national RIGHT TO LIFE NEWS

March 2018

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Kansans for Life invites you to NRLC 2018

By Mary Kay Culp, Executive Director, Kansans for Life

This year the National Right to Life Convention is in Kansas for the first time ever–specifically at the Sheraton Hotel in Overland Park, Kansas, on Thursday, Friday, and Saturday (June 28, 29 and 30).

This annual Convention is the essential pro-life educational and training event of the year. We encourage you to register today!

You can register for all 3 days for one low price: $50 for teens, $65 for college students, and $120 for adults. Plus, one-day registrations are also available! The convention features 5 general sessions and 60+ workshops to choose from, plus for an extra charge, a Prayer Breakfast on Friday morning, and a Closing Banquet Saturday night.

See "NRLC 2018," page 22

2018 Election Update: Illinois 3 where Pro-life Lipinski faces pro-abortion challenger on March 20

By Karen Cross, National Right to Life Political Director

Tomorrow, pro-life incumbent Congressman Dan Lipinski will square off against pro-abortion challenger Marie Newman in a primary in Illinois' 3rd Congressional district. Naturally National Right to Life has endorsed pro-life Rep. Lipinski who has served in the House since 2005.

What makes this contest, currently seen as a tossup, so very unusual is that it is a **Democratic** primary. Rep. Lipinski is a staunch pro-life Democrat, and in the crosshairs of the pro-abortion political machine, including EMILY's List and NARAL Pro-Choice America.

Unlike the Democratic candidate in Pennsylvania's 18th congressional district, in which Conor Lamb claimed to be personally pro-life but would vote against pro-life legislation – including abortion after the babies can feel pain – Congressman Lipinski is truly pro-life with a long record to prove it.

"We commend Congressman Lipinski for his steadfast

See "Illinois," page 22

Editorials

British Supreme Court to hear Alfie Evans' case this week

By the time you read this editorial, the British Supreme Court may have already begun to consider whether to hear the appeal from the parents of gravely ill Alfie Evans challenging the decisions of two courts that authorized Alder Hey Children's Hospital in Liverpool to disconnect the little boy's ventilator. According to a story in last week's *Liverpool Echo*, the decision making process was likely to start this week.

That same story, written by reporters Alan Weston and Brian Farmer, explained that Tom Evans, 21, and Kate James, 20, must first clear an "initial legal hurdle": to "persuade Supreme Court justices that they have a case worth arguing."

The spokeswoman said justices might make that decision after considering written arguments or may stage a hearing where the merits of the couple's case could be debated.

Evans and James want permission to move their 22-month-old son from Alder Hey Children's Hospital to Bambino Gesu hospital in Rome in hopes doctors could determine what is the cause of his mysterious degenerative brain disease and provide additional medical interventions.

After a seven day hearing, on February 20, Mr. Justice Hayden agreed with specialists at the hospital who said life-support treatment should stop. "I am satisfied that continued ventilatory support is no longer in Alfie's interests," the judge held. On March 6, Lord Justices McFarlane and McCombe and Lady Justice King of the Court of Appeal (the nation's second highest court) concurred.

The day the three judge rendered their decision, the *Liverpool Echo* reported

Photo Credit: SWNS–Southwest News Service

Lady Justice King said an MRI scan in November 2017 showed that 70% of the matter in Alfie's brain had been destroyed.

She said an independent witness told a previous hearing that Alfie's brain was "entirely beyond recovery" with no capacity to regenerate itself.

See "Alfie," page 29

The many reasons to read the March *NRL News* and to share it with pro-life friends and family

Let me begin by thanking you for reading this editorial but, far more importantly, for being a part of the growing number of people who are reading the digital editions of *National Right to Life News*. To many, what I'm about to say next is old news, but to many others it'll be a revelation.

This digital (online) product is the same winning combination of news, education, analysis, commentary, and presidential column that appeared monthly in print version of *NRL News* going all the way back to 1973. To this day some of those who faithfully read the print edition for decades are just learning they can read the same wonderful news (for free, no less) online.

This is, I believe, the lengthiest digital edition we've ever run and for one simple reason, If you are a pro-lifer, you know there is action on every front.

Let me just highlight a handful of the stories in the March digital edition of *NRL News*, "the pro-life newspaper of record."

Page one features an update on a furious primary battle in Illinois 3rd congressional district, which takes place Tuesday. It is a pro-life/pro-abortion faceoff but not the usual one. This is within the Democratic Party and features stalwart pro-life Democrat Congressman Dan Lipinski against pro-abortion challenger Marie Newman.

We wholeheartedly support Rep. Lipinski, a co-sponsor of many important pro-life bills. Ms. Newman is endorsed by the likes of Planned Parenthood's political arm and EMILY's List. The contrast couldn't be clearer or the contest closer.

But that's by no means all that is taking place Tuesday. The Supreme Court will hear oral arguments in *NIFLA v. Becerra*, a pivotal First Amendment case.

See "NRL News," page 37

From the President
Carol Tobias

America's Light

We in the United States have been battling abortion and an increasing disregard for human life for 50+ years. And yet, hard as it may seem, when we have lost 60 million unborn children, I sometimes think other countries are heading in a direction that is even more radically anti-life.

For example, at *National Right to Life News Today*, you regularly read stories coming out of the United Kingdom about babies being refused medical treatment by government-run health care systems, even when the parents are able to make arrangements for other care. The hospitals and court system there pretend to know that a little one would be "better off dead" and they want to make sure that happens. Alfie Evans is only the latest example.

Wesley J. Smith writes that the number of patients in the Netherlands killed by doctors practicing euthanasia exceeded 6,000 in 2017. That is an average of 15 killings **per day**. Adjusting for population differences, that would be similar to killing 315 patients every day in the U.S. Wesley also notes that Dutch psychiatrists killed 3,000 of their mentally ill patients last year and that the government has recently passed a law ("presumed consent") that says everyone is an organ donor unless they explicitly cite their opposition and opt out. Activists are already suggesting tying together assisted suicide and organ "donation."

In Canada, an Ontario court ruled that doctors must assist in the killing of their "legally qualified" patients who have requested "aid in dying" or refer the patients to someone who will do the deed.

Also, in the Canadian prison system, one prisoner recently received "aid in dying" and another three have been approved. To which I sarcastically think, "If this continues, the Canadian budget will soon be flush with money, having emptied their nursing homes and prisons by killing the residents."

And the right of conscience to refuse participation is under siege. The objective is to expedite the killing—and to corral unwilling medical personnel.

Alas, the right to peacefully counsel outside an abortion clinic is imperiled as well. In Ontario, a person may now be punished with extreme fines and prison time if they "attempt to advise or persuade" someone to refrain from having an abortion, or to "attempt to inform a person concerning issues related to abortion services," or to "attempt to perform an act of disapproval" of abortion if the attempt is made near an abortion facility.

And yet, even as I reflect on all the anti-life things happening around the world, I have to admit that the U.S. has its own litany of similar stories.

Parents have to fight for treatment of a child born with a genetic anomaly. The deputy editorial page editor of the *Washington Post* was lauded as "courageous" for writing that if either of her unborn children had been diagnosed with Down syndrome, she would have aborted them.

California, Hawaii, and Illinois require pregnancy resource centers to tell clients where they can go to get an abortion. Hopefully, that violation of the First Amendment will be upended as the Supreme Court will hear oral arguments on March 20, challenging California's so-called "Reproductive FACT Act."

Oregon now has a law allowing health care personnel to withhold food and water from patients with dementia or Alzheimer's, thus causing a cruel death by starvation and dehydration.

And, of course, we are one of only seven countries in the world that allow unborn babies to be killed late in pregnancy.

This great country of ours certainly has its share of problems and anti-life attitudes. But I truly believe that, as the "American experiment" of a democratic republic has been a beacon of light and a symbol of hope for the world, we can and will lead the world back to sanity when it comes to protecting and respecting human life.

I know we have the grassroots to someday prevail. As I travel the country, I meet so many dedicated, loving people who would never consider giving up in this battle. As diverse and talented as the pro-life community is, it is no surprise that new ideas and projects are being formulated to reach new people in different ways.

And that especially includes young people who by the thousands are taking up the banner for life, fighting to protect the littlest among us.

As John Winthrop, founder and first governor of the Massachusetts Bay Colony, was crossing the ocean with other pilgrims on their way to America, he wrote, "For we must consider that we shall be as a City upon a hill. The eyes of all people are upon us."

Pro-lifers in other countries are just as dedicated to protecting innocent human life as Americans are. But America can and must continue to be that "City upon a hill." We were founded for that purpose.

I believe we are going through America's darkest days, having overseen the death of 60 million unborn children. But we have a Constitution and an electoral process that gives us the right, and the responsibility, to speak up for those without a voice.

Let's do everything we can to make that light again shine brightly for all to see.

Every child should experience God's gift of Spring

Dear National Right to Life Friend,

A pastor once wisely observed, "Spring shows what God can do with a drab and dirty world." This week, as winter bides farewell, flowers will bloom, leaves will cover bare branches, and the world will awake to the beauty of renewal.

May I prayerfully suggest, it's up to us to see that every unborn baby experiences God's gift of the rebirth of Spring?

This Easter season, as I reflect on our journey to renew America's commitment to her unborn children**, I thank God for each of you**. Together we have passed hundreds of pro-life pieces of legislation on both the state and federal level.

We are doing so again in 2018!

Innocent babies' lives are being saved because of your partnership with National Right to Life.

I know your commitment. I know we share an unshakable commitment to life.

Planned Parenthood, the babies' arch-nemesis, preys on human frailty. We appeal to the better angels of our nature. We know one day you and I will help make the world a place where all tiny unborn babies are greeted with hope, compassion, and love.

At the beginning of the year, I issued a challenge to you as part of National Right to Life's 50th anniversary commemoration. I said that if **every National Right to Life sustaining member sent in a $50 contribution in commemoration of our 50th anniversary, we would cover our lobbying activities for the year**.

So, I'm making this a year-long challenge and asking every National Right to Life member to commit to giving at least one $50 contribution (or consider going above and beyond with a commitment to donate $50 monthly) to commemorate our 50th anniversary of being the leading voice for life in the United States.

If you've been able to meet, the $50 challenge, may I ask you to consider making another $50 contribution to help our lobbying efforts? 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, effectively, and productively as we work to overcome the challenges we face this year.

