



national
RIGHT TO LIFE
NEWS

July 2019

National Right to Life Convention follows 4th of July commemoration with Celebration of Life July 5-6 in Charleston.



(Left to Right) Holly Gatling, Executive Director, South Carolina Citizens for Life; South Carolina Gov. Henry McMaster; NRLC President Carol Tobias; Damon Tobias, the husband of Carol Tobias.

Photo Credit: Karen Cross



national RIGHT TO LIFE NEWS

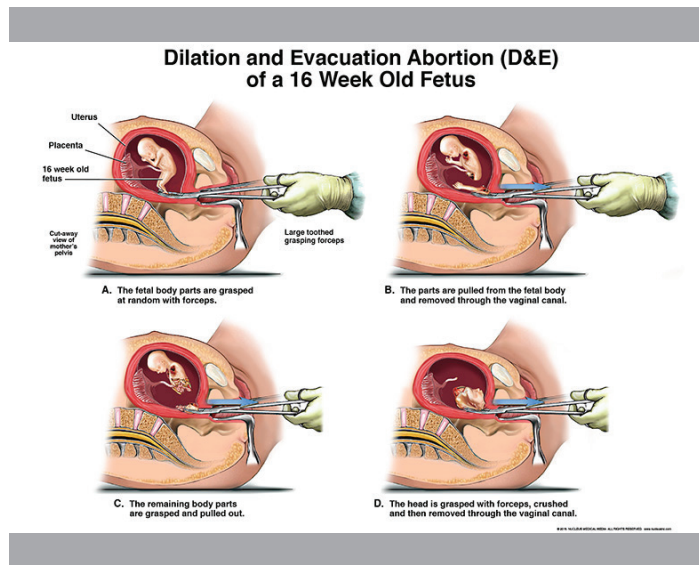
Oklahoma Judge uphold state law banning the dismemberment of living unborn children

By Dave Andrusko

It took four years and three months, but on July 12 Oklahoma County District Judge Cindy Truong upheld the state's Unborn Child Protection from Dismemberment Abortion Act.

In 2015, the bill passed the state House of Representatives, 84-2 and the state Senate 37-4 and was signed into law by prolife Gov. Mary Fallin.

At the time, Oklahomans For Life State Chairman Tony Lauinger commended Gov. Fallin "for her quick action in signing into law the Unborn Child Protection from



Dismemberment Abortion Act, which will prohibit this barbaric inhumanity in our state." Lauinger, who is NRLC's executive vice president, added, "We appreciate, also, the exceptional leadership of Representatives Pam Peterson and Senator Josh Brecheen for spearheading the enactment of this landmark lifesaving legislation."

However a lawsuit, brought by the Center for Reproductive Rights (CRR) on behalf of the

See "Oklahoma," page 22

9th Circuit upholds Title X rules denying funds to health facilities that perform or promote abortion

By Dave Andrusko

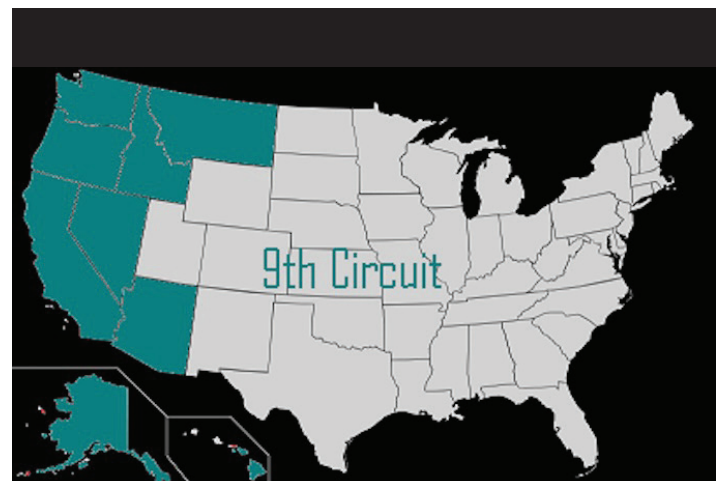
On July 11, the notoriously pro-abortion 9th Circuit Court of Appeals rejected emergency bids to temporarily set aside a June 20 decision rendered by a three-judge panel of the 9th Circuit that allowed the Trump administration's family planning rules to go into effect.

Ridiculed as a "gag rule," in fact the change made by HHS restored—emphasis on restored—Title X family planning regulations to prohibit grantees from co-locating with abortion

clinics, or from referring clients for abortion. It had nothing to do with cutting family planning money—none was cut—but everything to do with ensuring that health facilities receiving Title X funds do not perform or promote abortion as a method of family planning.

The commonsense core of the unanimous three-judge panel decision is that because the Supreme Court

See "Title X," page 46



Editorials

NRLC 2019 lives up to its reputation as the pro-life educational event of the year

If you've already begun to page through the July digital edition of **National Right to Life News**, you already know there is close to a dozen stories about NRLC's annual convention that took place July 5-6 in Charleston, South Carolina, and tons of wonderful photos taken primarily by Lisa Andrusko, NRLC's Yearbook editor, and Karen Cross, NRLC's Political Director.

I'm fully aware that not everyone who wanted to attend the pro-life education event of the year could make it to the Palmetto State. That's why we've posted story after story in *NRL News Today* as well as make the convention the focus of this issue of the "pro-life newspaper of record."

But you should also know that there is a "next best thing" to being there. Starting July 29, MP3s will be available and CDs are available now. MP3s will be \$5, CDs are \$8 individually. Bulk rate for CDs 10+ are \$7.50 each. We will post reminder in *NRL News Today*. (If you are not receiving our daily potpourri of news, commentary, interviews, and reviews, sign up at <https://www.nationalrighttolifenews.org/join-the-email-list>.)

From the first luncheon which took place the morning of July 5—"A Time to be Encouraged"-- until the closing banquet the night of July 6—"Nourishing Life at the Roots--Replenished, Rejuvenated, Renewed and Ready!"--attendees were offered a veritable smorgasbord of educational entrees. Jacki Ragan, our convention director, proudly (and correctly) says there is always "something for everyone."

See "NRLC 2019," page 34



Left to right (front row) Halee Wetzel, Nolan Kondrich's fiancé, Chloe Kondrich, and Margie Kondrich. Back row (left to right) Kurt Kondrich and Nolan Kondrich.

The electoral price Democrats will pay for their abortion absolutism

What a day we live in. Even Michael Wear, who was part of pro-abortion President Barack Obama's faith-based initiative and served on both of Obama's presidential campaigns, reluctantly understands his party has gone bonkers on abortion.

Note: when it comes to his old boss, Wear sees him as the model of middle-of-the-roadism on abortion, a conclusion that is as wildly wrong as it is an embarrassing example of toadyism.

When trying to counsel a strategic retreat from a politically impossible position, a tried-and-true tactic is to shift the blame by assassinating the character of your opponent. Suffice it to say, Wear leaves no stone unthrown.

Writing in the pro-abortion to the gills *New York Times* [<https://www.nytimes.com/2019/07/13/opinion/sunday/abortion-roe-2020-democrats.html>], Wear (of course) starts by blaming someone else--President Trump--for his own party's full-throated embrace of abortion extremism.

Why? Simply because by smearing President Trump, Wear doesn't have to deal with the **substance** of what President Trump

has said or Wear's party's own position on abortion which is shared by only a tiny fraction of the American electorate.

Wear writes in his *Times*' op-ed that the Democrats' "2020 candidates have taken an uncompromising stance, leaving potential Democratic voters who are sincerely concerned about abortion vulnerable to Mr. Trump's appeals and exploitation."

Examples of where the Democrat Party is out step with the American people? Let us count the ways. We'll start with Wear's examples and add even more!

"In the first presidential debate, Senator Elizabeth Warren was asked if there was any restriction on abortion she supported; she could not name one, and no other candidate on the stage tried to either."

(Obama's vice president, former Sen. Joe Biden, has tried to have it multiple ways on the Hyde Amendment [credited with

See "Electoral," page 44

From the President Carol Tobias

America's Future – No longer a Shining City on a Hill?

We had a GREAT convention in Charleston, SC, July 5-6. If you weren't able to come, you missed an educational, motivational weekend with dedicated pro-lifers from around the country and, indeed, the world.

We were joined by leaders of pro-life organizations from Canada, Mexico, and Australia. We also welcomed TV crews from *CBS News*, as well as news outlets from Germany, Japan, and New Zealand. An Australian reporter couldn't make it to the convention so came to our office the following week.

Why the interest from news outlets around the world? Because something is happening in America that cannot be missed: the passage of so many pro-life bills. As a female reporter from Japan said, "Abortion is legal in Japan and no one thinks anything about it. Why is it still such an important issue here (in the U.S.)?"

I happily explained that President Trump has appointed many new judges to the federal bench, including two to the Supreme Court. Pro-lifers are optimistic we will see a change in judicial rulings when it comes to abortion.

The reporter from New Zealand asked, "What is your vision for America?" I replied that I wanted the world to look at the United States and see a country that respects life. I want America to be a shining city on a hill where human life is valued and respected; a place that other countries look to and say, "We want to be like that."

America's vibrant pro-life movement is a model to the rest of the world but something foreign journalists have a hard time grasping. The reporter just kind of smiled and nodded. Maybe she thought I was fooling myself-- that there was no way my vision could ever become a reality.

I disagree. I firmly believe, as president of the largest and most effective single-issue pro-life organization, this vision can and will come to pass, but it won't be easy and we have a long way to go.

The U.S. has been a beacon of light for the world for hundreds of years but

we've veered from that path. We are a country that allows unborn children to be killed for any reason, or no reason, for all nine months of pregnancy. We are a country that has to fight to protect babies who survive abortion. We are a country that allows Alzheimer's patients to be starved to death because they no longer "contribute to society" and we allow assisted suicide because we think some people are a "burden" and we're better off without them.

Unlike many other countries, we haven't given up the fight. We've grown larger and smarter. The battle for Life still rages as we advance-- we are passing legislation and winning elections-- and according to polls, we are successfully changing hearts and minds.

For those who have been involved in the movement for a while, you know that success ebbs and flows; we take two or three steps forward only to experience some setback. That is the history of all great social reform movements. We have to make sure that the 2020 election is not a step backwards.

Our opponents have made their position very clear. Abortion should be legal for any reason, or no reason, with no protections for unborn children up to, and even after, birth. They won't stop with the "right" to kill. They want our tax dollars to pay for abortion and they want to force health care providers to perform, assist with, or refer for abortion.

When it comes to compelling pro-lifers to do their bidding, they have no use for the First Amendment. Fortunately, last year the Supreme Court ruled that states can't force pregnancy centers to give information to their clients about abortion which goes against the center's philosophy, so our opponents look for ways to just shut them down. They don't want LIFE to be one of the choices.

Our opponents think we must use our tax dollars to promote the killing of unborn children in other countries. NRLC representatives at international conferences assure me that families in developing countries want clean water,

schools, jobs, and a safe place to raise their families. They don't want us "helping" them to kill their children.

And yet, what I just outlined could come to pass if we lose the elections next year. Every one of the Democratic candidates for president will push the abortion agenda I just laid out. The contrast to pro-life President Trump could not be more stark.

If one of these candidates is elected, and Nancy Pelosi remains Speaker of the House, and Chuck Schumer becomes Majority Leader in the Senate, the Hyde Amendment will be eliminated. Our tax dollars, for the first time since the early 1970s, will be used to pay for abortion. All conscience protections for health care providers will be removed, and a national law on abortion, wiping out every pro-life state law, will be enacted.

My vision of America as a symbol to the world will, instead, become a nightmare.

So, what is your response? Are you ready?? The first filing deadline for candidates in some states begins this November-- just four months from now. Look ahead to the coming year, lighten your schedule if you can, and make plans to be involved in the superbowl of all superbowls-- the 2020 elections.

Work even harder to educate your community about the wretchedness of abortion. Circulate the NRLC flyer on [where presidential candidates stand](#) on life, and ask family and friends which candidate's position most closely reflects theirs. Follow National Right to Life PAC as we disperse information about where congressional candidates stand on life, as it becomes available.

We have a job to do, and we have 16 months in which to do it. Let's take another HUGE step forward!



Saturday morning session at NRLC 2019 provides a human face to the issue of healthcare rationing

By Dave Andrusko

A trio of speakers at the July 6 opening session of NRLC 2019 provided a human face to the issues of euthanasia/assisted suicide/rationing in three powerful presentations.

Bobby Schindler, the brother of Terri Schiavo and President of the Terri Schiavo Life &

fought heroically for Terri but in the end her estranged husband won the “right” to have Terri’s food and water cut off.

Wayne Cockfield serves as an at-large director on the National Right to Life Board of Directors, vice president for medical ethics for NRLC, and

a decorated Marine who was gravely wounded in Vietnam. Wayne is intimately familiar with the dehumanizing way people with disabilities are treated, particularly in hospital settings including the VA. (He spent two years and three months in hospitals.)

“Euthanasia is not for dying people,” Wayne said. “It’s for those who won’t die” (the famous “biologically tenacious”), people whom hospitals and bioethicists have deemed to be living lives not worthy to be lived. Euthanasia, Wayne said, is “the final solution for disposable people.”

Yet we live in such a disposable society, he said. First the unborn child, then grandma, now disabled people—and more to come. Yet “Where’s the outrage?” he asked.

He concluded we are in a battle “that we must win.”

Jennifer Popik, J.D., is NRLC’s director of federal legislation and of the Robert

Powell Center for Medical Ethics. She, too, offered a personal story—Jenny’s twin 10-year-old daughters who have an incredibly rare disease. While their treatment is excellent now,



Bobby Schindler, President of the Terri Schiavo Life & Hope Network and Jennifer Popik, JD, NRLC’s director of federal legislation and of the Robert Powell Center for Medical Ethics

Hope Network, reminded his audience that it has been over fourteen years since Terri was starved and dehydrated to death but that the thirst for death is unquenchable among those who grade life on a sliding scale.

Bobby pinch hit for Wesley J. Smith, whose flight was cancelled due to weather, and recalled how Wesley was the proverbial canary in the coalmine, warning decades ago of the growth of a deadly bioethics establishment ever on the hunt for other categories of people it could label “human non-persons.”

Bobby’s sister is one of most publicized cases of a cognitively disabled person sentenced to death, because she had ostensibly claimed she “wouldn’t want to live that way.” Her parents and siblings

does invaluable work at the UN thwarting bad language intended to be included in various UN documents. He is



Wayne Cockfield with Lynda Bell, chair of the NRLC Board of Directors (right), and Karen Cross, NRL Political Director



Wayne Cockfield

Jenny worries what the attitude of doctors will be when the girls are in their 20s.

She provided an overview of state legislation where pro-euthanasia forces probe for weaknesses while the opposition coalition works to fend off the hundreds of assisted suicide proposals that flood the states.

Health care rationing, Jenny reminded the audience, is a form of euthanasia and NRLC has been in the forefront in resisting congressional cost-cutting initiatives that are thinly disguised forms of medical health care rationing.

“We are in this to win,” she concluded, “but we can only win with you.”

Abortion and Hidden Pain: ‘Viable--The Truth Presented in One Act’

By Larry Hart

I don't know how many guys would admit to crying at movies, but I do. I also cried as I read the script of *Viable: The Truth Presented in One Act*. I had not previously heard of this play, because it had only been performed two other times.

The script, which is still in flux, was sent to me to review because the play was going to be

reading the script, I wondered how it would affect the audience when it was acted out. Would the three actors be able to bring the power of those words on the page to life?

The play starts out with a mysterious counseling session (mysterious because neither spouse recalls setting it up), set in a church. We watch a husband

and forgiveness take place; the first is between a woman who had an abortion and God. The second reconciliation is

Frustrations set in that lead to anger, an anger that you don't understand or understand the cause. It is an anger that can be



[Left to right] Kimberly Jackson, Gisele Gathings, and Chan Graham
Photo credit: Lisa Andrusko

performed just prior to the start of the 2019 National Right to Life Convention in Charleston, S.C. Those registering for the convention were invited to attend. I was asked to introduce the play and then be part of a panel for questions and answers afterwards

Viable is a play in One Act, Five Scenes about abortion. It's about how abortion can and will hurt women but also will wreak havoc down through the generations. It's about the need for reconciliation without ignoring how very hard that can be.

If *Viable* could make me, a 68 year-old man, cry just by

and wife whose main form of communication is to squabble and to bicker. They were two people who both wanted things to be different between them, but by the time of their latest counseling session, the word divorce would come into their heated discussion. They needed a breakthrough.

(The couple is in their mid-fifties, married for 30 years, with dialogue so "real" it makes you wonder if the author had experienced these same types of conversations in his own life. I guess that's what makes a good author.)

As the story progresses, more than two types of reconciliation



Photo credit: Lisa Andrusko

between a husband and wife who had just been co-existing.

But is the third reconciliation where most of my tears came from. I won't spoil the play for you by spelling it out.

What I can say is that although the play is only 75 minutes long, Gisele Gathings, Chan Graham, and Kimberly Jackson brought the script to life. During that time, I experienced many emotions and learned valuable lessons.

One lesson that I think I recognized applied in my own life, is how hard it is to love others when you yourself do not feel loveable and don't think anyone could love you. Another way of saying it is how can you give what you don't think you have? Ironically, it is when one is acting most unlovable that one needs love the most.

The husband and wife demonstrate for us that past decisions and choices can cause one to feel unworthy of love.

hurtful and damaging to your relationships with those closest to you.

I also learned from *Viable* that the truth once told, can lead to forgiveness, a rebuilding of trust, and healing in relationships, whether it be between you and God, or you and your spouse. Truth can be acutely painful and very difficult, but in the end the pain is a small price to pay. The subtitle of *Viable* is, "The Truth Revealed in One Act."

After the play, the audience responded with loud applause and probing, thoughtful comments and questions? Bottom line? The play is a love story like no other, while at the same time being a love story that is old and familiar.

Feel free to contact www.ChristianCreativeMedia.org on how to bring this play to your Church or area. It can even be a fundraiser.

The Pro-Life Educational Event of the Year will celebrate its 50th anniversary next year

2020 is a big year. It is the year we will decide, yet again, the fate of the most vulnerable and defenseless class of human beings in the world--the unborn.

How better to equip ourselves with essential pro-life knowledge and education than to host our 2020 annual convention near our nation's capital? Not only is it a big year for our country, but a big year for us. National Right to Life will celebrate our 50th convention in 2020 by educating, engaging and encouraging the grassroots. Join us!

We already have some big names lined up for you to hear and meet--one will be Patricia Sandoval, a former Planned Parenthood worker and a woman who has had 3 abortions herself. Read some of her testimony of what it was like to work at Planned Parenthood:

My first day on the job, my supervisor told me: "You have to do everything in your power to convince these girls to abort. If they're fearful and want to leave, tell them that you, too, had an abortion. But never say the word, "baby." You must refer to their baby as a 'thing.'"

Our Prayer Breakfast speaker will be Dr. Gregory P. Seltz, the Executive Director of the Lutheran Center for Religious Liberty and the former Speaker Emeritus of the Lutheran Hour.

We will be at the Hilton Washington Dulles Airport hotel, a few miles from Dulles Airport in Virginia on June 26th and 27th of 2020. We hope to see you there!

