



national
RIGHT TO LIFE
NEWS

June 2018



a child's
life, in a
father's
hands

Happy Father's Day



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national RIGHT TO LIFE NEWS

Help make 2018 the “Year of the Pro-Life Woman”

By Karen Cross, National Right to Life Political Director

Many in the media are referring to 2018 as the “Year of the Woman.” Of course for them that really means, “Year of the Pro-Abortion Woman.”

But in fact, there is a record-breaking number of women running for Congress in both parties, including many pro-life Republican women.

If you tally the numbers, more women are running for election to the U.S. Senate, for the U.S. House, or for governor than ever before. Some estimate that more than six hundred women

filed to run in 2018 – indeed a record-breaking number.

Because of that influx, the Democrats have an unusually high number of pro-abortion candidates supported by EMILY’s List, NARAL Pro-Choice America, and Planned Parenthood Action, the political arm of the nation’s largest abortion provider, running this year.

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AMA vote causes worry in fight against assisted suicide

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

In a disappointing vote Monday at its annual meeting, the American Medical Association (AMA) voted to continue to review, not maintain, its long-standing opposition to physician-assisted suicide.

After two years of hard and detailed work examining the dangerous trends and effects of legalizing physician-assisted suicide, the Council on Ethical and Judicial Affairs (CEJA) issued a report to the full AMA recommending the organization maintain their opposition position to assisted suicide.

According to Lisa Schencker at the *Chicago Tribune*,



The AMA’s House of Delegates, however, narrowly voted Monday at the group’s annual meeting in Chicago not to accept that report, instead sending it back to the committee for further review. About 56 percent of the delegates voted for further review.

By ignoring the CEJA’s recommendations and voting

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Editorials

The enormous stakes at issue in the campaign to persuade the AMA to go “neutral” on physician-assisted suicide

“If thought corrupts language, language can also corrupt thought.” -- George Orwell, “Politics and the English Language”

“The U.S. Centers for Disease Control report that suicide rates have risen almost 30% since 1999, which happens to be the year when Oregon issued its first report on legally authorized physician-assisted suicides.

...

“Giving someone a drug overdose for the purpose of killing himself or herself is not magically transformed into something else because the culprit wears a white coat, or the victim has an illness.” -- Cardinal Timothy Dolan, op-ed in the *National Catholic Register*.

There is no two ways about it. The decision Monday by the AMA’s House of Delegates not to accept its ethics council’s recommendation to maintain the AMA’s firm opposition to physician-assisted suicide is a setback. By returning the recommendation of the Council on Ethical and Judicial Affairs (CEJA) for further study, clearly the debate will resurface, and soon. It provides ammunition to the forces the likes of Compassion & Choices whose goal is for the AMA to go “neutral.”

The current language, which the CEJA recommended be 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.”

However, according to the *Chicago Sun Times*, “some delegates said they felt it was important for the AMA to support physicians who choose to help patients die in states where the practice is already legal.”

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.

See “California,” page 27

The debate over aborting babies with Down syndrome is altering the abortion landscape

We have written about *Slate* reporter Ruth Graham on a couple of occasions, in general praising her for probing abortion-related topics much more even-handedly than we would ever expect from the redundantly pro-abortion *Slate*. Last month we posted at *National Right to Life News Today* an analysis of her take on Abortion Pill Reversal (APR). This month I’d like to discuss her piece on Down syndrome and abortion—“Choosing Life With Down Syndrome: After prenatal testing shows a fetus is at risk, families are faced with a profound decision. The national abortion debate is making it even harder on them.”

Graham does an excellent job laying out the pressures unfairly placed on women, first to have a prenatal diagnosis testing for Down syndrome and other chromosomal anomalies, and then to abort if the results show the baby is likely to be born with Down syndrome.

Her first example and her last both are stories of women who

did not abort. Graham makes it clear that both couples thought about “alternatives”—abortion. But by leading and ending with life-affirming choices, she is telling us that there are women who either intuitively and/or after reflection choose not to take their baby’s life.

The “hook” in the story is how this is playing out legislatively and what that debate tells us. I was intrigued by this statement from Graham:

It feels inevitable that Down syndrome would have become a flashpoint in the national abortion debate. And, given the recent inroads made by anti-abortion activists, most of the legal battles are taking place at the state level.

See “NRL News,” page 33

From the President Carol Tobias

A Look Back at 50 Years of NRLC



Pro-lifers from around the country will soon be gathering in Kansas for the 48th annual National Right to Life convention. I can't wait to see long-time friends and make new ones. The convention is always an educational and motivational event for me and for all who attend.

The convention is also just FUN!! Pro-life people are the most genuine, kind, loving people there are. To be surrounded by so many people who love and respect and fight unrelentingly for life from conception to natural death is a highlight of the year.

We are especially proud that 2018 is the 50th anniversary of the National Right to Life Committee! National Right to Life was founded in 1968 as a response to efforts throughout the country to change state laws on abortion. But in 1973 when the Supreme Court delivered abortion on demand nationwide, our response obviously needed to grow. It needed to become bigger, stronger, and more organized.

NRLC formed a federation of the groups that were already in existence in a number of states. But that was just the start. NRLC's early pioneers invested time and effort into organizing groups in those states that lacked one, a pivotal development. Working with Rep. Henry Hyde, one of our first efforts, and one with a long-lasting impact, was the enactment of the Hyde amendment to prevent the use of tax dollars from paying for abortion.

State affiliates began to pass a myriad of laws. They ran the gamut from preventing abortion funding with state tax dollars, requiring that parents be involved if a minor daughter is seeking an abortion, giving a legal voice to the father of the unborn

baby who wanted to save his child, and requiring abortionists to provide the women with accurate information about abortion, possible complications, and available alternatives.

There were many court challenges. Some of the laws were upheld, some struck down, others reworked and re-enacted.

It became obvious that, in order to continue to pass laws to protect the babies and their mothers, we needed to place pro-life men and women into critical positions to make those decisions. We had to be involved in elections,

In 1980, the National Right to Life Political Action Committee was formed. Activating pro-lifers around the country, the PAC was instrumental in helping Ronald Reagan defeat an incumbent president and electing a large number of pro-life senators, many of whom also defeated pro-abortion incumbents. The pundits were utterly amazed.

Our election activity continues these many years later. In the 2016 election, almost a third of all voters, 29%, recalled hearing or seeing information from National Right to Life's political committees. That effectiveness was and is critical in close races.

In 2016, 31% of all voters said abortion affected their vote and that they voted for pro-life candidates. Only 18% said abortion affected their vote and voted for pro-abortion candidates, a 13 % advantage for pro-life candidates!

With the support and active involvement of wonderful pro-life volunteers throughout the country, along with the state affiliates, National Right to Life became not only the oldest single-issue pro-life organization in the country but also the largest.

New programs were developed and implemented. NRLC created outreach programs to work with those in the religious community and women who had abortions, with African-Americans, Hispanics, and Native Americans. National Teens for Life was formed.

Looking back, one of the greatest impacts on public opinion was the 13-year debate surrounding partial-birth abortion. Thanks to the work of NRLC and congressional leaders, the country was stunned to learn that babies in the later months of pregnancy were being killed by being partially delivered, having surgical scissors stabbed into their head, and their brains sucked out prior to delivering the now-dead baby. The ban on partial-birth abortions was finally upheld by the U.S. Supreme Court in 2007.

The idea for this legislation, along with the Pain-Capable Unborn Child Protection Act and the Dismemberment Abortion Ban Act, originated with NRLC. We, of course, want to protect all unborn children but recognize that the Supreme Court "isn't there" yet. So we seek to protect-- now-- those children who can be saved through legislation, while working to elect even more pro-life women and men to office and seeking confirmation of judges that will see that the "right" to abortion has no foundation in our Constitution.

From our very origins, NRLC recognized that the lives of the elderly and those with disabilities also need to be protected. The very first issue of *NRL News* discussed euthanasia. Ever since, NRLC has also been concerned about euthanasia, assisted suicide, and rationing of health care.

I'm proud of NRLC's 50 years but, like you, am sad that there was ever a need for our organization and its efforts on behalf of innocent, vulnerable human life.

We still have a long battle ahead of us, but I think we can see the beginning of the end and victory on the horizon. I hope you are able to join us at the upcoming NRLC convention in Kansas to learn even more than you already know and to become even more motivated than you already are, so that we can complete that final stretch, that we can run the course set before us.

One day soon, we hope and pray, we will see unborn children protected and all human life respected.

Bad news for Planned Parenthood... Good news for unborn babies!

You don't have to be a political junkie to figure out why Planned Parenthood and its allies plan to spend a whopping \$30 million dollars to change the face of the United States House and Senate this fall. On the way to killing over 330,000 unborn babies every year, this \$1.5 billion dollar "non-profit" is the beneficiary of over \$500 million annually

that funding. Instead the money will go to community health centers and rural health care centers which vastly outnumber Planned Parenthood and provide a wider range of life-affirming services to women. This has the potential to cut off over \$60 million to Planned Parenthood!

That's just one example of the difference a pro-life

Bad news for Planned Parenthood but good news for unborn babies

This is National Right to Life's 50th anniversary, a half-century of standing up for unborn babies and their mothers against near-impossible odds. **None** of this, including nominating pro-life judges and justices such as Neil Gorsuch, would have been possible if

Planned Parenthood but good news for unborn babies

We are in this together and, frankly, we need your help. At the beginning of the year, I asked every National Right to Life member to commit to giving at least one \$50 contribution to commemorate our 50th anniversary as our nation's leading voice for Life. If you've already met the

DONATE NOW

in public funding. They want that pipeline to continue flowing unimpeded.

But help is on the way, which is bad news for Planned Parenthood but good news for unborn babies. President Trump and his administration have taken new action to cut off the flow of federal money to the nation's abortion giant by restoring Reagan-era regulations regarding Title X family planning grants. If a facility chooses to perform or refer for abortion, it will no longer be eligible to receive

President, working with a pro-life Congress, can make. How did it happen? **You** made it happen. You supported pro-life candidates, like President Trump, who are committed to restoring legal protection to unborn children and to stop subsidizing the nation's largest abortion provider.

And you joined National Right to Life. And in doing so, joined with millions of other pro-life activists from across the country to make your voice heard in Washington through the work of your National Right to Life staff.

you had not partnered with NRLC, offering your prayers, your volunteerism, and your charitable donations.

Able to spend \$30 million on politicking alone, pro-abortionists probably smirk when they consider that NRLC's entire budget is much less than 1% of Planned Parenthood \$1.5 billion budget. But, thanks to you, we have doing much with less for a half-century. NRLC is proud to be the David to Planned Parenthood's Goliath.

Bad news for Planned

challenge, may I ask you to consider making another \$50 contribution to help us be even more effective? Or, perhaps you're blessed to be able to give \$500, or even \$5,000.

But please know every contribution—\$250, \$100, \$35, or any amount—will be used efficiently and productively.

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

For THEIR lives,
Carol Tobias, President

High Court yet to rule on law abridging Pregnancy Help Centers' free speech rights

By Dave Andrusko

On June 4th when the Supreme Court dismissed a decision by the U.S. Court of Appeals for the D.C. Circuit which allowed an undocumented 17 year girl to abort, it was not only good news (the appeals court's faulty decision could not be used as a precedent), it also reminded us that there was another abortion-related case the justices have yet to rule on.

On March 20 an openly

ventriloquist's dummy for a government message"—abortion.

They are either required to post signage that the state offers free abortions, or (for those pregnancy help centers that do not offer medical services) signage that announces, "This facility is not licensed as a medical facility by the state of California."

The basic argument for the

whether the requirements constituted an "undue burden." Pro-abortion *NPR* reporter Nina Totenberg wrote

Justice Anthony Kennedy, potentially the swing justice, said the law in certain circumstances would seem to impose an undue burden. He cited a hypothetical example of a billboard

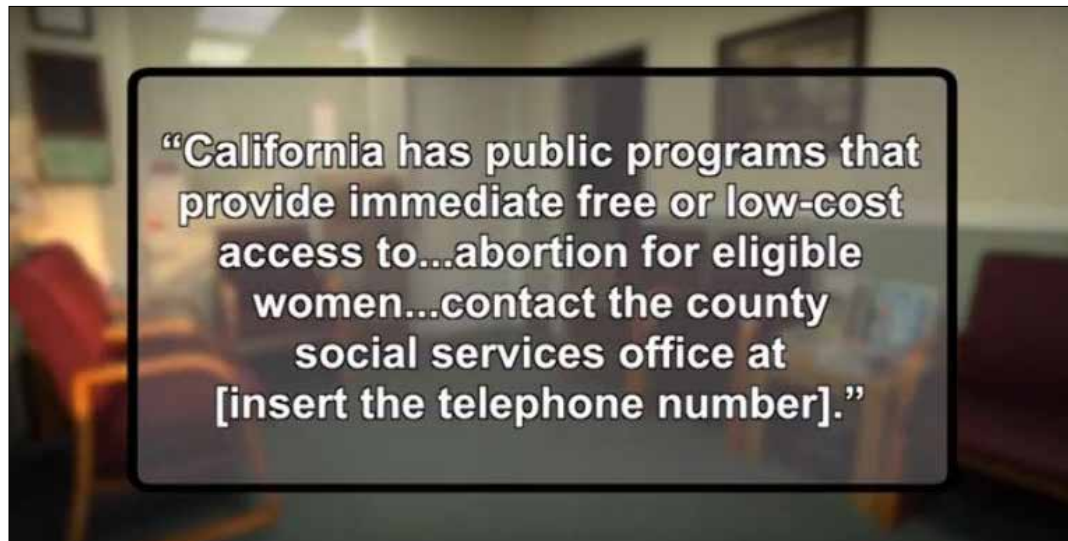
the lawyer for the state. For Kennedy, that seemed to be too much. That, he seemed to say, ended the case for him — the statute is unconstitutional.

The justices made many strong points, including some that mirrored the analyses of lower court judges. For example, that the state of California had abundant resources to get its message (about free or low-cost) abortions to the public.

In 2017 Riverside Superior Court Justice Gloria C. Trask granted a temporary injunction for the Scharpen Foundation's mobile ultrasound unit on that grounds the law violated California's "freedom of mind" guarantee as laid out in the state's 1849 Declaration of Rights.