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

For THEIR lives,

Carol Tobias

Carol Tobias, President

P.S. In this Easter season, may God continue to bless you and fill your life with an abundance of love, peace, and joy.

Shop Amazon and help National Right to Life at the same time!

My daughter loves to shop.

Sometimes I wonder if it's a millennial thing or just a "daughter" thing. Either way – it's one of her favorite pastimes. Unfortunately (or fortunately) for her, she lives a small sea-side town. There are no malls, no Walmart, no Target, no Macy's, no, well, nothing.

There's an "old Sear's store" built in the 50s that is hanging on by a thread.

To shop at a large retail store she, and all others in that town must drive more than 120 miles. So, their choices are, make the exhaustive drive – or shop on Amazon.

Most folks shop at Amazon. Fair prices, great delivery service, and next to no delivery cost – and for those who use AmazonSmile – their favorite charity receives 0.5% of their every purchase.

My daughter, like the good and faithful pro-lifer that she is uses AmazonSmile and has designated National Right to Life Educational Trust Fund as her preferred charity. It's relatively simple to do – visit the site, smile.amazon.com, and the site will prompt you to choose your charity.

Just start typing out National Right to Life Educational Trust Fund in the prompted space and often it will autofill. Then click on it, and that's it. From then on 0.5% of your purchases will be donated to us.

BUT THERE'S MORE.

If you are not already registered at AmazonSmile, they have created a promotion to help non-profits find new partners. If you sign up now and make your first AmazonSmile purchase between March 12 – 31, they will donate 1.5% of that first purchase to National Right to Life!!!

So please sign up now, (it's effortless.) Choose National Right to Life Educational Trust Fund as your designated charity and make your first purchase (a huge one) between March 12 and 31 and National Right to Life will receive another life-saving donation.

From that point on, the 0.5% of all of your following purchases will be donated to us by Amazon. Join, enjoy a little shopping, and help National Right to Life.

Happy Shopping!

NRLC Urges Congress to support Conscience Protection Act FY18 Appropriations Bill

By Jennifer Popik, Legislative Director

Every year, Congress is tasked with passing 12 spending bills to fund the federal government.

Last year, the House passed their bills, continuing the current pro-life protections such as the Hyde Amendment, and adding numerous new prolife protections including defunding Planned Parenthood, overturning D.C. assisted suicide, as well as including the text from the Conscience Protection Act.

However, the Senate bills differed, meaning no final agreement was reached. Congress passed a series of stopgap bills, extending the deadline to fund the government for the rest of the fiscal year.

Current funding expires on March 23, at which point the government would shutdown if an agreement is not reached. While many of the new pro-life provisions will not have enough support in the Senate.

National Right to Life and other pro-life groups are urging that the Conscience Protection Act be enacted as part of this upcoming "must-pass" appropriations bill. Congressional leaders hope to unveil the spending bill in the next few days. NRLC sent the following letter to Members of Congress.

Dear Member of Congress:

The National Right to Life Committee, the federation of state right-to-life organizations, strongly urges your support for the Conscience Protection Act (H.R. 644). Congress must pass a government-wide FY18 appropriations bill by March 23, when current spending authority expires. National Right to Life urges that the Conscience Protection Act be enacted as part of this bill.

The Conscience Protection Act is urgently needed because of a growing number of actions by some state governments to compel participation in abortions by health care providers and others.

In 2014, the California Department of Managed Care issued a decree mandating that nearly all health plans in the state must cover all abortions. This directive was in blatant violation of the Weldon Amendment, a provision of the HHS appropriations bill that has been in continuous effect since 2004. Unfortunately, the 2014 California directive is part of a broader trend. An agency of the state of New York has already adopted an abortion mandate, similar to the California policy, requiring small group employers to cover all kinds of abortion. In 2017, Oregon became the first state to mandate abortion coverage at no cost in a state statute.

The Conscience Protection Act would prohibit any level of government from mandating that health care providers participate in abortion. It would protect doctors, nurses, hospitals, and health plans (and employers who purchase the plans). Most importantly, the bill empowers those who are affected by abortion mandates to file private lawsuits in federal courts.

Nobody should be forced to participate in the brutal act of killing an unborn child. Please work for inclusion of the Conscience Protection Act in the upcoming FY18 appropriations bill.

Should you have any questions, please contact us at 202-626-8820, or via e-mail at federallegislation@nrlc.org.

Respectfully,

Jennifer Popik, J.D.
Legislative Director

Abortion Pill Reversal Bill on its way to desk of Idaho Gov. Otter

By Dave Andrusko

When, as expected, Gov. Butch Otter signs SB 1243, Idaho will join Utah, Arkansas, South Dakota, and Arizona in updating their informed consent packet so that women will know they may change their mind about a chemical abortion half-way through the two-drug technique—the Abortion Pill Reversal.

Last week on a vote of 55-11, the Idaho House joined the Senate, which had earlier passed SB 1243 on an equally overwhelming vote of 29-6. In both houses the vote was straight party-line: all Republicans in favor, all Democrats opposed.

Chemical abortions ["RU-486"] involve two drugs: Mifeprex, taken at the abortion clinic, and then 48-72 hours later, misoprostol, a prostaglandin. The Abortion Pill Reversal technique is premised on the woman not taking the second drug and being given large dosages of progesterone in order to counteract the effect of the first pill.

According to all media accounts, the debate Monday in the House was fiery. Pro-abortion Democrats charged that the technique was unethical and unproven. Tell that to the mothers of over 300 healthy babies who have been saved by this reversal protocol and the over 100 women are currently pregnant awaiting delivery.

Credit goes to Betzy Russell of the *Spokesman-Review* who provided many quotes from House speakers on both sides.

> **"These are babies we're talking about," Rep. Karey Hanks told the House. "It's difficult, it's almost impossible for me to speak because I feel this so strongly. These aborted, these are pre-born babies. I just want to remind us who are Republicans that in our platform, it talks about right to life, that we reaffirm our support for the sanctity of life from conception to natural death."**

Rep. Barbara Ehardt said

> **"What a humbling and historic opportunity we have right now … to give them hope again … to restore life, to be a mother… Truly this is historic, why wouldn't we want to be a part of this today, why wouldn't we want to be a part of something that could potentially change lives? … Life is precious and we should know that," she said. "Please vote life."**

Russell reported that Rep. John VanderWoude added he was moved by what he saw at the committee hearing on the bill.

"I don't know what more evidence we need that it works, if you see a healthy child standing right there in front of you," he said.

Right to Life of Idaho is solidly behind SB1243. National Right to Life's state affiliate has explained that

*A woman has the right to know if she changes her mind after taking the first abortion pill, RU-486, that there is a possibility that she may be able to reverse the chemical abortion procedure.

*That is all that S1243 intends to do. It simply helps inform women about the abortion pill reversal procedure if she changes her mind. The choice is still hers to make.

*Abortion Pill Reversal has been developed by pro-life doctors and researchers. It has proven to be safe and effective. Dr. Matthew Harrison, the APR Medical Director, has stated that when women are given the opportunity to reverse the effect of the abortion pill, they are extremely grateful for a second chance to save their baby.

*The 2,500 member American Association of Pro-life Obstetricians and Gynecologists strongly supports offering the Abortion Pill Reversal to women who regret taking the first abortion pill.

GAO audit reveals that $1.5 billion went to three giant abortion providers, including Planned Parenthood and International Planned Parenthood

By Dave Andrusko

A Government Accountability Office (GAO) study, requested by more than 120 Members of the House and Senate and released last week, found that over a three-year period more than $1.5 billion in tax dollars went to three of the largest abortion "providers" in the world: Planned Parenthood Federation of America (PPFA), Marie Stopes International (MSI), and International Planned Parenthood Federation (IPPF).

The study was led by Reps. Diane Black and Pete Olson and Senator Joni Ernst. Rep. Black's office sent out a very helpful press release and a link to the full report.

There are many fascinating, revealing data points in the report. Here are just two.

#1. GAO "found that four of the five Planned Parenthood affiliates spending the largest amount of funds from federal programs during this period were later subject to referrals to the Department of Justice (DOJ) for possible criminal misconduct regarding fetal tissue transfer. The DOJ confirmed that an investigation is ongoing."

NRL News Today has reported on this multiple times.

#2. The $1.5 billion figure consisted of $410 million in federal funding spent "between 2013 and 2015" and another $1.2 billion that PPFA, Planned MSI, and IPPF received in "combined federal and state funds under federal health programs that require shared funding."

In the press release Rep. Black (R-Tn.) said

> **I spent my entire career as a nurse fighting for the dignity of every human being, and I have witnessed the emotional, physical and psychological effects abortion has on mothers. All of us in the healthcare field took an oath to fight for life, and abortion destroys that. Industry giants like Planned Parenthood perform more than 320,000 abortions every year, and this GAO report exposes that these atrocities are done at the expense of taxpayers.**

Rep. Olson (R-Tx.) added

> **"I thank the GAO for helping to shed a light on how American taxpayer money goes to organizations that promote or perform abortions. I remain committed to defunding Planned Parenthood and protecting the unborn, and we deserve full transparency on tax dollars for these organizations.**

Sen. Ernst (R-Iowa) said

> **"More than $1.5 billion in tax payer's dollars should not go to an organization with such blatant disrespect for human life. That is why I introduced legislation to defund Planned Parenthood and redirect those dollars to federally qualified health centers that provide actual comprehensive care and family planning services for women.**

And Rep. Chris Smith (R-NJ) discussed how the audit

> **"demonstrates the abortion industry's push to integrate abortion into primary healthcare services. Thankfully, under President Trump's Protecting Life in Global Health Assistance Policy, international abortion groups, like MSI and IPPF, must agree to not perform or promote abortion in order to receive taxpayer dollars. This reform ensures that US international aid funds life-affirming care for both women and children. A similar protection should become the standard for all government funding; abortion businesses like Planned Parenthood – responsible for killing more than 7 million unborn children – must no longer be subsidized by the American taxpayer."**

You won't believe an abortionist could be this brutally honest

By Dave Andrusko

See if you figure out what Utah abortionist Leah Torres could possibly have tweeted that was so [fill in the blank] that she could have been persuaded to delete it.