NATIONAL RIGHT TO LIFE CONVENTIONS



*of Educating, Engaging
& Encouraging the Grassroots*

1971-2020

JOIN US FOR OUR 50TH ANNUAL CONVENTION

AT THE DULLES AIRPORT HOTEL IN HERNDON, VIRGINIA

JUNE 26 & 27, 2020



Patricia Sandoval



Dr. Gregory P. Seltz

AMA votes to retain opposition to Physician-assisted suicide by a nearly 2-1 margin

By Jennifer Popik, J.D., Director, Robert Powell Center for Medical Ethics

The American Medical Association has affirmed its Council on Ethical and Judicial Affairs' recommendation that the influential AMA remain opposed to physician-assisted suicide. Pro-assisted suicide organizations and physician had lobbied furiously for the AMA to "go neutral" on physician assisted suicide, the first step on the way to winning AMA approval.

What made the victory even sweeter was the margin— an overwhelming 65% in favor to 35% opposed.

A year ago the Council on Ethical and Judicial Affairs (CEJA), after many years of hard and detailed work examining the dangerous trends and effects of legalizing physician-assisted suicide, issued a report to the full AMA to maintain its long-time opposition.

But to the delight of proponents of physician-assisted suicide, in June 2018, the AMA's House of Delegates decide not to accept the CEJA's recommendation to maintain the AMA's firm opposition and to continue "studying" the issue. Everyone knew the battle would be fought again in 2019.

According to those familiar with the vote and

preliminaries, over 20 medical students, interns, and residents provided testimony at the Reference Committee meeting. Additionally, numerous other physicians testified.

The importance of AMA's

posture on physician-assisted suicide would be difficult to exaggerate. In state fight after state fight, the opposition of the AMA and its state affiliates has been critical in fighting attempts to take a position of neutrality. This victory at the AMA is critical due to the flood of assisted suicide legislation in the states.

The current language, which the AMA has now affirmed, reads

"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."

Much of the battle, as the CEJA report (two years in the making) suggested was over language. The CEJA report reached two main conclusions:

1. The AMA Code of Ethics should not be amended,

effectively sustaining the AMA's position that physician-assisted suicide is fundamentally incompatible with the physician's role as healer.

2. With respect to prescribing lethal medication, the term "physician assisted suicide" describes the practice with the greatest precision.

Regarding the latter, the report noted, "Not surprisingly, the terms stakeholders use to refer [to] the practice of physicians prescribing lethal medication to be self-administered by patients in many ways reflect the different

ethical perspectives that inform ongoing societal debate."

Proponents of change favor the euphemisms "death with dignity" or "medical aid in dying."

Of course the battle goes on. Assisted Suicide is now legal in California, Colorado, the District of Columbia, Hawaii, New Jersey, Oregon, Washington, Vermont, and Maine and may have some protection in Montana.

Fights are raging in nearly every state legislature. These laws claim to offer just another medical "option" for competent terminally ill adults. However, this has NOT been the case in the states living under these dangerous laws.

Where legal, there have been documented abuses under these laws. In many states, there is a real risk that assisted suicide will expand to apply to the incompetent. Further, should the number of states legalizing assisted suicide continue to grow, the U.S. Supreme Court may readdress euthanasia as a constitutional right.

Thanks to the strong effort of committed medical professionals, the AMA retains its long-standing practice against assisted suicide.



We mourn the death of Vincent Lambert while thankful that an agreement will protect the life of Hannah Cement

By Alex Schadenberg, Executive Director – Euthanasia Prevention Coalition [EPC]

We mourn the death of Vincent Lambert, a cognitively disabled man who died by dehydration after France's highest court ordered that he be denied food and fluid which they defined as medical treatment.

Our online petition pleading that President Macron save his life received more than 138,000 signatures.

While the death of Vincent Lambert is a tragic case of disability discrimination, it is a huge victory that Hannah Cement, a woman in Ottawa, will live until her natural death.

In early May 2019, the United Nations Committee on the Rights of People with Disabilities intervened in the Lambert case, stating that causing Lambert's death by dehydration contravened his rights as a person with disabilities.

Section 25f of the United Nations Convention on the Rights of Persons with Disabilities requires nations to:

Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

The June 28 decision by the Court of Appeal in Paris was a death sentence and a denial his human rights.

Lambert was a cognitively disabled man who was not otherwise dying or nearing death. To directly and intentionally cause his death

medical care until she dies a natural death.

Hannah Cement is a 62 year-old woman with Down syndrome and dementia, who

and fluid as medical treatment.

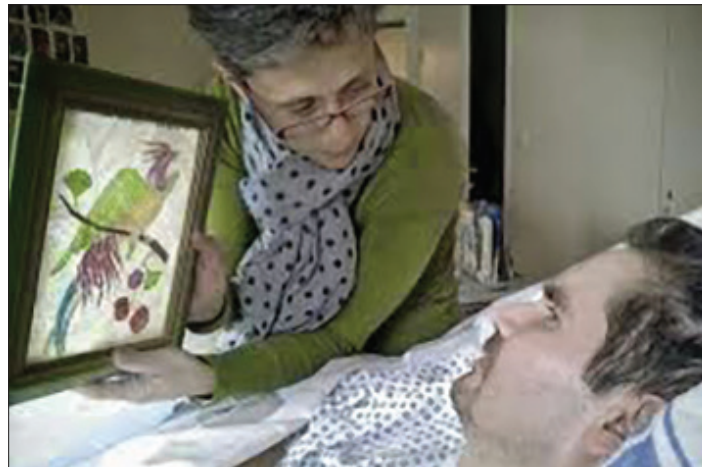
In late March, 2019, the Consent and Capacity Board (a judicial body that was established under the Ontario Health Care Consent Act) made a terrible decision in the Cement case, essentially ordering the withdrawal of all medical treatment from Hannah. This would have led to Hannah dying a death similar to Vincent Lambert's.

The family appealed the decision to the Ontario Court of Appeal and the Euthanasia Prevention Coalition, once again, sought intervention standing in the case.

The news that the doctor, the hospital, and the Cement family reached an agreement to assure that Hannah will continue to receive basic medical care until she dies a natural death is an incredible victory.

While we mourn the death of Vincent Lambert, we are very thankful for the legal agreement to enable Hannah Cement to continue living until she dies a natural death.

Editor's note. This appeared on Mr. Schadenberg's blog and is reposted with permission.



Vincent Lambert with his mother

by withholding fluids is euthanasia by dehydration. Lambert's fluids were withheld for the purpose of causing his death, rather than allowing a natural death from his medical condition.

On Thursday the Euthanasia Prevention Coalition was informed that Hugh Scher, the lawyer for the Cement family, achieved a negotiated agreement whereby Hannah will continue to be fed and hydrated and receive basic

is a life-long member of an Orthodox Jewish family and community. The substitute decision makers for Hannah, her family, refused to consent to a course of "treatment" that constituted the withdrawal of all treatment and care, including food and fluids, and providing only comfort care.

The Euthanasia Prevention Coalition was granted limited intervention standing, in the court, based on our concerns related to the definition of food

Medical miracle, 6-year-old Alabama boy defies doctors' predictions of an early death

By Dave Andrusko

Before writing this story, I took a quick peek at the Facebook page Grayson Kole Smith's parents use to update followers about their six year old's progress.

It was typically delightful and ended

Also Grayson has two front loose teeth! He has told mama and daddy that each tooth is worth 40 bucks for the tooth fairy! No cavities and brushes everyday. This kid has his argument down solid to justify getting some big bucks! He's wants them out now! Will post pics of our big boy when they do decide to come out as we are watching carefully so he does not end up choking or swallowing them... (I'm not digging thru poop for the tooth fairy.... ok for him I probably would).

Just another day, right? Well.... Consider...

Grayson has the kind of devastating disease so overwhelming that at his birth, doctors told parents Jenny and Kendyl to put him on end-of-life-care and say their goodbyes. A disease so rare it is named after him ["Grayson Syndrome"].

But unlike the predictions that Grayson would survive (at best) a month, here he is six years later.

To be clear, this little champion has faced and overcome incredible odds. While undergoing 36 surgeries

with more to come, Grayson has learned to speak.

The list of ailments he was born with is formidable. As Jack Longstaff wrote

Little Grayson Kole Smith was born blind, deaf, missing a third of his skull, with a hole in his heart and with several severe facial, spinal and cranial deformities.

But this medical miracle continues to wow doctors. Says Mom Jenny, her son is the only person ever known to have all of these birth defects. As she told Longstaff

"There is no one else to compare him to."

"He is a ray of light and is always smiling, no matter how much pain he might be in."

"He is so special to us and is our little miracle."

"He is the candle that never goes out no matter how hard you blow."

The youngest of four children, there was no reason in advance to think anything was amiss with Grayson. But on February 15, 2013, when Grayson was born, Longstaff reports, he was

barely breathing, with swollen eyes, a malformed head and "scary" facial disfigurements, his mum said. Fighting for his life, Grayson was transferred from the small hospital in Georgia where he was born to a

bigger hospital in Alabama. Jenny said: "I was shocked and devastated."

Grayson has undergone a battery of surgeries, including 26 on his brain or skull. The



Grayson Kole Smith (SWNS)

last one in which surgeons took parts of his ribs to close the gap in his skull, was considered life-threatening.

"We were told he wouldn't survive the operation and we accepted that he was probably going to die," Jenny told Longstaff. But Grayson, again, made it through!

Jenny and dad Kendyl told the newspaper that every surgery, hospital trip, and hour of care provided to Grayson has been "worth it" if it means they get to spend as long as possible together.

Moreover, "Grayson doesn't let his condition stop him," Jenny said.

Longstaff concludes his moving portrait of the family by saying of Grayson

He doesn't see himself as different and we all just treat him as a normal person."He's a popular kid and has

lots of friends."He knows everyone is different.

But he is special in his own way.

"I cry a lot when I see him in pain and I do wish I could take the

pain away from him" [said Jenny]. "It has been one big emotional struggle for us and we know so much can happen at any time."

"The most important thing to us is Grayson is able to live a happy life. Every day counts for something and every day is special for him."

Fox News' Alexandria Hein ended her story with a fitting tribute:

But day-to-day life for Grayson doesn't include time for self-pity, according to his parents, who keep his supporters updated on the "Grayson's Story" Facebook page. In a special Fourth of July post, Grayson recited the Pledge of Allegiance for his followers.

What to do, what to say when pro-abortionists become “unhinged”

By Melissa Ohden

Editor’s note. Melissa is a survivor of a saline abortion who has spoken all over the world, including many times at the National Right to Life Convention. A published author, she is a regular contributor to NRL News and NRL News Today.

It’s always an honor to speak at the NRLC Convention. Over the years, I’ve been on a number of panels that I’ve deemed as memorable. NRLC 2019 certainly ranks right up there near the top for me. I was blessed to be on the panel of state pro-life leaders as we reflected upon what this year has been like, with the abortion industry, lobby, and politicians becoming “unhinged.”

There’s something profoundly touching about hearing how hard Christina Fadden and others in New York fought the aggressive Reproductive Health Act (RHA) bill for so many years, before ultimately being unable to hold it back any longer in 2019. Pro-abortion Gov. Andrew Governor Cuomo (whose primary opponent was militantly pro-abortion) and others sought to push their own agenda of unlimited abortion and the withdrawal of legal protection for abortion survivors.

How could you not be drawn into Barth Bracy’s account of how Rhode Island just passed the Reproductive Privacy Act legislation, despite many concerns, including the family members of state politicians?

The treachery of the leadership was astonishing.

How could your heart not go out to Mary Beerworth and her team in Vermont who are now carefully documenting how their extreme H. 57 abortion legislation was passed so that future generations can be aware of this history. They are also gearing up to fight Proposal 5, an amendment to the state Constitution.

Proposal 5 would add this language to the Vermont Constitution: “That an individual’s right to personal reproductive autonomy is central to the liberty and dignity to determine one’s own life course and shall not be denied or infringed unless justified by a compelling state interest achieved by the least restrictive means.”

Olivia Gans Turner, president of the Virginia Society for Human Life, outlined how VSHL and dedicated pro-lifers fended off a bill that would have legalized abortion through all 40 weeks. As did all the presenters, Olivia emphasized the importance of keeping in regular communication with your state Representative and state Senator.

I am not a state right to life leader, but I am engaged in fighting back against an unlimited abortion “right” which has been extended to non-treatment of abortion survivors (like me)—infanticide.

I hope that as attendees reflect back on the panel, they remember something very important.

They matter.

You matter.

Our relationships with one another matter.

Our support of one another, our prayers, our words



By Melissa Ohden

of acknowledgment and encouragement are powerful.

Yes, meeting President Trump in the Oval Office in February was the opportunity of a lifetime. But the truth of the matter is, it was not the most impactful experience I’ve had this year.

The most powerful moments that I’ve been touched by haven’t been the moments where I’m out doing something such as testifying before Congress or joining the House leadership at a press conference on the Born-Alive Abortion Survivors Protection Act. For me, the most powerful moments have been when I’ve witnessed fellow colleagues coming together to support one another, to fight alongside together.

For instance, as I referenced in my convention speech, the members of the Republican pro-

life caucus of Congress walked over to the Senate as a show of support when senators were voting on the Born-Alive Abortion Survivors Protection Act in Washington, DC.

The kind messages that I’ve received from fellow leaders in the movement over these past very busy months, the messages that I’ve sent to them, the thank-you’s that I’ve personally sent to members of Congress, to Governors who have signed pro-life legislation into law...these exchanges are what I will remember the most about this time in our history. I hope that they remember them, too.

We are a Movement, with a capital M. Our relationships with one another are anchors that hold us when the raging waters of abortion extremism rock us. Those relationships are the source of wisdom and comfort in the midst of the battle. It is that solidarity that makes us the most powerful Movement for social justice of our time.

I hope that as we turn the corner to the latter half of 2019 and look ahead to what looks to be a highly active year in 2020, everyone remembers that acknowledging, supporting, praying for, reaching out to our fellow pro-lifers, are some of the most important things we can do in the midst of the difficulties we face.

We always want to remind pregnant women facing difficult circumstances that they aren’t alone. As a Movement, we’d do well to heed that same advice.

Sheriff's office releases dramatic footage of deputies discovering abandoned newborn baby girl

By Dave Andrusko

If a picture is worth a thousand words, this video is worth an entire library.

The Forsyth County Sheriff's Office released body camera footage taken June 6 when deputies discovered a full-term baby in a plastic bag abandoned in woods roughly 40 miles northeast of Atlanta.

"We release this footage in hopes to receive credible information on the identity of Baby India and to show how important it is to find closure in this case," the sheriff's office said in a Facebook post.

The tenderness of the deputies as they cut the grocery bag open to save India is enough alone to make you cry. "I'm so sorry," one deputy says. "I am so sorry.... Look how precious you are."

They performed first aid until the baby could be taken to a nearby hospital.

The baby girl could not have been there that long, since the

grocery bag was tied shut.

But that was only one of the miracles. A family living nearby had just returned from a trip, according to Asia Simone Burns, of *The Atlanta Journal-Constitution*, when



the daughters heard the baby's cries as they were unpacking.

"Homeowner Alan Ragetz told *Channel 2 Action News* he might never have gone into the woods to investigate if it wasn't for his daughters' persistence.

He thought it was a wild animal wailing in the woods, but he went along when the girls grabbed their flashlights.

The sound was coming from a pile of leaves.

"We went down, pulled it

few hours old. Freeman told *Channel 2* the baby now weighs almost seven pounds.

They immediately called 911. As of June 11 (and presumably still), India was in the custody of the Georgia Division of Family and Children's Services. Forsyth County Sheriff Ron Freeman stressed to reporters that Georgia has a Safe Haven law.

"Georgia Safe Haven Law allows a mother up to 30 days after the birth of an infant to drop that infant off at a hospital, a fire station, a police station, a sheriff's station," Freeman said. "As long as they turn it over to a person, a live human being, they cannot be charged with abandonment, cruelty to children. It is a way to make sure that a child like this is safely cared for."

You can watch the dramatic rescue at www.youtube.com/watch?v=uEGKpXL-7_A

Touching Hearts.
Changing Minds.
Saving Lives!



Is abortion actually good for unborn children?

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

“I had an abortion when I was young,” says actress Jameela Jamil, “and it was the best decision I have ever made. Both for me, and for the baby I didn’t want, and wasn’t ready for.”

How could abortion be good for the baby? “So many children will end up in foster homes [if abortion is not legal],” Jamil explains. “So many lives ruined. So very cruel.”

Most arguments for abortion either ignore or attempt to devalue the human being whose life abortion ends. This is different. Abortion, on this view, may actually serve the best interests of that human being.

Maybe the child will grow up to experience poverty, abuse, or neglect. Maybe the child has a disability or illness that will make life challenging. In such cases, the argument goes, abortion is an act of compassion—it is for the child’s own good. It is tantamount to “mercy killing” or euthanasia.

This argument might make abortion seem more palatable, or even benevolent, but it’s clearly mistaken. To see why, apply the same reasoning to human beings who are already born: May we kill (or legalize the killing of) toddlers because they might suffer in the future? No, we may not.

We don’t kill toddlers whose parents have fallen

into destitution. We don’t kill toddlers who have abusive fathers. We don’t kill toddlers from unfit homes who could find themselves placed in foster care. And we don’t kill toddlers with conditions like Down syndrome or spina bifida.

These are, after all, human beings. Their lives are important and worthwhile. They have human rights that others ought to respect and society ought to protect. Of course, they might face immense challenges, but our response should be to try to correct or alleviate those difficulties—and to always seek that which is good for people.

Killing isn’t good for people. As philosopher Christopher Kaczor explains: “Intentionally inflicting an actual, present, and greater harm, such as taking someone’s life, cannot be justified in order to prevent possible, future, and lesser harms.”

And so it is with abortion. If unborn children are valuable human beings who have human rights—like toddlers—then *we shouldn’t kill them because of their (possible future) difficulties either.*

The mercy argument, then, fails to justify abortion. It also relies on false assumptions. It assumes that children born into less-than-ideal circumstances will experience great hardship, but that’s frequently not the case. (Many abortion supporters made this

assumption when they argued that legalizing abortion would reduce the incidence of child abuse. Child abuse actually

up in foster care or lived with disabilities or poverty.”

Do most people in the foster care system want to live rather



**I EXIST AS I AM,
THAT IS ENOUGH!**

W. Whitman

increased substantially following legalization in the United States.)

The mercy argument also seems to assume that such children would not want to live if they did, in fact, grow up to face serious hardship. That’s both condescending and nearly always wrong. As Monica Snyder writes, “Those advocating for abortion as mercy rarely seem interested in the voices they are allegedly advocating on behalf of—the very people who have grown

than die? Absolutely. Do most people who experience domestic abuse value their own existence? Of course they do. Are most people with Down syndrome happy? Yes, they are.

The argument that abortion is merciful isn’t just mistaken. It’s *hopeless*. It supposes that circumstances can’t be overcome and that death is best when life is hard.

Every day, millions of people, in every corner of the world, prove just how wrong that thinking is.

“Out of the Darkness of Death, come Hope, Mercy and Grace”

By Dave Andrusko

General Sessions, even at the pro-life educational event of the year, don't get much better than “Out of the Darkness of Death, come Hope, Mercy and Grace” which completed the first day of NRLC 2019.

baby. When she held her baby, Bratcher told her audience, she dedicated her life to Christ.

Flash forward several years and she gets the part playing Abby Johnson. Then...the rest of the story.

away from having an abortion when I told the abortionist that I couldn't do it. I got up off the table and walked out of the clinic.”

Truth truly is stranger than fiction.

But there so much more to “Out of the Darkness of Death, come Hope, Mercy and Grace.” The audience got to see “Wanted,” the winner of the National Right to Life Video Contest. Then a clip from “I Lived on Parker Avenue,” a documentary about David Scotton's journey from Louisiana to Indiana to meet the woman who gave birth to him and put him up for adoption after almost aborting him in 1993.

clinic, she heard a woman say, “That baby has 10 fingers and 10 toes and you're going to kill it.” Melissa went into the abortion clinic, but while she was on the table, she told the doctor, “I can't do this.”