"The State can deliver its message without infringing upon anyone's liberty," Trask wrote.

"It may purchase television advertisements as it does to encourage Californians to sign up for Covered California or to conserve water. It may purchase billboard space and post its message directly in front of Scharpen Foundation's clinic." (My emphasis.)



skeptical Supreme Court heard oral arguments in *National Institute of Family and Life Advocates v. Becerra*, a much-anticipated free speech case.

In a nutshell under the umbrella of the so-called "Reproductive FACT Act," the state of California is requiring both pregnancy help centers that offer medical services and those who don't (as one attorney put it) to "act as a

Reproductive FACT Act is that the pregnancy help centers were allegedly misleading women, a charge for which there is precious little evidence.

As for those who were not licensed medical centers, they had an obligation to all-but-scream to pregnant women that they weren't licensed medical facilities.

Nearly all the justices found ample reason to consider

in Los Angeles with the words "Choose Life," paid for by an anti-abortion clinic. Under California's law, would the ad have to include, as the statute says, the words about the clinic being unlicensed, in large font and in multiple languages?

Yes, it would, said

My father was a hero to both my mother and me

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

Editor's note. Father's Day is this June 17. Over the course of the past week and a half we posted new stories, like this one, and reposted others that directly address a portion of the abortion story that is too often neglected. For many men who have been a party to an abortion, Father's Day will be a grim reminder of obligations shirked and lives lost. But there are other men who did the right thing, as this story illustrates beautifully.

They were a newly-married couple facing a monumental challenge.

The husband had been laid off from his job. The wife, who had become the sole wage-earner, was pregnant. The pregnancy was unexpected—especially to her employer, who unceremoniously fired her as a result.

And yet, rather than have the pressure drive them apart, they united, for the sake not only of themselves, but for the daughter they would come to cherish.

I am that unexpected daughter, and I am profoundly grateful to my mother and father for choosing life for me.

The decision was really a no-brainer for my mother, who had longed for a family ever since illness had fractured her own when she was only eight years old. Unable to live any longer with her mother and father, she was shipped off to an elderly aunt, who decided after just one year of caregiving that raising a child at her advanced age was too much for her. As a result, my mother went to live with a

friend of my grandmother's and the friend's daughter.

The entire experience made her want to jealously guard her young family when she herself became a mother.

My father turned out to be a hero to both my mother and me. My mother could not make it to the hospital in time when she went into labor, so my father—who had no medical experience—ended up delivering me. I literally would not be here were it not for him.

Throughout my childhood, my father was an amazing cheerleader, always encouraging my younger sister and me to do our best—whether in school, on the stage, and (briefly) in a recording studio. He believed strongly in our talents and skills, and told me often that there was nothing I couldn't do, if I put my mind to it.

When I gave a speech at graduation as class valedictorian, he was the first

(For the record, he could get angry—but he never turned that anger on a child.)

It has been twelve long years since my father's passing. I continue to miss him every day. But he left me a legacy of love—a love which began when I was still in my mother's womb. And he served as an incredible example to his family of what devoted fatherhood is all about.

This Father's Day, I pray that a young woman who finds



Even though post-traumatic stress from combat had made it difficult for him to work, my Daddy never shirked his responsibility as a father. When my mother returned to work, he became my caregiver—always gentle and kind, never bemoaning the fact that he had to stay at home with a baby.

one in the audience to stand and applaud. It should not have come as a surprise. He had been applauding me all my life.

My father was not only kind to his daughters. He was incredibly sweet to any child he came across. My foster-cousin remarked at my father's death that she could not imagine him ever getting angry.

herself in circumstances similar to my mother's will find that the father of her preborn child shows her just as much love and support as my father gave my mother during that unexpected pregnancy so long ago. And I pray that I will live up to the dream my own father had for me on the day I was born.

Benson, who was born at 22 weeks five days, is home from the hospital

By Nancy Flanders

In the early morning hours of November 4, 2017, Megan Artman went into labor at just 22 weeks and five days gestation. She gave birth to her son Benson and doctors told Artman and her husband Tim that their micro-preemie son had just hours to live. Benson had other ideas and on April 26, 2018, he was released from the hospital after nearly six months.

“We are very pleased to announce that our little tough guy graduated the NICU on Thursday,” his mother wrote on Facebook on May 2. “He made honors and was top of his class. (I added that last part, because the boy’s an overachiever.) After a 174 day stay and equally as many nights without his mother, the day finally came. And our hearts are so full... We went in, tied up a few final loose ends. And then we loaded up our boy, walked through that hall and out those doors. And we took our son HOME! Glory to God!”

Benson was born weighing just one pound, two ounces. He was so premature that his eyes were still fused shut. Despite the grim prognosis doctors placed before him, Benson’s heart didn’t stop beating and his immature lungs kept going. He was left with his mother for five hours as doctors didn’t expect him to live and told her to hold her son as he died.

But when the medical team saw what a fighter Benson was proving to be, they decided to help him and moved him to the neonatal intensive care unit. After 36 hours there, he was off oxygen and was showing small improvements.

“They all expected him to die

within an hour but after going strong five hours after birth and still breathing consistently with a decent heartbeat, we told them we weren’t giving up on him,” Artman wrote on Facebook. “They tried to convince me to hold him til he died but we’re taking the neonatal route to intervene for his life. They’re making an exception for him



because they’re all so shocked at how well he’s doing and they don’t usually even try for babies born quite this early.”

Artman said she could see that Benson’s heart rate readings were decent, and insisted on getting a breast pump and help in warming her son up. He was purple and cold.

“They said he wouldn’t get warm because he wasn’t a viable baby,” wrote Artman. “I said God is the giver and sustainer of his life. He obviously wants to live so let’s help him do that. As much as I wanted to continue holding him, I handed him over to warm up on this warming gel pad. His

color looked much better soon after. Praise the Lord!”

Doctors couldn’t explain why Benson wasn’t dying like they expected him to, with the neonatologist even telling the Artmans that there was “some life force in him that they can’t explain with science.”

“No one can explain why he’s doing so well,” explained Tim

Artman in a Facebook post, “but we know why. We’ve been speaking life over him since he was born.”

By his third day of life outside the womb, Benson was still in stable condition but a brain scan found what could be a brain bleed. A followup scan a few days later showed no change, which meant Benson did not have an active brain bleed – more good news for the family.

“He is very handsome with blonde hair,” Artman wrote. “He has been so sweet when we reach in to touch him. He leans into our hands when we get close, like he wants to be held.”

At one week old, Benson received a PICC [Peripherally Inserted Central Catheter] line to replace the feed line to his stomach. Doctors attempted to remove him from the ventilator and place him on a CPAP; however, it ended up forcing him to work too hard and he was placed back on the bigger breathing tube, requiring the

help of an oscillator to help his lungs fully open when he exhales. He began digesting breastmilk in small doses, something doctors weren’t expecting from a child his age and size.

“He’s still showing how strong he is, tolerating his care very well considering how tiny he is,” the family wrote on their GoFundMe page. “He did gain some weight (went from 520g to 550g in two days!) The next few days will be quiet for him, as he will only be routinely cared for. We are so happy with

See “Benson,” page 38

Judge rejects request for stay of judgment that invalidated California's assisted suicide law

By Dave Andrusko

Here is a quick update of the status of California's improperly passed assisted suicide law.

On May 15 Riverside Superior Court Judge, Daniel A. Ottolia invalidated the End of Life Option Act, explaining that in 2015 the legislature violated the state constitution by passing the law during a special session that was supposed to be limited to health care issues. The plaintiffs who challenged the law included the Life Legal Defense Foundation, which represents six doctors, and the American Academy of Medical Ethics.

However Judge Ottolia did not rule on the issue of permitting health professionals to assist someone to end their life.

As *NRL News Today* reported, on May 23, the 4th District Circuit Court of Appeal denied a motion by California Attorney General Xavier Becerra for a stay to suspend the ruling. However, as Prof. Thaddeus Pope, the author of the Medical Futility blogspot, explained, the appeals court "ordered the plaintiffs to show cause why the appellate court should not overturn the ruling in 25 days."

Earlier this past week Judge Ottolia rejected a separate motion filed on behalf of a physician and two terminally

ill adults urging the judge to vacate his judgment. Judge Ottolia has also scheduled a hearing on June 29 to consider California Attorney General Xavier Becerra's motion to vacate his judgment.

In 2015, the California legislature's regular session had come to a close and the assisted suicide bill had stalled

the maneuver, but the bill was muscled through anyway.

When the bill went into effect on June 9, The Disability Rights Education and Defense Fund [DREDF], a leading national disability rights law and policy center based in Berkeley, California, denounced the enactment of California's End of Life Option Act.



in a Senate Health committee due to concerns over potential dangers. An extraordinary session was called, as noted above, to address health care issues.

Dozens of diverse groups, including those in the disability rights community, the American Medical Association, and pro-life groups objected to

families to shop for other doctors to provide lethal drugs if the first physician says no, and endangering patients who receive terminal diagnoses that are often mistaken,

- puts people with depression at risk, and does not require patients requesting lethal drugs to receive a mental health evaluation,
- provides for no investigation of abuse, and
- requires no neutral witness to be present when the lethal drugs are taken."

California, along with Oregon, Washington, Vermont, Colorado, and Hawaii and the District of Columbia, has legalized the practice of allowing a person's physician to prescribe a lethal overdose of medication to certain patients—assisted suicide or, as proponents like to call it, "Medical Assistance in Dying."

However, in 2018 alone, dozens of identical initiatives were defeated by a determined coalition comprised of a wide variety of groups.

"DREDF and all our coalition partners, including the many California disability organizations that opposed this law, remain gravely concerned about it. The End of Life Option Act:

- is conducive to elder abuse,
- has very weak safeguards, allowing

Without dissent, Supreme Court dismisses lower court decision granting undocumented teen an abortion

Whether undocumented teens have “right” to abortion still in courts

By Dave Andrusko

In a five page unsigned opinion filed without noted dissents, the Supreme Court on June 4th dismissed a decision by the U.S. Court of Appeals for the D.C. Circuit which allowed an undocumented 17 year girl to abort.

While the particulars of the case of the girl from Mexico who entered the country through Texas apply only to her, the importance is that the High Court’s decision means no precedent has been set that would allow other similarly-situated teenagers to obtain an abortion.

As *USA Today’s* Richard Wolf explained, the government “had been seeking to wipe the slate clean at the appeals court level so that the October ruling did not serve as precedent. It succeeded in that effort.” Because the girl had obtained her abortion, the justices concluded the case had been rendered moot.

And for reasons of its own, the Justices allowed the American Civil Liberties Union to skate in spite of the ACLU’s highly questionable tactics which allowed the girl to have the abortion before the government was led to believe she would. (More about this below.)

NRL News Today covered this case of “Jane Doe” in dozens of posts going back to September 2017. The legal wrangling is hugely complicated.

According to the Supreme Court’s *per curiam* ruling in *Azar v. Garza*, Jane Doe was eight weeks pregnant when she entered the country illegally.

She was detained and placed into the custody of the Office of Refugee Resettlement (ORR), part of the Department of Health and Human Services.



ORR placed her in a federally funded shelter in Texas. After an initial medical examination, Doe requested an abortion. But ORR did not allow Doe to go to an abortion clinic. Absent “emergency medical situations,” ORR policy prohibits shelter personnel from “taking any action that facilitates an abortion without direction and approval from the Director of ORR.”

Represented by the ACLU, Doe convinced U.S. District Judge Tanya S. Chutkan, an Obama nominee, to order the government to allow her to proceed to have an abortion. However, a three-judge panel

of the U.S. Court of Appeals for the D.C. Circuit halted the process, saying it was preferable that the government find a sponsor for the girl, thus taking the government out of the business of “facilitating”

her abortion.

But on October 24 the full circuit court reversed that decision, “followed a few hours later by a new order from the district judge,” according to Robert Barnes and Ann E. Marimow of the *Washington Post*. “That started the race that night. For the solicitor general’s office, it was to get the issue before the Supreme Court. For lawyers for the girl, it was to get her the abortion. She was 15 weeks pregnant at the time.”

In early November, Solicitor General Noel Francisco argued the government had been misled by the ACLU and asked for unspecified punishment. According to the *Hill*

In Texas, where the teen was being held, state law requires that women receive counseling at least 24

hours before obtaining an abortion and that the counseling be done by the same doctor who will perform the procedure.

But the government says it was misled about the timing of the counseling and abortion appointments for the minor, referred to in court as Jane Doe. The government thought the teen was getting counseled at 7:30 a.m. on Oct. 25 and therefore would not have the procedure until Oct. 26.

But when the same doctor that had already counseled Doe on Oct. 19 became available on Oct. 25, her counseling appointment changed to an appointment for an abortion and was moved to an earlier time without the government being told.

Jane Doe had the abortion at approximately 4:15 in the morning.

In all, four pregnant girls have successfully gone to court to force the Trump administration to release them from custody to have an abortion. Judge Chutkan, in March, imposed an order stopping the government from “interfering with or

See “Dismisses,” page 10

“You are your baby’s first home” “and first protector”

By Dave Andrusko

This will be a short post, not because the message isn’t important (just the opposite) but because it will resonate so thoroughly and so completely.

Sometimes I think I see all the best stuff when I’m on the treadmill at the gym. There I was this morning, huffing and

puffing away, when an ad for First Response Pregnancy Tests came up.

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

The ad begins with the husband lovingly kissing his

wife’s swollen abdomen. Then the words

You are your baby’s first home.... Your baby’s first protector.

I have written about fetology and the incredible bond between mother and unborn baby a million times. But I’ve never put it in more

telling, more tender terms than “You are your baby’s first home.”

That was the warm and fuzzy part (for me). “Your baby’s first protector.” That was more sobering.

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

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

A beautiful, thought-provoking ad. Take 30 seconds to watch it at <https://www.youtube.com/watch?v=40DSeRkT-aY> and then please share it widely.



Without dissent, Supreme Court dismisses lower court decision granting undocumented teen an abortion

From page 9

obstructing” access to all “pregnancy-related care” for teens detained in immigration custody.

