester, though, most Americans say there should be restrictions on abortion rights. While many still leave room for abortion in some cases, especially in the second trimester, majorities say abortion in the second or third trimester should usually or always be illegal.**
>
> **In the second trimester, about a third say abortion should usually — but not always — be illegal, and roughly as many say it should always be illegal. About a third say abortion should always or usually be legal.**
>
> **A majority — 54% — said abortion in the third trimester should always be illegal, and another 26% said it should usually be illegal. Just 19% said abortion in the third trimester should be legal in all or most cases.**

Pro-abortion President Joe Biden

Long and Miller do concede that other administration officials talks up abortion a great deal:

> **White House Press Secretary Jen Psaki has used the word multiple times, saying recently of Biden: "He's committed to working with Congress to codify the constitutional right to safe and legal abortion, as protected by *Roe* and subsequent Supreme Court precedent."**

Moreover "the recent decision by the U.S. Food and Drug Administration to ease up on restrictions for the abortion pill is a great start. " This illustrates perfectly how taking shortcuts with women's health is nothing new for the abortion industry, indeed it is its stock and trade. Those "restrictions"—seeing the abortionist in-person— before swallowing mifepristone, are crucial.

As Dr. Randall K. O'Bannon has written, the screening

> **determine gestational age (the pills effectiveness drops the farther along the child's development), check for ectopic pregnancy (the pills do not work in circumstances where the child has implanted outside the uterus), or other contraindications (allergies, other conditions that might make use of the pills particularly dangerous).**

Also remember the President's job approval numbers are terrible: most polls have them at 38%-43% (and one at 33%), meaning his numbers are "under water" by double digits. "Two thirds of Independents disapprove," according to Matt Loffman. "Support among Independents alone dropped eight points in a week."

Clearly going full-bore on abortion is a risky proposition for a President who is already floundering.

Abandoned, left in a cardboard box, newborn survives temperatures in the single digits

By Dave Andrusko

By any reckoning, the odds that an abandoned newborn would survive in Alaska would be slim and none. But with temperatures in the single digits and a wind chill of 12 below on New Year's Eve, it would surely qualify as a miracle.

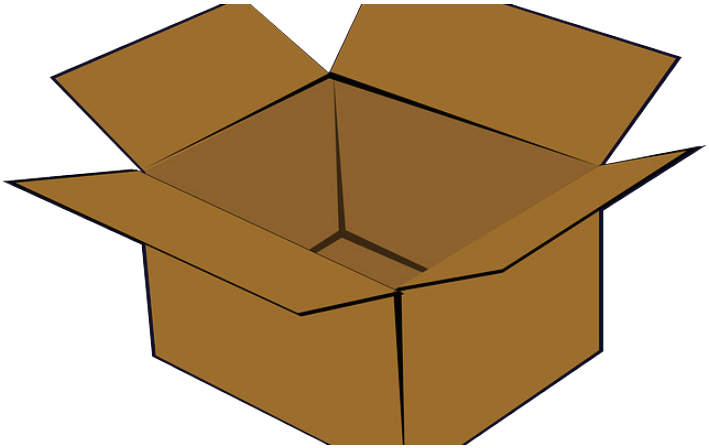
"The baby was found by Fairbanks resident Roxy Lane, who posted a video on social media of the note and the baby, who was swaddled in blankets and cooing softly," wrote Patrick Reilly. "Lane wrote in the post that she had found the infant in a cardboard box near a row of mailboxes by her home."

According to state troopers who took the baby to a local hospital, the child was "found to be in good health."

What did the note say?

Please help me!!!" the note began.

"I was born today on December 31, 2021 (at) 6 a.m. I was born 12 weeks premature. My mom was 28 weeks when she had me. My parents and grandparents don't have food or money to raise me. They NEVER wanted to do this to me," the note reads.



"My mom is so sad to do this," the note continued. "Please take me and find me a LOVING FAMILY. My parents are begging whoever finds me. My name is Teshawn."

Lane wrote that the parent were likely young and unaware of Alaska's Safe Haven Law, under which parents can surrender their newborn at a local hospital, church or police or fire station without fear of being prosecuted.

Reilly concluded

Lane pleaded with anyone who knew the mother to reach out, as she may be in need of medical attention or "might be in a desperate situation, feeling abandoned herself."

"Clearly, someone in our community felt so lost and hopeless that they made probably the hardest choice of their lives to leave that innocent life on the side of the road with nothing but some blankets and a name," she wrote in the post. "But she named him! There's some love there, even if she made a terrible decision."

"Today I saved a baby and I'll probably think about Teshawn for the rest of my life," Lane wrote.

Massachusetts State Rep. pushes to require abortion pills to be distributed at university student health centers

By Dave Andrusko

The headline to the story in the *Boston Globe* may be an exaggeration but is very troubling in any event: "The next abortion battleground: campus health clinics."

Pro-abortion State Rep. Lindsay Sabadosa has sponsored a bill requiring that the public university system dispense abortion pills at student health centers across the state. "The bill would require the state's 13 public university campuses to provide abortion pills, and create a state fund to help campus health centers pay for training, facility or security upgrades, and any telehealth or equipment necessary," according to *Globe* reporter Stephanie Ebbert. "Sabadosa hopes that private colleges and community colleges with health centers would follow suit."