> **My friend asked me to. See, the thing is, she is trying to open dialogue between "pro-life" and "pro-choice" here in Australia, for the greater good of reproductive health. Folks allowed the post to inhibit progress, so, it's off my feed.**

Okay, whatever it was, deleting it would serve "the greater good of reproductive health" (aka abortion) because "folks allowed" it to inhibit progress."

Not that she regretted the tweet—"I'm not sorry for the post" —but

> **am sorry other people cannot open their eyes and see past blind hatred and ignorance in order to view a greater good.**

Turns out her tweet might just have the opposite effect. Okay, but what did she say?

> **You know fetuses can't scream, right? I transect the cord 1st so there's really no opportunity, if they're even far enough along to have a larynx.**
>
> **I won't apologize for performing medicine. I'm also a "uterus ripper outer," if that's how you'd like to describe hysterectomy.**

That's actually what Torres wrote. Honest.

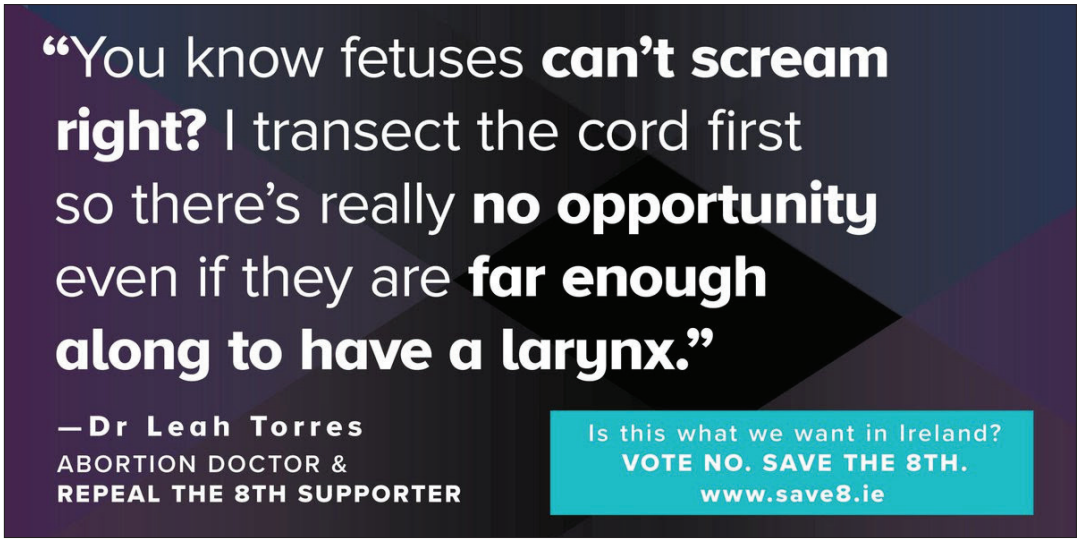
Pro-abortionists praised her for her "good post" and for being "brave." As you would imagine, pro-lifers responded otherwise.

For example, Law Students for Life tweeted back (referring to the impending referendum to repeal Ireland's protective 8th Amendment to the Constitution)

> **Your Tweet has done significant damage to #repealthe8th right now hundreds of bill boards with your name and tweet are being printed to appear all across the Island.**

Another asked

> **Will she be explaining how an abortion is preformed so honestly and graphically? Do you explain to your own patients that you sever the spinal cord before the baby has an opportunity to scream?**



Finally, in one of those you can't make it moments, the tweet under Torres' controversial pronouncement shows a picture of what I assume is a game warden holding a cuddly koala bear.

To which one respondent observed,

> **I bet u wouldn't abort their babies.**

Archbishop Joseph Naumann will be Prayer Breakfast Speaker at NRLC 2018 in Kansas City

By Dave Andrusko

A friend passed along a terrific story written for the *National Catholic Register* about our friend Archbishop Joseph Naumann of Kansas City, Kansas who will be the Prayer Breakfast speaker at the annual National Right to Life Convention in Kansas City. (For information about the June 28-29-30 convention and how to register, please go to nrlconvention.com.)

Archbishop Joseph Naumann leads the Rosary in front of Planned Parenthood in Overland Park, Kansas, praying along with archdiocesan pro-life coordinator Allison Donohue (in patterned navy dress) and others. (Joe McSorley/The Leaven)

Before I pick up on a wonderful profile–"Archbishop Joseph Naumann: Authentically and Unabashedly Pro-Life," written by Elisabeth Deffner for NCR—I'd like to first remind you of the importance of National Right to Life's Premier Annual event and what you can expect when you attend.

For starters, the convention brings together in one place national experts on every phase of the life issues in order to equip grassroots pro-lifers not only with the knowledge and skills they need to advance our cause, but also provide enthusiasm and motivation. You will come away rejuvenated!

For those who may not know, earlier this year the Catholic Bishops elected Archbishop Naumann as chairman of the conference's vitally important committee on pro-life activities. He will succeed another pro-life champion, Cardinal Timothy Dolan of New York. He takes over formally in November.

In her profile Deffner starts at the beginning—in 1973 when *Roe v. Wade* was decided and Naumann was a seminarian. He felt very deeply about abortion but was torn when in 1984 he was asked to be pro-life coordinator for the Archdiocese of St. Louis, thinking there must be a more qualified candidate.

"I felt very passionate about the issue," he said in a recent interview with Deffner. "But I had never, even in my parish assignments, been in charge of the pro-life committee."

Now that seminarian who was so moved by *Roe v. Wade* is Archbishop Joseph Naumann of the Archdiocese of Kansas City, Kansas — and in November, he will be installed as chairman of the U.S. Conference of Catholic Bishops' Committee on Pro-Life Activities.

It is perhaps fitting: He has served as a member of the committee for six terms.

"That's been a great privilege," he said.

But others who've known him for decades rave about Archbishop Naumann.

"I can't think of anyone better to be in a pro-life leadership position than Archbishop Naumann," Michael Schuttloffel, the executive director of the Kansas Catholic Conference, told NCR. "He was born to do this."

Cardinal Dolan said "Archbishop Joseph Naumann is the Lou Gehrig of pro-life," adding, "He's been on the frontlines since he was a seminarian. We bishops will be lucky to have him!"

The profile is so terrific I want you to please read it in its entirety. You'll come away knowing that Archbishop Naumann does not shy away from confronting politicians who offer up the "personally opposed" excuse; that he has a particular heart for single mothers and their families (his own father was murdered), and that is kind of charismatic leader young people flock to.

As National Right to Life President Carol Tobias said when the selection was made, it "speaks to the importance the bishops place on keeping the life issues at the forefront of our national dialogue."

Why assisted suicide advocates say suicide isn't suicide and intentional killing is 'aid in dying'

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

Several states have made it legal, in specified circumstances, for a doctor to prescribe a lethal drug overdose so that a patient can intentionally cause his or her own death. The term for this kind of act is *assisted suicide*.

But Compassion and Choices (C&C), the primary organization advocating its legalization, is deeply concerned about language. It vigorously denies that assisted suicide is "suicide" or "assisted suicide." It says that it is, instead, "medical aid in dying."

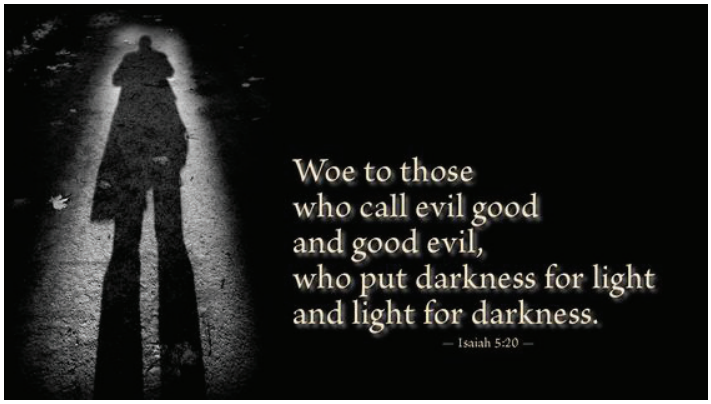
"Factually, legally and medically speaking," the group claims, "it is inaccurate to equate medical aid in dying with assisted suicide." Really?

Merriam-Webster defines suicide as "the act or an instance of taking one's own life voluntarily and intentionally." A medical dictionary defines suicide as "the act of taking one's own life" and defines physician-assisted suicide as "voluntary termination of one's own life by administration of a lethal substance with the direct or indirect assistance of a physician."

The American Medical Association says physician-assisted suicide is "when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide)."

Suicide is intentionally ending one's own life. And assisted suicide is when someone else assists. There's no ambiguity here.

So is the practice in question "assisted suicide"? Yes, by definition, unequivocally. Assisting in suicide is assisted suicide. How on earth can C&C claim otherwise?



The group seems to offer two main arguments. First, it notes that laws authorizing assisted suicide expressly state that "actions taken in accordance with [the law] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law."

All this means, though, is that a handful of state laws, *through the influence of C&C itself*, have declared that the assisted suicide specifically authorized in the law cannot legally be considered "assisted suicide." This exempts it from the legal prohibition on the practice.

That deceptive terminology choice doesn't change reality. But it does make it easier for C&C to get the laws enacted in the first place.

Second, C&C argues that people who die from the practice it advocates are *psychologically* different from people who die from suicide. Unlike the victims of suicide, C&C says, "people who seek medical aid in dying want to live but are stricken with life-ending illnesses." That's why it's "aid in dying" rather than "suicide."

But is there actually such a difference? With regard to regular (non-assisted) suicide, "most people who seriously consider suicide do not want to die," explains *WebMD*. "Rather, they see suicide as a solution to a problem and a way to end their pain." The same is true of people who die by assisted suicide.

According to state health department reports, individuals who opt for assisted suicide worry about reduced autonomy, inability to participate in certain activities, perceived loss of "dignity," and feeling like a "burden" on others. (*Physical* pain is generally not a concern.) Some of them suffer from clinical depression, as a study of Oregon patients in the *British Medical Journal* found. (Indeed, assisted suicide patients hardly ever undergo a psychiatric evaluation before receiving the lethal prescription.)

In all cases, those who die by assisted suicide—like those who die by non-assisted suicide—feel that self-killing is the solution to a problem.