Chutkan’s order also allowed the case to proceed as a class action on behalf of

any other teens in custody who may want abortion services. In 2017, there were at least 420 pregnant unaccompanied minors in custody, including 18 who requested abortions.

The Justice Department has asked the D.C. Circuit to halt the injunction while the appeal is pending.

At the conclusion of its decision, the justices said they “took seriously” the Solicitor General’s allegations that the ACLU made “what appeared to

be material misrepresentations and omissions that were “designed to thwart this Court’s review.”

But in the end the justices wrote “lawyers also have ethical obligation to their clients and not all communication breakdowns constitute misconduct.”

Supreme Court rejects appeal of decision upholding Arkansas law regulating chemical abortions

By Dave Andrusko

In a May 24 decision with potentially nationwide implications, the Supreme Court, rejected an appeal from the Planned Parenthood affiliate in Arkansas, thus allowing the state to enforce its law requiring abortion clinics providing chemical abortifacients to have a contract with another physician with admitting privileges at a local hospital who agrees to handle any complications.

Subsequently Missouri's comparable law was upheld by Judge Beth Phillips.

As *NRL News Today* reported, in 2015 U.S. District Judge Kristine Baker issued a preliminary injunction against Arkansas' "Abortion-Inducing Drugs Safety Act." However in July 2017, a three judge panel of the Eight Circuit Court of Appeals vacated the injunction.

Circuit Judge Raymond Gruender of St. Louis, Chief Judge William Jay Riley of Omaha, Neb., and Senior U.S.

District Judge James Gritzner of Des Moines, sitting by designation concluded Judge Baker had failed to "make factual findings estimating the number of women burdened by the statute."

Planned Parenthood appealed and the 8th Circuit placed its ruling on hold while Planned Parenthood appealed to the Supreme Court. On May 24, the Supreme Court said no.

Planned Parenthood had argued the effect of the law was to place an "undue burden" on a woman's right to an abortion. As *NBC News* reported, Planned Parenthood "said because its clinics could not find any doctors willing to accept a contract with a Planned Parenthood-affiliated physician, clinics in Little Rock and Fayetteville would stop offering abortion services if the law went into effect."

But when the 8th Circuit vacated the injunction, Attorney General Leslie

Rutledge said it was "because Planned Parenthood failed to show that the state law is a substantial obstacle, preventing most women from

Parenthood continues its challenge."

The effect of the Eighth Circuit's ruling, upheld by the Supreme Court, is that going



having access to abortion services. This commonsense law will help ensure that medication abortions are conducted in a safe, responsible manner and with appropriate protections for women. I will continue to defend Act 577 as Planned

forward Planned Parenthood and its cohorts will hopefully be required to actually present evidence that a specific statute or regulation imposes an "undue burden," as opposed to merely asserting the claim.

The advances made on the life issues in President Trump's first 500 days

By Dave Andrusko

On June 4 the pro-life Trump Administration put out a summary of what it called, "President Donald J. Trump's 500 Days of American Greatness." As a single-issue pro-life organization, we focus only on the accomplishments that relate to our concerns on behalf of the unborn, babies born with disabilities, and the medically vulnerable elderly.

And they are considerable!

Here is what included in the summary. In fact it only touches on the many initiatives Donald Trump and his administration have undertaken on our behalf.

- **President Trump has confirmed the most circuit court judges of any President in their first year, and secured Justice Neil Gorsuch's confirmation to the United States Supreme Court.**
- **President Trump successfully eliminated the penalty for Obamacare's burdensome individual mandate.**
- **The President's Administration is seeking to provide**

more affordable health coverage and broader access to affordable alternatives to Obamacare plans.

- **President Trump has ensured that the religious liberties and conscience of Americans are protected and**

respected by the Federal government.

- **President Trump signed an Executive Order to protect the free speech and religious liberties of groups such as the Little Sisters of the Poor.**
- **The Department of Justice issued**

guidance to all executive agencies on protecting religious liberty in federal programs.

We could easily go on and on. The President reestablished and then expanded the pro-life Mexico City policy so that it protects \$9 billion in foreign aid from being used to fund the global abortion industry.

And he cut off taxpayer funding for the U.N. Population Fund, which colludes with China's cruel program of forced abortion and sterilization.

Moreover Mr. Pence addressed the March for Life in 2017, becoming the first sitting Vice President to do so in person, and this last January President Trump was the first sitting President to address the March for Life live via satellite.

And to name just one more, President Trump has expressed strong support for the Pain-Capable Unborn Child Protection Act, which would stop late-term abortions after 20 weeks of pregnancy, when science tells us that an unborn child can experience pain.

Thank you, President Trump.



Pro-life President Donald Trump

Two New Jersey families fight to keep their sons on life-support

“Eerily similar” cases, shades of Alfie Evans

By Dave Andrusko

In an incredible coincidence two families are fighting to keep their sons on life support at Children’s Hospital of Philadelphia.

CHOP has declared both Areen Chakrabarti and Jayden Auyeung brain-dead and want them taken off of ventilators, according to *Fox News*.

However, “Both boys are from New Jersey where state law provides a religious exception to families whose loved ones are declared brain dead, but whose heart and blood continue to pump through life support machines,” reported WTXF. “It’s the second time in less than one month that a family has fought brain death diagnoses by CHOP doctors.

“The families’ attorney calls it unprecedented. Protesters say it’s about time.” (The two families share the same attorney, Chris Bagnato.) “Both parents say they know what is best for their child and they refuse to give up hope.”

The cases have taken on added visibility in light of the battle in Great Britain over Alfie Evans. Alfie’s degenerative brain disease was never specifically diagnosed, but like these parents, Tom Evans and Kate James fought the hospital,

in their case to move Alfie to a more sympathetic hospital in Rome. Eventually Alfie’s ventilator was cut off and he died five days later.

Recently a group of pro-life protestors stood outside CHOP to draw attention, they said, from facilities in New Jersey who might take in 10-year-old Jayden and 14-year-old Areen.

As various accounts observed,

music lover, songwriter and even bilingual,” according to Tom Avril, writing at *Philly.com*.

Hours after his mother recorded a video of him, Jayden was admitted to CHOP and “declared brain dead after suffering cardiac arrest. Anna said doctors counseled her and her husband to take Jayden off life support. But, his mother

Bordentown home caught fire April 14, he ran upstairs rather than outside, and suffered severe brain damage from smoke inhalation.

His mom, Rumpa Banerjee, has run into a brick wall. Each time she asked any of five New Jersey hospitals to admit Areen, she has been told “that first they need to speak to officials at Children’s Hospital of Philadelphia.”

Avril adds, “And then, nothing.” In the meantime

Banerjee and her sister, Tumpa, have maintained a near-constant vigil at the boy’s bedside, where he is connected to a ventilator and intravenous fluids. She said the boy’s systolic blood pressure rises as high as 160 when she does not speak for an extended period of time, then falls to the more normal level of 130 when she resumes speaking.

“He is trying to respond,” she said.



Areen Chakrabarti celebrating his 14th birthday with his mother, Rumpa. He was declared brain dead at Children’s Hospital of Philadelphia, which seeks to remove him from life support. Courtesy Rumpa Banerjee

the cases are “eerily” similar.

Both young men already faced major challenges. Although confined to a wheelchair because of a motor neuron disease, Jayden “is a

said as long as she can feel his heart beat, he is alive.”

As Avril explained

Areen is on the autism spectrum, and in the confusion when their

Way beyond revision. The United Methodist Church's Proposed Social Principles on abortion

By Rev. Paul T. Stallsworth

Editor's note. This appeared in the June issue of Lifewatch.

Why Revise the Social Principles?

Due to action of The United Methodist Church's 2012 General Conference and to negotiation of church leaders, the General Board of Church and Society held listening sessions on the Social Principles throughout the church. From them, Church and Society learned that the Social Principles need to become "more theologically grounded, more globally relevant, and more succinct" (according to a 04/12/18 press release).

Then the 2016 General Conference voted to continue Church and Society's work in revising the Social Principles. On April 11, 2018, "The United Methodist Social Principles"/"Working Draft 1" was released. Church and Society aims to propose a complete revision of the Social Principles to the 2020 General Conference.

The Social Principle on Abortion: A Brief History

Since the birth of The United Methodist Church in 1968, the Social Principles' paragraph on abortion has been contested. The 1972 paragraph stated: "We support the removal of abortion from the criminal code, placing it instead under laws relating to other procedures of standard medical practice. A decision concerning abortion should be made only after thorough and thoughtful consideration by the parties involved, with medical and pastoral counsel." Following the United States

Supreme Court's 1973 *Roe v. Wade* decision, which knocked down state laws against abortion, United Methodism reflected *Roe*; its 1976 abortion paragraph included this sentence: "We support the legal option of abortion under proper medical procedures."

Since 1976, many General Conferences have considered and debated petitions that would alter the church's teaching on abortion. Some passed. Gradually, the paragraph became more skeptical, critical, and prohibitive of abortion. That is, the Social Principle became more protective of the unborn child and mother.

In 2018, while The United Methodist Church's Social Principle on abortion (Paragraph 161K in the 2016 Book of Discipline) "support[s] the legal option of abortion," it also contains many phrases and statements that are protective of the unborn and mother. That Social Principle has now been rewritten—thoroughly.

The Revised Title

The revision of this Social Principle is boldly announced in its title change: from "Abortion" to "Reproductive Health." Why? "Abortion," as a title, might be considered too controversial, harsh, specific. In contrast, "Reproductive Health" might be understood as more medical-clinical, gentle, and general.

Against this retitling, four objections can be raised. First, the new title assumes that abortion is, as a matter of fact, just another medical procedure required for the "reproductive health" of women. However,

many inside and outside the medical profession, especially those of various religious persuasions, would disagree. Second, should not a Social Principle dedicated to abortion, by commonsense, be titled "Abortion?" One would think so: a thing should be called what it is. Third, the Church through the ages has routinely used the word "abortion," so United Methodism should regularly use the same word. And fourth, abortion names a morally significant (and objectionable) incident: that is the taking of the life of an unborn child. To put such a serious incident under the heading of "reproductive health" disguises and diminishes what happens to the child in the womb.

For these reasons, the title "Abortion" should remain.

The Revised Text

According to the three needed improvements reported by the listening sessions, how does the revision measure up?

Is the revision "more theologically grounded?" For starters, the revision mentions God once. But not Jesus Christ. And not the Holy Spirit. The Bible is cited twice, but not quoted. Church tradition is not referenced. The revision seems trapped in the modern worldview of individualism, public health, and social science. It seems anthropocentric (centered on humanity), and neglectful of God and God's creation, commands, and redemption.

Unlike the standing paragraph, the revision opens up very little to the presence and power of God. So the revision is not

"more theologically grounded" than what was revised. Its theological grounding is reduced.

Is the revision "more globally relevant?" To be globally relevant, the revision would need to use terms that are universally understandable and applicable. The Church speaks the most universal language of all. Its words—for example, God and humanity, birth and death, good and evil, joy and suffering, love and loyalty, and so on—appeal to most people worldwide. While occasionally using such words, the revision reverts to a Westernized, individualized, medicalized mindset. This mindset results in the revision's inability to affirm the humanity of the unborn. Such thinking is better suited for an international political agency than for a global Christian church. While the standing Social Principle on abortion is imperfect on the matter of global relevance, it lacks the revision's predetermined Westernized agenda. So, on its global reach, the revision fails.

Is the revision "more succinct?" Yes. The revision is roughly one-third as long as the current Social Principle (approximately 220 words to 660 words).

Editing Out the Gospel of Life

When the standing Social Principle on abortion was revised, what phrases and sentences that were deleted?

See "Methodist," page 37

For a culture to kill babies, they first have to kill truth

By Jonathon Van Maren

Editor's note. This was written prior to the abortion referendum vote in Ireland which eliminated the protective 8th Amendment and empowered Parliament to write abortion legislation.

Nothing infuriates abortion activists more than the truth—especially when that truth is being presented to a public that they need to accept their deceitful rhetoric, or at least to remain mired in apathy. In Canada, even photos of babies in the womb have been referred to as “graphic images of fetuses” by both abortion activists and judges, who insist that the basic facts concerning who the pre-born child in the womb is and what abortion does to them are “offensive.”

It is the same in the Republic of Ireland, which is currently deluged with vague signs urging voters to repeal Ireland's protections for children in the womb (none of the signs mention abortion), while abortion activists insist that pro-life signs showing a baby in the womb are “disgusting.”

As I wrote earlier this week, if a culture wants to kill its children, it must first kill truth. The truth about abortion is profoundly offensive: It is the violent physical destruction of a human being in the womb.

Talking about the pre-born human being, which it undeniably is, is also offensive to abortion activists, who need everyone to be steeped in their dehumanizing rhetoric in order to persuade people that violent eviction from the womb is a humane response to

a crisis pregnancy. In Italy at the moment, abortion activists are outraged by truthful pro-life signs that have cropped up around Rome.

From the *BBC*:

“Abortion is the prime cause of



femicide in the world,” declare the black-and-white posters that have appeared in several areas of Rome. But the campaign has provoked widespread anger and led to appeals to the mayor to get the posters removed.

One feminist group condemned the posters as “disgraceful” while others objected to the use of a word often used for the killing of women by men. Italy is about to mark 40 years since abortion was made legal. The Madrid-based CitizenGo group behind the posters timed the campaign to coincide with the 22 May anniversary of Italy's Law 194, as well as a “march for life” in

the centre of Rome on Saturday.

In a series of messages on social media, it said that after 40 years the law had failed and that abortion was often used to suppress women,

had not been aborted themselves. Their campaign would soon spread to other cities, they said.

Again, these things are undeniably true. Millions of baby girls were successfully wiped out by abortion—simply because they were girls. Nobody can deny that. But the presentation of that fact infuriates abortion activists because it illustrates powerfully that the language of abortion as “women's healthcare” is a lethal farce.

It is also obviously true that those of us who are born are only here because our mothers did not decide to abort us. That this fact would throw abortion activists into a rage indicates that they are lying to the public and wish everyone to remain in denial about what abortion actually is. In Italy, at least, there is a silver lining to all this:

In recent years the number of voluntary terminations has fallen significantly in Italy.

In 2016, there were 84,926 terminations, 3.1% down on the previous year. The highest number recorded was 234,801 in 1982.