"You want to make sure you're expanding access to all the places that make sense," Sabadosa said.

Obviously, the plan is based on similar legislation which was enacted in California, but "colleges have not leapt

to support the potentially controversial measure, which is still in committee," Ebbert added. "But the effort secured a major victory this week when UMass Amherst announced it would begin offering medication abortion at its health center next fall."

However the university presidents "have expressed concerns about a legislative mandate particularly because some of their campuses lack 'robust medical facilities,' said Vincent Pedone, executive officer of the State Universities Council of Presidents. "He also questioned the difficulty of accessing abortion in Massachusetts, where rights are protected under state law and medication abortion is newly available by mail."

The good news is the proposal is meeting with Sabadosa described as "sharp resistance" from pro-life activists.

"We think it compromises women's safety," said Kate Scott, who started a Students for Life group at UMass Amherst two years ago. "And we also think it's out of the scope of what a public university should be doing. Especially with taxpayer funding." According to Nancy Flanders, "The abortion pill has been found to be four times more dangerous for women than a first-trimester surgical abortion. Twenty-six known women in the United States alone have died in association with the use of the abortion pill, according to the latest serious adverse events report from the FDA."

Pregnancy Center volunteer explains her work

By Sarah Terzo

A pregnancy resource center staff member who works with post-abortive and pregnant women says:

"Society tends to portray abortion as an easy, quick fix with no regrets. Research shows us that is just not true. We are blessed to provide love, support, and encouragement for all women, no matter their pregnancy decision.

"When a pregnant woman enters our door, there are two lives that need tending. We mourn the loss of one life when women choose abortion, but we are still committed to the care of the mother's life and pray the best for her as she travels the road to after-abortion recovery."

Brittany Smith and Natasha Smith, *Unplanned Grace: a Compassionate Conversation on Life & Choice* (Colorado Springs, Colorado: David C Cook, 2021) p.36.

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

Remember: "You are your baby's first home …. Your baby's first protector"

By Dave Andrusko

Imagine how different the fate of millions of unborn babies would be if moms and dads looked upon them not as a kind of disposable property but as someone whose fate is entirely in their hands and whom they should do everything humanly possible to protect.

In other words, to see and then act not as landlords eager to evict but as parents dedicated to protect.

Enter an ad for First Response Pregnancy Test.

It's only 30 seconds long. The first two statements are the most relevant, although all the sentiments are very beautiful and very touching.

The ad begins with the husband lovingly kissing his wife's swollen abdomen. Then the words

You are your baby's first home…. Your baby's first protector.

I have written about fetolology and the incredible bond between mother and unborn baby a million times. But I've never put it in more telling, more tender terms than "You are your baby's first home."

That was the warm and fuzzy part (for me).

"Your baby's first protector." That was more sobering.

What are moms–and dads!–if not their child's first protector? We can and should be their first educator, their first role model, their first caregiver.

But nothing exceeds, because nothing precedes protecting them from harm. And what could be a greater betrayer of that sacred duty than to take our own child's life?

A beautiful, thought-provoking ad.

Babies miraculously survive Kentucky tornado that carried them away in a bathtub

By Dave Andrusko

It was a Christmas miracle. Out of the carnage and destruction from the tornado that ripped through parts of the Midwest , Tennessee River Valley, and Kentucky earlier last month, a quick-thinking grandmother saved her two grandbabies by sheltering them in a bathtub.

The miracle? The tornado ripped the bathtub out of the ground where it "was found in her yard, upside down, with the babies underneath," The *Associated Press* reported. "Authorities from the sheriff's office drove to the end of grandmother Clara Lutz's driveway and reunited her with the two children."

As the tornado approached, "All I could say was, 'Lord please bring my babies back safely. Please, I beg thee,'" she remembered. "Next thing I knew, the tub had lifted and it was out of my hands. I couldn't hold on. I just – oh my God," according to *WFIE-TV*.

Lutz was babysitting 15-month-old Kaden and 3-month-old Dallas when she learned the tornado was headed directly toward them. "She said she put Kaden and Dallas in the bathtub, all the while praying for their safety," she told the *AP*. "With them, she said she placed a Bible and blankets and pillows to protect them."

After the tornado struck, Lutz went outside and searched for anyone who could help, Jordan Yaney reported

Two sheriff's deputies and two community members were out in the wreckage.

In their search through the debris, they found the overturned bathtub, with the babies inside.

"I just heard the sound of crying or screaming coming from a distance," said Deputy Troy Blue.

Two of the men lifted the bathtub, while Deputy Trent Arnold and another man pulled the babies from the tub.

Body cam footage from the Hopkins County Sheriff's Office revealed the moment where the babies were found and returned to their grandmother.

"The sheriff came down," Lutz told *WFIE-TV*. "I got in the sheriff's car down at the end of my driveway, and it wasn't long after that that they opened up the door and brought me Kaden, my 15-month-old. And they brought me my three-month-old, baby Dallas. They brought him to me."

Lutz's whole house was stripped down to the foundation, but she told Yancey "She doesn't care about the material loss and credits God for saving her grandchildren's lives."