Even if C&C were correct in its psychological distinction, however, the definition of suicide includes no such qualification. Suicide is simply the taking of one's own life. So C&C is employing a *redefinition* of suicide. It's not the dictionary definition, or the medical definition, or our society's definition. It's a redefinition that C&C is using so that it can claim it is talking about something other than a type of suicide.

What about C&C's own terminology? In place of assisted suicide, the organization substitutes "aid in dying." This is a quintessential euphemism. "Aid in dying" suggests helping someone through the dying process. It does not suggest helping someone *intentionally cause his or her own death with poison*. It does not suggest *killing*. Yet that is what C&C uses the term to mean.

"'Physician aid-in-dying' makes it sound like giving someone a lethal drug is an extension of hospice and palliative care. It is not," observes Dr. Ira Byock, a Dartmouth professor and

See "Suicide," page 19

Piedmont Women's Center moving to bigger site directly across the street from local abortion clinic

By Holly Gatling, Executive Director, South Carolina Citizens for Life

The Piedmont Women's Center (PWC) in Greenville, S.C. is currently located in a cramped 1,000 square-foot office next door to one of three free-standing abortion centers in South Carolina. But in a dream come true PWC is in the process of building a new 7,500 square foot Pregnancy Medical Clinic directly across the road from that local abortion business.

If all goes on schedule, this new 1.5-million-dollar facility will be open mid-summer, "free of debt built by the body of Christ" said CEO Lenna Smith. In what she describes as a "supernatural" experience, Mrs. Smith said the new building will be a modern, attractive, life-saving space.

Piedmont Women's Center started as a crisis pregnancy center in 1991 and converted to a medical clinic in 2001 under the direction of local Ob-Gyn Dr. Kimberly Holloway, M.D. "We operate as any physician's office does," Mrs. Smith said.

Under medical supervision free pregnancy tests and limited OB ultrasounds are offered along with confidential biblical counseling, vouchers for clothing and many other referrals a pregnant woman might need. For those who have experienced the tragedy of abortion there is recovery. PWC offers intimate Bible studies sharing the healing power and the compassionate love of Christ for both women and men. In the new facility, one of the first services they want to add will be free testing for sexually transmitted diseases.

About six years ago, a generous donor provided the funding to buy the new property, but building plans were on hold. The bills still had to be paid and expenses met in the current office. In 2015 when the Center for Medical Progress and its founder David Daleiden exposed the scandal of Planned Parenthood trafficking in unborn baby body parts, Mrs. Smith and her board decided it was time to act.

"The turning point was when Planned Parenthood's dark side was finally exposed," she said. "We knew, 'If not now, when?'"

"The first place a woman needs to think of is Piedmont Women's Center," not the abortion clinic when dealing with an unexpected or difficult pregnancy, she said. A former board member with experience in construction served as the project manager to get building underway. Three architects donated their time to design the new pregnancy care facility. Electricians, plumber, building framers and others joined together to donate materials and labor.

Finally, the ground-breaking ceremony happened last year on a Sunday afternoon. It wasn't about speeches, but about God, Mrs. Smith said. "We prayed. We worshiped. We gave God the glory."

When Mrs. Smith looked out in the crowed and saw Congressman Trey Gowdy, she asked him to speak to the crowd. He was reluctant. He had come to participate in prayer, not to speak. But Mrs. Smith prevailed. "These are not people involved in politics," she told him. "These are moms, dads, neighbors and friends who would never be at an event where you would speak. Share you heart for Christ and your desire to protect and care for the unborn,' she said, convincing the Fourth District South Carolina Congressman to make a few remarks.

Initially all was not smooth sailing, Mrs. Smith recalls. The Devil was in the details -- literally. "We did a lot of praying for the permits. Waiting for the permits held us up many times."

In late February concrete finally was poured for the foundation. Seven competing concrete companies lined up their trucks at 5:30 a.m. one Friday morning and poured the foundation. All the concrete and labor were donated. Now the framing, just like the concrete has begun with donated lumber and labor.

All the rooms, the furniture, and hundreds of bricks are sponsored with gifts ranging from $20,000 for a room sponsorship to $150 for an inscribed brick. Last year Mrs. Betty Poe donated $300,00 to name the facility. Her one request? That her name not be on the building. Mrs. Poe said the ministry had a name that carried with it a reputation of excellence, integrity and compassion. The only way for her to give God the glory for her gift was to keep Piedmont Women's Center's name front and center.

"There is a way for everyone to have their fingerprints on this building," Mrs. Smith said. "That's the way God works. It's been supernatural to see the entire body of Christ work together, pray together and build together. It's all for His glory and for His good."

Pa. Pro-lifers rally on behalf of HB 2050 and SB 1050

Would ban the abortion of babies diagnosed with Down syndrome

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

Disability rights activist Karen Gaffney has swum the English Channel, holds an honorary doctorate, and is a nationally acclaimed speaker. In short, Karen, who has Down syndrome, has an amazing list of accomplishments on her resume.

Yet, she knows that babies with the same disability that she has are targeted for abortion, simply based on a prenatal test that detects Down syndrome.

Standing before scores of people in the Pennsylvania Capitol Rotunda last Monday, Karen asked, "Am I not compatible with life?" To which she answered, "We (people with Down syndrome) are more than compatible."

Karen's inspiring words came during a rally to promote House Bill 2050 and Senate Bill 1050—legislation that would ban the abortion of babies diagnosed with—or believed to have—Down syndrome. As one advocate noted, Pennsylvania is on the cutting-edge of disability rights legislation—only four other states have passed similar measures.

Passage of the bill is also a personal crusade for disability rights activist Kurt Kondrich and his daughter Chloe, who has Down syndrome. Chloe, a vivacious high school student, has become something of a goodwill ambassador for people with Down syndrome, hobnobbing with public officials, sports stars, and acclaimed musicians.

In fact, the Kondrich family appeared at the White House earlier this year for a Rose Garden ceremony marking the anniversary of the tragic U.S. Supreme Court ruling *Roe v. Wade*. In the years since *Roe*, the abortion of babies diagnosed with Down syndrome has become commonplace. Research indicates the vast majority of children who receive such a diagnosis are aborted.

Chloe Kondrich at Down syndrome rally

Karen Gaffney and Chloe Kondrich are among those shattering stereotypes, hoping to bring about greater awareness of the abilities of people with Down syndrome. Such individuals make tremendous contributions to their families, their workplaces, and their communities.

One large-scale study indicated that an astounding 99 percent of people with Down syndrome consider themselves happy. But they and their families are decidedly unhappy about the staggering numbers of children with an extra chromosome who are aborted before they can draw their first breath.

Action Item: If you live in Pennsylvania, please contact your state representative and state senator and urge them to support House Bill 2050 and Senate Bill 1050.

Chemical Abortions: The pro-abortion plan if abortions become substantially harder to obtain

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

Ever wonder why the industry developed the "abortion pill"? Was it just to have a new novel product to attract new customers? While that was part of it, it has become clear that abortion advocates see in mifepristone and misoprostol—the two drugs that make up the chemical abortion technique—not just a new non-surgical abortion method, but a way to maintain the availability of abortion if most abortion clinics ever close or if abortion becomes illegal or substantially harder to obtain.

And they've been taking steps, laying the groundwork for years to prepare for what they see as a realistic possibility.

How we got here

When mifepristone ("RU-486") was first being developed and promoted, it seemed clear the abortion industry was looking for a new way to market a "product" that just wasn't selling like it used to. Abortion numbers were dropping, women found surgical abortions intimidating, worried about the risks of surgery, and found the idea of abortion uncomfortable once they saw pictures of babies developing in their wombs.

Abortionists were increasingly being treated as pariahs within the medical community. More were quitting the business, clinics were closing, and try as they might, abortion advocates and their media allies couldn't get the public to buy into the narrative of unlimited abortion as always necessary and always a "woman's right."

Chemical abortions were the industry's attempt to alter that image. Instead of sharp instruments inserted into a woman's most intimate parts, all she had to do (we were told) was take a pill (or two or three or four...). Then the body would "naturally" pass the child like a "miscarriage."

They argued that the baby was smaller, less developed, hoping that would make abortion seem safer, sound more acceptable.

Proponents didn't mention that the woman would bleed more from the chemical abortion than she would for a standard surgical one. They also dramatically downplayed the intensity of the terrible, painful cramps.

They chose not to highlight the fact it might not "work" and she'd have to come back for surgery anyway. They acted as though deaths of a dozen or more women had nothing to do with these powerful drugs. None of that mattered so long as enough women bought the hype and came to the clinic to buy the product.

Once RU-486 got approved for sale in the U.S., you might have thought the abortion establishment would be satisfied. Wrong. Right away, they argued over dosages (the number of each type of pill to take) and the number of visits women had to make to the clinic.

Advocates insisted women didn't need to take three of the expensive mifepristone pills (which shut off the baby's supply system), and didn't need to return to the abortion clinic to receive the prostaglandin misoprostol (which stimulated powerful contractions to dislodge the then emaciated baby).

Many clinics simply ignored the protocol approved by the U.S. Food & Drug Administration (FDA). They reduced mifepristone from three pills to one, and allowed women to take the misoprostol home to self-administer. Women died using the altered protocol, but the industry kept pressuring the FDA until in March of 2016 it gave in and made the regimen pushed by the abortion industry the official FDA protocol.

A pattern revealed

When President Obama's FDA caved to the abortion industry's demands and approved their rogue regimen, that should have ended it. They had their drug, they had it under the conditions they originally fought for. But it didn't.

An esteemed group of scholars (self-celebrated abortion researchers and advocates, actually) came out in a February 23, 2017, editorial in the *New England Journal of Medicine* and said what restrictions remained were *still* too onerous.

They didn't like regulations requiring prescribers to register with the drug's distributor or having to certify their understanding of how the drugs worked. Most significantly, perhaps, they said they didn't think there was any reason it couldn't be sold in pharmacies or sent by mail!

These scholars disregarded more than a dozen deaths, hundreds of hospitalizations, thousands of injuries and stories of agonizing pain and copious bleeding from women all over the country. They boldly asserted the record had shown that women could manage by themselves so long as there was someone they could call in an emergency.