The more truth is spread to the public, the more the abortion industry will find itself robbed of willing customers. And that is why they fight so hard.

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

leaving “millions of babies killed and women injured”.

This is not the first time anti-abortion groups have highlighted the impending anniversary of the law. Only a month ago Rome authorities removed a giant poster of a foetus that bore the slogan: “You're here because your mum didn't abort you.”

Feminist group Facebook Rebel Network called on Mayor Virginia Raggi to remove the posters immediately. However, campaigners hit back saying that all those who had insulted the CitizenGo group had been able to do so only because they

Our hearts are broken. But we will fight on, because no referendum can ever make abortion right

By Niamh Úi Bhriain, Chairwoman, Save the Eighth

Editor's note. On May 25 the Republic of Ireland legalized abortion by repealing the 8th Amendment to the Constitution.

I know that your heart, like mine, feels broken. We need time to grieve and to recover. But to every one of you who took part in what was an inspiring, brilliant and heroic NO campaign, hold your head up high.

Your conscience is clear and you fought the good fight to protect innocent children. You stood up against the greatest injustice in the world, and time will show that you are on the right side of history. That should make you proud, and we are proud to stand with 723,000 people who voted for life and against abortion.

I have never witnessed such heroic dedication from thousands of people. Many of you volunteered two years of your lives to knock on doors and talk to people. In every constituency you joined massive teams and gave everything you could to help us fight against the campaign for abortion in Ireland. Over four thousand of you volunteered to canvass, leaflet, put up posters, and so on. Tens of thousands of you donated money, came to events, prayed, and supported us in every way you could.

We are so grateful. And we can never repay you. But you should know that, although our hearts are broken, your work was not in vain.

We will fight on because no referendum, no popular vote, can ever make it right to kill a child. In time, abortion will destroy itself, and we will take

back our culture and our country. This country has lost something beautiful and precious, but we did not lose on May 25th, the years, and saved hundreds of thousands of lives. That is no small achievement, and you should feel very proud that we



Niamh Úi Bhriain

an unborn child did. They lost their right to life because so many voters were cowed and bullied and deceived, but we will always be their voice. We will fight on for those babies and for their mothers, because no referendum can ever make abortion right.

The day will come when the people will look in horror at what they have approved, and when the culture swings back to overturn this horrific result. For 35 years, you have defended the right to life of every human being. Together, we will continue to do so, because nothing is made better by the killing of a child, and because we are called to defend the most innocent and the most vulnerable even if we stand alone.

But you do not stand alone, and this movement has been energised by the huge influx of new members and of young people who gave this fight their all, and will continue to do so.

Know this too: you have kept abortion out of Ireland for 35

years, and saved hundreds of thousands of lives. That is no small achievement, and you should feel very proud that we stood strong for so long when so many other countries had fallen.

We will rise again. We did not lose in this referendum, the unborn child. They lost the Constitution's recognition of their right to life. Many of them will now die in Irish hospitals and in Irish surgeries. But we live to fight another day and to fight for both mother and child. We will never be deterred in that work.

The size of the Yes vote took absolutely everybody by surprise – including the media, political commentators and Yes campaigners (though many would argue they are one and the same).

The exit polls provide some insight into why people told canvassers at the door that they would vote NO and then went on to support the repeal of the 8th.

Firstly, RTE's exit poll shows that only half of voters support the abortion on demand provision of the government's bill – and that support is likely

over-stated because voters always seek to re-affirm their actions. Every opinion poll, right up to voting day, showed that the people are against abortion on demand, but they voted for a measure giving politicians the power to legalise abortion without restriction.

So the people voted to repeal the 8th because they had been told so often, and for so long, that the 8th had caused women to die, that it was causing rape victims to suffer and that it had denied care to women where babies were terminally ill. They didn't vote for the 'pro-choice' position, but their vote will be used to that end. On their conscience be it.

There can be only one conclusion as to why voters lied to pollsters and to canvassers about their intentions: they know in their hearts that abortion is wrong. What most people, including Yes campaigners, thought was a soft No, was actually a reluctant Yes. It was interesting to see many Yes voters express disgust and dismay at the cheering, gloating mob in Dublin Castle, who banged drums and pumped their fists in the air as they screamed for abortion.

The full reality of what they have done will become apparent before too long, and will be part of the long build towards re-establishing a culture of life, where both mother and baby will be protected again

Secondly, voters said they had changed their mind on abortion – not during the campaign

See "Hearts," page 39

Do laws work to stop abortion?

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

“Restricting access to abortion,” tweets the World Health Organization (WHO), “does not reduce the number of abortions.”

Supporters of legalized abortion frequently make this claim. Legalizing abortion doesn’t increase the number of abortions, they say. It just makes them safer for women. Likewise, bans or limits on abortion don’t prevent abortions from happening. They only make the abortions that happen more dangerous.

The idea that abortion restrictions are incompatible with a high standard of maternal health is demonstrably false. But what about the claim that restrictions are ineffective? Do laws actually work to stop abortion?

Abortion laws are effective

Abortion advocates like WHO point to places that don’t permit the abortion and yet (according to often-speculative estimates) have abortion rates similar to those of places with abortion on demand. “Women living under the most restrictive laws ... have abortions at about the same rate as those living where the procedure is available without restriction as to reason,” concludes a recent report by the Guttmacher Institute, the abortion industry’s primary research organization.

Does this mean that laws don’t make a difference?

No, because that conclusion doesn’t take into account obvious confounding variables. The abortion-prohibiting countries with high abortion estimates are *developing* nations. (As Guttmacher acknowledges, “The vast

majority ... of countries with such highly restrictive laws are in developing regions.”) One cannot, therefore, simply compare the abortion rates in these regions to the abortion rates in wealthy, developed regions. That’s like apples and oranges.



To get a much better idea of the effectiveness of abortion laws, one could compare developmentally similar countries, some with legalized abortion and some without, or one could compare a country when it has legalized abortion to that same country when it doesn’t.

Take Great Britain, the Republic of Ireland, and Northern Ireland. Britain permits abortion while the Irish jurisdictions have prohibited it (though Ireland voted recently to eliminate constitutional protection for unborn children). A 2013 study in the *Journal of American Physicians and Surgeons* found that the abortion rate in England and Wales was three times higher than the rate in Ireland and 5.5

times higher than in Northern Ireland—even accounting for the Irish women who traveled to Britain or elsewhere to have abortions.

Consider the United States. Illegal abortion estimates were mostly unreliable, but after the nationwide legalization of

increased 60 percent from 2008 to 2014. The abortion rate rose 30 percent.

An important study in the *Journal of Law and Economics* analyzed data from numerous Eastern European countries that changed their abortion laws after the Cold War. Some of those countries legalized abortion, while Poland, after decades of permitting abortion, enacted legal protection for unborn children. The study controlled for economic and demographic variables.

What did it find? “On the basis of all available abortion data,” the authors write, “countries in which abortion is legal only to save the mother’s life or for specific medical reasons have abortion rates that are only about 5 percent of the level observed in countries in which abortion is legal on request.”

Protecting unborn children by law makes a *massive* difference.

Limited abortion laws are effective

In the decades since the legalization of abortion in the United States, full protection for unborn children has not been politically or legally possible. So pro-life advocates have worked to enact measures that are more limited. Do these modest pro-life laws make any difference?

Definitely. Take restrictions or bans on taxpayer funding of abortion. The evidence is overwhelming that these laws reduce the incidence of abortion. A literature review by Guttmacher concludes, based on 22 different studies,

See “Laws,” page 35

“Millionaire Abortionist” discovers “the ultimate, nonconditional love” when she adopts

By Dave Andrusko

There is something about big-time abortion entrepreneur Merle Hoffman that brings out the worst in reporters—and by worst I mean a kind of worshipful bewonderment that the 72-year-old Hoffman could do all this in only one lifetime.

Writing for the *East Hampton Star*, education reporter [!] Judy D’Mello is fascinated by everything about Hoffman, beginning with her self-described origins story and her massive home in Northwest Woods. [She can afford it. In 2017 *Crain’s New York Business* described her as the “Millionaire Abortionist,” whose “Choices” abortion clinic had revenues of “about \$10 million” in 2016.]

The thread that runs through this “modern day abortion rights crusader’s” 46-year career? Her story

begins with a solitary, bookish child devouring historical tales and creating warrior fantasies that eventually materialized into real-life battles, power struggles, evil oppressors, and noble causes

and is built around a “rescue fantasy that consumed her as a child” which “began to play itself out over her remarkable life” when she first began working for an abortionist in 1970.

Ever since then, more abortions (more girls and women “rescued”), more leadership positions, and, oh by the way, lots and lots and lots of money.



Merle Hoffman

D’Mello tells us that “In 2016, Choices was one of only four clinics across the U.S. where a groundbreaking new experiment was launched, allowing women to obtain abortion-inducing drugs through the mail.” Not quite that simple or benign.

As Dr. Randall K. O’Bannon, NRLC director of Education & Research, wrote last year, we’re talking about webcam abortions, which were initially sold as helping make “abortion services” available to rural women who didn’t have time or money to travel to the big cities. Hoffman was bringing webcam abortions not to some remote city in Iowa but to the

streets of New York City.

“This makes it clear it was not the convenience of women but the convenience of the abortionist—and the expansion of the industry’s customer

base—that was the real driver,” O’Bannon wrote.

“Hoffman’s clinic is part of the mail order abortion project that was initiated by Gynuity’s Beverly Winikoff in 2016 partnering with clinics in Washington, Oregon, Hawaii, and New York.”

Back to D’Mello’s worshipful profile. We wrote previous about Hoffman’s memoir, *Intimate Wars: The Life and Times of the Woman Who Brought Abortion From the Back Alley to the Boardroom*, which, we’re told, “chronicles all of the above as well as more personal details, such as her own decision to have an abortion as a young woman, her decision at 58 to

adopt a daughter, her affair with and eventual marriage to the physician she worked for, her experiences running Choices...”

So why did Hoffman adopt Sasha, a 3 1/2-year-old girl from Russia? According to the *New York Times*

[W]hen she was in her mid 50s, her husband of more than two decades died. The emptiness was palpable. “I had experienced many facets of love: sexual, devotional, parental from myself to my mother, the love of a cause. But I had never experienced what so many people experience as being the ultimate nonconditional love,” she said. “I wanted to experience what it was to love like that.”

She discovered that the “cause”—unfettered access to abortion for any reason or no reason—wasn’t enough. Just guessing, “her grand weekend house in the tony Cedar Point Park” wasn’t enough.

She was empty, palpably so. What to do? Hoffman opted to experience “the ultimate nonconditional love”—caring for a child.

The irony—or the unwillingness to see the inconsistency—speaks volumes.

Toledo's lone abortion clinic granted new license after securing emergency transfer agreement

By Dave Andrusko

When last we reported on Toledo's lone abortion clinic, the Ohio Supreme Court had just reaffirmed its earlier decision closing Capital Care Network for failing to secure an emergency patient transfer agreement with a local hospital within 30 miles of the abortion clinic.

However, on May 17, Jim Provance of the *Toledo Blade* reported that "Toledo's last abortion clinic has been quietly granted a new operating license by the state after the clinic struck an emergency transfer agreement with ProMedica."

"If it weren't for ProMedica, Capital Care would not have a license today," Jennifer Branch, the clinic's Cincinnati attorney, told the *Blade*.

The Ohio Department of Health "issued the ambulatory-surgical facility license for Capital Care Network's two operating rooms on Wednesday and retroactively applied it to May 8, the date of the clinic's state inspection," Provance reported. "The license will expire on May 31, 2019."

Michael Gonidakis, president of Ohio Right to Life, said, "It's unfortunate that the health department believes that a clinic who has violated Ohio's health laws for numerous years deserves to be licensed and remain open," adding that the abortion clinic "was fined \$40,000 due to their own blatant disregard of Ohio's health and safety standards.

"The health department has set a dangerous precedent that we fear will continue to put women and their children in harm's way," Gonidakis said.

While the abortion clinic contested the ruling, Capital Care continued to perform chemical abortions. "Ms.

In 2014, the clinic's license was revoked by the Ohio Department of Health "because transporting a patient to Ann Arbor would take longer than the department's 30-minute standard."

Back in February when the Ohio Supreme Court

with an air-ambulance provider to ensure that one would be available when needed, Justice O'Donnell wrote.

"Even if one were available, she admitted it could take an hour for it to reach her facility



Branch said surgical abortions will resume as soon as possible," the *Blade* reported.

The story behind Capital Care is long and hugely complicated, as *NRL News Today* has reported on multiple occasions.

The Capital Care Network case has repeatedly gone up and down the legal chain. In 2013, after the University of Toledo Medical Center did not renew its transfer agreement with the abortion clinic, Capital Care Network went five months without an agreement before finally negotiating one with a University of Michigan Health System hospital which is 52 miles away in Ann Arbor.

initially upheld the state order closing Capital Care Network, Provance observed that Ohio Supreme Court Justice Terrence O'Donnell, who wrote the majority opinion, said

Capital Care owner Terrie Hubbard admitted Capital Care lacked a written transfer agreement with a hospital between August 1, 2013, and January 20, 2014. She also testified, although a helicopter could be used to transfer patients 52 miles to the Ann Arbor hospital, the clinic had no contract

before flying another 15 to 20 minutes to Ann Arbor," he wrote.

Provance's story concluded by noting that "An administrative hearing is scheduled for June 27 on the clinic's challenge to the fine levied by the department for alleged violations stemming from a surprise license inspection of the facility last year. The clinic was accused of failing to follow its own internal procedures for the transfer of a patient to Toledo Hospital for an ultrasound after suspected complications following an abortion."

“It is advisable to use the biggest forceps you can get” when performing second trimester abortions, abortionist says

By Sarah Terzo

Abortionist Dr. Cope:

It is advisable to use the biggest forceps that you can get through the cervix to morcellate the fetus...

[The need to] “visually check the parts as they are retrieved” “is necessary to ensure complete evacuation but is part of the reason that second trimester abortion is not popular among surgeons. All those here who do second trimester abortions will agree that the most difficult ones are those between 14 and 16 weeks. In those, there is a tendency for the uterus to form an ‘hourglass’ and the

head and part of the trunk to be trapped in the upper part and difficult to retrieve. The passage of large, recognizable fetal parts by the woman some hours or days later is extremely distressing for the woman and her family.