Intensely personal stories complemented by a terrific speech by Justin Butterfield, Senior Advisor on Conscience and Religious Freedom, HHS Office for Civil Rights. He spoke of how the Trump Administration is “dedicated to protecting religious liberties” and rights of conscience.

As we've discussed in posts at *National Right to Life News Today*, there are protections on the books going back decades. However the Obama



Ashley Bratcher, star of “Unplanned” [center], Melissa Coles, featured in the video, “I Lived on Parker Avenue ” [right], with Lynda Bell, chair of the National Right to Life Board of Directors.

There was Ashley Bratcher, star of “Unplanned,” the opinion-changing story of a Planned Parenthood employee of the year whose own heart was changed when she saw an ultrasound-guided abortion. Bratcher's own story was riveting enough on its own.

Having experienced a rocky childhood, Bratcher spoke of how her grandparents “planted the seeds of faith” in her. After a devastating experience in New York trying to break into film, she found out she was pregnant. The father was the boyfriend she had just broken up with! She told him (he would later become her husband) and they decided to have their

Her mother had been open about having an abortion when she was 16. When she called her mom from the set of “Unplanned,” she began telling her about Abby Johnson's testimony.

Her mother became increasingly emotional, Bratcher said. “Mom, what's wrong?”

And she said, “I need to tell you something I've never told you before — the timing was never right. When I was pregnant with you, I actually went to the clinic. They called my name, and they took me back and examined me — the woman who examined me was very pregnant. I was seconds



Justin Butterfield, Senior Advisor on Conscience and Religious Freedom, HHS Office for Civil Rights, and Holly Gatling, Executive Director, South Carolina Citizens for Life

Melissa Coles was David's birth mother and the backdrop to her story of how they got together was spell-binding. She told the general session audience of how years before as she approached the abortion

administration had zero interest in enforcement. That all changed when Donald Trump became president.

A wonderful general session which a huge audience greatly appreciated.

A Canadian hit piece on “Unplanned”

By Dave Andrusko

We’ve posted two stories at *National Right to Life News Today* detailing the controversy about whether the movie *Unplanned* should even be allowed to be shown in Canada. Opponents tried everything possible to prevent the movie about Abby Johnson’s conversion from a Planned Parenthood Employee of the Year to pro-life activists from being shown, including death threats and a promise to boycott any theatre that does have the spine to show *Unplanned*.

It’s been my experience over the years that the Canadian pro-abortionist is even more vicious than their American counterparts. They have won every battle and what few “barriers” remain do so not for want of trying.

With all that in the bag (including the remains of millions of dead babies), rather than a cause for celebration, it motivates them to uncontrollable levels of outrage.

I give you (gladly, take him) Barry Hertz, writing at the *Globe and Mail* under the headline “Anti-abortion film *Unplanned* is a disgusting piece of propaganda that may endanger the health of women.”

If anything stands out in the hysteria-mongering of the Hertzies, besides the personal viciousness, it is condescension. The tone inevitably is, “We allow you knuckle-dragging conservatives of faith to walk the same planet, so why can’t you keep your simplistic, right-wing drivel to yourselves?”

Here’s a typical paragraph:

If *Unplanned* were merely preaching to the converted – as is the case of its U.S.

distributor Pure Flix’s other “faith and family” titles – then it would only be a bothersome nuisance. Just another treacly,

admittedly not through the lens of the abiding hatred Hertz employs. Three points.

First, Hertz is angered (to put it mildly) by Ashley Bratcher’s performance as



prayer-driven affair like *Do You Believe?*, In the Blink of an Eye and the God’s Not Dead series—cheap, relatively harmless pseudo-movies that rarely escape the evangelical market.

But no!

***Unplanned* is designed to go further than that. The writing and directing team of Chuck Konzelman and Cary Solomon use their slickly produced and handsomely shot film to spread outright lies that could endanger the health of women.**

Abby Johnson. Bratcher is “wooden.” To the contrary, Abby’s transformation/conversion would not have been nearly as effective if Bratcher had not convincingly conveyed how deeply Abby had imbibed Planned Parenthood’s recruiting pitch. And when she is expelling the remains of the body of the baby she has chemically aborted, the audience can almost feel her incredible pain, later followed by the shock of recognition.

Second, Planned Parenthood “is brazenly sketched as a greedy for-profit behemoth whose bottom line relies on selling abortions, with one villainous character hissing to Johnson that ‘abortion is what pays for your salary, abortion is what pays for all of it!’ Yet the

organization, which has decried *Unplanned*’s ‘many falsehoods and distortions,’ is in fact a non-profit whose abortion services account for just 3.4 per cent of its mostly free sexual and reproductive treatments, according to its 2017-18 annual report.”

Where to begin? Planned Parenthood has systematically reduced virtually every non-abortion related activity—something you’d know if you compared annual reports. Abortion IS where this \$1.6 billion dollar “non-profit” makes its money. And, oh by the way, every time Planned Parenthood is caught in the act, its go-to defense is that it is the victim of “many falsehoods and distortions.”

Third, according to Hertz, “The film never explicitly asks its audience to meet violence with violence, but it doesn’t exactly instruct the righteous to forgo such tactics, either.” Only someone whose pump had been primed to find imaginary softness on violence could dream up this nonsense.

In the end, Hertz is calling for—at a minimum—self-censorship. How dare **any** theatre allow an audience (**any** audience) to decide for itself whether it will watch *Unplanned*? It’s simple-minded but “slick,” Hertz tells us, and who knows what evil it will produce in the minds of the unwary.

After all, *Unplanned* “fundamentally,” Hertz writes, “suggests, through fictionalization and manipulation, that cruelty lies

See “Unplanned,” page 16

I’ve seen *Unplanned*,

National Right to Life Endorses President Trump for Re-Election

NORTH CHARLESTON, S.C. – On July 4, on the eve of the beginning of its 49th annual convention, the National Right to Life Committee endorsed pro-life President Donald Trump for re-election.

“As our nation celebrates Independence Day, we are proud to endorse the only presidential candidate who stands for the unalienable right to life,” said Carol Tobias, president of the National Right to Life Committee. **“From his first day in office, President Trump and his Administration have been dedicated to advancing policies that protect the fundamental right to life for the unborn, the elderly, and the medically dependent and disabled.”**

One of the president’s first acts in office was to restore the Mexico City Policy, which prevents tax funds from being given to organizations that perform abortions or lobby to



Pro-life President Donald Trump

change abortion laws of host countries. Later, the president expanded this policy to prevent \$9 billion in foreign aid from being used to fund the global abortion industry.

The Trump Administration also cut off funding to the United Nations Population Fund because of that agency’s involvement with China’s forced abortion program.

President Trump pledged “to veto any legislation that weakens current pro-life federal policies and laws, or that encourages the destruction of innocent human life at any state.”

A summary of President Trump’s record on the life issues is available at www.nrlc.org/uploads/records/trumprecord.pdf

An analysis of the 2020 presidential candidates and their stand the life issues is available at www.nrlc.org/uploads/records/2020POTUScomparison.pdf

WE ARE THE GRASSROOTS



Preemie Babies Show the Importance of Defending Life

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

She came into the world at the tender age of 26 weeks' gestation—just two weeks past Pennsylvania's late-term abortion limit.

At birth, she weighed a scarce pound-and-a-half—approximately the same weight as a block and a half of butter.

As a result, medical professionals whisked her into the neonatal intensive care unit, hoping that against all odds she would survive.

Twenty-two years later, she returned to the NICU to thank the nurses who had helped save her life. She also came to give confidence to parents whose

precious babies are living in the NICU.

A local Pennsylvania television station chronicled the woman's incredible story of survival. The feature came at a time when the Governor of Pennsylvania, Tom Wolf, has pledged to veto any and all limits on abortion.

It's not hard to see how schizophrenic our society has become. On one hand, health care professionals are working round the clock to save infants who are born prematurely.

At the same time, Democratic Presidential candidates are defending legislation that would allow babies of the same

gestation to be aborted.

This dichotomy cannot continue forever. At some

Modern technology has produced the miracles that allow babies to survive at



point, our law will reflect the truth that every human life—no matter what her age or stage of development—deserves protection.

ever earlier stages. It's well past time for the law—and our politicians—to catch up with medical progress.

A Canadian hit piece on “Unplanned”

From page 14

behind the act of abortion, rather than a deep respect for the uncomfortable choices women sometimes have to make.”

I plead guilty to the charge of believing that abortion is cruel. But neither I nor *Unplanned* have to “manipulate” anything.

Here's his attempt to shame any theatre into not showing *Unplanned*.

Would Cineplex, or Landmark, or the handful of independent theatres hosting Unplanned this weekend, program a film that specifically mounts a campaign



*Ashley Bratcher star of UnPlanned
Photo credit: Lisa Andrusko*

to roll back the rights of one race, or ethnicity, or sexuality? Women's rights, it appears, are cheaper and easier to ignore. Give it to Unplanned for revealing one undeniable truth.

A better way of putting it is “Give it to Barry Hertz for revealing one undeniable truth: there is only one side to the abortion debate [his] and anyone who disagrees should and must be ridiculed, lampooned, and parodied into submission.”

At NRLC 2019, four pro-life leaders detail pro-abortion attempts to “Legalize the Unthinkable”

By Dave Andrusko

Four veterans of full-bore pro-attacks on their states gave insider views of what happened in New York, Vermont, Rhode Island, and Virginia.

In the first three instances, pro-abortion legislation prevailed. It failed in Virginia in no small part because anti-life representatives candidly admitted their goal was abortion on demand through all 40 weeks of pregnancy and the removal of protection for abortion survivors—infanticide.

Christina Fadden, chair of New York State Right to Life, explained how the Reproductive Health Act finally passed in the Gotham state. Part of it was packaging—the RHA was billed as merely “codifying Roe,” when in reality it obliterated all limitations on abortion and protections for abortion survivors.

On top of all that, in decriminalizing all forms of abortion in New York, the RHA “repealed ALL protections from criminal acts of violence against a pregnant woman’s unborn child,” Fadden said.

Camouflaging the true reach of the RHA—an uncritical media swallowed pro-abortion talking points “hook, line, and sinker”—would not had been enough had pro-abortion Democrats not also finally secured control of the state Senate.

Vermont has been in the cross-hairs of pro-abortionists and pro-assisted suicide forces for years, explained Mary Beerworth, executive director of Vermont Right to Life. Planned Parenthood—whom Mary describes as the “fourth branch of government” in

Vermont—wields enormous power.

Once they achieved super majority status in the House and Senate, they became even more aggressive. There were no limitations on abortion but that

But, like Fadden, Beerworth assured the audience that pro-life forces have not and will not give up. She sees what happened in 2019 as a “temporary triumph for pro-abortionists” which will be

Vermont’s abortion-without-limitation for extremism. And, Bracy said, it is “not possible to exaggerate the magnitude of the monstrous betrayal committed by House Speaker Nicholas Mattiello and Senate President Dominick Ruggerio.”

Virginia benefited from the fallout from New York’s Reproductive Health Act and the astonishingly honest comments of state Del. Kathy Tran and Gov. Ralph Northam. As Olivia Gans Turner, executive director of the Virginia Society for Human Life, explained, Del. Tran admitted, under questioning, that her bill would allow abortion through all 40 weeks.

On a radio program, Northam said it is up to the mother and the abortionist to decide whether an abortion survivor is given **any** medical care—as bold and as frank an admission of support for infanticide as you could imagine.

Pro-life forces put together two major rallies and the bill was defeated. Turner reminded her audience that pro-lifers have a one-vote margin in both houses, making this year’s elections pivotal.

Abortion survivor Melissa Ohden concluded the session with a memorable speech. She spoke of her Abortion Survivors Network, up to 289 members so far. But because of the Northams, who seek to take away protections for abortion survivors, “We are an endangered species.”

But as did Fadden, Beerworth, Bracy, and Turner, Ohden is adamant she will not give up: “We refuse to let this happen in our country.”



(Left to right). Mary Beerworth, executive director of Vermont Right to Life; Melissa Ohden, abortion survivor; NRLC President Carol Tobias; Barth Bracy, executive director, Rhode Island Right to Life; Olivia Gans Turner, president, Virginia Society for Human Life; and Christina Fadden, chair of New York State Right to Life.

Photo credit: Lisa Andrusko

was not enough. Again, using the pretend excuse that if *Roe* were overturned abortion “rights” would be endangered, Planned Parenthood won “enactment of a law written to secure protection from **any** interference for their abortion business as well as the opportunity to be first in the nation to place abortion rights in a state constitution.”

As an illustration of pro-abortion militancy, Beerworth talked about the first day of the legislative session when one pro-abortionist shouted, “Who Loves Abortion?” and heard in response, “We do!”

Pro-abortion forces in Vermont fashion themselves “the shining example for other states to follow,” Beerworth explained.

succeeded by a “permanent victory for the babies.”

Rhode Island, like Vermont, is a small state with very small legislative districts, Barth Bracy, executive director of Rhode Island Right to Life told the general session audience. Politics is so local, there is only “one degree of separation” between office holders and their constituents.

Barth laid out how pro-life forces came tantalizing close to defeating the Reproductive Privacy Act. Like New York’s Reproductive Health Act, it was described (in this case by pro-abortion Gov. Gina Raimondo) as merely “codify[ing] what has been the status quo under *Roe v. Wade* for nearly five decades.” It rivals New York’s and

Midway through aborting, pregnant woman changes her mind and saves her twins

By Lisa Bourne

July 1, 2019 — Twin babies were saved when their mother changed her mind after beginning the process of a chemical abortion.

“Alexis” was around six weeks pregnant when she sought an abortion at Charlotte, North Carolina’s busiest abortion provider, A Preferred Women’s Health Center.

During an ultrasound, the technician casually remarked, “Oh, twins,” giving her pause, because she had always wanted twins.

While she processed the fact she was carrying twin babies, Alexis, a pseudonym, was given the first of two drugs in the chemical abortion process, along with the second dose to be taken in the next 48 hours.

As she left the abortion center, a sidewalk counselor was able to reach Alexis through her state of bewilderment and initiate the process of saving her twins.

“It might not be too late for you,” the counselor told her, “AbortionPillReversal.com, they can still help you save your baby.”

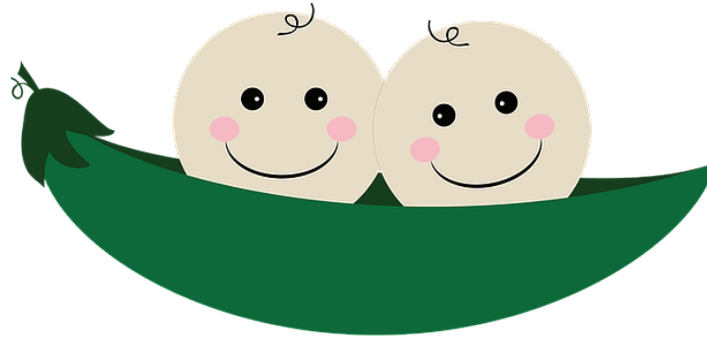
After Alexis left the abortion facility, she pulled into the nearest parking lot and searched on her phone for the website mentioned by the counselor and called the helpline, which coordinated assistance for her at a local pregnancy center.

“We got her started on the abortion pill reversal treatment extremely fast,” said Courtney Parks, abortion pill reversal coordinator for HELP Pregnancy Center. “It was a matter of hours.”

Alexis’s story was recently published by Pregnancy

Help News and picked up by FoxNews.com.

The “abortion pill,” or RU-486, refers to a chemical abortion that uses two pills: mifepristone and misoprostol. Mifepristone is taken first, destabilizing the pregnancy by blocking progesterone receptors and reducing progesterone levels in the mother’s blood.



The abortion is then finished when misoprostol induces labor, forcing the mother’s body to expel the baby.

Abortion pill reversal treatment works by giving the mother extra progesterone up to 72 hours after she takes the first chemical abortion pill.

HELP medical director Matt Harrison and California physician George Delgado developed the reversal treatment over a decade ago.

The Abortion Pill Rescue Network (APRN) includes 450 professional health care providers in the U.S. and 11 other countries that assist women who call the helpline that Alexis had called. The helpline is staffed 24 hours a day, seven days a week, and is a project of Heartbeat International, a global network of 2,600 pregnancy help organizations.

Acting within that 72-hour window is crucial, and Alexis was fortunate to make contact with the helpline early enough in that timeframe. Her twins are two of the 750 babies who have been saved by abortion pill reversal.

Once at her appointment with HELP Pregnancy Center, Parks and HELP sonographer Kelly

“She has had everything that these babies need for several years provided for her,” Parks said. “She told me, ‘If I had known what I know now and I had seen how the Lord has provided for these babies, I would have never even walked into that clinic.’ So she’s just been overwhelmed with just how good God has provided for her throughout this.”

HELP Pregnancy Center has seen four babies saved by the abortion reversal protocol.

The rest of Alexis’s pregnancy was otherwise uneventful, and she delivered her babies early this year.

Parks said Alexis is thriving as a single mother, and she has the support of her own mother, who moved in with her to assist with the twins.

Alexis “is just head over heels in love with these babies,” Parks said.

Byrum is glad for the awareness created for abortion pill reversal by Alexis’s story.

“It’s really neat that it’s getting some press now and people are becoming aware of it,” she said. “We have heard women come out of this [abortion] clinic that have told us that they told them inside that once you take this pill, there’s nothing you can do to reverse it, that it’s just not.”

Parks, one of 800 clinicians in the Abortion Pill Rescue Network, concurred.

“We really just hope that this brings awareness to abortion pill reversal and the fact that it does save lives,” she said.

The abortion reversal helpline number is (877) 558-0333. More information is available at AbortionPillReversal.com.

“Wanted” wins 2019 National Right to Life Video Contest

By Dave Andrusko

The National Right to Life Video Contest is a great opportunity for young people (ages 15-25) to showcase their talents and make a video promoting a pro-life message.

Attendees to NRLC 2019 had the opportunity to watch and listen to this year’s winner, Olivia Stone. It left many in the audience in tears with the beauty of its message.

You can find the video—“Wanted”—on YouTube [<https://www.youtube.com/watch?v=bRc4rzeEoGs>].

If I say anything in detail, it will spoil what will be a tremendous experience for you. Suffice it to say the three-minute-long video is set in an abortion clinic and that the

decision whether to choose life or death hangs on a knife-edge.

The top three finalists in the

California. The first-place winning submission is shown to all attendees of the



National Right to Life Video Contest are automatically entered into the LifeFest Film Festival in Hollywood,

annual National Right to Life Convention (as it was this year) at a plenary session which is also live streamed online.

Showcase your creativity and present a new perspective on the issue of life. Filmmakers can choose any tone or theme, as long as the images and music are original or they have permission to use them.

Entries can be submitted on the website: <http://nrlconvention.com/video-contest-submission/>

We’re looking forward to some fantastic 2020 entries! The deadline for submissions for the 8th annual National Right to Life Video Contest is May 29, 2020.

For additional information, please visit <http://nrlconvention.com/video-contest/> or email nrlvideocontest@gmail.com.

Difficult
roads often
lead to
beautiful
destinations.

Supporters hope bill banning abortions based on Down Syndrome diagnosis will be voted on this fall in PA Senate

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

She ran up to the podium with unbridled joy, ready to address the crowd that had assembled to hear her speak.