Interestingly enough, this call for the drug to be sold at pharmacies or through the mail revealed abortion advocates'

See "Chemical," page 40

WaPo columnist matter-of-factly announces she'd have aborted her kids had they been diagnosed with Down syndrome

By Dave Andrusko

When you're brazenly defending the kind of abortions that makes most people (at a minimum) squirm, if not turn away, one option is to coat your advocacy with a layer or two of "oh isn't this difficult" lacquer. The idea is this protective rhetorical shield protects you from the charge of utter hard-heartedness.

Which brings us to Ruth Marcus, who is the deputy editorial page editor for the reliably pro-abortion *Washington Post*, and her Saturday column headlined, "I would've aborted a fetus with Down syndrome. Women need that right."

The first paragraph tells us about the "new push in anti-abortion circles"—that would be us—"to pass state laws aimed at barring women from terminating their pregnancies after the fetus has been determined to have Down syndrome. These laws are unconstitutional, unenforceable — and wrong."

So the first coat of "don't dislike me for saying this" lacquer immediately follows:

> **This is a difficult subject to discuss because there are so many parents who have — and cherish — a child with Down syndrome. Many people with Down syndrome live happy and fulfilled lives. The new Gerber baby with Down syndrome is awfully cute.**

A few paragraphs down, the finishing coat:

> **I respect — I admire — families that knowingly welcome a baby with Down syndrome into their lives. Certainly,**

Washington Post deputy editorial page editor Ruth Marcus

> **to be a parent is to take the risks that accompany parenting; you love your child for who she is, not what you want her to be.**

But in between and after is me, me, and (did I mention?) me. Marcus tells us, "I'm going to be blunt here: That was not the child I wanted. That was not the choice I would have made."

Isn't the point of prenatal testing, she asks? You find out if the kid you are carrying is a child "whose intellectual capacity will be impaired." If so, you off him.

And she tells us, correctly, "I am not alone. More than two-thirds of American women choose abortion in such circumstances." So, if *Roe* gave her "choice" and "everybody's doing it," well, who is anyone to pass laws banning aborting a child for the sole reason that he/she has Down syndrome?

Two quick points. At the end Marcus writes

> **Technological advances in prenatal testing pose difficult moral choices about what, if any, genetic anomaly or defect justifies an abortion. Nearsightedness? Being short? There are creepy, eugenic aspects of the new technology that call for vigorous public debate.**

She doesn't seem to grasp that killing unborn children because they have been prenatally diagnosed with Down syndrome **is** an example of the "creepy, eugenic aspects of the new technology." Or she doesn't care.

And states that pass laws banning eugenic abortions, such as those for Down syndrome, have had "vigorous public debate." Of course, that makes no difference to Marcus—it's all posturing—because *Roe* means "these excruciating choices be left to individual women."

Is it unkind to point out that such a choice does not appear to be the least bit "excruciating" to Marcus? Of her two children, she remarks, "I would have terminated those pregnancies had the testing come back positive. I would have grieved the loss and moved on."

Ah, yes, "moved on."

One other point, besides the fact that her column seems oblivious to the truth that genetic screening techniques are much more sophisticated, meaning places like Iceland can brag how they will soon be "free" of children with Down syndrome. She observes

> **Think about it. Can it be that women have more constitutional freedom to choose to terminate their pregnancies on a whim than for the reason that the fetus has Down syndrome.**

Get it? It is a perverse recognition that children can be aborted for any reason, or no reason, as late in pregnancy as a woman wants. So, if that level of utter irresponsibility is constitutionally protected, surely women ought to be free to "terminate" the life of a child "whose life choices will be limited, whose health may be compromised."

I wonder if people like Marcus ever seriously reflect on the cruelty of what they write.

Powerful photo of preserved rhino fetus lost to poachers draws outrage, what about aborted babies lost to abortionists?

Editor's note. This appeared on the blog of the Canadian pro-life organization WeNeeda Law and is reposted with permission.

Recently on Instagram, National Geographic shared a simple, powerful photo by Brett Stirton: a rhino fetus, preserved in a jar. The caption read:

"This is an almost fully formed rhino fetus taken from the womb of a dead female killed by poachers for her horn. A number of South African veterinarians I have worked with told me that a higher number of the poached rhinos they are seeing are female and many are pregnant. This is something that may be regional in terms of the distribution of males and females. Either way, every killing of a pregnant female doubles the number of rhino actually lost in a poaching incident. This is a fact that often goes unmentioned when numbers are reported. Official South African statistics paint a picture of more equal poaching rates for males and females. Females are reportedly more social and gregarious than bulls and can be easier for poachers to track. Females often have a calf with them and they will stay to defend the calf rather than run away, that often makes them an easier target for poachers."

The comment section was full of weeping emojis, angry red faces, and hate for poachers. Words like "heartbreaking", "unbelievable", and "disturbing" are repeated over and over. And it's true: this little rhino was a victim of poaching no less than her mother. But why should it bother us so much when we allow the same thing to happen to human fetuses killed when their mother is victimized?

Photo by @brentstirton | This is an almost fully formed rhino fetus taken from the womb of a dead female killed by poachers for her horn.

We observed something similar just a few short years ago right here in Canada. As the result of a selfish act, Cassie Kaake was murdered, along with her 7-month old pre-born child. There was national outrage that someone could commit such a heinous crime, and genuine shock that our laws did not recognize Cassie's child (who she had already named Molly) as a victim alongside her mother.

When MP [Member of Parliament] Cathay Wagantall had an opportunity, she put forward legislation that addressed this void in Canadian law. Her bill recognized Cassie's choice, and honoured it by recognizing Molly as a victim too. Ms. Wagantall, and the family of Cassie Kaake, worked hard to ensure that the outrage manifested was translated into meaningful action.

Unfortunately, many lawmakers are only about words, not meaningful action to effect change. Cassie and Molly's law, as Ms. Wagantall's private member's bill was called, was voted down in Parliament.

Just as this baby rhino does not count in poaching statistics, so Molly did not count in the murder charges laid against the perpetrator in her mother's death.

When we see this rhino, perfectly formed, no one hesitates for a moment to call it a rhino, a baby, and a victim. Where is the disconnect of political correctness that makes this ok for a rhino, but not for one of our own kind? Why can we not recognize the humanity of the pre-born child, and value it accordingly?

I was not the only one to feel the painful irony here. Commenter @rhettmoffett stated, "Imagine how sad it would be if it was a human baby rather than a wild animal." Another, @bmoneyjo16, said, "Interesting because you'll say a baby rhino was lost but won't consider a baby in the womb to be human. Double standard."

Commenter @whycant-ibejohnyoung gets more direct:

See "Rhino," page 24

Record-breaking crowds at Save 8th Rally say 'Vote No to Abortion'

Editor's note. This comes from the "Save the 8th" campaign, a reference to the 8th amendment to the Irish Constitution which provides for equal rights for mothers and unborn children. There will be a referendum in May on whether to remove the amendment and authorize Parliament to pass legislation on abortion.

Save the 8th has said that the campaign is "overwhelmed" by the attendance at a Rally for Life in Dublin a week ago last Saturday, which saw up to 100,000 people take to the streets to reject the Government's plan for a UK-style abortion regime in Ireland.

The rally heard from a range of speakers from diverse backgrounds, including doctors, mothers, people with disabilities, and political figures.

Dr. Judy Ceannt was amongst a host of speakers to address huge crowds in Parnell Square. Dr. Ceannt, a GP [General Practitioner], told the Rally that the government wants to repeal the 8th so that they can request that GPs provide abortion on demand for the first three months of an unborn baby's life.

"They have not even consulted us doctors. The basic law that governs our actions as doctors is first do no harm. We are not meant to intentionally kill or harm any patient, least of all the most helpless, the unborn baby. The government has no right to impose this on us," Dr Ceannt said.

Another doctor, Maire Neasta Nic Gearailt, presented the crowd with a €100 voucher for Specsavers, which she said would be sent to Senator Catherine Noone, after the Oireachtas {Parliamentary} Committee chairwoman said she "could not find" any pro-8th amendment doctors.

Also speaking at the Rally was Charlie Fien, a Down syndrome activist who recently gave an impassioned plea to the United Nations in March 2017 where she spoke out against the targeted killing of children diagnosed with Down syndrome before birth.

"I am not suffering," Ms. Fien told the UN body in Geneva. "I am not ill. None of my friends who have Down's syndrome are suffering either. We live happy lives."

"Saving the 8th will save the lives of babies with Down's syndrome. Ireland is one of the only countries in the world where babies with Down's syndrome are safe inside their mother's wombs" Ms. Fien said, to rapturous applause.

Speaking on behalf of Save the 8th, Niamh Uí Bhriain said, "For the next 11 weeks our message will be focused on ensuring that the Irish people vote no to this extreme abortion referendum. One of the heartbreaking facts we seen emerging from Britain is that 90% of babies with Down syndrome are aborted before birth and Charlie Fien's call to protect babies with a disability is hugely important at this time."

The Rally also heard a strong pro-life feminist message, with speaker Destiny Herndon-De La Rosa urging marchers to demand a better answer than abortion for women. "Abortion is the ultimate exploitation of women, and is a symptom of women's oppression. Ireland should lead the way by saving the 8th," she said.

In a rousing speech, Businessman Declan Ganley told the rally that the coming 12 weeks would be "a battle between the people and the powerful – with the political elites and the taxpayer funded lobby groups on one side, and the ordinary people on the other. For three or four years there has been a relentless drumbeat for abortion from the media and people in cushy taxpayer funded lobby groups. Today marks the beginning of a rebellion against that.

"We value women. We value unborn children. We value our human rights and we will not stand by and see abortion up until birth legalised in our names"

Mattie McGrath TD [a member of the lower house of Parliament] warned the crowd about the dangers of the UK abortion industry arriving into Ireland after the Government's bill was enacted. He said that "the government is trying to fool the people into thinking there won't be abortion clinics. But the doctors don't want to do it. The abortion clinics will be here. They'll be in your local town, and they'll be out looking for business. To them, every pregnant woman is a potential customer".

Bernie Smyth from Precious Life in Northern Ireland told the crowd that they could expect 12 weeks of hard work, but that it had to be done.

"The people who will win this referendum are not the people here on stage," she said, "but the people standing in front of me today. Get out there, knock on doors, have those conversations, change those minds one at a time. We're going to win, and we're going to win together, as one."