(“Morcellate” is a medical term. It refers to tearing into small pieces, such as a tumor. In this case, it means tearing apart an unborn baby.)

From Celeste McGovern, “Fourteen Week Olds Cost 250-Cash,” *The Report*. February 28, 2000.

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



AMA vote causes worry in fight against assisted suicide

From page 1

for “further study,” the House of Delegates tragically missed an opportunity to protect vulnerable patients.

For now, the AMA position in opposition to assisted suicide stands. However, this vote has almost certainly teed up another vote on this at the next annual meeting in June of 2019.

Prior to the vote, a piece titled “Accepting physician-assisted suicide is a slippery slope. The American Medical Association

believes it is wrong for doctors to kill. Let’s stick by that belief” appeared in *USA Today*. Joseph E. Marine, a member of the AMA and an associate professor of medicine at Johns Hopkins University, laid out the dangers involved with assisted suicide laws.

They include no requirement for psychiatric evaluation, for witnesses to the consumption of the lethal

overdose, no medical examiner inquests, no independent safety monitoring board and no mandatory routine audits of records and documentation. There is no requirement that the prescribing physician have a meaningful long-term patient-physician relationship with the patient seeking assisted suicide and physicians

are immunized from ordinary negligence.

In other words, these laws are simple too dangerous and they cannot be allowed to spread any further!

We will continue to work to fight back these state efforts to legalize assisted suicide and continue to work with those in the medical community to keep the tide from changing. (See also the editorial on page two.)

President Trump Is De-Funding Planned Parenthood. Here are 2,750 Better Places Women Can Go

By Katie Franklin

When it was announced that President Donald Trump would be de-funding Planned Parenthood of \$60 million in taxpayer funding, abortion advocates pivoted to their predictable talking points to warn women of the coming collapse of “reproductive health care” in America.

But as the pro-life community has pointed out again and again, there are more than enough places for women to go for health care aside from Planned Parenthood. Indeed, non-abortion centers like community health centers and rural health care centers outnumber Planned Parenthood 20-1 and provide a wider range of services to women.

They also tend to be located in areas of the country in which Planned Parenthood simply doesn't exist. Consider this map of Maine, produced by the Charlotte Lozier Institute, which shows just four Planned Parenthood locations in a sea of 172 sites that provide better care than the abortion megalith.

Or, look west to Nevada, where 52 community health centers outnumber Planned Parenthood's three city outposts.

Nationally, 13,540 of these sites are providing care to women without performing abortions.

But there are still more options beyond even these centers. According to Heartbeat International's Worldwide Directory of Pregnancy Help, there are just over 2,750 pregnancy help centers across the U.S., the vast majority of which are privately funded, providing a plethora of services

to women in need. Services range from material aid—resources such as diapers, cribs, and formula—to medical care—services such as STD testing and ultrasound screenings.

For more than 40 years, these centers have thoroughly disproven the pro-choice claim that pro-lifers don't care about children after they're born, offering women and their children far more in the way of care than the abortion industry ever could.

Consider Women's Choice Center, an ever-growing pregnancy center in Bettendorf, Iowa that literally replaced a Planned Parenthood facility this spring following the abortion outlet's closure.

The building is one of four Iowa locations that Planned Parenthood closed last year following the state's move to de-fund the group of \$2 million in taxpayer funding. While abortion advocates warned of a health care “crisis” following the de-funding (sound familiar?), pro-life leaders argued that there were more than enough community health centers and rural clinics that could step in and take Planned Parenthood's place—213 clinics statewide to be exact.

But Women's Choice Center went a step further, actually taking the place of one of the closed clinics.

This month, the pregnancy center moved into the former Planned Parenthood from its location across the street. While the pregnancy center itself fills just one half of the 8,500 square foot building, Women's Choice Center is outfitting the other

half as a “pro-life, pro-family, faith-filled family medical practice” that offers OB-GYN services through 28 weeks of pregnancy, fertility treatment, and mental health services.

Other services Women's

Pregnancy centers are helping fight human trafficking, serving immigrants, and reaching clients in the throes of natural disasters.

For decades now, these centers have worked to serve the whole



Choice offers include perinatal hospice, which comforts a family through a fatal prenatal diagnosis, and Abortion Pill Reversal.

Meanwhile, across the street at their former location, the center will be leasing its building to a daycare provider, offering after-school enrichment, tutoring and summer camps.

Suffice to say, Women's Choice Center is doing far more to respond to women's needs than Planned Parenthood where 96 percent of pregnant clients are given an abortion and sent on their way.

While Women's Choice Center serves as a very literal example of what replacing Planned Parenthood looks like, there are thousands of other pregnancy centers that resemble this same example, even if not quite so literally.

woman, the whole child and the whole family, going above and beyond the \$500 “quick fix” Planned Parenthood offers by coming alongside women and families for free.

As Planned Parenthood and the abortion lobby flounder to protect their coveted millions, it is essential for pro-lifers to continue to champion America's 2,750 pregnancy centers as superior alternatives. Though Planned Parenthood will inevitably put up a fight and parade themselves as the victim, the beautiful thing about pregnancy centers is that they will be there regardless, humbly serving women in need.

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

Another study lamenting that there are not enough “abortion providers”

By Dave Andrusko

Give pro-abortionists credit for catchy phrases. In the latest of an endless stream of “research” publicized this time in the *Journal of Medical Internet Research*, pro-abortionists now talk about “abortion deserts.”

The researchers come from Advancing New Standards in Reproductive Health (ANSIRH), a California-based “reproductive health research group” which grinds out studies with pre-determined results like widgets.

The “aha” conclusion from the study is that “Twenty-seven major cities in the country are 100 miles or more from their nearest abortion provider.”

What do we say to that? Three things.

First, it is odd in the extreme that the researchers would talk about the absence of killing centers as a desert. It is the desert that kills. An abortion “desert” increases the chances that unborn babies will survive.

Second, there are fewer abortion clinics for a host of reasons that Dr. Randall K. O’Bannon, NRLC’s director of education & research, has documented in exhaustive detail. Two of the primary reasons are that PPFA is consolidating to form mega-clinics and that older

abortionists are not being replaced as they retire.

Pro-abortionists, like this assembly of researchers, like to attribute the shrinkage to what they call Targeted Regulation of Abortion Providers — “TRAP.” To be clear, **any** regulation that makes abortion clinics less

metaphor for the Abortion Industry is an assembly line. They want to mass produce death. Anything that slows that down is “unnecessary.”

Third, when lamenting the lack of abortion clinics, pro-abortionists conveniently overlook that the demand has

What Dr. O’Bannon has shown in many of his analyses is that if there is a pause in a woman’s decision-making process, they could be “lost” (as abortionists like to put it)—they won’t have the abortion.

Which by the way is why



like a fire trap, subject them to inspection, and requires them to have arrangements with a hospital when there are the inevitable complications are “medically unnecessary rules”—sand in the gears, so to speak.

That is why the correct

dropped. Once there were 1.6 million abortions each year. According to the pro-abortion Guttmacher Institute, the death toll dropped to 926,200 abortions in 2014, the lowest figure of babies lost since 1974! The market, fortunately, has shrunk!

abortionists both hate and fear the Abortion Reversal Process. If there are more chemical abortions than ever—and there are—the last thing they want is for women to know if they have second thoughts, they have a good chance of saving their baby.

SICK: Glamour Op-Ed Praises Abortion as ‘Act of Love’

By Katie Yoder

Christianity points to the cross as the epitome of love: a total gift of self-sacrifice in order to save others. But a new magazine op-ed is arguing the opposite: that love is about looking out for me, myself, and I.

For Mother’s Day, *Glamour* published an opinion piece on May 11 with the headline, “How Motherhood Made Me a Better Abortion Provider.” Abortionist Ghazaleh Moayed, an OB/GYN and Physicians for Reproductive Health fellow, argued that motherhood brought her to the conclusion that abortion is an “act of love.”

In the piece, Moayed complained that there are no Mother’s Day cards that “celebrate abortion.” Instead, there are only cards to “celebrate giving hugs, wiping noses, and kissing boo-boos” or “actions that are seen as the core of how a mother expresses love for her children.”

But abortion was just as loving, she protested.

“For my patients that were already parenting, I feel the deep love they had both for the children they had and for the pregnancies they were ending,” she insisted. “Choosing an abortion is an act of love.”

A “deep love” that they had “for the pregnancies they were ending.” Let that phrase sink in. And for women who didn’t yet have kids (except for their unborn baby), Moayed wrote that abortions are actually a part of motherhood.

“For my patients who were not parents, and did not want to be at that moment, or who never want to be a

Holding my baby’s tiny hands in my own not only strengthened my commitment to providing com-

“Becoming a mother,” she concluded, “fundamentally changed everything.” Sure sounds like it did. Laughing about motherhood



parent, I recognize their abortions as an act of intentional motherhood.”

She opened her story by recalling how she told a colleague that “nothing’s going to change,” after finding out that she herself was pregnant. But something did change after she gave birth: she became more committed to abortion. She wrote:

“I am often asked whether providing abortion care is hard as a mother—as if abortion somehow exists in a realm outside of motherhood. But motherhood is not an accidental or natural job; motherhood is a job done with intention.

passionate abortion care but also exposed how I needed to commit to supporting mothers in all aspects of my care.”

She finished her piece by remembering one patient who came for her abortion accompanied by her “two small children.”

“As I finished the five-minute abortion procedure, we laughed about motherhood as her other child watched videos on my phone,” she said. “We laughed about how demanding and obstinate toddlers can be, about the tribulations of potty training, and about how absolutely strange that ‘Daddy Finger’ song is.”

while performing an abortion isn’t something that comes naturally to many. Then again, Moayed does some odd things on Twitter, like post pictures of herself teaching medical students about abortion by performing a simulation of uterine aspiration (sucking out baby bits from the uterus) with papayas.

Or that time when wrote a Valentine’s Day poem about performing an abortion with a flashlight because the power went out.

But for all her speaking out, Moayed didn’t say a word about women who regret their abortions.

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

“Pro-choice”: an illusion and a misnomer

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

When I began working as a radio reporter while still in college, I quickly learned how decisively important the choice of words was and is in conveying the meaning of a story.

On the topic of abortion, for example, I thought that the best

usage was “abortion rights supporters” and “opponents of abortion rights.” (Of course, describing anything as a “right” suggests it cannot be challenged.)

As it turned out, even though I was writing my own stories, I had no choice in the matter—

“Pro-life” is a wonderfully descriptive term because it states quite clearly what an advocate stands for. It is far more inclusive than “anti-abortion” or “anti-euthanasia.”

Pro-life connotes a respect for all innocent human life,

decision to abort is thrust upon the precious offspring.

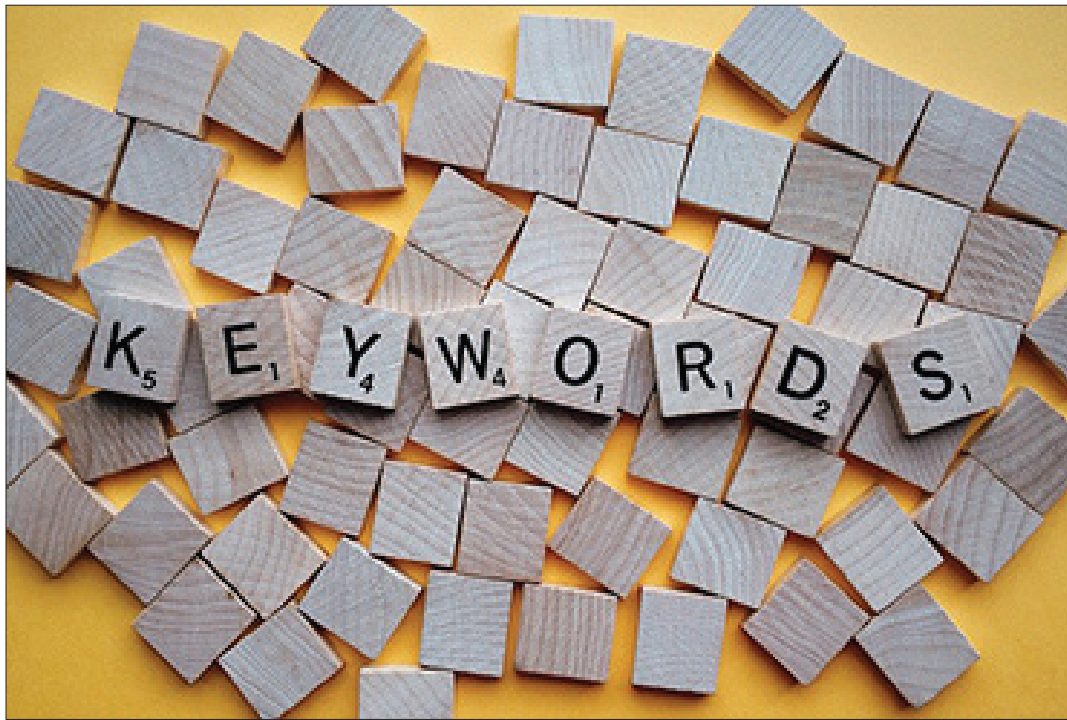
Moreover, it can be difficult to talk “choice” when a woman is coerced into having an abortion by a husband, boyfriend, parent, or even a grandparent. When, as research indicates, as many as 60% of abortions are coerced, the so-called “choice” is often made by someone other than the mother of the child.

Still, what finally made me abandon the term “pro-choice” was the recognition that anyone who laid claim to the term was campaigning to shore up the abortion industry—to continue the tragedy known as abortion on demand. Pro-choicers were making a conscious decision to see that the abortion trade continues, in spite of the fact that abortion takes one innocent life and leaves a mother to grieve the loss of an irreplaceable child.

It is fascinating to note that many abortion advocates themselves are abandoning the “pro-choice” terminology and instead embracing phrases such as “reproductive justice” or “repro rights.” In a real sense these new monikers are even more deceptive than “pro-choice.”

But, no matter what you call it, the result is the same—more than 60 million preborn children’s lives tragically ended.