It's just another day in the life of Chloe Kondrich, a 16-year-old with Down syndrome who has been campaigning for Pennsylvania's Down Syndrome Protection Act. This worthwhile legislation would ban abortion for the sole reason of a prenatal Down syndrome diagnosis.

The measure, also known as House Bill 321, passed the Pennsylvania House of Representatives in May by an overwhelming, bipartisan vote of 117-76. The legislation has been referred to the Senate Health and Human Services Committee, where supporters hope it will be voted on in the fall.

The bill's chief sponsor, state Representative Kate Klunk (R-Hanover), said upon the bill's passage, "For years the House and Senate have passed nonbinding resolutions to honor people with Down syndrome and mark March 21 as World Down Syndrome Day. Today, we took a step to truly honor those with Down syndrome by protecting them from eradication. No baby with Down syndrome should be denied the opportunity of life."

Pennsylvania's landmark Abortion Control Act already bans sex selection abortions. HB 321 would simply add to that a ban on any abortion where an unborn child is believed to have Down syndrome.

Rep. Klunk points out that the life expectancy of people with Down syndrome has risen dramatically over the years.

In 1960, a person with Down syndrome was only expected to live until age 10. With medical advancements, that life expectancy has now risen to 60 years of age.

"Aborting babies based solely on a prenatal diagnosis of Down syndrome is a slippery slope toward larger societal genetic engineering," Klunk stated. "Those with Down syndrome should not be discriminated against because they have an extra chromosome and they should not be denied the chance at life. These are truly lives worth living."

Meanwhile, the Speaker of the PA House, Rep. Mike Turzai, was effusive in his praise of the Down Syndrome Protection Act.

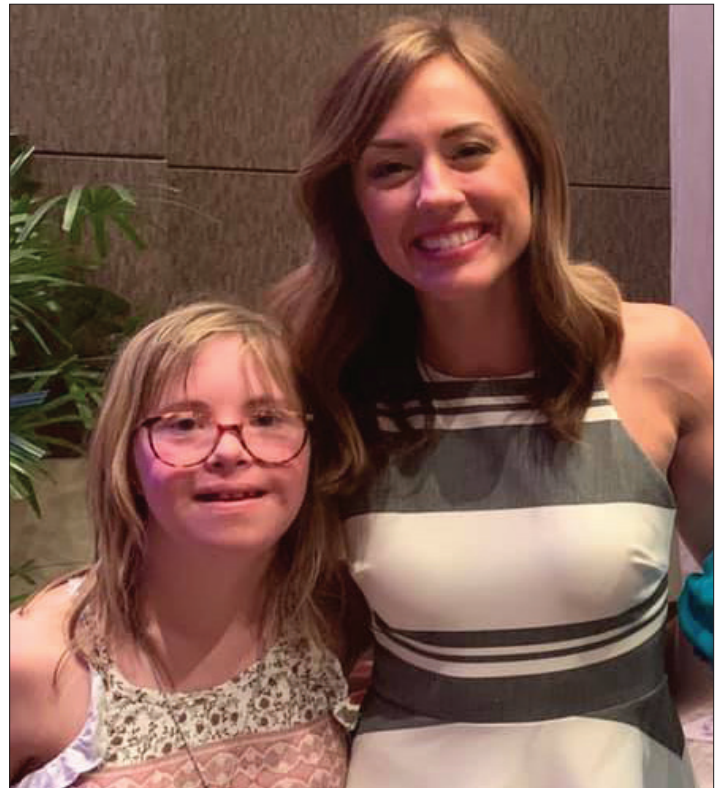
"I applaud the House members who supported House Bill 321," Turzai said. "Pennsylvania has not allowed an abortion based on the sex of the baby since 1989, when the state enacted a provision which has not been challenged in any court. Why then would we allow an abortion because of a Down syndrome diagnosis? These babies deserve a chance at life."

Turzai pointed out that Down syndrome occurs in about one in every 830 live births. It is present when a person has an extra copy of chromosome 21.

"Each and every individual, from the womb until the last breath on earth, has dignity and worth," Turzai stated. "We provide state funding in the billions of dollars, as we should, to help individuals with disabilities because their lives matter. Every one of

the 6,000 children born with Down syndrome in the United States each year is a beautiful, wonderful person with a meaningful life ahead."

whole industry has grown up focused on prenatal screening – screening that would end our lives before we take our first breath.



At the National Right To Life Convention Chloe Kondrich met with Ashley Bratcher the star of the incredible movie "Unplanned"! Ashley's powerful witness has had a priceless impact for restoring a culture of LIFE!

The Pennsylvania bill has received national attention. During a news conference last year, Karen Gaffney, an individual with Down syndrome who has received an honorary doctorate, said, "Those of us with Down syndrome and our families face a very difficult future... We face a possibility of wiping out all of the tremendous progress we have made. Just as we are making so much progress, a

"Now that you can test for Down syndrome before birth, there are many experts in the medical community that say this extra chromosome we carry around is not compatible with life. Not compatible with life. After everything we have done, I would say we are more than compatible."

"We are what life is all about. Our lives are worth living and our lives are worth learning about," Gaffney added.

Supreme Court will not hear challenge to decision overturning Alabama law banning the dismemberment of living unborn children

By Dave Andrusko

On June 28, the Supreme Court denied Alabama's petition to review a decision that overturned the state's ban on the dismemberment of living unborn babies.

The 2016 law never went into effect. In July 2016, an enthusiastically pro-abortion trial judge issued a temporary restraining order against Alabama's Unborn Child Protection from Dismemberment Abortion Act (SB 363) before ruling it unconstitutional in 2017.

Last August, a sympathetic appeals court panel reluctantly upheld U.S. District Judge Myron Thompson's decision.

While Supreme Court Justice Clarence Thomas concurred with the decision in *Harris v. West Alabama Women's Center* not to hear the appeal, he pointedly observed, "The notion that anything in the Constitution prevents States from passing laws prohibiting the dismembering of a living child is implausible. But under the 'undue burden' standard adopted by this court, a restriction on abortion — even one limited to prohibiting gruesome methods — is unconstitutional if 'the purpose or effect of the provision is to

place a substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.'"

Thomas warned, "This case serves as a stark reminder that our abortion jurisprudence has spiraled out of control. Today, we are confronted with decisions requiring States



to allow abortion via live dismemberment. None of these [previous abortion] decisions is supported by the text of the Constitution."

In his first paragraph, Thomas emphasized, "The law does not prohibit women from obtaining an abortion..." What it does prevent, Thomas continued, is abortionists "purposefully 'dismember[ing] a living

unborn child and extract[ing] him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors, or similar instruments' that 'slice, crush, or grasp . . . a portion of the unborn child's body to cut or rip it off.'"

In March 2017 the governors and attorneys general of 22 states

resolution of the tradeoffs prevails. Abortion providers instead must work to find abortion methods that are more consistent with respect for life."

(Of course, the ultimate goal is for the *Roe* regime, and abortions, to end.)

According to the amicus,

"By limiting the use of particularly 'brutal' abortion procedures, States further respect for life, both in society at large and in the medical profession in particular. They also protect women from the deep grief many of them are likely to feel if and when they later discover exactly how their unborn children were killed."

joined together to file an amicus curiae (friend of the court) brief to support Alabama's Unborn Child Protection from Dismemberment Abortion Act. The brief argued

"Even when some abortion providers consider a forbidden procedure to be medically preferable, the State's reasonable

Thomas concluded, "Although this case does not present the opportunity to address our demonstrably erroneous 'undue burden' standard, we cannot continue blinking the reality of what this Court has wrought."

Oklahoma Judge uphold state law banning the dismemberment of living unborn children

From page 1

Tulsa Women's Clinic, meant that the law, scheduled to go into effect in November 2015, has been on hold.

Oklahoma Attorney General Mike Hunter celebrated the much anticipated victory.

"Dismemberment abortions are barbaric, brutal and subject unborn children to more cruelty that we allow for death row inmates," he said. "It is unconscionable to think that we would allow this practice to continue. Judge Truong is to be commended for declaring this legislation constitutional. Today is a major victory for basic human decency in Oklahoma."

In a dismemberment abortion, the abortionist continually reaches into the mother's womb with a variety of sharp-edged metal clamps and tools, yanking off parts of the living unborn child and pulling them out, piece by piece, and placed in a tray.

No wonder former Supreme Court Justice Anthony Kennedy found dismemberment abortions so abhorrent.

In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process

and can survive for a time while its limbs are being torn off."

Seven years later Justice Kennedy added in the Court's 2007, *Gonzales v. Carhart*, which upheld the federal ban on partial-birth abortion, that D&E

(dismemberment) abortions are "laden with the power to devalue human life..."

Of course a spokesperson for CRR said they plan to appeal the decision.

Oklahoma was the second

state to pass a ban on the dismemberment of living unborn child. Kansas was the first.

Ten other states also forbid this hideous dismemberment technique.

64% of **Americans**
SUPPORT

**laws ending
abortions on
unborn babies
who can feel pain**

#theyfeelpain

Abortion Pill Reversal Saves 3 Babies Inside Former Planned Parenthood

By Gayle Irwin

Despite efforts by abortion advocates and some medical groups to discredit abortion pill reversal [APR], the number of unborn lives saved from the clutches of RU-486 continues to increase. One Iowa pro-life pregnancy center has seen the results of providing the protocol.

APR in the Quad Cities

Baby “Leah,” born just before Christmas last year, is the first life saved by Women’s Choice Center of the Quad Cities through the Abortion Pill Rescue Network. Seven months before her birth, Leah’s mother “Marie” sat in an abortion clinic preparing to end her baby’s life.



“I had doubts the entire time I was there,” Marie said. “I was so uncomfortable. I didn’t want to go through the abortion, but I didn’t have any family support, and I felt like I didn’t have any other options.”

She took, mifepristone, the first of the two drugs in the chemical abortion regimen.

At the same time, unbeknownst to her, “Dave,” the father of her baby, was researching ways to reverse a chemical abortion online. He called the Abortion Pill Rescue helpline (877.558.0333) and was given information on the protocol for abortion pill reversal and where Marie could find help locally.

When Dave contacted her, Marie agreed to try to halt the abortion process. She called Women’s Choice Center in Bettendorf, Iowa and was met that night by clinic staff who administered progesterone to her, beginning the reversal process.

Timing is critical with abortion pill reversal. RU-486, known as “the abortion pill” or a chemical abortion, involves two drugs: mifepristone and misoprostol. The first drug blocks progesterone, the natural hormone needed to sustain a healthy pregnancy. The second drug, misoprostol, induces labor, forcing a woman’s body to expel the baby.

To save her unborn child, a woman must begin the reversal treatment within 72 hours after taking the first drug. Treatment protocol calls for giving a woman extra progesterone to compete with the mifepristone and stabilize the pregnancy. If a woman has

already taken the second drug, misoprostol, or if more than 72 hours have passed since she took the mifepristone, the success rate of abortion pill reversal diminishes.

Such has been the case with other abortion pill reversal attempts at Women’s Choice Center, said Jessica Ricke, director of development and programs.

“We’ve been offering abortion pill reversal for several years,” she said. “However, the women wouldn’t get to us in time. They came to us too late.”

Marie may have been the first successful abortion pill reversal patient at Women’s Choice; however, she is not the last. Two other women who recently gave birth followed the same protocol, and their outcomes were also positive.

Twenty-year-old “Chloe” had traveled to Illinois to have an abortion. Upon taking the first abortion drug, she immediately had regrets. The girl called her mother, who is a nurse, for help. Her mother and another nurse friend went online, learned about abortion pill reversal and called the helpline. Chloe was put in contact with Women’s Choice Center and began the progesterone protocol.

“Fast forward to March 2019—a healthy baby was born,” Ricke said. “Mom and baby are doing well.”

Then, there’s “Alicia” and “Derek.”

The married couple already had three children and though the idea of having another child wasn’t negative for them, upon Derek’s terminal cancer diagnosis, the thought of being pregnant turned into a hardship.

“She did not want to burden her husband with more after finding out about the pregnancy and thought the abortion was best,” Ricke said. “She started regretting her abortion after she got home, and started researching for help. She called her OB-GYN, who told her there was nothing they could do for her. She found the (abortion pill reversal) hotline and was connected to our center. She was nine weeks.”

Alicia gave birth to a healthy baby girl a few weeks ago.

“Mom and Dad are so grateful at having their beautiful little girl,” Ricke said.

Other pro-life centers and clinics have also witnessed the miracles of abortion pill reversal. Since the life-saving network was created in 2012, more than 750 lives have been saved.

Other Ways of Saving Lives

Women’s Choice Center of the Quad Cities has been saving lives and supporting women with unplanned pregnancies for decades. A move last year into a former Planned Parenthood clinic has redeemed the building’s horrific history to a place of encouragement, support, and medical services meant for protecting lives, not destroying them.

See “3 Babies,” page 26

Latest Gallup poll shows strong increases in pro-life sentiment

By Dave Andrusko

What a coincidence. Three days before the latest Gallup abortion poll came out, we wrote about “A case study in misleading abortion polling results.” The lead sentence was “If there is any inviolable rule of thumb vis a vis abortion polls, it’s that you have to dig deep and read carefully.”

Talk about timing. On June 25, Gallup came out with an

in all circumstances” (21%).

That is a big, big jump of 7 points.

2. What about voting based on a candidate’s position on abortion?

Don’t get lost in the fact there is more overall interest in abortion. That is important but secondary. Look at which side has the largest increase in the percentage of people who will

increase of 9 points in just three years], and a low of 13% in 2008.

Meanwhile, the percentages saying a candidate’s position on abortion is just one of many important issues they take into account when voting, or that abortion is not important to their vote,

who does this benefit? Saad writes

Currently, 26% of pro-choice adults say they will only vote for a candidate who shares their views on abortion, up from 17% in 2016.

However, the matter continues to be more important as a voting issue to pro-life than pro-choice adults, as it has in every Gallup measure since 2004. Thirty-five percent of pro-life adults now say they will only vote for like-minded candidates on the issue, an increase from 23% in 2016.

Just to be clear, in 2016 more pro-life adults than pro-choice adults said “they will only vote for a candidate who shares their views on abortion”—23% to 17%—a 6 point advantage.

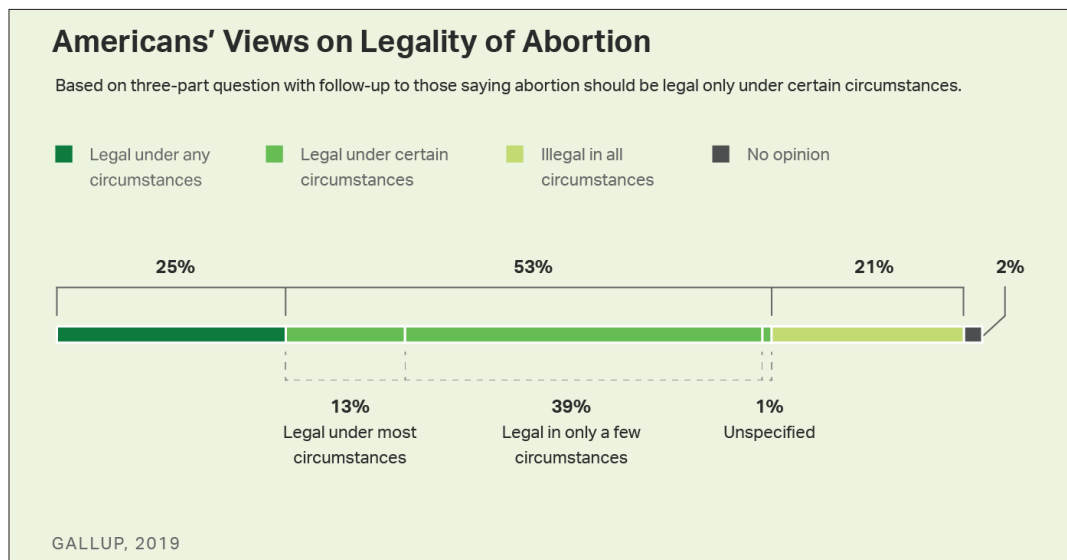
But in 2019 the gap is even larger—35% to 26%—a nine point advantage.

3. What about self-identification? This bounces around, but the overall point is that in 1996, 56% self-identified as pro-choice to only 37% who self-identified as pro-life. As recently as 2015, 50% identified as pro-choice to 44% who identified as pro-life, Gallup reports.

In 2018, 48% said they were pro-life, 48% said they were pro-choice. Even-steven.

But in 2019, 49% identified as pro-life to 46% who identified as pro-choice.

You’d never know it from Gallup’s headline or the understated way the results are presented, but this year’s results are hugely encouraging.



abortion poll with this headline, “Majority in U.S. Still Want Abortion Legal, With Limits” written by Lydia Saad.

Talk about burying the lead....Here’s what the results actually show us.

1. We have frequently praised Gallup for asking more discerning questions about abortion and for asking follow-up questions. In 2018, Gallup found that a total of 53% wanted abortion legal “only in a few circumstances” (35%) or “illegal in all circumstances” (18%).

This year, Saad casually observes, a total of 60% want abortion legal “only in a few circumstances” (39%) or “illegal

only vote for candidates who agree with them on abortion.

Here are two long quotes from Saad.

Consistent with all prior Gallup trends on the subject, most Americans say that abortion is not critical to their vote, but the percentage saying they would only vote for a candidate for major office who shares their views on abortion has been inching up over the past decade. The figure is now 29%, compared with 20% when Gallup last asked this in 2016 [Note—an

have been trending down — currently at 44% and 26%, respectively.

Not only is the overall percentage of Americans saying that abortion is key to their vote at a record high, but the percentage is at its peak among self-identified “pro-choice” and “pro-life” Americans.

So, before going further, let’s summarize. Fewer people say abortion is “just one of many important issues” (or not important at all) and more say a candidate must agree with them on abortion. So,

Gang that savagely beat pregnant teen sentenced

Baby miraculously survives

By Dave Andrusko

Last month, we reposted a nightmarish story from the Society for the Protection of Unborn Children about Harief Pearson, who enlisted the help of his cousin and a teenage girl in a vicious, bloody attempt to abort the baby his then 17-year-old girlfriend refused to kill. Despite relentless beating and having detergent poured down her throat, both the girl and the baby miraculously survived. The baby is due next month.

On July 6, Pearson was sentenced to 11 years imprisonment at Harrow Crown Court “after admitting to trying to cause GBH [Grievous Bodily Harm] part-way through the trial,” James Hockaday reported.” His cousin, Kydie McKenna, “was jailed for 10 years after pleading guilty to trying to cause GBH and perverting the course of justice. The teenager admitted to attempting to cause GBH, administering poison to cause a miscarriage, and false imprisonment and was sentenced to four years in a young offenders’ institution.”

Prosecutor James Thacker

told the court, ‘She told him she wanted to keep the baby and wanted him to be part of their



Harief Pearson and cousin Kydie McKenna

lives. ‘Mr. Pearson told her he would get someone to kidnap her.’”

Once Pearson learned his girlfriend refused to abort, he “googled ‘how to get rid of an unwanted pregnancy’ and ‘what can heroin do to an unborn baby?’”

The trio “repeatedly kicked the girlfriend in the stomach, back and face as she was held against her will for hours at Pearson’s

home in Harlesden, north west London,” Hockaday reported. “They also ripped off one of her

it’s dead yet. Continue.’ before leaving the room.”

Detective Constable Nick Lee said:

‘This was a ferocious and prolonged attack on a vulnerable young girl who was held against her will and savagely beaten.

‘While Pearson did not actually take part in the physical violence, he clearly plotted it and used McKenna and the 16-year-old girl to carry out his plan to cause the victim to miscarry her unborn child.