Having underwritten development of RU486, Susan Thompson Buffett Foundation now trying to make chemical abortions "more accessible"

By Dave Andrusko

A highly interesting story ran last week in *Inside Philanthropy* ("Who's funding what, and why?") headlined, "The Nonprofit Funding Research to Change the Conversation Around Abortion Access" and written by Caitlin Reilly.

Spoiler alert. We'll develop this over the next 300 words or so, but here is her conclusion:

> **These are challenging times for organizations like Planned Parenthood that perform abortions. Even before Trump's election, women in many parts of the country faced rapidly shrinking access to abortion in states where restrictive laws have shut down clinics.**
>
> **It's not surprising that the top foundation working in this space would be looking for new ways to ensure that abortions are available to women who want them. Nor is it surprising that the Susan Thompson Buffett Foundation would be so keenly interested in the promise of medication abortion. After all, it was Buffett money that largely bankrolled development of mifepristone, the key ingredient in RU-486.**

So, to be clear, Warren Buffett's wife's foundation bankrolled development of mifepristone, the generic name for RU-486, which along with a prostaglandin (misoprostol) is the two-drug technique pro-abortions like to call "medication abortion," aka chemical abortions.

This article explains how the Susan Thompson Buffett Foundation is "the top foundation" promoting chemical abortions—making them "more accessible."

Here are three highlights from Reilly's 999-word-long story.

#1. The Society of Family Planning (SFP), we're told, "supports work to advance sexual and reproductive health through research, education, advocacy, and professional development. It makes grants through its Research Fund." Reilly's story is about SFP's recent "call for proposals" which she describes as "part of a reboot of the society's grantmaking to focus on research in the U.S. and prioritize broader impact, specifically making medication abortion more widely available and accessible."

#2. So how can funding research (as Reilly states in her first sentence) "lead to changes in medicine, policy, health services delivery or cultural understandings?" She tells us early in her story

> **Funding research that in turn can affect policymaking and court cases is a tactic that has worked for pro-choice advocates in the past. Research funded by about $200 million in philanthropic support reportedly played a big part in the 2016 landmark Supreme Court decision in *Whole Women's Health v. Hellerstedt* that forbade states from placing restrictions on abortion services that unduly burdened women seeking abortions.**

"Much of that research was made possible by a surge in philanthropic support," Reilly writes, "following a 2007 court ruling that allowed state legislators leeway to pass laws restricting abortion in cases where there was medical and scientific uncertainty. There was little public funding to explore the effects that dramatically limiting reproductive options had on women. Funders stepped in to fill the gap."

I scratched my head at that one. What **is** she referring to? Oh, to *Gonzales v. Carhart*, where the Supreme Court narrowly upheld a federal ban on partial-birth abortions. PBA are soul-chilling abortions which were performed in the thousands.

The abortionist deliberately delivers, feet first, a premature, healthy infant until only the baby's head remains lodged just inside the mother's womb. Then he punctures the base of the baby's skull with 7-inch surgical scissors and sucks out her brains.

Stopping this resulted in "a surge in philanthropic support"?!

#3. Reilly continued

> **In its new work on medication abortion, and other research efforts, SFP works as an intermediary. It makes and manages grants, but is also on**

See "RU486," page 42

With vote in WV House, pro-life resolution SJR 12 Becomes Amendment 1

Voters will decide in November referendum

On March 5, the West Virginia House, following in the footsteps of the Senate, passed SJR 12 by a decisive vote of 73-26. As a result Amendment 1, which would return the state Constitution to a neutral position on abortion and abortion funding, will be before the voters in a November referendum.

If passed by voters, Amendment 1 would take control of abortion funding away from the court system and return it to the people's elected representatives where it belongs.

In 1993 in its *Panepinto* decision, the state Supreme Court required state taxpayers to pay for women's elective abortions. Over the years DHHR reports that West Virginia taxpayers have spent nearly $10,000,000 on approximately 35,000 abortions. Most of those were elective abortions for any reason.

Amendment 1 simply eliminates the influence of the *Panepinto* decision so the restriction on funding of abortion is reinstated in the form it was in 1993, unless the legislature passes an updated law.

Under Amendment 1, a woman's right to abortion will not be affected in any way.

"If this amendment is ratified by the voters in November, women will still have access to abortion under the Federal Constitution. The Supreme Court in 1973 ruled that the Federal Constitution contains the right to abortion. States cannot over-ride that ruling with their own Constitutional Amendments," said Dr. Wanda Franz, West Virginians for Life (WVFL) president.

"West Virginia is one of only 17 states that funds abortion on demand. If Amendment 1 is ratified by the voters in November, then West Virginia will join 33 other states and the federal government in limiting taxpayer funding of abortion," said WVFL Legislative Liaison Karen Cross. "We know that limiting abortion funding saves lives. In fact, 2 million people are alive today because of the federal Hyde Amendment."

Franz added, "If *Panepinto* is reversed, the law on which it was based would be reinstated. The 1993 law allowed for taxpayer funding of abortion to save the life of the mother, in cases of rape and incest, for fetal anomaly and medical emergency,"

Amendment 1 does not touch on the right to abortion as secured by the U.S. Supreme Court in its *Roe v. Wade* decision. But in *Harris vs. McRae*, the U.S. Supreme Court also ruled that states are not required to fund the exercise of that right.

Passage of Amendment 1 will take West Virginia taxpayers out of the business of paying for abortion on demand.

Why assisted suicide advocates say suicide isn't suicide and intentional killing is 'aid in dying'

From page 11

director of the Providence Institute for Human Caring. "As a palliative care physician I aid people in dying by treating their symptoms and supporting them through the difficult practical and emotional tasks of completing their lives. In more than 35 years of practice I have never once had to kill a patient to alleviate the person's suffering."

The unwillingness of C&C to let words mean what they mean should make us very skeptical of its agenda.

There is, after all, an obvious reason why assisted suicide advocates use misleading euphemisms. The reason is that everyone knows suicide is bad. Everyone knows suicide is tragic. It's bad and tragic because the life of a person matters regardless of circumstance and regardless of condition.

There has to be—and there is—a better way than the choice of death.

Nurses Need to Know About Abortion Pill Reversal

By Jay Hobbs

Should anyone—let alone unelected government regulators—have the right to suppress education that could save a life?

That's the question Heartbeat International posed in a petition released Thursday morning, pushing back on a California Board of Registered Nursing proposal that would silence any teaching on Abortion Pill Reversal (APR).

An off-label use of progesterone employed since the 1950s to stave off miscarriage, more than 400 mothers say they have used APR to successfully rescue their babies after having started a chemical abortion—better known as RU-486 or "medication abortion."

Yet, not everyone has embraced the life-saving medical intervention. Since shortly after the first mother changed her mind after starting a chemical abortion and saved her baby in 2007, abortion activists have been vocal in their opposition to APR.

Implying women like Becky Buell were misled—or worse, are knowingly lying—about saving their babies through APR, abortion supremacists have opposed the intervention at every turn, deriding it as "junk science," "controversial," and "unproven."

Now, California's Board of Registered Nursing is exploring a new regulation that would change the goalposts on APR training and ban APR courses as not "relevant to the practice of nursing." The decision in California has national implications, since nursing boards in all 50 states accept CEU credit from California-approved providers.

"It's hard to imagine a treatment more relevant to the practice of nursing than Abortion Pill Reversal," Heartbeat International president Jor-El Godsey said. "Every woman should have the chance to choose life for herself and her child. No government or activist has the right to stop a woman from saving her child's life."

Science Deniers Seize Governmental Levers

Along with smearing women who have saved their babies lives with APR's hotline, abortion enthusiasts have ignored endorsements from top medical professionals, which include 350 providers that make up APR's nationwide network.

In 2017, a pro-choice professor, Yale School of Medicine's Dr. Harvey Kliman, told a *New York Times* reporter that he would recommend the treatment for his own daughter.

Yet, as more and more women find help through APR, abortion campaigners have ramped up their opposition to the treatment.

Starting in late 2015, an abortion activist with *Rewire* began pressuring California's Board of Registered Nursing to keep nurses from finding out about APR from pregnancy help networks including Heartbeat International, Care Net and National Institute of Family and Life Advocates (NIFLA).

The focus has since settled on Heartbeat International, a California-accredited continuing education provider that has educated nurses on APR through its online Heartbeat Academy and at its annual conferences since 2012.

Meanwhile, at *Rewire's* prodding, California has adopted legislation aimed at carving out Heartbeat International and others as accredited providers—an effort that eventually failed to keep Heartbeat International from presenting the facts on APR in multiple venues.

After harassing Heartbeat International with an unprecedented audit that started in early 2016, the Board of Nursing finally agreed to allow the group to continue teaching APR courses for CEU credit in late 2017. Heartbeat International has announced plans to offer CEU credit for APR training at its upcoming Annual Conference in Anaheim, Calif., April 10-12, 2018.

Enough is Enough

The latest attempt from *Rewire* and the Board to silence pro-life speech and education could move forward as soon as March 15, when the Board gathers for a public meeting in San Diego.

By then, Godsey says he hopes to give the Board a stack of petition signatures from pro-life nurses, doctors and citizens across the nation. In the first day, Heartbeat International's petition received 600 signatures calling upon regulators to stand up to abortion activists and allow nurses to learn about APR.

"Enough is enough. Now is the time to stand together and tell regulators to favor learning, not posture for politics that keep nurses in the dark," Godsey said. "Nurses and doctors should be encouraged, not punished, to pursue their life-saving call."

"Living Wills" to Prevent Spoon-feeding

By Nancy Valko

So-called "safeguards" for physician-assisted suicide are now starting to be eliminated (See my recent blog "Legal Safeguards, Burdensome Obstacles and Conscience Rights"). The advance directive (aka "living will")–already biased against tube feedings–is now on track to include the exclusion of even spoon-feedings.

In an article in *Today's Geriatric Medicine* "Judicious Feeding Options at the End of Life," Mike Bassett writes that "In some states, patients can sign directives that allow refusal of feeding when the end of life approaches." He relates the 2013 case of an 82- year-old Alzheimer's patient whose family filed a lawsuit against a British Columbia nursing home to force the home to stop spoon-feeding her.

The lawsuit failed in court but now End of Life Washington, a pro-assisted suicide group, has devised a document called ""My Instructions for Oral Feeding and Drinking." The document is similar to an advance directive but addresses the signer's wishes about when to stop oral food and drink in "late-stage" dementia.