No amount of linguistic evasion and sugar-coating can make that palatable.



way to refer to the “pro” and “con” sides was the way they referred to themselves—“pro-life” and “pro-choice.”

But I found out that this terminology was not preferred by the bible of the journalism industry—the *Associated Press* stylebook. If I recall correctly, at that time the *AP*’s preferred

my bosses required me to follow the *AP* stylebook.

But in my own private conversations, I continued to use the “pro-life” and “pro-choice” labels.

It was some time later that I came to realize that one label was correct and the other was not.

from the moment of conception to the instant of natural death. It is an expression of hope and wisdom. I am happy to use the term to describe myself and what I believe.

But “pro-choice” is a misnomer. For one thing, a preborn child has no choice when it comes to abortion—a

Under Dawn Laguens Planned Parenthood's killing machine will keep humming

By Dave Andrusko

Not being privy to the machinations surrounding Cecile Richards's successor, we can't know if long-time executive vice president Dawn Laguens is merely a placeholder or a viable candidate to replace Richards as CEO and President of Planned Parenthood.

In the interim, Laguens is the face of PPFA and its acting spokesperson. If a recent interview with The Pride LA is indicative, Laguens is assuring any and all that the direction of the nation's largest abortion provider will be no less gung-ho under her than under Richards.

Here are a few points she made in an interview with Samuel Braslow—and some he made about her. For example,

As an organization founded for reproductive justice, Planned Parenthood has long retained elements of its female-oriented origins. The tax-exempt corporation has taken some flak over its pink marketing, with some on the left arguing it reinforces gender stereotypes.

Just guessing but one gender stereotype neither Richards, Laugens, nor Braslow would step up to challenge is sex-

selection abortion, because of which hundreds of millions of baby girls have “vanished,” courtesy of ultrasounds that identified their gender.

Choice is choice, after all,



and nobody can challenge the legitimacy of choosing baby boys over baby girls.

Also as pro-abortionists have done since the beginning, Laugens attempted to hitch the annihilation of unborn children to other movements. Braslow writes

In the era of #MeToo and #TimesUp, Laguens sees Planned Parenthood at the forefront of the renewed dialogue about agency over one's body. While

#MeToo has been driven by revelations of predatory behavior on the part of individual men, Planned Parenthood has long

fought the systemic violation of physical autonomy committed by governmental and judicial forces. To Laguens, there is a direct connection between the two.

So in the world of Pride LA and Planned Parenthood, attempting to find win-win solutions for mothers and unborn children is cut from the same cloth as predatory behavior toward powerless women. What's scary is not just

that they say such nonsense for public consumption, but that they might actually believe it!

Finally, we're told until the day that “complete autonomy” for women is reached, “Laguens is confident in the organization's strategy: Continue helping people.”

She adds

“Planned Parenthood is making a difference every day in the lives of people you know, allowing them to have control of their body, to have a shot at their dreams, to be able to complete their education, and of course to participate economically. So Planned Parenthood is actually the solution, not the problem in this country.”

Better put, under Richards, Planned Parenthood was the final solution for over 3.5 million unborn babies. None of them will “be able to complete their education” or “participate economically.”

Whether as a fill-in, or the next PPFA president, Laguens seems perfectly suited to preside over the deaths of 321,384 babies each and every year.

Study of Abortion Pill Reversal successes put pro-abortionists on the defensive

By Dave Andrusko

I try always to be fair, especially to those writers whose personal opposition to our position is clear but who, as reporters, by and large do a fair job in reporting any phase of the abortion debate.

Enter Ruth Graham, writing for *Slate.com*.

Her topic? Abortion Pill Reversal (APR) which is important to pro-lifers, for obvious reasons, and almost as important to pro-abortionists for reasons that at first glance, seem more complicated.

After all, if you honestly believe in “choice,” why would you go to DEFCON 1 over the prospect that some women who have begun a chemical abortion but have a change of heart will have the opportunity to possibly reverse that decision before it’s too late?

The headline to Graham’s piece is “Abortion Reversal Seems Possible. We Still Shouldn’t Promote It.” What’s fascinating about her post is she acknowledges that there is more evidence (but not enough, in her view and in the view of abortionist/abortion apologists such as Daniel Grossman) that the technique can work.

Indeed, from my admittedly biased perspective, Graham makes a far stronger case that APR will work than she does that it shouldn’t be “promoted.”

For those who aren’t up to speed on this, chemical abortions/medical abortions/medication abortions/“RU-486” all refer to the same two-drug technique. The promise of APR is that as many as 68% of the women who do not take the second drug will carry their babies to term.

As Graham noted (in a backhanded admission/compliment), “Abortion reversal isn’t quite as outlandish at it sounds.” Even the most arguments against are hardly convincing.



Even the most vociferous critic—Grossman—conceded to the *Washington Post* that the regimen “makes some biological sense.”

Graham explains APR succinctly: “Because the mifepristone pill [the first drug] essentially blocks progesterone, known as the ‘pregnancy hormone,’ the idea behind reversal is to overwhelm the woman’s system with progesterone before the mifepristone has a chance to take effect.”

What’s changed the debate is a study that appeared in *Issues in Law & Medicine* which was a much larger study (547 women) than previous investigations. As noted, it certainly wasn’t everything critics wanted, but it provided additional evidence APR works.

What do critics (by and large) mean by “promotion” that they so oppose? Requiring that state informed consent law include information that a chemical abortion can be reversed.

In the interests of genuine informed consent, why shouldn’t this be done?

Well, as we’ll see, the

arguments against are hardly convincing. We’re told not that many women will want to reverse their abortions. Critics (and

reversal research is still preliminary.

Get it? You have to keep the abortion train rolling. Don’t tell a woman she could have a second chance. She might take it!

And, once more to her credit, after spending time belittling research that demonstrates there are aftereffects to abortion (physical, psychological, and emotional), Graham’s last paragraph includes this statement:

Some women, however, clearly do waver about their decision to end a pregnancy. The circumstances around abortion are often complicated, and the decision itself is a fork in the road between two entirely different lives; it would be more surprising to find that no one ever had second thoughts about their choice.

Graham as well) tell us that the percentage of chemical abortions keep going up. Doesn’t that alone mean potentially there will be more women with second thoughts? And if the effectiveness of APR becomes more widely known, wouldn’t you think the numbers would only increase?

“Unethical”? That’s the fall-back position of the pro-abortion ACOG in its latest statement. But as Graham keenly points out, that statement was issued “because of concerns about Delgado’s smaller early case series.” (ACOG’s statement does not even address the issue of effectiveness.)

The “strongest” reason (in a manner of speaking) is this. Please read it carefully:

[Abortion] Providers emphasize that the goal when administering the abortion pill should be to make sure patients feel fully confident in the decision, rather than telling them they can always undo it later if they change their mind. And the

The study in the latest *Issues in Law & Medicine* is not going to halt pro-abortion criticisms. If the day were to come when APR became 100% effective at reversing a chemical abortion, Grossman and ACOG and Planned Parenthood and the rest of the usual suspects would **still oppose** “state-mandated promotion.”

Why? First, because they have a financial investment in the nearly one million abortions a year. Second, because they really believe in abortion as a “solution.”

And most important of all, because there can never, **ever** be enough abortions.

The enormous stakes at issue in the campaign to persuade the AMA to go “neutral” on physician-assisted suicide

From page 2

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

Regarding the latter, he 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.” Three observations.

First, as the CEJA rightly observed, “neutrality” can be read as “little more than acquiescence with the contested practice.” Cardinal Dolan agreed, observing, “It has been read exactly that way wherever a state medical society has decided to go ‘neutral’ on a proposal to legalize the practice. It sends the signal that there is no serious problem with doctors prescribing lethal drugs so their patients can kill themselves.”

Second, the famous anthropologist Margaret Mead keenly warned, “[S]ociety always is attempting to make the physician into a killer – to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient... It is the duty of society to protect the physician from such requests.”

Ironically, in this case, it would be physicians voluntarily turning themselves into killers.

“Society” in this case would be protecting the physician from himself by passing laws affirming their current opposition to assisted suicide or writing new laws to declare their resolute opposition. Right now, “society” includes the AMA.

Third, the AMA’s policy against physician-assisted suicide, Cardinal Dolan writes, “is also affirmed by the American College of Physicians, National Hospice and Palliative Care Organization, American Academy of Pediatrics,

American Nurses Association and World Medical Association.”

The AMA would not be the first “domino” to drop. Some state medical associations have already caved.

But should it adopt neutrality, it would facilitate acceptance, hugely important in light of the success of the coalition of anti-assisted forces in holding back capitulation in almost all states.

No one said it better than Dr. Diane Gowski, whom the *Chicago Sun Times* described as a representative from the Society for Critical Care

Medicine, who

argued that it was irresponsible for the AMA to call physician-assisted suicide anything else, especially in light of the recent suicide contagion effect sweeping the country.

“Let’s be clear, (physician-assisted suicide) is suicide,” she said. “None of us would hand our patient a gun, so let us not hand them any means to end their life.”

**DOCTORS
SHOULD
KILL
PAIN,
NOT
THE
PATIENT**



NATIONAL RIGHT TO LIFE

Most Americans still oppose the reasons for which almost all abortions are performed

Also more people still consider abortion morally wrong than morally acceptable, Gallup reports

By Dave Andrusko

Twice in the last two weeks *NRL News Today* posted about an upcoming series of six stories that Gallup said it would be posting “documenting Americans’ latest views on abortion, including deep dives into gender and generational trends.”

Gallup’s initial story results are important but are more like a toe in the water than a head-first dive.

In summary form, the three big takeaways, according to Jeffrey M. Jones, are

- **48% identify as pro-choice, 48% as pro-life**
- **Half continue to say abortion should be legal in some circumstances**
- **Slightly more say it is morally wrong than morally acceptable**

Let’s dive deeper than Gallup does into its latest results of interviewing 1,024 adults “May 1-10 in Gallup’s annual Values and Beliefs poll.”

First, the self-identification. Those numbers have jumped around, occasionally with there being more pro-life than pro-choicers but more often pro-choicers with a very slight lead. But what’s the real significance?

During the 1990s — when Gallup first asked the question — more Americans personally

identified as pro-choice than as pro-life by 51% to 40%, on average.

That turnabout, as we have written, was primarily a product of the educational campaign that was part and parcel of the 13 year battle to ban partial-birth abortions. The



law does teach, and so does debate leading up to passage of a law.

Second, “Half continue to say abortion should be legal in some circumstances.” Gallup’s own later summary puts it this way: “Most Do Not Favor Outright Ban, but Want Limits on Abortions.”

Two paragraphs later we read

Historically, Americans have been most likely to favor the middle position — abortion being legal under certain circumstances. Rarely has the percentage saying abortion should

sometimes be legal fallen below 50%, averaging 53% since it was first asked in 1975.

But doesn’t Gallup tell us that “close to eight in 10 Americans believe abortion should be legal in all or some circumstances”? Doesn’t that contradict what he

If you spell it out

The result is that 43% of Americans say abortion should be legal in all (29%) or most (14%) circumstances, while a majority of 53% say it should be legal in only a few (35%) or no circumstances (18%).
[Underlining is mine.]

To emphasize, a total of 53% say abortion should not be legal at all (18%) or legal “in only a few circumstances” (35%). Gallup doesn’t ask what those “few circumstances” might be but most likely they are cases of life of mother, rape and incest, and possibly what is typically called “fetal deformity.”

What about number three? “Slightly more say it is morally wrong [48%] than morally acceptable [43%].” We wrote about that extensively last week. Let me make two quick notations here.

First, to quote Jones, “Though attitudes have fluctuated, at no point have more Americans said abortion is morally acceptable than have said it is morally wrong.”

Second, as we wrote last week, “if you compared the results with the way Pew asks the question—which asks not about abortion in the abstract but whether **having** an abortion is morally wrong or morally acceptable—the margin is not 5 points but 25.”

just told us? No. The answer is in the response to “legal under certain circumstances.” Jones also writes

further probing of their attitudes finds the public favoring more restrictive rather than less restrictive laws.

...

In a follow-up question asked of those in the middle “legal under certain circumstances” group, most of these respondents say it should be legal “only in a few” rather than in “most” circumstances.

YouTube Admits Mistake, Reinstates Abortion Pill Reversal Account

By Dave Andrusko

Last month, we reposted a *Pregnancy Help News* story about a terrible decision by YouTube.

The social media giant had suspended the Abortion Pill Reversal's YouTube channel account "for 'repeated or severe violations of [the]

Godsey, president of Heartbeat International, who said, "We commend YouTube for acknowledging their mistake and promptly resolving it." He added, "No woman should ever be censored for sharing her testimony simply because she chose life—even at the last

Pill Reversal (APR), a study published in April in *Issues in Law and Medicine* provided even more evidence that chemical abortions can be reversed if the second of two drugs is not taken.

Authored by prominent abortion pill reversal developer

first pill in the two-part chemical abortion process.

The APR protocol involves administering progesterone to counteract the first abortion pill. Progesterone is FDA-approved and has been used to prevent miscarriage since the 1950s. Today, the APR protocol is backed by a network of 350 medical providers and a 24/7 hotline (1-877-558-0333), now operated by Heartbeat International through OptionLine. Since 2007, over 500 women have used the APR protocol to save their babies from abortion.



Community Guidelines," explained Danielle White, J.D. "Four videos were posted to the account. The 'offending' videos included one webinar explaining APR in scientific and medical terms. The remaining three told the stories of women who chose life for their babies using the APR protocol."

But good news from Katie Franklin. "Following a temporary suspension for allegedly 'harmful or dangerous content,' Abortion Pill Reversal's YouTube channel is once again up and running after YouTube admitted the suspension was a mistake."

Franklin quoted Jor-El

minute. Nor should vital life-saving information be censored from the public."

According to Franklin's story, "Citing its policies on 'harmful or dangerous content,' YouTube's original suspension notice stated that it 'doesn't allow content that encourages or promotes violent or dangerous acts that have an inherent risk of serious physical harm or death.'"

Presumably when challenged, the absurdity of including these APR videos under these criteria sunk in, and YouTube backtracked.