‘Only when Pearson thought the victim had miscarried, did the assault end. His actions were truly sickening.

‘Thankfully, the baby was unharmed and I hope this sentencing gives the victim some closure, and provides her with the strength she’ll need as she embarks on the next chapter of her life as a mother.’

nails and poured alcohol over her bloodied face and poured detergent down her mouth when she asked for water.”

According to Hockaday, “The court heard McKenna say [after the attack began]: ‘dunno why you thought you could have his baby’, as the 15-year-old helped wrestle their target to the ground. After about 20 minutes of relentless beating, Pearson told them ‘I don’t think

Pro-lifers celebrate 23% drop in abortions in South Dakota

By Dave Andrusko

The South Dakota Department of Health has reported the sharpest one-year drop in the number of abortion in a decade. The number of abortions in 2018 was down an incredible 23% from the year before “continuing an overall downward trend in abortions performed in the state since 2008,” according to Sarah Mearhoff, reporting for the *Forum News Service*.

In 2017 there were 497 abortions compared to 382 abortions in 2018, according to the state Department of Health.

Overall, since 2008, there has been a 55% decrease in the number of abortions.

“We were so grateful to see a

dramatic decrease in abortions from 2017 to 2018 in South Dakota,” said Dale Bartscher, South Dakota,” the Associated Press reported. “Noem said after signing the bills last



executive director of South Dakota Right to Life, “but we will not rest until every human being is given the right to life in our great state of South Dakota.”

Following the decrease in 2017, “Gov. Kristi Noem signed a package of bills aimed at further reducing abortions in

March that they would “crack down on abortion providers in South Dakota” by requiring providers to use a state form women must sign before they can end a pregnancy.”

Mearhoff explained, “According to reports released recently by North Dakota and Minnesota, South

Dakota’s abortion numbers are significantly lower than its neighbors. In North Dakota, 1,141 abortions were performed last year, and in Minnesota, 9,910.”

South Dakota is a very pro-life state. Its latest panoply of laws ranged from “cracking down” on abortion providers” to offering women a chance to see a sonogram of their unborn child to making sure the woman is giving an informed consent and not being coerced into an abortion. In March pro-life governor Noem signed this package of bills into law, strengthening the rights of unborn children in the Mount Rushmore State.

Abortion Pill Reversal Saves 3 Babies Inside Former Planned Parenthood

From page 23

A mobile medical unit was added to the center’s offerings nearly three years ago, Ricke said.

“Our mobile medical unit, whom we call “Grace”, travels throughout the local Iowa-Illinois cities, for the clients that are unable to get to our brick-and-mortar,” she said. “There are a lot of low-income, at risk areas in our community that are in need of our services.”

One unit travels to Galesburg,

about 50 miles away, twice a month and parks near a high school where the team has the opportunity to educate

The momentum for life continues with this center. A new faith-based medical clinic is planned for this year. Called Life and Family Medical Clinic, this facility will be on one side of the 8,500 square foot remodeled building and Women’s Choice Center on the other side.

“We’ll offer health and fertility services, and we are in the process of recruiting providers,” Ricke said.

The idea of adding a faith-based medical center has been ruminating since the purchase of the former Planned Parenthood building.

“We have so many women who come to us that don’t want to leave and go to another OB,” Ricke said. “So, we are working toward that, that we

can be a family practice and possibly OB in the future.”

Meeting patients where they are and meeting their needs, including offering abortion pill reversal services and additional medical care, allows Women’s Choice Center to serve the nearly 400,000 population of the Quad Cities with excellence, saving the lives of women, children, and families in a relevant, professional, and compassionate manner.

American Medical Association Gets It Wrong: Abortion Pill Reversal Saves Lives

By Andrea Trudden

For some time now, pro-abortion organizations have been falsely stating that abortion pill reversal [APR] is “junk science.”

The *Washington Post* joined the American Medical Association (AMA) in amplifying this claim just last week with a headline reading “Medication abortions can’t be ‘reversed.’”

Sorry, guys, you are wrong.

It is unfortunate that the AMA would recommend that doctors deny information and care to women who may regret taking the abortion pill. With chemical abortions accounting for as many as 40 percent of abortions throughout the U.S., the need for information is great and publishing misleading headlines because you don’t agree is unethical.

Every woman should know about abortion pill reversal so she can have hope if she changes her mind. Scientifically proven to have up to a 68% success rate, abortion pill reversal is the last chance for women who have already started a chemical abortion to choose life with more than 750 babies born to date.

How abortion pill reversal works

Otherwise known as the “abortion pill,” RU-486 or chemical abortions involve a two-drug regimen: mifepristone and misoprostol. Mifepristone, the first pill, destabilizes a pregnancy by blocking progesterone, the natural hormone needed to sustain a healthy pregnancy. To finish the abortion, misoprostol induces labor, forcing a woman’s body to deliver the baby.

The reversal treatment works by [a woman not taking the second pill and by] giving a woman extra progesterone up to 72 hours after she takes the first chemical abortion pill, and continuing through the first trimester of her pregnancy.

A peer-reviewed study showed that two out of three women who changed their mind about an abortion and started the abortion pill reversal treatment were able to save their pregnancies and give birth to a perfectly healthy baby. The study also showed a lower preterm delivery rate than the

general population in addition to no increase in birth defects.

Managed by Heartbeat International, the abortion pill reversal protocol is backed by a 24/7 helpline (877-558-0333) and a robust provider network of more than 800 clinicians, known collectively as the Abortion Pill Rescue Network (APRN). The network connects women seeking reversal to her local APRN provider to begin the protocol and attempt to rescue her baby.

Progesterone is nothing new

The protocol used in the reversal process is nothing new;

in fact, progesterone has been used routinely and safely with pregnancy since the 1950s.

Progesterone is a natural hormone in a woman’s body that is necessary to nurture and sustain a pregnancy. It is commonly used to help prevent miscarriage and in this case, to help a woman save her baby.

Any claim that abortion pill reversal is “experimental” is pure hyperbole.

Women Deserve to Know about APR

Various states have passed laws requiring that women seeking the abortion pill will receive information about the reversal process to have in hand if they regret taking that first pill.

North Dakota, Idaho, Utah, South Dakota, Kentucky, Nebraska, Oklahoma, and Arkansas have all passed similar measures. Arizona attempted to enact such a law in 2015, but legislators repealed it after a court challenge. *Other states like Ohio have announced similar bills and are awaiting introduction.

“I think there’s one thing we can all agree on, and that is no woman should be forced to have an abortion which she doesn’t want,” said Sen. Peggy Lehner, one of the sponsors of the proposed Ohio bill.

The Proof is in the Pictures

To date, more than 750 women have saved their pregnancies through Abortion Pill Rescue. Women like Marie, April,



See “Reversal,” page 43

NEA trashes Trump as it doubles down on support for abortion

By Dave Andrusko

One of our friends is a member of the Virginia branch of the National Education Association. On occasion I will glance at its publication, the *Virginia Journal of Education*. It won't take you long to figure out the Virginia

Furthermore, the NEA will include an assertion of our defense of a person's right to control their own body, especially for women, youth, and sexually marginalized

right movement. Women's leadership is essential for any successful egalitarian movement and therefore must be protected.

or not have children—and protects the constitutional rights of all women, whether they are pro-choice or anti-abortion.

DeSanctis offers two quite accurate conclusions:

Though in practice such a mindset would likely lead to supporting nearly unlimited abortion rights, this weekend's sudden change in rhetoric indicates a desire to explicitly redefine abortion on demand as a fundamental right. Even more interesting is the fact that the NEA — a teachers' union that ostensibly has no obvious reason to care about abortion policy or advocacy — evidently feels pressure to adopt a more radical stance as the Left becomes more dogmatic on the issue.

As someone trained as an educator with teachers in the family, it is deeply regrettable that the NEA has become just another adjunct to the abortion industry.



Education Association is “progressive.”

So when *National Review Online's* Alexandra DeSanctis reported that the “Nation's Largest Teachers' Union Embraces ‘Fundamental Right to Abortion,’” it came as no surprise.

The NEA, the nation's largest union, works hand in glove with Democrats, which partially explains “Business Item 56” adopted over the weekend. It reads

people. The NEA vigorously opposes all attacks on the right to choose and stands on the fundamental right to abortion under *Roe v. Wade*.

It then cranks up the rhetoric under what it calls “Rationale/Background”:

The most misogynistic forces, under Trump, want to abolish the gains of the women's

To her great credit DeSanctis directs her readers to a NEA publication called “The Truth about the NEA: The NEA responds to its Critics (formerly known as *Deceptions* by the Radical Right against the National Education Association”).

DeSanctis pulled out this revealing boilerplate defense:

[The NEA's] stance on this issue is often misinterpreted and misunderstood. NEA's policy statement reads: “The National Education Association supports family planning, including the right to reproductive freedom.” What this means is that NEA supports the current protections guaranteed under the Supreme Court's *Roe v. Wade* decision. This decision allows women to decide for themselves if they should have children—

UK forced abortion ruling: 22-week-old unborn baby ‘not a physical presence’

By Dorothy Cummings McLean

WESTMINSTER, London, England— The English judge who ruled that a forced abortion should be carried out on a mentally disabled woman remarked that her unborn baby was “not a physical presence.”

Thanks to Right To Life UK, LifeSiteNews has obtained an electronic copy of the June 21 Court of Protection decision by Madame Justice Nathalie Lieven, which was stopped by a Court of Appeal before the child could be killed. It is clear from the document that the judge based her ruling partly on the belief that the then-22-week-old unborn baby was not yet a “physical presence” to the mother, and she would suffer less from an abortion than from having the baby taken away after birth.

Because of the mother’s disability and history of erratic behavior, Lieven assumed that the local government would remove the baby from his or her mother, were he or she to be born.

“In terms of predictability of impact I think it is likely that AB [the pregnant woman] would suffer great trauma from the baby being removed; that is the known experience of most women,” the judge stated.

“It will be a real baby which she will probably have met and touched, and it will go,” she continued.

“In contrast the pregnancy, although real to her, does not have a baby physically before her, and the impact is in my view likely to be. As Ms. Paterson [solicitor for the National Health Service] puts it, the baby is not a physical presence.”

This statement was in contradiction, however, to the judge’s earlier remark that the 24-year-old mother could see and feel evidence of the baby.

“The sense I have from the evidence, including that of CD

physical presence.”

McCarthy pointed out that although the woman wanted the baby, as the record attests, and although Lieven admitted that a court-ordered abortion was “immensely intrusive,” the

size of a papaya.

“Your baby, or foetus, is around 27.8cm long from head to toe, and weighs about 430g. That’s approximately the size of a papaya and the weight of five tangerines,” it reads.



[AB’s mother] and Ms R, is that as the pregnancy has developed AB has more understanding that she is pregnant, and that means she has a baby inside her, and that it will be born,” Lieven said. “This is unsurprising as she sees her stomach grow and begins to feel the baby.”

“A few very worrying things ring through from this judgement,” said Clare McCarthy, a spokeswoman for Right to Life UK. “One especially resounding thing was that the rights of the 22-week-old baby in the case were not considered in any way, or carried no weight at all in the judgement.”

“A baby this late in gestation would in some cases be able to survive outside of the womb and yet Justice Lieven dismisses the baby as ‘not a

judge “nonetheless imposed her pro-abortion agenda on this woman by overriding her wishes and ruling that she should be forced to have an abortion.”

‘Gross violation’ of rights

While expressing her relief that Lieven’s ruling was subsequently overturned on June 24 in the Court of Appeal, McCarthy said that it should never have been made.

“This ruling was a gross invasion not only on the rights of the pregnant woman but also on the right to life of the unborn child who the mother could feel growing and moving inside her womb,” she said.

According to an NHS webpage of advice for expectant mothers, a 22-week-old unborn baby is roughly the

The NHS article provides an illustration of the infant that shows that at 22 weeks he or she resembles a newborn and may be sucking his or her thumb.

Thanks to the publication of the Court of Protection decision, more details of the case have come to light.

The mother of the baby is 24 and was born in Nigeria. “AB” was adopted as a newborn by her legal mother, also from Nigeria, and moved to the UK around 2007. She attended special schools during her childhood in England and has been diagnosed with a mild intellectual disability (ICD10). She speaks both Igbo and English although she has

Noted abortion researcher admits pro-life laws stop abortions

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

For years, whenever pro-life legislation was discussed or passed, advocates of abortion told us it was a waste of time. They said that women would get abortions anyway, crossing state lines or taking matters into their own hands.

Now a prominent abortion researcher and promoter has told folks on her side to stop saying that. Why? Because pro-life laws are in fact leading numbers of women to forego abortion and give birth to their babies, a catastrophe from the pro-abortion perspective.

The headline from Diana Greene Foster's commentary in the very pro-abortion *Rewire News* says, "Stop Saying That Making Abortion Illegal Won't Stop People From Having Them." The subhead elaborates: "Criminalizing abortion or making it less accessible means that some women carry unwanted pregnancies to term."

Foster is a demographer from the University of California-San Francisco (UCSF) who has gained notoriety in scientific circles for something called the "Turnaway Study."

Foster and several of her UCSF colleagues took 231 women who were "turned away" for abortions because they were past the clinic's gestational limits and compared them to 452 women who had abortions just before reaching that limit. Using data from that group, the UCSF team published a number of studies. Their assertion was that women "denied" abortions suffered more anxiety, faced greater poverty, were more likely to endure intimate partner violence, and less likely to

achieve "aspirational life goals." We discussed the many problems with these studies and some of their claims multiple times:

- nationalrighttolifenews.org/news/2013/01/takeaways-from-the-ucsf-abortion-turnaway-study/
- nationalrighttolifenews.org/news/2013/01/takeaways-from-the-ucsf-abortion-turnaway-study-2/
- nationalrighttolifenews.org/news/2013/01/takeaways-from-the-ucsf-abortion-turnaway-study-3/
- nationalrighttolifenews.org/news/2013/01/takeaways-from-the-ucsf-abortion-turnaway-study-4/
- nationalrighttolifenews.org/news/2013/01/takeaways-from-the-ucsf-abortion-turnaway-study-5/
- nationalrighttolifenews.org/news/2015/12/flawed-ucsf-study-claims-aborting-women-are-more-positive-about-their-future/
- nrlc.org/site/communications/releases/2016/121416release/

Foster repeats a number of these claims in her *Rewire* commentary, most significantly that "more than two-thirds of women who were denied abortions because they were too late in pregnancy carried their unwanted pregnancies to term." These findings were consistent, Foster said, with

data from other countries where about half of those unable to obtain legal abortions went on to carry the pregnancy to term.

was the "right" outcome and reported being happy once the baby was born! More about that below.



U.S. data examined by other researchers also confirmed the phenomena, Foster writes. When regulations closed 19 of the 41 abortion clinics in the state of Texas, Foster says, the abortion rate fell 13% the following year. (It was not regulations alone, as we have explained in many *NRL News Today* posts.)

Other research, she says, shows that about a quarter of low income women give birth when public insurance doesn't cover abortion, rather than seeking and paying for an abortion on their own.

Foster says a woman's being "denied" a desired abortion "makes it more likely she will have a child that she lacks the financial and emotional resources to raise."

However, she fails to note a hugely important truth. Her own data showed that while many "Turnaway" women were indeed **initially** upset when they could not obtain what they had (falsely) come to believe was the solution to their problems, many soon came to believe that having the child

In her opinion piece, Foster begins by observing

Making abortion illegal doesn't stop women from having them. You may have heard this argument before, often from someone wielding a symbolic coat hanger at a protest.

In fact a frequent explanation of how women would have abortions, should *Roe v. Wade* be overturned, is not by using coat hangers but do-it-yourself chemical abortions with drugs women buy over the internet.

For example, Daniel Grossman, one of Foster's colleagues in abortion research at UCSF, told Yahoo News that there are "workarounds" now that weren't available before *Roe* made abortion legal. "The obvious difference is that now, unlike in the 1960s, we have safe and effective medications that can be made available outside the medical system," Grossman said. "It is much

Noted abortion researcher admits pro-life laws stop abortions

From page 30

harder to crack down on these medications, which are safe, effective, heat stable, easily transportable, and available in many countries without a prescription.”

So why then is Foster saying in the first paragraph of her commentary that it is time to stop saying that “Making abortion illegal doesn’t stop women from having them”?

What frustrates Foster most is that people on her side mistakenly believe that women will find a way to abort no matter what legislation is

passed. She writes

“[O]nly 48 percent of unintended pregnancies are aborted in countries where abortion is illegal compared to 69 percent where it is legal indicates that many women have to carry unwanted pregnancies to term.”

Foster writes that “young women, poor women, and other disadvantaged groups will disproportionately carry

unwanted pregnancies to term.”

But as we pointed out in the conclusion to our five-part critique of the “Turnaway” study,

“Within a week after their ‘denial,’ even before the baby was actually born, 35% of those women were no longer willing to say that having the abortion would have been the right decision. After the birth, we know that 86% were living with the baby;

59% perceived their relationships as good or very good; and nearly half (48%) had full-time jobs.”

In Foster’s mind, it is a tragedy that these women give birth and these babies live and have a chance to grow up, experiencing the joys and opportunities of life.

We see each life saved as a triumph. And a blessing. So, too, did many women who were “denied” abortions.



Oratory Contest winner Ruth Hailey of Oregon with NRLC President Carol Tobias



National Right to Life Interns: Anthony Mollica and Elena Demos



Congratulations to our 1st-4th place winners at this year’s annual Oratory Contest. Left to right: 1st place Ruth Hailey from Oregon, 2nd place Rita Rogers from Virginia, NRLC Oratory Contest Director The Honorable Michelle Fischbach, JD, 3rd place Mikayla Zwirn from Indiana, and 4th place Amanda Negley- New York

The president of the largest abortion provider talks movingly about her miscarriage

By Dave Andrusko

It's a very personal story with a tragic beginning, a predictable conclusion between which the new president of Planned Parenthood goes hither and yon to weave together disparate arguments to reach the "correct" answer.

The most important bottom line from Dr. Leana Wen's op-ed in the Washington Post is that she very recently miscarried. The fact that as many as one in five babies are lost, usually because of chromosomal anomalies, didn't make the loss of **her** baby any the less painful.

Wen tells us she and her husband had "been trying for months" to have a sibling for their two-year-old son. (As an older couple, "we didn't want to wait much longer.") When she learned she was pregnant, "I was thrilled."

Then comes the first of the political uses of her tragic loss.

"Though I worried about how I would do my demanding job with two small children, I also believed that fulfilling my deep desire to expand our family would send a strong message for the organization I represent: We support all people in their decisions when and whether to become parents.

Have a child, abort a child; be a parent, don't be a parent. What's the diff?

For starters, a pregnant woman already **is** a parent. It is the mission of Planned Parenthood to persuade a woman that if, and only if, she says yes, a switch is magically switched, turning a "potential child" into a real, flesh-and-



Dr. Leana Wen

blood child.

Wen then goes on an extended pro-abortion diatribe against laws intended to protect unborn children and allow their mothers to make a genuinely informed decision. What has that have to do with the loss of her baby? The canard that miscarriages could be (or will be, in Wen's imagination) be grounds for criminal charges.

This is then folded into her argument for "health care," which is part of "women's health," which is the mantra under which abortion is smuggled in. But abortion isn't

health care. It doesn't cure any disease, it doesn't improve any medical condition. It simply takes the life of an unborn baby, leaves a woman empty, and fills the abortionist's pockets.

Wen begins her final paragraph with a noble and caring objective:

As I recover over the Fourth of July weekend

with my family, I decided to write about my experience because I want to break the silence and shame that often come with pregnancy loss.