Although such a document can be signed, witnessed, and notarized, it is not a binding legal document. But this sets the stage for a legal challenge like the British Columbia case but with assisted suicide groups hoping for a different judgment.

The article also interviewed the vice president of constituent services for the Alzheimer's Association who said that when to stop even oral feeding "should be an important consideration for anyone issuing end-of-life instructions."

Stephen Drake of the disability advocacy group "Not Dead Yet" made strong points about the dangers of this scheme both in the article and his blog "'End of Life Washington' Promotes Directive to Prevent Feeding Assistance to Those with Dementia".

I am not surprised by this new development . Here is an excerpt from my September 5, 2016 blog , titled, "Ethics and Alzheimer's–Part Two":

Terri Schindler Schiavo, shown here as she responds to the tender touch of her mother, Mary Schindler.

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In 1988 during the Nancy Cruzan case involving a young, non-terminally ill woman in a so-called "persistent vegetative state" whose parents wanted her feeding tube withdrawn so she would die, I was asked if I was going to feed my mother who had Alzheimer's disease. At the time, my mother had no problems with eating but I knew the real question was about a possible feeding tube later on.

Ironically, I had just written an op-ed on the Cruzan case titled "Feeding is not Extraordinary Care" and I pointed out that if the withdrawal of food and water from people with severe brain injuries was accepted, the pool of potential victims would expand.

I was thinking about people like my mother and, sadly, I was right.

In 1993, just three years after Nancy Cruzan died a long 12 days after her feeding tube was removed, a letter appeared in the *Journal of the American Medical Association* written by Dr. Ezekiel Emanuel, one of the future architects of Obamacare. He acknowledged that the actual proof purported to show that the Cruzan case met Missouri law requiring "clear and convincing evidence" that Ms. Cruzan would not want to live in a so-called "vegetative" state rested only on "fairly vague and insubstantial comments to other people."

However, he noted that:

> "…increasingly it will be our **collective determination as to what lives are worth living** that will decide how incompetent patients are treated. We need to begin to **articulate and justify these collective determinations."** (Emphasis added.) Source: *The American Journal of Medicine* January 1993 Volume 94 p. 115

ALZHEIMER'S AND FEEDING TUBES

When I was asked about whether I would feed my mother with Alzheimer's, I gave the same answer I gave when my baby daughter Karen with Down syndrome and a heart defect was critically ill in 1983: Their anticipated deaths must be from their conditions, not from deliberate starvation and dehydration.

In the end, neither one needed a feeding tube. My daughter's kidneys and other organs shut down and, since food or water would cause worse fluid overload, Karen was not given extra fluid and her heart gave out a short time later. In my mother's case, she eventually needed to be spoon-fed until she quietly died in her sleep.

As a former hospice and ICU nurse, these scenarios are very familiar to me. Multiple organ failure sometimes occurs with critical illness and dying patients often gradually lose their appetites as they approach death. In those cases, we would give what little these people want or need until death. But for people not dying or near death, we made sure that they had at least basic medical care and the life essentials of food, clothing and shelter. This is-or used to be-simple common sense.

See "Living Wills," page 43
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Kansans for Life invites you to NRLC 2018

From page 1

During this three-day event, national experts on life issues gather in one place to equip the pro-life grassroots base with the knowledge and skills they need to advance our cause.

So go to nrlconvention.com for the perfect personalized registration option for you!

You'll learn from the best, mingle with like-minded activists, hear and meet amazing speakers, and leave feeling rejuvenated and ready to go home, get to work and save lives!

You never know just whom you are going to hear at a National Right to Life Convention. Years ago, I saw now-Saint Mother Teresa speak at a National Right to Life Convention. A few years ago I saw Florida pro-life Sen. Marco Rubio.

Once I saw one of the Duck Dynasty boys and his wife speak. Last year I saw Ben Shapiro, as well as David Daleiden (who did the undercover videos at Planned Parenthood).

This year's speakers so far include Archbishop Joseph Naumann, the new head of pro-life activities for the Catholic Church in America, and Dr. George Delgado, Medical Director of Abortion Pill Reversal, with more speakers being added soon.

As the great Dr. Jean Garton once said, "The three days of the National Right to Life Convention represents the annual gathering of America's pro-life 'family' and it is like coming home again."

So if you haven't registered yet, go to nrlconvention.com to get started!

Please forward this message to your pro-life friends and family! Looking forward to seeing you there.

Yours for LIFE,
Mary Kay Culp

2018 Election Update: Illinois 3 where Pro-life Lipinski faces pro-abortion challenger on March 20

From page 1

position on protecting innocent human life throughout his years of service in Congress," said Carol Tobias, National Right to Life president. "We also appreciate him for his continued service as co-chairman of the Congressional Pro-life Caucus. His leadership in the face of tremendous opposition from his own Party is an inspiration to all who fight for life."

During the current 115th Congress, Rep. Lipinski cosponsored and voted for the *Pain-Capable Unborn Child Protection Act*, legislation to protect unborn children at 20 weeks, a point by which science demonstrates the unborn child is capable of experiencing great pain when being killed by dismemberment or other late abortion methods.

Lipinski also cosponsored and voted for the *No Taxpayer Funding for Abortion Act*, a bill that would establish a permanent, government-wide policy against funding abortions or health plans that cover abortions.

Lipinski's opponent in the Democratic primary, Marie Newman, supports a policy of abortion on demand, which allows abortion for any reason, including dismemberment abortion, and abortion after the baby can feel pain. Newman also supports using tax dollars to pay for abortion.

"Voters in Illinois' third district who are concerned with the right to life and with the protection of the most vulnerable members of the human family should vote to return Dan Lipinski to Congress, so that he can continue to work to advance vital pro-life public policies," Tobias said.

Look for election updates in future editions of www.nationalrighttolifenews.org.

Supreme Court should uphold free speech of pro-life pregnancy centers

By Elissa Graves, Alliance Defending Freedom

Editor's note. This first appeared in the Sacramento Bee.

The U.S. Supreme Court will soon hear a case concerning a California law that compels pro-life pregnancy centers to engage in speech about abortion. Erwin Chemerinsky, dean of the UC Berkeley School of Law, recently wrote a column urging the Supreme Court to uphold this dangerous compelled-speech law. But the Supreme Court has continually held that the First Amendment prohibits such coerced speech, and it should do the same here.

Assembly Bill 775 requires licensed pro-life pregnancy centers to post a sign declaring that California offers access to free or low-cost abortion services. It further requires each unlicensed pregnancy center to post a disclaimer that it is not a licensed health care facility, in up to 13 different languages. This is akin to the government requiring the American Lung Association to advertise cigarettes.

How so, you ask? Pregnancy centers exist to provide women experiencing unexpected pregnancies the resources they need in order to provide for their child, and do so in furtherance of their pro-life viewpoint. But the state wants to impose its viewpoint on these centers by forcing pro-life pregnancy centers to engage in compelled speech about abortion. Regardless of one's personal feelings about abortion, the Constitution prohibits this type of discriminatory government-sanctioned speech.

Importantly, the bare legislative record contains absolutely no evidence of even one woman actually being harmed by a pregnancy center. Rather, the record largely relied on unsupported, biased "reports" carefully crafted by organizations that oppose pregnancy centers because of their pro-life views. It is clear that the purpose of this law is to target pro-life speakers.

Licensed pregnancy centers provide pregnant women care from a pro-life viewpoint. These centers operate under the supervision of a physician that oversees all medical services. Both licensed and unlicensed pregnancy centers exist to serve women in ways that will enable them to care for their baby, such as by providing parenting classes, material goods, and emotional support. Women are in no way deceived about their pregnancy options.

AB 775 is very different from reasonable regulations requiring disclaimers for commercial enterprises as food and drugs. Such regulations are constitutional and not at issue here. The core of this case is that the government is forcing non-profit pro-life pregnancy centers – which provide their services for free – to engage in speech contrary to their very reason for existence.

The Supreme Court should uphold the right of these centers to be free from government-coerced speech.

Elissa Graves is legal counsel with Alliance Defending Freedom which is representing the National Institute of Family and Life Advocates.

Multi-faceted bill sent to Indiana Gov. requiring abortion complications to be reported

SB 340 also sets stage for expanding "safe haven baby boxes"

By Dave Andrusko

On Wednesday the Indiana legislature sent SB 340 to Gov. Eric Holcomb, a multi-faceted bill requiring the reporting of abortion complications that injure women while creating tougher requirements for abortion businesses applying for licensing in Indiana.

"The bill also sets the stage for expansion of safe haven baby boxes at fire stations in Indiana to help save newborn babies at risk of abandonment," according to Indiana Right to Life.

Pro-abortionists, the ones who always tell us they are "concerned about women," predictably opposed the bill. "It's couched (like it's) about public safety, when all it is is a way of shaming and stigmatizing women," pro-abortion Sen. Jean Breaux (D) complained to the *Associated Press*.

In fact SB 340 is all about requiring physicians, hospitals or abortion clinics to report when a woman is injured by an abortion and ensuring that she is not been coerced. Indiana Right to Life explained how detailed the reporting requirements are:

> **Complications required to be reported include uterine perforation, cervical perforation, infection, hemorrhaging, respiratory arrest, shock, or incidents in which parts of an aborted baby are left within the woman. The report must also include any indication that the woman treated was seeking an abortion as a result of abuse, coercion, harassment or trafficking.**

The *AP's* Brian Slodysko reported on another component which again is about patient safety. It requires any abortion clinic be inspected at least once a year, with further inspections allowed if a complaint is made. Clinics must also report if any employee has been convicted of a felony, or if any owner or staff member worked at another abortion clinic closed "as a result of administrative or legal action."

Indiana Right to Life President and CEO Mike Fichter, said, "The days of abortion businesses hiding injuries to women, or looking the other way when women are coerced into abortion, will hopefully come to an end with this important bill."

Fichter also congratulated the legislature for opening the way for greater expansion of safe haven baby boxes in Indiana.

"The inclusion of safe haven baby boxes in this bill will be key to saving the lives of babies who might otherwise be at-risk of dying as a result of abandonment," he said. "We are thankful for those who took the lead on this issue years ago and have steadfastly moved this idea forward."