For those who may not have kept up on Abortion

George Delgado and several other national and international medical researchers, the study affirmed (as Franklin explains)

that the Abortion Pill Reversal protocol is both safe and effective for women who change their mind after beginning a chemical abortion.

The study, which followed 754 women who wanted to stop their in-progress chemical abortion, reported a 68 percent success rate in reversing the effects of mifepristone, the

As Dr. Delgado told the *Washington Post*, given its demonstrated safety, convincing evidence that it works, and tangible proof that this is something many women clearly want, he feels that rather than wait for years of more testing, "the science is good enough that... we should go with it."

HHS officially announces pro-life changes to Title X Family Planning Grant Program

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

On May 18, National Right to Life and other pro-life advocates cheered the Trump Administration when it announced that a proposal to make pro-life changes to the Title X program was imminent.

On May 23, Health and Human Services (HHS) filed a rule-making proposal with the Office of Management and Budget to restore Title X family planning regulations to prohibit grantees from co-locating with abortion clinics, or from referring clients for abortions.

In spite of pro-abortion distortions, the proposed rule does not cut one dime of funding for family planning. Rather it merely ensures that funding goes to health facilities that do not perform or promote abortion as family planning.

On May 22, longtime pro-life advocate Rep. Chris Smith (R-NJ), hosted a Special Order hour for Members to speak in support of the Title X rule where many members voiced their strong support for the move.

Numerous other members of Congress issued statements, including James Lankford (R-OK) who said, “Regardless of our differences of opinion on when life begins, we should all agree that no taxpayer should be forced to fund abortion providers with their hard-earned tax dollars.”

Under the new directive, Title X funds would be directed to health facilities willing to comply with the restored regulations. (Of note, nationwide, of the roughly 4,000 Title X service locations, less than 443 are Planned Parenthood clinics.)

Wade, this language gradually became a dead letter. Title X grantees were first permitted, then required, to routinely refer all pregnant women regarding abortion as a “pregnancy management option.”

For all practical purposes, Title X grantees treated

prohibiting referral for abortion except in life endangering circumstances. Additionally, abortion facilities could not generally share the same location with a Title X site.

In the 1991 *Rust v. Sullivan* decision, the U.S. Supreme Court found similar regulations permissible.

However, the Clinton Administration would later reverse these pro-life regulations.

In early May 2018, nearly 200 Members of Congress and numerous pro-life groups, including National Right to Life, urged the Trump administration to reinstate pro-life policy regarding Title X regulations, separating abortion services and referrals from the Title X Program.

In a statement thanking the Trump administration National Right to Life President Carol Tobias stated, “We thank President Trump for the numerous actions his administration has taken to restore pro-life policies. We are encouraged to see the announcement of Title X regulations that are back in line with previous policy that prevents federal dollars from being used to directly or indirectly promote abortion domestically.”

Congress created Title X in 1970 as a preventative family planning program. Congress wrote strong anti-abortion language into the statute to ensure the program did not directly or indirectly promote abortion

Unfortunately, after *Roe v.*

abortion as “a method of family planning,” despite the statutory prohibition.

During the Reagan Administration, pro-life regulations were issued, with National Right to Life’s strong support, to restore the original character of Title X by



Another Big Merger at Planned Parenthood: Heartland Affiliate Joins Minnesota and Dakotas

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

In a move Planned Parenthood calls “integration” or a “growth initiative” but the press calls a “consolidation” (*Minnesota Star Tribune*, 5/22) or a “shakeup” (*KCCI*, 5/23), Planned Parenthood of the Heartland, which operates in Iowa and eastern Nebraska, is joining Planned Parenthood Minnesota, North Dakota and South Dakota.

Suzanna de Baca, president of Planned Parenthood of the Heartland (PPH), is stepping down. Sarah Stoesz, the leader of the Minnesota-based chapter, will be the president of the new consolidated organization which will be known as Planned Parenthood North Central States.

If the national organization approves the new name and structure, the merger is set to take place on July 1, 2018.

In an interview with Tony Leys of the *Des Moines Register*

de Baca portrayed the consolidation as a way for the Planned Parenthood chapters to focus their efforts at a time when their mission and financing have come under attack by abortion opponents. She said there are no plans to close any of Planned Parenthood's eight clinics in Iowa or two in Nebraska.

“This is not a strategy to cut,” she said. “Planned Parenthood is still open and getting stronger. ... We are not going to back down.”

New leadership told the *Omaha World Herald* that the group's clinics in Omaha and Lincoln (both of which offer both surgical and chemical



Sarah Stoesz will be the president of the new consolidated organization which will be known as Planned Parenthood North Central States.

abortion) would stay open and that the organization is not eliminating any current health services.

Andi Curry Grub, Planned Parenthood's new executive director in Nebraska, told the *Omaha World Herald*, “We're not backing down.”

According to the *World Herald's* Emily Nitcher

[Deputy state director Meg] Mikolajczyk and Curry Grubb said having leadership in Nebraska will allow the organization to focus on what Nebraska needs and build its political influence

However Nebraska Right to Life's executive director Julie Schmit-Albin warned

that Planned Parenthood's restructuring efforts are unlikely to work in her state. “Nebraska Right to Life has worked since 1973 to develop

and legislatively for decades.”

For years, PPH was itself one of the dominant players in the Midwest. Its Des Moines, Iowa, clinic was part of the RU-486 trials in the 1990s and then they were the first to introduce the concept of the “web-cam” abortion in 2000s¹

Originally covering just part of Iowa, PPH merged with the other smaller Iowa affiliates and eventually took over Nebraska's clinics as well. At the time it announced plans to add more. Jill June headed the Iowa based affiliate for over 30 years, gaining accolades from the industry and the press for her aggressive expansion and vision.

Things have apparently not gone well in the last several years at PPH, and perhaps have gotten worse since June stepped down in 2014. Several of PPH's clinics have closed – clinics in Newton, Storm Lake, Knoxville, Spencer, Fort Madison through 2014, Dubuque, Burlington, Keokuk and Sioux City since.

(1) In a web-cam abortion, a woman at a smaller, remote location teleconferences with an abortionist back in the big city. If the doctor gets satisfactory answers, he triggers the release of a drawer at her location containing the abortion pills. She takes those and is given a hotline number to call if she has problems.

See “Merger,” page 35

More people still consider abortion morally wrong than morally acceptable

By Dave Andrusko

Each year Gallup conducts what it calls its annual “Values and Beliefs survey,” typically conducted in early May. Over the course of the year Gallup will file those numbers every which way.

The first iteration, which came out June 4, addressed the question of how people evaluated 22 different “behaviors and practices”—whether they are “morally acceptable” or “morally wrong.”

On abortion, we learn from Jeffrey M. Jones, that 48% said abortion was morally wrong, while 43% said it was morally acceptable.

What were the percentages in 2017? Jones said 49% found abortion “morally wrong” as compared to 43% who said abortion is “morally acceptable.”

The year before that 47% said abortion was morally wrong, the same 43% morally acceptable. Only once in 17 years (2015)

have the percentages been the same.

“Gallup’s trends on many of these items date back to 2001,” Jones writes. “On most,



Americans have adopted more permissive views over time. “

This is not true on abortion, in spite of a 24/7 campaign by the major media to tell us abortion is as no different than filling (or extracting) a tooth.

Let me refer to something I wrote last year when these Gallup numbers came out.

First “morally wrong” is an increasingly difficult

Second, Gallup’s numbers are **very** different from Pew’s. “More than four-in-ten Americans (44%) say having an abortion is morally wrong, while 19% think it is morally acceptable and 34% say it is not a moral issue,” Michael Lipka and John Gramlich wrote in 2017.

What explains the huge difference? Largely it’s the question. Gallup’s is more abstract: is abortion “morally wrong” or “morally acceptable”? Pew asks is **having** an abortion morally wrong or morally acceptable.

Almost two and one-half times as many people say **having** an abortion is “morally wrong” as say it is “morally acceptable.”

Thanks to you, the public continues to agree that having an abortion is morally wrong and in numbers far larger than Gallup’s results suggest.

characterization to use. As a culture, we tend to prefer something more neutral, less “judgmental.” So to call something “morally wrong” is almost an act of counter-cultural bravery.

The debate over aborting babies with Down syndrome is altering the abortion landscape

From page 2

But **why** does it “feel inevitable”? My reasons are not hers, but consider...

We are a culture that is completely schizophrenic about children (and adults) with Down syndrome. We have commercials and ceremonies and field days and awards and “feel good” stories all touting that they are just like us...only different in a way that ought not to make the rest of us unwelcoming.

And while the United States is not Europe, the estimate is (Graham writes) that “the number of Down syndrome births in the U.S. would be about one-third times higher today if it weren’t for prenatal testing.” But consider what is taking place overseas.

Graham writes

In many parts of Europe, including the United Kingdom, the termination rate after a prenatal Down syndrome diagnosis is now more than 90 percent. In Iceland, where testing is widespread, “we have basically eradicated, almost, Down syndrome from our society,” one geneticist told CBS last year. In Denmark, where all pregnant women have been offered screening scans since 2004, the disorder is heading for “extinction.”

We could anticipate that these ghastly examples from abroad may be why there will be appreciably more laws introduced in the United States.

Someday that August 2017 10 minute long CBS News special will receive the credit it is due for awakening us to the prospect of annihilating an entire community. The overtones to what happened in World War II are impossible to miss.

Without clobbering the reader over the head, Graham makes clear what a night and day difference it makes when the hospital (or the ultrasound technician, or whomever) is affirming and helpful. The calculus is fundamentally altered when they make the parents aware that they are **not** alone and that there **are** resources to help deal with the challenges of parenting a child with a disability.

All the difference in the world.

And then there is Graham’s ending. (The background is how many parents feel harassed when they do not abort.)

Yami Johnson, a Brooklyn mother grappling with a prenatal diagnosis last year, said one doctor sat down with her and her husband and asked them how many children they already had. “Is this the legacy you want to leave them?” Johnson recalled the doctor asking.

“You’re not going to live forever.” (She gave birth to her son, Noah, in January.)

I’ve asked a friend how they read the final paragraph to compare it with mine. My opinion is admittedly optimistic.



Life is Better With You!



The ending could mean either or both of two things. First, that the doctor was asking if the inheritance they want to leave their other children was the death of their sibling. Second, the doctor was also reminding them it’s what we do with our time on this earth that matters—and that a cataclysmic decision like abortion was not what we would want to be remembered for.

A friend interpreted this in an entirely different manner. They said the doctor was saying flat out that if they didn’t abort, the other children would be left the “burden” of caring for their brother/sister. Talk about tilting the conversation and pushing the parents in one direction.

But they chose life anyway!

Bravo.

Be sure to read Graham’s piece at slate.com/human-interest/2018/05/how-down-syndrome-is-redefining-the-abortion-debate.html.

Help make 2018 the “Year of the Pro-Life Woman”

From page 1

Ever modest, EMILY’s List claims “women will flip the House of Representatives in 2018 – both our strong Democratic women candidates and women voters who are furious...”

Who is EMILY’s List? It is a radical pro-abortion PAC which supports **only** Democrat women who support **abortion on demand throughout pregnancy** and support **using tax dollars** to pay for abortion. These are positions that are not supported by most voters.

Fortunately, there are many pro-life women running for election (and reelection) as well. They are also running for governor, U.S. Senate, and U.S. House of Representatives and their elections will make a difference for life!

And it will be interesting to see how pro-abortion women fare in November with pro-life values voters when competing against a pro-life woman.

Historically National Right to Life does incredibly well in races against EMILY’s List candidates.

Take 2016. Two years ago, pro-life candidates supported

by National Right to Life were in 26 head-to-head federal races against EMILY’s List candidates. In spite of an

In 2012, we won 48 of 74 (65%) of these matchups.

In 2010, we won in 14 of 20 (70%). In 2008, the pro-life



enormous financial disparity, National Right to Life-supported candidates won 21 of those races – 81%.

In 2014, National Right to Life-supported candidates won 19 of 26 (73%) of those races.

candidate prevailed in 8 of 12 (67%). Going back to 2006, we won 78% of the time (14 of 18).

EMILY’s List is on target to raise and spend \$90 million dollars in the 2018 election cycle, while Planned

Parenthood and its allies have pledged to spend more than \$30 million. After 21 primaries conducted this year, EMILY’s List alone has endorsed 11 gubernatorial candidates, 12 U.S. Senate candidates, and 49 U.S. House of Representatives candidates. (There were more of their endorsed candidates but some lost in primaries.)

This means there will be a huge number of pro-life vs. pro-abortion head-to-head races in November.

This year’s task is enormous, but pro-life voters are up to the challenge. We vote with our hearts for those who cannot help themselves.

Please work with National Right to Life to make 2018 the “Year of the pro-life women!” And, more importantly, let’s make 2018 a year in which pro-life candidates – regardless of gender – defeat pro-abortion candidates so that we can protect those who cannot protect themselves: our unborn children and medically vulnerable friends.

Be sure to look for election updates in future editions of nationalrighttolifenews.org.

Do laws work to stop abortion?

From page 17

that “approximately one-fourth of women who would have Medicaid-funded abortions instead give birth when this funding is unavailable.” The Hyde Amendment, which prohibits most federal funding of abortion, has prevented more than two million abortions, according to a 2016 analysis.

Take parental involvement laws. Numerous studies show that these measures reduce the rate of abortion among minors. A study in the *American Journal of Public Health*, for example, found that the minor abortion rate in Minnesota dropped 28 percent in the years immediately following enactment of Minnesota’s parental notification law (the abortion rate did not decline

among women ages 20-44, who were unaffected by the law).

Informed consent laws can also reduce abortions. The most popular type of informed consent law (the kind upheld by the U.S. Supreme Court in its *Planned Parenthood v. Casey* decision) leads to “statistically significant reductions to both the abortion rate and ratio whenever Centers for Disease Control and Prevention (CDC) abortion data are analyzed,” according to a 2014 study published in *State Politics & Policy Quarterly*.

Pro-life laws like these have substantially contributed to the long-term abortion decline in the United States.

Laws save lives

Laws affect behavior. They encourage people to act a certain way. Abortion-related laws, in particular, affect the availability and costs of abortion, factors that influence decision-making. Laws also can shape citizens’ attitudes or beliefs about an act—they have a teaching effect that, in turn, influences the way people behave.