Wen's final sentence is spot on:

If we truly care about the health of women, children and families, we must commit to policies that provide pregnant women with the care, humanity and dignity that all people deserve.

In between Wen writes

I also write because my miscarriage has made my commitment to women's health even stronger.

Dr. Wen never refers to her lost baby as a "fetus" or a "potential life." Wen and her husband wanted "another child" who would be "sibling" for their son. Later she writes about "Baby No. 2."

This is the language almost everyone uses—and why not? The little one, planned or unplanned, perfect or "imperfect," is ours. We brought him or her into existence and whether we wish to acknowledge it or not, we've assumed a moral obligation to protect them.

Wen asks herself questions that many women ask when they miscarry. The common denominator is, am I somehow responsible? (Too much work resulting in too little sleep? too much stress? she asks.)

But since she has counseled many women who've miscarried, Dr. Wen knows "self-blame" and "guilt" are irrational. As she had told these women, "no one knows what caused the miscarriage, and there's nothing that could have been done differently."

Our prayers go out to Dr. Wen and her entire family.

Man with Down syndrome wins prestigious ‘Entrepreneur of the Year’ award

By Cassy Fiano-Chesser

John Cronin, founder of “John’s Crazy Socks,” has won the Ernst and Young Entrepreneur of the Year Award for the New York region. Cronin is the first person with Down syndrome to ever win the award, considered one of the most prestigious business awards in the New York area. Cronin, along with his father Mark, won in the “Mission Driven” category, beating out 10 other companies.

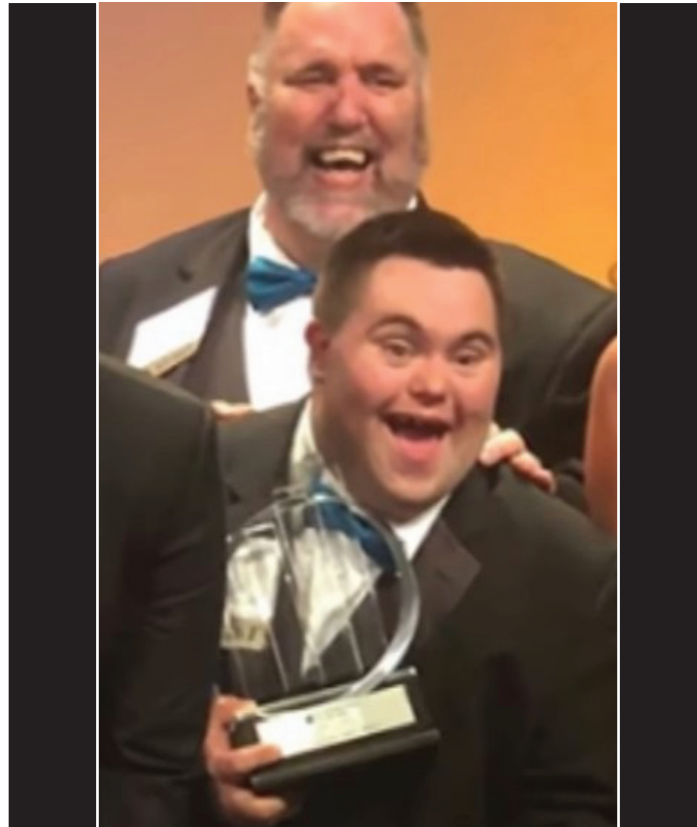
Cronin co-founded “John’s Crazy Socks” with his father, and is the Chief Happiness Officer of the company. Winning this award for Cronin was a sign that Down syndrome doesn’t keep him from achieving his dreams.

“I’m so excited to win!” he said in a press release. “Every day, we want to show the world what is possible when you give someone a chance. I have Down syndrome, but Down syndrome never holds me back. Look at what people can do, not what they cannot do.”

The Cronins went into business because John wanted to make “crazy socks,” but he also wanted to make a difference for other people like him. After graduating high school, Cronin realized that there weren’t many opportunities for people like him to find meaningful employment. “There are not many options open to people with disabilities,” Mark Cronin told CNBC. “All job training programs and workshop programs had waiting lists and not many employers offer jobs for people like John, adding, “John didn’t like the options he saw, and in fact the options for

people with differing abilities are somewhat limited.”

“I wanted to go in business with my father,” John explained. “Because I love my



John Cronin with his father Mark

dad so much.”

And on World Down Syndrome Day, the idea for John’s Crazy Socks was born after John created festive socks for the occasion. “John had worn crazy socks his whole life. That was his thing,” Mark said, explaining, “When John came and said we should sell socks, well, it seemed like an idea worth trying. And that’s what we did. We didn’t go prepare a business plan. We didn’t do a lot of research... let’s get something up and see how people respond.”

What set their business apart was John’s idea, though: home delivery for every order. “I’d go out, knock on doors and the whole family are waiting

and to give back,” their website states.

Five percent of their earnings are donated to the Special Olympics and other disability organizations, and over half of their employees are persons with disabilities. They frequently feature these employees in an effort to show the world what people with disabilities can do, through videos, school tours, work groups, and speaking engagements. And they’ve continued their goal of keeping the business personal, with every order receiving a handwritten note from John himself.

John’s Crazy Socks is just one of many successful businesses run by people with Down syndrome. Blake Pyron runs Blake’s Snow Shack in Texas. Sky Simpson and his dad own Sky Boxes, a mailbox installation and repair business in Indiana. Collette Divitto started a cookie business, Colletty’s Cookies. Tim Harris started his own restaurant, Tim’s Place. And there are many more.

Between their mission and their massive success — John’s Crazy Socks earned over \$1 million in revenue in their first year alone — it’s not surprising that the Cronins would be honored for their achievements. “It’s not just the selling part,” Mark said. “We are showing the world what we can do.”

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

for me,” John said. “I jumped to the door and, their response: They loved it. They even took a picture with me, take a video with me. It’s amazing.” Word quickly spread, and the business grew. They now carry over 2,000 styles, including “awareness” styles, such as socks for Autism Awareness and Down Syndrome Awareness. And in addition to selling socks, they’re also on a mission to make a difference. “We believe it is not enough simply to sell things; we think it is important to have a mission

NRLC 2019 lives up to its reputation as the pro-life educational event of the year

From page 2

In fact there are many “somethings,” from nuts and bolts how-to sessions about how to maximize your social media, to dealing with the IRS, to the basics of Parliamentary

chance to relax and reflect on everything they have taken in.

It would be difficult to imagine a more appropriate closing set of speakers than Chloe Kondrich and her dad,

audience. (The line up to take pictures with Chloe was very impressive. At the conclusion of the first luncheon, pro-life South Carolina Gov. Henry McMaster got in line. Later,

dad spoke, was priceless.)

In 2003, Kurt was in his 20th year as a police officer and having delivered a baby on the sidewalk 17 years before, he knew it was important that they hear a strong crying sound (Chloe aspirated during the delivery).

Within five minutes of the delivery, the signs from the physicians were not encouraging. One doctor said Chloe had “characteristics of Down syndrome.” Not knowledgeable about what that meant, Kurt said, “Can I hold my daughter, please?” He responded, “Yes, do you want to hold her?”

As Kurt wrote, “I detected surprise in his voice, but Chloe looked right into my eyes, and I instantly fell in love with this precious gift God had given our family.”

The rest, as they say, is history. They’ve traveled seemingly everywhere, testifying against this “prenatal genocide,” meeting with President Trump and Vice President Pence, and becoming the face of “Embrace, don’t erase.”

As Kurt told *NRL News Today*, “I know and believe with all my heart and soul that this is the mission with Chloe’s Foundation that God created our family for, and He is using us as His instruments for this historic LIFE movement.”



Special guests join NRLC President at NRLC 2019. (Left to Right) Louise Harbour, ProLifeAction Ottawa; Susan Laroche, ProLifeAction Ottawa; Mary Collier, Australia; Carol Tobias, National Right to Life President; Yezbelini Galardo, Mexico; and Cecilia Valdorrana, Mexico.

procedure all the way over to stunning personal stories of triumph and tragedy overcome.

For many people, the Saturday night banquet that ends the annual NRLC Convention is the highlight of their two-day stay.

After attending many of the 40+ workshops and other powerful general sessions, attendees see the dinner as a

Kurt Kondrich. Although having just turned 16, Chloe—the inspiration behind the Down Syndrome Prenatal Education Act [“Chloe’s Law”] in Pennsylvania—travels from one end of this country to another, embodying the message “Embrace, don’t erase” Down syndrome.

This ambassador for equality and her dad wowed the

at another general session, she met with Ashley Bratcher, the star of the pro-life movie, “Unplanned.”)

Kurt recounted the Kondrich family’s history. Of how he and his wife Margie were older when Margie became pregnant with their second child. (By the way, watching Chloe and Nolan, her older brother, interact while their

Data Contradicts Safety Claims made for Chemical Abortion delivered by Webcam and by Mail

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

Results from a trial in which chemical abortifacients were made available via webcam and delivered by mail have been published with the authors predictably claiming that the method is “safe, efficient, and satisfactory.” But a closer look at the study numbers reveals evidence of serious safety issues.

Study seeks to bypass clinics

Elizabeth Raymond, Beverly Winikoff, and a team from Gynuity worked with researchers and clinicians from the Guttmacher Institute, the University of Hawaii, Oregon Health & Science University, Planned Parenthood Columbia Willamette, Maine Family Planning, and the Choices Medical Center of Jamaica, New York as part of a webcam, abortion pills by mail study conducted in five states – Hawaii, Oregon, Washington, Maine, and New York* – between May 2016 and December 2018.

The study, “TelAbortion: evaluation of a direct to patient telemedicine abortion Service in the United States” is slated to appear in an upcoming issue of the journal *Contraception*.

The study’s aim was to see if a pregnant woman could bypass the abortion clinic altogether. In this model, she could have testing done at regular medical labs and ultrasound facilities, then contact the abortionist who interviews and screens her via a webcam connection.

The abortionist would then send her the abortions pills—mifepristone (RU-486) and misoprostol— and instructions by mail, if she qualified. After

receiving the pills, women were supposed to take the pills and abort at home.

A follow up (unclear if by email, phone, or webcam) was scheduled to discuss



any problems that may have occurred, to determine if the abortion was complete or whether additional care or tests were needed.

Results bear scrutiny

Gynuity reported a success rate of 94% (177 of 188 patients who were known ultimately to have aborted). However this figure requires some serious qualification.

Only 268 of the 433 who contacted the TelAbortion program actually did the “televaluation” with a clinician who did the pre-abortion counseling, explained the procedure and expected costs, and got consent. The clinician also made sure the women had gotten an ultrasound and had Rh typing done, and had a plan for evaluating the outcome.

Twenty more women dropped out at that point and were never

sent the pills. Three women dropped out because they changed their minds. Seven women miscarried before the pills were sent, seven had other unspecified reasons, two

wouldn’t have gotten the pills before the 70 day cutoff (after a woman’s last menstrual period), and one woman just withdrew, not providing a reason.

Of the 248 who did receive the drugs, most (193) took both the mifepristone (RU-486) and misoprostol. However six women took neither, 14 took at least one drug but it wasn’t clear whether they took the other drug. Another 35 women provided no data on whether they did or did not take the drugs.

Here’s the key fact: of the 248 women sent the abortifacient drugs, the actual abortion outcome was unknown for 58 of them. For the 190 where the outcome was known, two were known to have continued the pregnancy, 11 were known to have gone on to have a surgical abortion, and 177 “successfully” aborted with the drugs.

Considering just those women known to have aborted, you do get the 94% “success” figure for the chemical abortions. However you get a much lower percentage if you consider it as a percentage of the women to whom the TelAbortion team sent packages of pills.

Gynuity can only certify that 71% of those women aborted. While they know about the 11 others who had surgical abortions, and the two who continued their pregnancies, they’re not sure about the other 23% of patients. That’s a significant number of women—almost a quarter— about whose health and safety Gynuity can tell us precious little.

Several complications

While the TelAbortion team tried to downplay the number and significance of complications or “adverse events,” their data revealed several safety incidents. Furthermore, given all the patients for whom they lacked outcome data, their confidence in their numbers and in the safety of their method seems unsubstantiated.

Gynuity says they had “meaningful follow-up” with 217 of the participants after the package shipment. They report just two of these (1%) reporting “serious adverse events.”

However, there are a number of problems with this estimate. Given that they sent out 248 packets of pills and knew the “abortion outcome” for only 190 of these patients, it seems

See “Contradicts,” page 39

The Winners and Losers of the Democrat Debacle (aka Debate)

By Karen Cross, National Right to Life Political Director

Those of us who forced ourselves to watch the Democrat presidential debates (aka) debacle – the first of a series of twelve Democrat debates – on June 26 and June 27, can’t “un-see” and “unhear” what we saw on that stage.

Again and again the “Top 20” Democrat candidates passionately committed themselves to policies allowing the merciless, senseless killing of our unborn children by abortion through all 40 weeks of pregnancy, paid for with our tax dollars!

Abortion will most certainly be an issue in the 2020 election. In 2016, 49% of all voters considered abortion when they voted. The breakdown?

31% voted for the pro-life candidate, while 18% voted for the pro-abortion candidate – net gain for the pro-life candidate of 13 points.

Running for their party’s presidential nomination, it is important to know the extremist positions taken by all

the Democrats on stage during Wednesday and Thursday’s debates are not in step with more than three-quarters of the members of their own party!

Here’s a breakdown of voters (by party) that would allow abortion “anytime during pregnancy” (2/12-17/19 The Marist Poll N=1,008, margin of error +/-3.5%):

- **22% – Democrats**
- **10% – Independents**
- **4% – Republicans**

What about limitations on abortion, and opposition to abortion after twenty weeks, when the unborn child can experience pain (by party)?:

- **64% – Democrats**
- **83% – Independents**
- **92% – Republicans**

But the candidates are not only way out of line with members of their own party. A new Rasmussen Reports poll (6/25-26/19, N=1,000, +/-3%) found that 54% of likely U.S. voters consider most of the announced 2020 Democrat

candidates “more liberal than they are.”

Yet the candidates consistently tried to out-do each other to prove they more

Following the debates, many of the media posted “analysis” columns referring to the “winners and losers” of the debate. Sadly, with abortion,

**Where Do the
Candidates Stand
on Life?**

passionately want to allow the killing of babies through birth and beyond than their 19 rivals.

Keep in mind over the coming year that every one of the top two dozen Democrat presidential candidates supports a policy of abortion on demand.

See where the presidential candidates stand on abortion here: www.nrlc.org/uploads/records/2020POTUScomparison.pdf.

Then share the downloadable link with your friends and family

there are no winners only millions of losers – precious unborn children, their mothers, and their families.

Your friends and family deserve to see and hear the truth about the position of the Democrat candidates for president on the most fundamental right – the right to life.

Again, you can download their positions at www.nrlc.org/uploads/records/2020POTUScomparison.pdf.

SICK! NY Mag's 'The Cut' Writer Describes Her 'Best Abortion Ever'

By Alexa Moutevelis Coombs

How heartbreakingly sad is it when you've had so many abortions you can rank them and decide which one was your "best?"

In *New York Magazine's* The Cut on June 19, Sarah Miller wrote about the four abortions she's had and which was her "best abortion ever." The article

wasn't as bad but she still "felt like s__t and bled and bled and bled, for days."

In 2011, for her third abortion, Miller took the abortion pill which, she described, "covered all the bases of physical misery: I bled. I was nauseous. I had cramps. I could not get comfortable. I couldn't read.

Tuesdays is amazing." When Miller agreed, the woman got downright creepy:

She looked so happy. She actually said yay, as she tapped my file on the counter. "This woman is seriously just so incredible at abortions," she said.

But hidden behind that nonchalant attitude and expletive-laden enthusiasm for abortion is a lot of pain and brokenness.

Before her last abortion, Miller talked about how she started to cry thinking about how she was over 40, underemployed, with a partner who didn't care, and knowing their relationship was over.

She was even considering having the baby, "Maybe it could be my last chance of having someone love me."

Miller had all the same problems as before the abortion, but she felt an immediate rush after:

I'm not a failure, I thought, I have a pretty good car stereo, and I'm not pregnant, and I am not having cramps, and there is no blood in my underwear, not a speck. I felt like the most successful, luckiest person alive.



is brutally honest to the point of being cavalier about abortion. There was absolutely no discussion of if she was using birth control or how she found herself pregnant four times in 16 years when she knew she didn't want to be a mother.

Miller's first abortion was in the early 1990s when she was 24. She described a terrible experience afterwards, "clutching my abdomen in pain." She didn't say when her next abortion was, just that it

I couldn't watch TV. I could only thrash around and fail to imagine ever feeling better."

After that terrible experience with RU-486, she found herself pregnant again – for the fourth time in her life and the second time that year – and decided on a surgical aspiration abortion.

Miller was going to go under general anesthesia but the abortion facility receptionist assured her, "We've gotten wayyyyyy better at abortions," and "The woman who works on

"I think you're really going to like it."

REALLY going to like her "incredible" abortion!

For her final and "best" abortion, Miller described it as "like the worst cramp ever times three, but not worse than that."

"Holy s__t," she said to the abortionist. "That was hands down the best abortion I ever had in my whole f____g life. You're amazing."

No doubt this was a temporary high. If abortion had the ability to change and improve life for the better and solve a person's problems she wouldn't find herself repeatedly getting one.

I hope someday Sarah Miller (and anyone post-abortive reading this) finds the hope and healing she so desperately needs.

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

Top 10 Abortion Myths: #7

By Right to Life of Michigan

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

7: Most Women Support Abortion

The Bottom Line: Women and men generally have the same views on abortion.

This myth is the foundation of the abortion industry, at least in how they present themselves. Whether it is Planned Parenthood's hot pink branding or the constant refrain that men shouldn't have a say—unless they agree with Planned Parenthood—many people assume the abortion issue is women vs. men.

As far as the pro-life movement is concerned, we're fine with letting women's views dictate abortion policy. It's abortion supporters who don't really want to listen to women—or men, or really anyone who disagrees with abortion-on-demand through all nine months of pregnancy.

Gallup has conducted opinion polling on abortion for more than 40 years. Whether it's questions of abortion restrictions or identifying themselves as pro-life vs. pro-choice, there are no significant differences between men and women.

What's most striking is that men and women do tend to have significant differences in opinion on a lot of policy issues. However, abortion is the most significant issue where there is no meaningful difference in how the average woman and average man view the issue. Most women and men do not support abortion-on-demand through all nine months of pregnancy.

Perhaps the most ignorant or cynical trope is that the pro-life movement is a bunch of men sitting around a board room planning how to control or repress women. This trope

look at who leads the pro-life movement.

The last year Right to Life of Michigan had a male president was 1973. Our staff is overwhelmingly made up of women. The majority of our board of directors are women.

National Right to Life's president is a woman. Ditto for the Susan B. Anthony List, Americans United for Life, the American Association of Obstetricians and Gynecologists, Live Action, and of course Feminists for Life. The list goes on.

Those who argue women's equality demands abortion are

cannot: bring life into the world.

Many people who support abortion generally believe society can achieve total equality. If society can achieve that utopian dream, why must abortion be a part of it? Why do they accept killing millions of unborn women as the one evil that is necessary?

Abortion is not a women's rights issue; it's a human rights issue. The concept of human rights only works if every human being has them. A society that achieves great strides at the cost of millions of our own children crushed and



completely ignores the main argument of the pro-life movement, which is that it's wrong to kill unborn children—or it claims we're just making it up to fool people. It's even more laughable when you

actually making a misogynistic assumption, whether they realize it or not. The assumption is that the only way for women to be on a level playing field with men is to deny the unique thing women can do that men

torn to shreds is no utopia at all.

Abortion supporters say, "trust women." We believe they should and abandon their extreme support for abortion-on-demand through all nine months of pregnancy.

Data Contradicts Safety Claims made for Chemical Abortion delivered by Webcam and by Mail

From page 35

unwarranted to claim any sort of certainty about the extent of complications for 217 patients, let alone the procedure in general.

The two events they do mention both involved severe bleeding. One woman was hospitalized after a seizure following an “aspiration performed for bleeding.” The other a woman was hospitalized for severe anemia and received a transfusion.

There were at least 16 other “events” where patients went to the emergency room or an urgent care center: 14 for bleeding and/or pain, one for dizziness, and one to get Rh immune globulin. An additional eleven patients had clinic or office visits that were not part of the original TelAbortion program, most (eight) for “outpatient aspirations” – presumably surgical abortions when the chemical abortion failed.

Safety concerns should not be dismissed

The Gynuity team gives assurances that neither of the two “events” they deemed “serious” “would have been averted had the abortion medications been provided in person.” They fail to see how this misses the point. The claim, the safety issue involved, is not that the webcam/mail procedure introduces a new category of risk. It is that when a woman is so far removed from the doctor who is supposed to be managing her case, there is a new and special danger beyond the ordinary risks that come with any chemical abortion.

Put another way, it isn’t that pills delivered by mail

cause more bleeding or severe bleeding more often. Rather it is that the webcam/mail process potentially puts more distance between the woman and her doctor at the time she needs to be most closely monitored and may need to be treated by someone familiar with her situation.

Remarkably, Gynuity says their results show “unscheduled encounter[s]” – visits to the ER, urgent care, clinic or doctor’s office – were higher among patients who lived farther away, fifty or more miles from the study site. (Gynuity says that 18% of patients living fifty miles or more away reported an “unscheduled visit” versus 6% of those living closer, but does not provide the numbers showing the numbers of visits used to calculate these percentages.)

Aware that their higher rates of “unscheduled visits” to hospitals, the ER and urgent care might undercut their argument of the webcam/mail abortions being as safe as those at a clinic **, Gynuity argues that many of these visits turned out to be unnecessary because they did not end up receiving any medical treatment. Raymond, Winikoff, and colleagues argue that “incidence could possibly be reduced by stronger encouragement to contact the TelAbortion provider for advice before seeking unplanned in-person care.”

Ignoring display of the self-serving impulse to produce better statistics for their study, this statement betrays a number of troubling and revealing tendencies on the part of the researchers.

Having denied the need for

direct patient management, Gynuity nevertheless seems to be arguing they would have gotten better results with more patient contact!

Furthermore, after saying that the method is simple and safe enough to be managed by the patient herself, they are here saying that either their instructions are not clear enough or the patients not capable enough to accurately assess the severity of their condition.

Alternatively, they are admitting that the chemical abortion process is much more harrowing than has been advertised (by folks like them) prompting bleeding, cramping women to rush to the ER for professional medical assurance something has not gone badly wrong.

These concerns are not trivial and hardly safe to ignore. Though not something that Gynuity and other abortion pill promoters seem anxious to advertise, two dozen chemical abortion patients have died in the U.S., and thousands of others have ended up, like women in this study, hemorrhaging, or hospitalized with severe infections, suffering from ruptured ectopic pregnancies, or other “serious adverse events.”

Given that hard reality, it is only prudent for women with persistent or heavy bleeding, severe pain and gastrointestinal distress, or other troubling symptoms to have a doctor physically examine them and give a professional evaluation of their condition. And one might argue irresponsible, if not dangerous, to suggest otherwise.

Better to be safe than sorry. Unless something other than safety is your priority.

Too much left unknown

Considered separately from the spin, the numbers do not present a good picture for the hands-off webcam/mail method. While touting a 94% success rate, this simply set aside 58 patients where the researchers did not know the outcome. Whether these women aborted, went on to have surgical abortions, whether they had serious complications, whether they changed their minds – all outcomes encountered by other women in the study – Gynuity simply doesn’t know.

Not only does Gynuity not know what happened with these 58 patients, they also do not know what happened with the drugs sent to most of them, whether the women took them, flushed them, or re-sold them on the black market. It was because of potential safety issues that the U.S. Food & Drug Administration (FDA) restricted distribution of mifepristone and refused to let it be sold by pharmacies. Gynuity is one of the groups fighting that restriction, but, ironically, their data reinforces the need for it.

As noted, Gynuity and the TelAbortion team try to minimize the danger of the drugs, saying that they only identified two cases of “serious adverse events.” But their data actually showed that 29 of their patients visited a hospital, emergency room,

See “Contradicts,” page 48

At long last, Justice Thomas' enormous influence is beginning to be recognized

By Dave Andrusko

Imagine for a moment you are Supreme Court Justice Clarence Thomas. You have been attacked, mauled, ridiculed, and mocked from the day President George Herbert Walker Bush nominated you to replace Justice Thurgood Marshall.

You survived what you accurately described as a “high tech lynching” only to be caricatured for decades as little more than the justice who does not speak up during oral arguments to ask questions and “the late Justice Antonin Scalia’s judicial sidekick.”

But now, after 28 years suddenly more perceptive observers are beginning to grasp that Justice Thomas has moved the High Court in his direction even as he has created a stable of young conservatives who are found everywhere in the pro-life Trump Administration and in the federal courts.

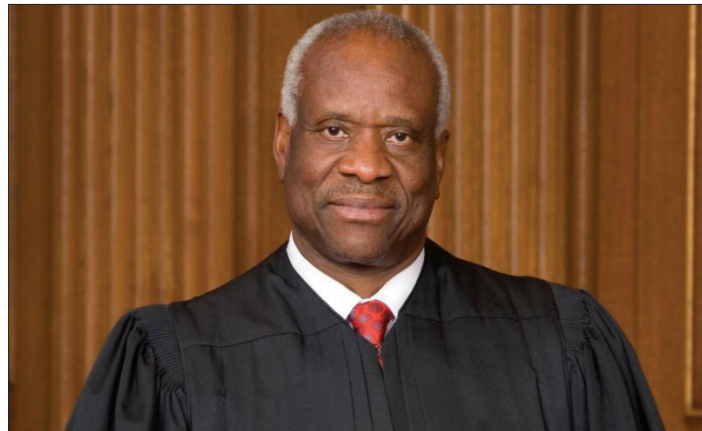
The latest example of the revisionist history of Justice Thomas is Emma Green’s, “The Clarence Thomas Effect,” which appeared last week in *The Atlantic*.

It’s a lengthy piece and very, very much worth your reading. Here are three takeaways from Green’s profile.

After a brief rehashing of the slash-and-burn attack on Thomas when he was nominated, Green quickly turns a corner....

1. “And yet, during his time on the Court, Thomas has written prolifically and introduced ideas that have gradually gained influence among other justices. Of all the Supreme Court justices, Thomas takes an approach to the law

that is arguably the purest embodiment of the conservative judicial philosophies known as textualism, which holds that the plain meaning of the text of a law is all that matters in judicial interpretation, and originalism, which holds that the Constitution should be interpreted only as its authors intended.”



Supreme Court Justice Clarence Thomas

Later, Green adds, “Scalia himself told a Thomas biographer that Thomas does not believe in the legal principle of generally following settled precedent. ‘Among Federalist Society members, he probably would be their No. 1 favorite justice of anyone on the Court,’ [Carrie] Severino [the chief counsel and policy director of the Judicial Crisis Network] told me. ‘As wonderful as Justice Scalia is, Thomas is someone who has inspired a lot of young lawyers.’”

2. But the bulk of the profile is Justice Thomas’ incredible capacity to network, to find places for his former clerks here, there, and everywhere. Part of that impact, of course, is because Thomas is the longest-serving justice currently sitting

on the Supreme Court. But according to Green

The Thomas effect may be due to more than just the power of networks, however. Thomas has been on the Supreme Court bench since 1991, and his clerks are entering their professional peaks during

event in 2013. “I love my law clerks,” Thomas added. “These kids are my family.”

Where this really shows up is on appointments to the Circuit Courts of Appeals:

Trump has far outpaced his recent predecessors, with 42 confirmed appointments to these courts over the past two and a half years; by comparison, Obama had gotten less than half as many appeals-court judges confirmed by this point in his first term. These seats are where Thomas clerks will have the most influence—and are outpacing the former clerks for conservative justices. Former Thomas clerks have now been confirmed to the Fourth, Fifth, Eighth, Ninth, and Tenth Circuits, along with two judges confirmed to the D.C. Circuit Court of Appeals—Katsas and Neomi Rao, the former head of Trump’s Office of Information and Regulatory Affairs. The D.C. Circuit is particularly influential, because it is responsible for reviewing the actions of federal agencies...

a Republican administration. Several former clerks told me Thomas goes out of his way to stay in touch with his clerks and cultivate their careers; they have monthly lunches and regularly get together for intergenerational reunions. Each year, Thomas takes his clerks on a field trip to the site of the deadliest battle in the Civil War. “I want them to go to Gettysburg and to think about ... the price that was paid for this country to exist,” he said in an interview with the appeals-court judge Diane Sykes at a Federalist Society

Distorted and misleading article makes a hero out of judge who ruled Terri Schiavo's feeding tube could be removed

By Bobby Schindler

Editor's note. Bobby Schindler is the brother of Terri Schindler Schiavo and President of the Terri Schiavo Life & Hope Network. Bobby spoke July 6 at the National Right to Life Convention in Charleston. The following is in response to an article lauding Judge George Greer that appeared in the Tampa Bay Times.

Long before President Donald Trump exposed media corruption by popularizing the term "fake news," my family was subjected to a battle of deceptive reporting about my sister, Terri Schiavo. One-sided "journalism" continues today, as demonstrated by a recent Tampa Bay Times article titled, "Inside the Terri Schiavo case: Pinellas judge who decided her fate opens up," by Leonora LaPeter Anton.

Ms. Anton writes about Judge George Greer of Pinellas County Florida Circuit Court, who ruled that Terri's estranged husband and legal guardian, Michael Schiavo, could remove her food and water (via feeding tube). Greer's decision was enforced on March 18, 2005. Thus began my sister's grotesque and heart-rending death due to dehydration and starvation that lasted almost 14 days.

For those who do not remember, Terri, at the age of 26, experienced a still inexplicable collapse that resulted in a severe brain injury. In typical media fashion, Anton distorts Terri's condition, omits important facts about

the case, and most egregiously, Michael's apparent conflicts of interest in his pursuit to end Terri's life.

At the same time, she unapologetically portrays Judge Greer as the "victim,"



Terri Schiavo

requesting sympathy for all the suffering and hate he endured during Terri's protracted legal battle and eventual death. This is the same judge who never visited Terri in the five years he presided over the case, despite several requests to do so. Not once did he see the innocent disabled person he sentenced to death.

Anton's article also neglected to mention that Michael Schiavo abandoned his fiduciary obligations as Terri's guardian (and more notably, as her husband) within three years of her brain injury. This led to a personal and financial conflict of interest.

For example, in 1992 Michael initiated a medical malpractice lawsuit that blamed Terri's doctors for her collapse. During

the week-long trial Michael promised the jury he would honor his wedding vows, asking for enough money (he was suing for \$20 million) to provide Terri with life-long rehabilitation and therapy. The

jury agreed to a lesser amount and a medical trust of nearly one million dollars was formed. As Terri's guardian, Michael would inherit whatever was remaining in the trust fund when Terri died.

Within weeks of creating the trust, Michael attempted to deny Terri antibiotics for a urinary tract infection that would have led to her death. During this time, he began living with another woman with whom he bore two children prior to Terri's death.

Also conveniently omitted from Anton's article was the fact that prior to Michael's petition to the court asking for permission to remove Terri's feeding tube, Terri was appointed a guardian ad litem, Richard Pearse, to investigate

the merits of Michael's request. The guardian's report recommended against removing Terri's feeding tube, due to Michael's aforementioned conflicts of interest. His findings were ultimately submitted to Judge Greer whose response was to remove the guardian and dismiss his findings.

Greer also accepted the hearsay testimony of Michael, his brother, and sister-in-law that Terri "wanted to die," which surfaced almost ten years after Terri's unexplained collapse. Later in the proceedings however, Greer disregarded the sworn testimony of 40 medical professionals, some of them prominent neurologists. They argued that Terri was not in the condition portrayed by Michael and his doctors (supported ad nauseam by the media) and could have benefited from available therapy that doctors were more than willing to provide.

I could continue to expose Anton's misleading information about Terri's autopsy report or her claim that an eating disorder was the most likely cause of Terri's collapse. However, at this point we need to ask the question, how is this happening? How do we live in a time where persons like my sister, the cognitively disabled and other medically defenseless who have lost the ability to swallow, are subjected to the worst kind of treatment society can inflict on them: a death by

See "Distorted," page 45

Indiana Abortions Increase for Second Consecutive Year While Ultrasound Law Remains Blocked

By Indiana Right to Life

INDIANAPOLIS – Indiana Right to Life reviewed new abortion data for 2018 released by the Indiana State Department of Health (ISDH). In 2018 there were 8,037 abortions compared to 7,778 in 2017.

Increase:

For the second consecutive year, the Indiana abortion rate increased. Pro-life leaders expected the increase because

Bloomington and Indianapolis.

The ultrasound law, part of the 2016 Dignity for the Unborn Act signed by then-Gov. Mike Pence, states that women considering abortion be provided with the opportunity to view a fetal ultrasound at least 18 hours prior to an abortion. The ultrasound law was blocked because of a lawsuit brought by Indiana's largest abortion chain, Planned

3,317 abortions in Indiana. During the same period of July through December 2017, after the ultrasound provision was blocked, abortions spiked to 3,813 in Indiana, a 13 percent increase compared to 2016.

Chemical Abortions:

Chemical abortions, the type now being done in South Bend without oversight, can carry serious complications and risks to the woman. Chemical abortions continue to rise. In 2017 there were 2,805 chemical abortions (36%) but in 2018 that number rose to 3,296 making up 41% of all abortions.

Dismemberment abortions:

In 2018, there were likely 11 dismemberment abortions (listed in the report as procedure type, "Other e.g., D&E"). If these abortions were truly dilation and evacuation abortions, or dismemberment abortions, then a fully-alive unborn child had his or her limbs torn off during the procedure. This spring, Indiana lawmakers voted to outlaw dismemberment abortions, but a federal judge recently blocked Indiana's law.

Out of State:

In 2018, there were 7,263 abortions (90%) on Hoosier residents and 774 abortions (10%) on out-of-state residents, for a total of 8,037 abortions. In 2017, there were 606 abortions done on non-residents.

Planned Parenthood of Indiana and Kentucky does not do any abortions in Kentucky, but the abortion giant likely refers Kentucky women to Indiana for the procedure.

Top Abortion Sites:

Planned Parenthood did the most abortions, 5,579 in 2018. In 2018, there were six abortion facilities throughout the state. Planned Parenthood on Georgetown Road in Indianapolis did the most abortions, 3,284 in 2018.

Our Take:

From Mike Fichter, President and CEO of Indiana Right to Life:

"We mourn the increase in abortions because it means more children who will never have a birthday and more women who were subjected to the lies of the abortion industry. If Indiana's ultrasound law was still in effect, we would be looking at much different abortion numbers from 2018. We urge the U.S. Supreme Court justices to rule the ultrasound law constitutional in their future session.

"We are hopeful Indiana's ultrasound law will be found constitutional. The U.S. Supreme Court justices gave us hope this spring as they ruled favorably on Indiana's fetal disposal law, which mandates dignity for every child.

"Next year, Indiana's abortion numbers could continue to rise if the South Bend abortion facility is allowed to continue aborting children without an abortion license. Women's health and safety is in grave danger. We continue to oppose the abortion business in South Bend.

The full state abortion report is available at <https://www.in.gov/isdh/files/2018%20Indiana%20Terminated%20Pregnancy%20Report.pdf>

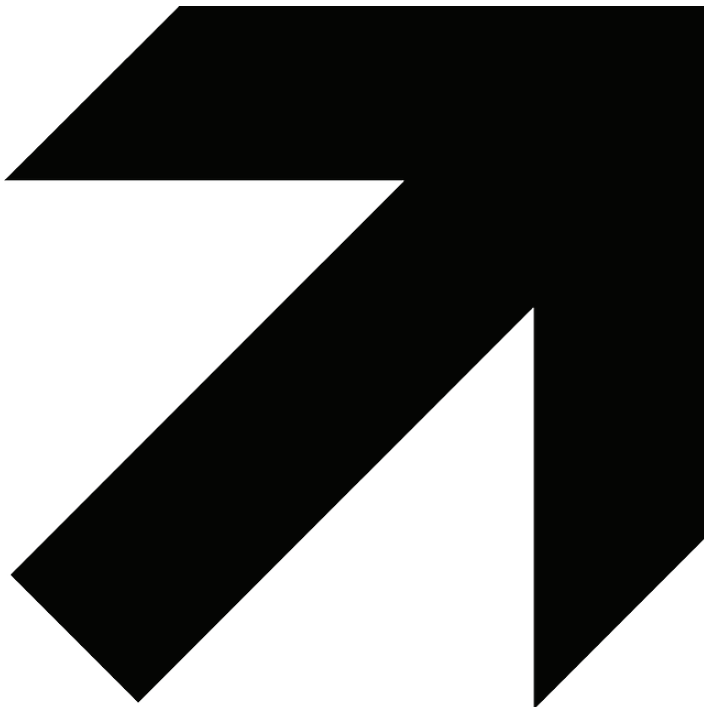
a 2016 ultrasound law, which is now before the U.S. Supreme Court, remains blocked by an activist judge.

According to the new data, 65% of the abortion numbers increase is attributed to non-Indiana residents, likely a direct result of the ultrasound law blockage. The majority of these abortions are assumed to be a referral from Planned Parenthood in Louisville, Kentucky, to Planned Parenthood abortion facilities in

Parenthood, and the American Civil Liberties Union.

Indiana's ultrasound provision was blocked through a preliminary injunction in April 2017. The increase of 496 abortions in 2017 compared to 2016 marked the first upward swing in abortions in Indiana since 2009, according to the ISDH's 2017 Induced Terminated Pregnancy Report.

From July through December 2016, while the ultrasound law was in effect, there were



Abortionist: My life would have been “dull” without abortion

By Sarah Terzo

The late Abortionist Jane Hodgson writes about why she was glad she got involved in pro-abortion advocacy and performing abortions:

“I think in many ways I’ve been lucky to have been part of this. If I hadn’t gotten involved, I would have gone through life probably being perfectly satisfied to go to the medical society

parties and it would have been very, very dull. I would have been bored silly.”

Carole Joffe, “The Social Status of Abortion Providers: ‘Doctors of Conscience’ Revisited.” *Rewire*, October 24, 2013.

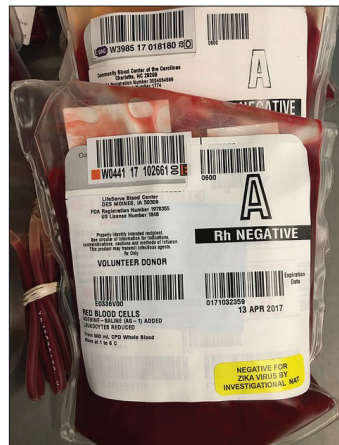
Editor’s note. This appeared at Clinic Quotes and is reposted with permission.