Pro-life laws affect behavior by preventing the killing of human beings in the womb. “Overall, the existing academic research paints a very clear picture,” concludes social scientist Michael J. New in a recent overview. “Legal protections for unborn children reduce abortion rates

and save lives.”

People sometimes break abortion laws, of course, just as people sometimes break laws against theft or tax fraud. That’s especially true when a law is poorly designed or enforced or when there are societal factors that reduce its effectiveness. But such problems are not a good reason to get rid of the law. They are a good reason to improve it.

After all, if unborn children are valuable members of the human family, then justice and equality require that society protect their basic human rights, including their right not to be intentionally killed.

No purpose of government is more fundamental than that.

Another Big Merger at Planned Parenthood: Heartland Affiliate Joins Minnesota and Dakotas

From page 31

The most recent closures were blamed on “the Legislature’s decision to effectively cut off \$2 million in Medicaid money Planned Parenthood of the Heartland used to receive to provide birth control services to moderate-income Iowans,” the *Des Moines Register* reported.

At some point this became too much for the organization and the decision was made to put PPH under new leadership—Sarah Stoesz—with her designated lieutenants taking over as executive directors in Iowa and Nebraska. de Baca officially steps effective September 30.

Mergers among Planned Parenthood affiliates have

become common in the past decade. About a hundred were listed as recently as 2010. The most recent Planned Parenthood annual report (2016-17) indicates there are now 56 (not counting this most recent merger).

In this “consolidation” process, bigger, richer, more powerful affiliates gobble up smaller ones, closing unprofitable (usually non-abortion performing) clinics, getting rid of expensive middle management, bringing in younger, more aggressive, more politically savvy managers. In their place are brand new shiny mega-clinics to attract new patients, centralize abortion,

and handle higher volume.

In the end, many clinics close, most “services” (other than abortion) decline, employees get fired or they retire, but the organization typically emerges more politically powerful and on stronger financial footing.

One need look only to PPFA’s most recent report to see exploding revenues, now a record \$1.459 billion. This took place in the midst of declining number of “cancer screenings” (down 67.2% since 2005), breast exams (down 60.1%), and even Planned Parenthood supposed premier product, birth control (down 27.5%).

What has increased, or at least held steady in recent

years at Planned Parenthood was, you may have guessed, abortion. Planned Parenthood performed 321,384 in 2016 compared to 264,943 in 2005. The average cost of an abortion runs somewhere around \$480, making it obvious how Planned Parenthood can balance the books while generally losing patients (3 million total clients in 2008, but just 2.4 million in the most recent annual report) and selling fewer contraceptive.

The new regional affiliate will be responsible not just for the two clinics in Nebraska, but for 29 clinics and more than 114,000 patients across Iowa, Nebraska, Minnesota, South Dakota, and North Dakota.

Doctor who slipped abortifacient into girlfriend's tea sentenced to three years in jail

Woman's compassion key to much reduced sentence

By Dave Andrusko

In court Brooke Fiske shows the kind of compassion her former boyfriend Sikander Imran so conspicuously lacked.

As *NRL News Today* reported last December, after being unable to convince his on-again, off-again girlfriend to abort, Imran spiked her tea with an abortifacient.

Fiske, who was 17 weeks pregnant, lost her baby.

He was arrested a year ago and pleaded guilty in March to fetal homicide. Under Virginia law, he had faced a minimum of five years and maximum of 40 years in prison for felony.

Yet, according to a local Washington DC television station, Fiske said “I think that when something tragic happens, it is really important to find a way to move forward and to use it for good.” The judge took Fiske’s call for a lighter sentence for Imran into consideration and sentenced him to just three years in prison with 17 years suspended.

The story, by *WJLA’s* Anna-Lysa Gayle, merely says Imran “dropped dangerous pills in her tea.” It’s much more complicated than that.

Reporting for *WROC* [*ABC News* 8] in Rochester, New York, Will Armbruster explained last December that Imran moved to Arlington, Virginia from Rochester after



Sikander Imran

dating Fiske for three years for a new job.

When Fiske told him she was pregnant, “He didn’t want to have a baby so he tried to talk me into having an abortion... which I didn’t want to do,” Fiske said.

By then 17 weeks pregnant, she went to Virginia “to visit Imran to plan how they would raise the child. And that’s when, she says, he poisoned her,” according to *WROC*.

“When I was drinking my tea in the evening I got to the bottom of the cup. There was a gritty substance in there and when I looked at it, I could tell that it was a pill that had been

was found in her system.

Fiske explained that the nurse said it takes 200 milligrams to induce labor. “So he gave me 800,” she explained.

She told reporter Jeannie McBride, “I felt very betrayed and devastated” and that “the loss of a child is heartbreaking, devastating, and it never goes away. But, she says, it does get easier to carry the weight of that loss every day.”

WJLA reported that Imran’s lawyers argued at trial that he was dealing with mental health problems at the time, including panic attacks and had threatened suicide.

Fiske argued against a stiffer penalty for Imran who has lost his medical license and faces possible deportation to his native Pakistan.

“To me, the length of time that he serves in prison isn’t what’s important,” Fiske told *WJLA*. “I think that it is really important that people know that if they are dealing with depression before they do something, they should reach out and get help.”

ground up,” she said.

Just a few hours later – Fiske started having contractions.

“He [Imran] immediately started crying and said that he was a horrible person and that he had done what I thought he did,” Fiske said.

She was rushed to Virginia Hospital Center where she went into labor and lost her baby boy. Fiske says tests showed the abortion pill Misoprostol

Coming to abort, Mississippi woman instead delivers baby girl

Both reportedly doing well

By Dave Andrusko

KSWO News Anchor Howard Ballou put it perfectly:

“Women don’t go to abortion clinics to HAVE babies, but that’s what happened at Jackson Women’s Health Organization Wednesday.”

There are not many details about the abortion that took place at Mississippi’s only abortion clinic which is located in the state capital. For example we don’t know how old the baby girl was when the unidentified

mother delivered her.

What we do know is that the woman went in for an “abortion consultation.” As she awaited

the results of an ultrasound to see how far she was along, the doctor discovered she was in labor.



“He asked us to call 911, instructed us that the patient was fixing to deliver,” said Shannon Brewer, Director of the Jackson Women’s Health Clinic, told Liz Carroll of *WJTV*. But the baby was born before paramedics could arrive.

“I’ve been here 18 years and I’ve never seen that happen,” Brewer said.

The good news is that after a clinic doctor delivered the baby and they were transported to a local hospital, both mother and baby are in good health, according to Brewer.

Way beyond revision. The United Methodist Church’s Proposed Social Principles on abortion

From page 14

“Sanctity of unborn human life.” “Sacredness of the life and well-being of the mother and the unborn child.” “We support parental, guardian, or other responsible adult notification and consent before abortions can be performed....” “We cannot affirm abortion as an acceptable means of birth control, and we unconditionally reject it as a means of gender selection or eugenics....” “We oppose the use of late-term abortion known as dilation and extraction (partial-birth

abortion) and call for the end of this practice....” “We entrust God to provide guidance, wisdom, and discernment....” “We mourn and are committed to promoting the diminishment of high abortion rates.” “They [the Church and its congregations] should also support those crisis pregnancy centers and pregnancy resource centers....” “We particularly encourage the Church, the government, and social service agencies to support and facilitate the option of adoption....”

These phrases and sentences emerged from historic, ecumenical Christianity’s witness for life and opposition to abortion—and were approved by General Conferences.

If the theologically superficial, globally distant, brief revision is adopted, as is, by the 2020 General Conference, that would basically nullify, in one vote, all General Conference decisions that have been protective of the unborn child and mother. That nullification, in one vote, would: silence

the voices of many United Methodists around the world; increase distrust in The United Methodist Church today; set The United Methodist Church more strongly against the consensual teaching of historic, ecumenical Christianity on life and abortion; and lead possibly to the destruction of more unborn children and bring harm to their mothers.

That nullification, in one vote, would not be good. That nullification is unacceptable.

Benson, who was born at 22 weeks five days, is home from the hospital

From page 7

his progress, though it has been very stressful. We will continue to stay in faith, knowing God has heard our prayers and will strengthen Benson. All of the nurses around him call him the little ‘rock star’. They are all in awe of how well he is doing. God is good and faith works.”

Now at home with his family, Benson’s health continues to

improve as he proves that life is always worth fighting for, even when it seems hopeless. While he still has to overcome some obstacles with his lung health, he is a miracle and a fighter.

“Benson’s first week home has been a dream...although, we haven’t had many of those lately,” his mother wrote on May 9. “Sleep is over-rated...at

least right now, and for the next few weeks. We’re making up for lost time, and we are more than okay with that. It’s been such a joy having him with us.

finally at home with his three big sisters and his parents. He continues to amaze his doctors and nurses and has over 64,000 people rooting him on through



Baby Benson graduates from the NICU after being born at 22 weeks and 5 days gestation.



Ben is so sweet, happy, and easy to please. After 1 week home, our little tough guy is now 6 months old. 2 months adjusted. He is gaining well, smiling often, cooing occasionally and loving life. I think it’s safe to say, he likes it here.”

Benson was born nearly 18 weeks early, but thanks to parents who refuse to give up on him and doctors who saw that he had a chance, he made progress every day and is

the Facebook page his parents created for him. He is also an example of the humanity of preborn children, showing that just because you are labeled a “fetus” while on the inside of the womb, doesn’t mean you aren’t a person deserving of your very right to life.

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

Our hearts are broken. But we will fight on, because no referendum can ever make abortion right

From page 16

but in the past five years. The exploitation of Savita's death had caused a culture shift where people decided they wanted to blame the 8th amendment – despite all the evidence to the contrary – for her death and they voted to remove the 8th despite the consequences.

The media are largely to blame for this deception, and for embedding this lie in the cultural narrative so deeply that it became almost unshakable. Women will now suffer under an abortion regime which sees not just babies as disposable but which tells them that they are on their own when they need help and support. That, too, is on the conscience of all those who voted Yes and on all those who lied to ensure that abortion be legalised.

Finally, abortion campaigners built a narrative around the women of Ireland living as second class citizens, oppressed and unfairly treated by society. In the final ten days, the scandals around cervical cancer scandal where the State failed women, and two shocking murders of women, may have led to a swell of public anger misdirected at the 8th amendment.

The tragic irony is that the attitudes and actions of those who have disregarded and harmed women are only served by the availability of abortion, but that was lost on voters. Abortion does not free women from oppression, but it serves men like Harvey Weinstein and others all too well. Again, that will become clear in the days and years ahead.

The yes side had the media in their pockets, but any neutral observer would acknowledge that all the NO groups fought the better campaign, with better posters, leaflets, speakers, roadshows, and colour – and a far superior ground campaign.

The NO side was out first, reached further, debated better and, in a fair fight, this would be a different result. But the fear, created by years of media lies and misinformation, that the 8th was killing women proved too difficult to overcome. One such lie was that pregnant women could not receive cancer treatment, an untruth spread far and wide during the campaign.

The Life Canvass was not a wasted effort, because it left people better informed. And while it might have been impossible to shift the false narrative that the 8th was harming women, those conversations will not be forgotten as we begin the long process of taking back the culture.

The yes campaign did not give people any real information or any reason for voting for abortion, but they did not need to because the media had already convinced voters of the lie that the 8th was to blame for the tragic death of Savita and other women. Against that mass deception, the No campaign brought about a result where at least one in three voters rejected the lies of abortion campaigners and voted for life. That's 735,000 people to build on, a base to grow and to cultivate.

I am immensely proud of all the volunteers who gave not just their time but their heart and soul to the cause of defending helpless babies. It was a campaign marked by the spirit of those volunteers, imbued by decency and kindness, by joy and good humour. You are the very best of people, and it has been the honour of my life to know you and to work with you and to call you my friends.

A movement with such heroic and noble people at its core is

not going away and will, in the fullness of time, bring this country back to life.

The most common refrain we heard on the doors was that people did not want Ireland to be like Britain, where abortion is the expectation in a crisis, and where one in five babies are aborted. Those who voted yes must now live with the appalling vista they have opened up for mothers and babies. The people who are against abortion on demand but voted yes need to be persuaded to return to a pro-life position. Young people need significant attention, but we now have a huge number of compassionate, smart and activated young people in our ranks.

723,632 people voted NO. 33.10% of the electorate needs a political voice – and it's worth pointing out that no single party presently in the Dáil [the lower House of Parliament] commands the support of a third of the electorate

The fight goes on. Killing babies was wrong last week. It remains wrong this week. It will be wrong next week, and the week after. Abortion will never be right. It will never be a compassionate solution. It will never fix one woman's problem, or cure a single disease.

It is easy, at times like these, to fall into despair. But we cannot mourn forever. We need to pick ourselves up, and get ready to fight for unborn babies, and their mothers, in the months and years ahead.

In a couple of months, abortion cheerleader-in-chief [Health Minister] Simon Harris will introduce his monstrous abortion bill to the Dáil. There are brave TDs [member of the Dáil], like Mattie McGrath, Peadar Tóibin, Carol Nolan and others raising their voices to seek amendments already. Pro-

life doctors are speaking out to say they will not participate in the death of one of their patients. Plans for a new media platform are being put in place.

We are unbowed, because no referendum can ever make abortion right.

Abortion campaigners and the government and the media, all think that you will now go away, and be forgotten. That is what they want. They want a clear field so that they can implement a horrendous abortion regime with no opposition whatsoever. We cannot and will not let that happen.

In the coming months we will gather and regroup, meet and discuss, listen and learn. We will build this way forward together.

Since I was a child, I have heard that the 8th amendment was the cause of all ills. But the 8th is gone, and now those who fought to have abortion legalised will be accountable for the regime they establish. That needs, not just out opposition but our endless scrutiny.

I was reminded of what St. Mother Teresa meant when she said, "God has not called me to be successful; He has called me to be faithful."

In his poem, "The Mother," Patrick Pearse wrote that despite the weariness of much sacrifice, "yet I have my joy: My sons were faithful, and they fought."

You were faithful and you fought. Together we will fight on to restore the beauty that Ireland has lost.

With much love, and with my deepest appreciation,

Niamh