Woman needs blood transfusion after her abortion

By Sarah Terzo

One woman wrote:

“I was supposed to go back for a checkup in two weeks to ensure all the tissue had been passed, but because the clinic was understaffed, they had to schedule my follow-up appointment for three weeks later. Two weeks to the day after I had the abortion, I hemorrhaged. I went



to the ER where I had to be given a blood transfusion. They called in a team and I had an emergency D&C at about 4 a.m. and woke up in the ICU just before 7 a.m.

“I would have died if I hadn’t received such quick care, and I’m extremely grateful to the OB-GYN and the team of nurses. Despite

the complications, I have never regretted terminating that pregnancy.”

Casey Gueren, “Here’s What It’s Really Like To Have An Abortion” *Buzzfeed* January 21, 2017.

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

American Medical Association Gets It Wrong: Abortion Pill Reversal Saves Lives From page 27

Sarah, Alexis, Hannah, Misdya, Emily, Rebekah, Katrina, and the list goes on...

These are real women who immediately regretted taking the first part of the abortion pill regimen and were determined to find a way to rescue their babies’ lives. They went to numerous check-ups, kept up on their medication, and

in some cases, sacrificed relationships with the father of the baby to save their baby. That is true love.

These faces exist because their mothers believed in abortion pill reversal.

“Having a baby doesn’t ruin your life, it just changes it,” APR mom Rebekah Hagan said. “I’ve met so many women

who regretted having abortions but never met a woman who regretted having her child. Abortion is so permanent. It’s forever. It’s going to change your life.”

So, a reminder to *Washington Post* and the AMA, just because you don’t want to believe that something exists, doesn’t make it fake. It makes it a miracle!

*Actually Arizona did a repeal and replace. While the language is weaker, women are still informed.

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

The electoral price Democrats will pay for their abortion absolutism

From page 2

saving two million lives by cutting off virtually all federal funding of abortion] before settling in on an unctuous mea culpa: Biden has seen the light, the Hyde Amendment must go! Not exactly a profile in courage.)

Wear goes to warn that President Trump will “use the issue” by

“casting Democrats’ approach to abortion as ‘evil’— just as he did in 2016. We saw a preview of this approach in this year’s State of the Union address, when he said that lawmakers “cheered with delight” at the passage of New York’s Reproductive Health Act, which he claimed would “allow a baby to be ripped from the mother’s womb moments from birth.” He characterized the governor of Virginia as willing to “execute a baby after birth.” This approach, particularly if Democrats are unable or unwilling to respond clearly and directly, can be politically effective. [my underlining]

Wear’s totally fabricated argument is that these laws would not allow abortion up until the moment of birth, which, in fact, they clearly would. The author of Virginia’s (fortunately unsuccessful) abortion proposal, Del. Kathy Tran, flat-out admitted her proposal would allow abortion up through all 40 weeks!

Gov. Northam said, plain as day, whether **any** medical treatment is extended to a baby who survives an abortion is requirements.” Get it? Parents are a bother; giving women a day or two to ponder a life-and-death decision is unacceptable;



wholly up to the mother and the abortionist. That is infanticide, plain and simple.

Back to Joe Biden, who is working overtime to re-establish his pro-abortion cred. His “health plan,” released Monday at <https://joebiden.com/healthcare> [kudos to POLITICO for alerting readers] is a slash and burn attack not only on the Hyde Amendment but also on many other policies that also have enormous popular support:

*Biden’s Plan would “codify *Roe*,” this year’s code phrase used to pass laws that goes miles beyond *Roe* and *Doe*. Out with “parental notification requirements, mandatory waiting periods, and ultrasound

and offering women a chance to look at the baby she is about to annihilate is an infringement of liberty.

*His plan would continue to shovel money into the federal fiscal trough in which Planned Parenthood plants its snout year after year. This, even though the ultra-pro-abortion 9th Circuit Court of Appeals just upheld the Trump Administration family planning rules that forbid Title X grantees such as Planned Parenthood from co-locating with abortion clinics, or from referring clients for abortion. That would go by the board under Biden’s Plan.

Also as President, Biden would “reissue guidance specifying that states cannot refuse

Medicaid funding for Planned Parenthood and other providers that refer for abortions or provide related information.”

You get the point. Biden is in the abortion camp, body and soul, so to speak, as is every Democrat running for President in 2020.

The Democrat Party is in lockstep with Planned Parenthood, NARAL, and EMILY’s List, which is their right. But even the likes of Michael Wear (and many other Democrats who speak to publications off the record) understand this is a formula for electoral disaster.

Wear’s final statement is that many Democrats seem to think they can “take inflexible positions of their own and still win. They may be right this time, but I wouldn’t be so certain.” A far more sophisticated—and accurate—assessment came a few paragraphs earlier:

Unfortunately, Democrats seem more ready to exclude voters who are uncomfortable with their abortion policies than to reach out to them.

What Wear doesn’t say explicitly there, he has said so implicitly earlier. There are massive numbers of “voters who are uncomfortable with their [the Democrats’] abortion policies.”

It’ll be fascinating to see what direction Democrats take when they can no longer deny that, on abortion, they are racing down the road speedily headed off the cliff.

Sacramento Center Uses “Lyft” to Save Babies and Serve Pregnant Women

By Jen Taggart

“Megan” walked up to an abortion clinic to see people praying during 40 Days for Life on a Wednesday, but did not interact with them. She scheduled an appointment for two days later on a Friday and thought, “I wonder if there’s any hope for me.”

That’s when she Googled “pregnancy help” and found Sacramento Life Center. She called the pregnancy center to tell them she was at the abortion clinic, and did not have a ride to the center.

Fortunately for Megan, the center had a solution: Lyft, a popular transportation network company that matches passengers with vehicles via its mobile app.

“No one in her life was supporting her to have the child, but knowing the Life Center and all the resources were here changed her mind,” said Marie Leatherby, executive director of the Sacramento Life Center.

“Many of our clients are on the margins and if we had a no-show, it was due

to transportation issues,” Leatherby said. “The bus system in Sacramento is horrible, it takes people hours to get here.”

When Leatherby heard about a nearby hospital implementing a Lyft program for their



patients, she decided that was exactly what her pregnancy help center needed.

“The very day we said ‘Let’s do it, let’s sign up,’ we had someone who needed a ride to an appointment,” Leatherby said. “And so we were like ‘Okay, this is a gift from God.’”

Lyft’s business program allows organizations to

schedule rides for people to reach a location that the business chooses. The business plans, schedules, and pays for the ride. This program has allowed the Sacramento Life Center to schedule in advance for clients to be picked up for

their appointments, or they can schedule for clients to be picked up last minute.

The Lyft program has been helpful for many clients, including women who have no transportation due to homelessness, women who may need to get multiple children on the bus, or women who have to carry large bags of

diapers, baby clothes, and other resources home.

Sacramento Life Center served about 1,800 clients in 2018 with pregnancy testing, ultrasound scans, options counseling, material assistance, STD testing, and more. Since starting the Lyft program, they’ve been able to offer round-trip rides to 2-3 clients a week at no charge to the client. Rides normally cost the Sacramento Life Center \$20-25 round trip per client, and the center has applied for a grant to fund the program.

“It’s a really dignified way to help women feel like they matter, that they’re important enough to bring them in when they don’t have transportation,” Leatherby said. “A lot of our clients are not licensed or don’t have cars, and it’s just one more thing that we can (do to) relieve a little bit of stress when they’re in a stressful situation.”

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

Distorted and misleading article

From page 41

starvation and dehydration? How do we live in a time where judges are represented as “heroes” for killing innocent disabled persons?

There is no easy explanation—the dynamics are many, and we haven’t gotten here overnight. One thing that’s clear, however, is what my family was combatting: an onslaught of lies misinforming the public that becomes desensitized to, or doesn’t fully understand, the reality of what is happening.

How else can we explain the extremism of euthanasia proponents who have been aggressively (and successfully) pushing their agenda to the extent that it is now common practice to starve and dehydrate the medically vulnerable in

all 50 states as well as in an alarming number of countries worldwide?

Examine Terri’s case, which made international news more than 15 years ago. Unbeknownst to my family but evidenced by the enormous amount of pushback we received and their success in killing my sister, a persuasive medical ethics movement had already indoctrinated our culture. Indeed, the new norm is that the brain-injured (and others) no longer should be considered “persons,” deteriorating into a category of the “sub-human.”

Once this premise was accepted (and it has been), it was only a matter of time until the cognitively disabled were labeled as incapable of

possessing moral equivalency. Consequently, the radical notion of “letting them die” when they are **not** dying is morally justified and it becomes a cultural obligation to put them out of their (and our) “suffering.” Even if that means killing these persons by denying or removing what was once considered the most basic care—food and water.

Consider the case of Vincent Lambert, who is currently being killed by starvation and dehydration in France. The court rulings, the reporting by the media, and all of the justifications and reasons to end his life are eerily similar to what my family experienced. Sadly, Vincent’s disabled condition means that he no longer meets

the prevailing societal status for personhood, so how dare his parents fight to provide their son, unconditional, life-affirming care?

There are many in the media and legal community who continue to honor Judge Greer and attempt to portray him as the victim and even a hero. However, for my family, his decision to deliberately starve and dehydrate my sister to death—based largely on hearsay testimony—is anything but honorable.

Terri was the victim, not Judge Greer, because it was Greer who denied her the most basic right that our laws are intended to protect: her life and her liberty.

9th Circuit upholds Title X rules denying funds to health facilities that perform or promote abortion

From page 1

upheld similar Reagan-era rules almost 30 years ago, the Trump administration would likely prevail. “Absent a stay, HHS will be forced to allow taxpayer dollars to be spent in a manner that it has concluded violates the law, as well as the Government’s important policy interest in ensuring that taxpayer dollars

do not go to fund or subsidize abortions,” the judges wrote. The rule was a “reasonable interpretation” of Title X, and supported the government’s “important policy interest” in ensuring that taxpayer dollars not fund or subsidize abortions.”

The effect of the decision was to “lift a national injunctions

ordered by lower federal courts in Oregon and Washington state, as well as a statewide injunction in California,” according to POLITICO.

“The Ninth Circuit subsequently agreed to re-hear the administration’s request for a stay, but its new order makes clear that for now, the stay remains in place,” according to

the Planned Parenthood Action Fund.

The emergency stay “had been sought by some abortion rights advocates, including Planned Parenthood, and by 20 U.S. states and the District of Columbia,” Reuters reported. The vote against the emergency stay was 7-4.

UK forced abortion ruling: 22-week-old unborn baby ‘not a physical presence’

From page 29

some difficulty making herself understood in her second language.

“AB” was discovered to be pregnant shortly after returning from a trip to Nigeria.

“In late 2018 AB travelled to Nigeria with her mother, and stayed there with family whilst CD returned to England,” Lieven recalled in her decision.

“When she returned to the UK in April 2019 it became apparent that she was pregnant. The circumstances of her becoming pregnant are unknown, but there is no doubt that she did not have the capacity to consent,” she continued.

The justice did not make any formal declaration of the young woman’s ability to consent to sexual relations but mentioned that police are carrying out a safeguarding investigation. From Lieven’s remarks on this aspect of the case, it seems that the pregnant woman’s mother’s ability to care for her is also in question.

“Although I do not wish to pre-empt the police investigation or any formal decision made by the local

authority, I have no doubt having heard her that CD has nothing but AB’s best interests at heart and is devastated by the fact that she has become

pregnant,” the judge said.

The fact that AB seems to have behavioral difficulties, controlled with medication,

was discussed during the case and gave weight to the consideration that she would not be permitted by the state to live with her child.

Lieven’s ruling indicated that “AB” is young and healthy and, although mentioning the possibility that the mother

would suffer from “postpartum psychosis” after giving birth, the justice admitted that there was no evidence that she would.

Technically, every mother is at risk of suffering from “postpartum psychosis” and postpartum depression. It also revealed that the young woman is likely to give birth by cesarean section.

Clare McCarthy directed LifeSiteNews’ attention to the fact that none of the NHS personnel commenting on the case had ever “managed a pregnancy,” as Lieven called the ante-natal care, with someone with learning difficulties as “severe” as those experienced by “AB.”

The consultant obstetrician, called “Ms T,” worried how “AB” would cope after a caesarian section, given that it is “major abdominal surgery,” but why “AB” was unlikely to be allowed to give birth naturally was not explained.

Late-term abortions are also major surgery.

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



New York City becomes first city to pay for elective abortions directly, as many as 500 per year

By Texas Right to Life

New York City gained infamy earlier this year when skyscrapers were illuminated pink to “celebrate” the state’s passage of some of the most barbaric and inhumane abortion legislation in the world.

the Women’s Caucus on the city council.

The quarter million dollars will pay for as many as 500 elective abortions, although some abortions, especially at later stages, can be much more

as anti-Life as New York, no one sees anything wrong with “targeting” low-income women to kill their preborn babies. These are babies who are likely being targeted for death by abortion because of the simple

Nonetheless, the New York Abortion Access Fund sees forcing taxpayers to fund the targeted killing of preborn babies whose mothers are low-income directly as “something to celebrate!” as they wrote in a Facebook post following the announcement. No one should celebrate death or violence, especially when committed against vulnerable and defenseless preborn babies whose mothers experience economic insecurity. Violence in such conditions is truly barbaric.

Yet, anti-Life radicals in New York City are convinced they are performing altruism by demanding taxpayers pay for abortions. De Blasio said, “We understand that there are women who need help and are having trouble getting the help they need, and the city had an opportunity here to step up.”

Elective abortion, the killing of an innocent son or daughter, is not the “help” women need. Being ushered to an abortion facility that has sent seven women to the hospital in botched abortion in the span of 16 weeks is not “help.”

New York wants to be known as a place where death is celebrated. They have already said that Pro-Lifers are not welcome. Pro-Lifers have a powerful response decades in the making: one of love for mother and child, genuine compassion, and real help. How can you send a Pro-Life message in your community today?



Last week, the city ventured further into the culture of death by becoming the first municipality to fund elective abortions directly.

The \$250,000 one-time allocation from the city budget will go to the New York Abortion Access Fund, a group that pays for the elective abortions of low-income women. According to the *New York Times*, roughly one-third of the elective abortions are for women who travel to New York City from out of state.

New York City Mayor and presidential candidate in the Democratic primary Bill de Blasio announced the anti-Life budget proposal last week to cheers and praise from anti-Life pundits. City Council Speaker Corey Johnson worked with de Blasio to ensure the anti-Life funding, which was pushed by

than \$500. Late-term abortions, now legal for virtually any reason up to birth in New York City, are multi-day procedures that cost thousands of dollars.

However, the decision by the city council is not solely about funding abortion but also about sending a message to states across the nation that have passed strong Pro-Life protections. Councilwoman Carlina Rivera said, “This fund is just another signal, another example of how New York State and New York City has to be that leader on this issue [abortion].”

City Council Speaker Johnson said he looked “forward to working with them to figure out the best way to administer this fund with the organizations that advocated for it to target low-income women that really need this help and support.” In a city

fact that they might be born into poverty. The message from New York City? You are better off dead than poor, and we will pay to ensure your death.

As Live Action rightly noted, data do not support the idea that women want abortion. The people advocating for abortions for economically insecure mothers are wealthy people. A 2016 poll by *Politico* and the Harvard T.H. Chan School of Public Health found that the majority of voters do not support taxpayer-funded abortion.

A stark divide exists between higher-income voters and lower-income voters. The survey found “voters making more than \$75,000 were more supportive of using Medicaid funds for abortion services (45% favor) than those making \$25,000 or less (24% favor).”

Data Contradicts Safety Claims made for Chemical Abortion delivered by Webcam and by Mail

From page 39

urgent care, or visited a clinic or doctor's office for some form of treatment or to address some concern.

Whether this represents 15.3% or 13.4% of patients is difficult to tell (because of conflicting numbers the study gives of the patient base), either percentage is considerably higher than those advertised for the standard in-person clinic managed chemical abortion.

Gynuity knows this and tries to say many of these visits were not warranted, but that shows a troubling lack of concern for or consideration of their patients' medical distress and uncertainty, factors which seem to frequently accompany this method and circumstances.

The truth is, women do hemorrhage and bleed, and they need qualified and informed medical help when they do. Gynuity's own data confirm this. The women are also at risk of infection or ruptured ectopic pregnancy, we know from

years of other data. Gynuity tries to argue that this method is particularly needed by and useful for those who live far from an abortion clinic, but that may also mean that they are far from any help they might need in a medical emergency, help for which many women in their study went searching.

Another small but important tidbit the study revealed but Gynuity underplayed is that women seeking these chemical abortions do indeed change their minds. The number was small, but Gynuity tells us that three of the women who had the webcam consultation ultimately "decided against the abortion."

Of the 248 sent the packages of pills, only 193 were known to have taken both drugs—the mifepristone and misoprostol. We are told that 14 patients took one of the drugs but not the other and that six patients took neither the mifepristone nor the misoprostol.

Because mifepristone without misoprostol is a less effective abortifacient, there is the possibility of a continuing pregnancy if only the first drug is taken. That is the premise of the Abortion Pill Reversal technique—the second drug is not taken and a woman's body is flooded with progesterone to counteract the mifepristone.

For some of these women, the method clearly failed, either because the drugs were not effective or they chose not to take the full regimen. Eleven of the 190 women known to abort ultimately had a surgical procedure. But we are also told that at least two of those who received the drug package did not take the mifepristone and "decided to continue their pregnancies."

How many of the 58 others for whom their abortion outcome was not recorded skipped the full regimen and decided to have their babies is unknown. It is clear from the data, however,

that there are women who may go through the full screening process, consider their options, obtain the abortion pills, and still change their minds.

Gynuity, Guttmacher, and the TelAbortion team clearly want people to believe that their study has shown the webcam/mail abortion process they have set up to be a safe, feasible option. But their own data show a process with a lot of problems and unresolved issues – too many missing patients, too many missing pills, too many safety concerns.

*It appears from the telabortion.org website that these abortions are now also being offered in Colorado, Georgia, and New Mexico.

**Without giving their actual numbers, Gynuity says that 8% of their patients made such visits, twice the percentage reported in a 2015 study of over 11,000 chemical abortion patients in California.

At long last, Justice Thomas' enormous influence is beginning to be recognized

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3. Green zones in on a fact that insiders and court watchers know but not the wider public. While Justice Thomas rarely speaks, he is a prolific (and very good) writer. "He wrote the most concurrences, dissents, and opinions of any justice during each of the past five terms, according to data from SCOTUSblog," Green tells us.

Last year he wrote the majority opinion in *NIFLA v. Becerra*, a very important First Amendment case. The National Institute of Family and Life Advocates challenged the California Reproductive Freedom, Accountability,

Comprehensive Care, and Transparency Act (FACT Act) that required licensed pregnancy resource centers to disclose where women could receive free or low-cost abortions, and required unlicensed centers to insert state-dictated material in their advertising, thus violating the First Amendment rights of all pregnancy resource centers in the state.

This year, in addressing provisions of a 2016 Indiana abortion law, Justice Thomas unloaded a powerful critique of abortion's eugenic origins. He wrote

The use of abortion to

achieve eugenic goals is not merely hypothetical. The foundations for legalizing abortion in America were laid during the early 20th-century birth control movement. That movement developed alongside the American eugenics movement. And significantly, Planned Parenthood founder Margaret Sanger recognized the eugenic potential of her cause.

Green's story is well worth your time. Perhaps the most

encouraging note of all was her conclusion:

Thomas is now 71 years old. If he follows the path of his colleagues Stephen Breyer and Ruth Bader Ginsburg, who are both in their 80s, he could easily have a decade or more to go on the Supreme Court. His greatest legacy, however, may be in the intellectual seeds he has planted in the generation of lawyers who came up studying his work.