Powerful photo of preserved rhino fetus lost to poachers draws outrage, what about aborted babies lost to abortionists?

From page 16

"Maybe if half of you people actually saw a human fetus in a jar after an abortion you might think twice about shedding your fake emoji tears on this post. There are no words that can describe the magnitude of the moral hypocrisy I'm seeing here. I challenge Nat Geo to put equal spotlight on human fetuses, and I challenge each one of you to observe."

Among multiple pleas to be kind to animals and the planet, one commenter added, "We are their only voice."

We are called to be a voice for the voiceless, defenders of those weaker than ourselves. One commenter writes, "I think this is the saddest photo I've ever seen. Maybe spread this across the world." As @ lishlange states, "It's all wrong – human babies & animals being poached."

Every day, baby's lives are terminated in the wombs of their mothers, often for the same reason as this rhino: simple human self-interest. National Geographic knows the power of pictures, and they do an incredible job advocating for so many of the earth's voiceless inhabitants.

It is our job to continue to do the same for our pre-born neighbours. When people think of abortion, may their first responses also be weeping, anger, and a righteous demand for change

Abortion, Eugenics, and the corrosion of unconditional parental love

By Wesley J. Smith

Washington Post Deputy Editorial Page Editor Ruth Marcus has boldly declared that if she were pregnant and discovered her baby had Down syndrome, that child would never see the light of day. From her column:

> **Down syndrome is life-altering for the entire family. I'm going to be blunt here: That was not the child I wanted. That was not the choice I would have made. You can call me selfish, or worse, but I am in good company. The evidence is clear that most women confronted with the same unhappy alternative would make the same decision.**

No question. Ninety percent of Down babies are aborted, while Iceland brags it has a zero Down birthrate.

But this pogrom isn't happening in a vacuum. Parents of gestating babies diagnosed with Down are pushed toward that decision by societal pressure, genetic counselors, and a disdain in our culture for limitations.

Marcus says she supports women who have the depth of love — my term — to bear a baby with Down. Bully for her. But many don't. Remember the vituperation of Sarah Palin because she bore Trig? It was truly pernicious.

The ubiquitous aborting of Down babies brings up other eugenics issues. With genetic and other testing becoming increasingly sophisticated — and our understanding of how gene expression more precise — we are close the point where abortion may soon be deployed to eradicate babies that look to be autistic or experience some other "unwanted" characteristic.

Sarah Palin and Trig

This will certainly include aesthetics. Babies that are the "wrong" sex are already being aborted, and soon, perhaps abortion will be available to destroy children that will have a propensity for obesity, a likely skin color or other unwanted racial characteristic, perhaps even, if the later adult would be threatened with early onset cancer or Alzheimer's.

Marcus sees the eugenics danger with which we are presented — and doesn't care:

> **Technological advances in prenatal testing pose difficult moral choices about what, if any, genetic anomaly or defect justifies an abortion. Nearsightedness? Being short? There are creepy, eugenic aspects of the new technology that call for vigorous public debate. But in the end, the Constitution mandates — and a proper understanding of the rights of the individual against those of the state underscores — that these excruciating choices be left to individual women, not to government officials who believe they know best.**

At the time of *Roe*, abortion was advocated for that rare circumstance to protect women in crisis pregnancies such as when they were raped, victims of incest, facing serious health consequences, or in very precarious life circumstances.

It very quickly became much more than that, of course. Now, termination is becoming fashioned into a cudgel of the new eugenics, under which we not only have the right to have a baby — regardless of our life circumstance and the type of assistance required ("gestational carriers") to obtain our entitlement — but also a right to the baby we want.

We are witnessing what can only be described as a corrosion of unconditional parental love. There will be consequences.

Editor's note. Wesley's columns appear on National Review Online and are reposted with his permission.

National Right to Life News Today: Your Daily Online, One-Stop for breaking pro-life news

By Dave Andrusko

First published in 1973, *National Right to Life News* immediately became the news vehicle through which members of the pro-life community could "speak" with one another.

Several years back, National Right to Life added *National Right to Life News Today* for Monday through Saturday coverage of all things pro-life.

I shouldn't be, but I am constantly amazed by how many pro-lifers remember and read our monthly digital version of National Right to Life News but who are still unaware of *National Right to Life News Today* which, in the age of 24/7 news coverage and virtually instantaneous updates, is "must reading."

You may be one of them. You may have run across a link to a story on *Google News* or *Bing News* or *Yahoo News*. That means you haven't signed up–which takes about 30 seconds–at nationalrighttolifenews.org/news/join-the-email-list.

NRL News Today has the same core mission as *National Right to Life News*: returning legal protection to the littlest Americans and protecting the medically dependent and elderly from euthanasia and assisted suicide. And because the Internet provides virtually limitless space, there is room each and every day for *NRL News Today* to compile stories that run the pro-life gamut.

Let's use several stories from Wednesday's *NRL News Today* to illustrate a typical day's contents:

- **Alfie Evans' parents to appeal decision to disconnect his ventilator to British Supreme Court**
- **Kansans for Life invites you to NRLC 2018**
- **Demonstrating a love that extends through the entire tapestry of life**
- **Post-Abortion woman: "Every time I heard a baby cry it was like a knife turning in my heart"**
- **Irish Supreme Court rules unborn have no rights beyond those guaranteed by the Eighth Amendment**

And much, much more.

Be sure to sign up at nationalrighttolifenews.org/news/join-the-email-list to have *NRL News Today* sent to your inbox every Monday through Saturday.

You'll be glad you did.

And be sure to alert all your pro-life friends through your social networks.

The message of Horton Hears a Who has only grown sweeter with age

By Dave Andrusko

Theodor Seuss Geisel—"Dr. Seuss" —was born March 2, 1904. According to various biographies, after graduating in 1925 from Dartmouth College, Geisel sought a doctorate in literature at Oxford University.

There his life took a dramatic shift when he met Helen Palmer, whom he wed in 1927. "Upon his return to America later that year, Geisel published cartoons and humorous articles for Judge, the leading humor magazine in America at that time."

And, as they say, the rest is history.

On March 2 *People* magazine posted "15 Dr. Seuss Quotes That Will Give You Serious Life Inspiration" in honor of what the magazine mischaracterized as what would have been his 122nd birthday. None of them are from his more than 60 children's books.

We read many of Geisel's books to our kids (more accurately, my wife Lisa read them to Emily, David, Joanna, and Louisa) as have millions of other parents. Pro-lifers have often quoted a phrase from "Horton," the elephant in Dr. Seuss's classic *Horton Hears a Who*, who repeatedly explained his persistence in attempting to save the inhabitants of Whoville (who were "too small to be seen by an elephant's eyes") by stating, "A person's a person, no matter how small."

After Geisel's passing, his widow did not want pro-lifers "hijacking" *Horton Hears a Who*. Writing for *ABC News* in 2008 Marcus Baram noted

Karl ZoBell, the lawyer for Dr. Seuss Enterprises, told *National Public Radio* that "She doesn't like people to hijack Dr. Seuss characters or material to front their own points of view."

Baram's piece was very clever and helped the unfamiliar reader understand what was so special about Horton. He began

What is it about this children's book
That fills Dr. Seuss fans with such scorn?
Anti-abortion groups took a look
At Horton and they saw the unborn.
We all learned to read with the books written by Theodor Seuss Geisel and grew up with characters from the "Cat in the Hat" and "Yertle the Turtle" to the "Sneetches and the Grinch."

But do the books have a hidden meaning?

Since the 1980s, some anti-abortion rights groups have interpreted the book "Horton Hears a Who" as an anti-abortion parable.

If you don't remember, it's the tale of Horton the elephant who discovers a whole town of tiny people living on a speck of dust. Though his neighbors think he's crazy and make fun of him, Horton makes it his mission to protect his new friends, declaring his intention with the famous line:

"A person's a person no matter how small."

I took a few minutes to re-read *Horton Hears a Who*. This recognition is not a one-note aside but part of a symphony that is saturated with almost lyrical observations teaching life-affirming lessons about the importance of protecting the voiceless, the centrality of standing up for the powerless, and the absolute necessity of never allowing ridicule to detour you from doing what is right.

Horton Hears a Who was published 54 years ago. Its message has only grown sweeter with age.

To "pro-choicers" some choices are more equal than others

Supreme Court to hear case about compelled speech

By Right to Life of Michigan

Choice: the world is a rallying cry for the abortion industry, which holds personal autonomy as a supreme value in our culture. Even in their minds, however, some choices are more equal than others.

In two weeks the next major abortion case will come before the U.S. Supreme Court: *NIFLA v. Becerra*. On March 20, the High Court will hear oral arguments about whether or not the state of California can force prolife pregnancy centers to advertise for free taxpayer-funded abortions.

California's 2015 Reproductive FACT Act law was specifically written to target prolife pregnancy centers; other medical and non-medical facilities that offer similar or related services are not required to give free advertising to abortion clinics.

The case should be an open and shut decision based on the First Amendment, but when it comes to abortion, throw out the law, the U.S. Constitution, and reality itself. The decision will hinge on the personal biases of the judges involved, in this case likely Justice Anthony Kennedy.

California is not alone. On Saturday the Washington State House approved a bill forcing any health insurance plan in the state that covers maternity care to also cover elective abortions.

Oregon took similar action in 2017, requiring insurance plans to provide free abortions.

While many politicians hold themselves out as "pro-choice" or "personally opposed to abortion," they are in reality pro-abortion. When they have the reins of power, they move to force people to participate in abortions.

The abortion industry wants:

- taxpayers to cover every abortion for free. They believe every person must help enable every abortion to take place.
- every hospital, doctor, nurse, health insurance company, and everyone else connected to the health industry to either participate with abortions or help promote them. They believe no person of any belief ever has the right to conscientiously object.
- to shutter every prolife pregnancy center. They don't want any person helping a woman through a crisis pregnancy unless they are willing to help her have an abortion, even as they accuse prolife people of refusing to help them.
- to stop any protection for women facing abortion coercion. The abortion industry knows a significant number of women coming to them for abortions are not doing so by free will. They believe abortion coercion is not a problem and they refuse to do anything about it.
- taxpayers to fund programs overseas that pressure prolife countries to change their laws, and to fund coercive population control programs in horribly repressive countries. They believe China's one-child policy was a good thing, because too many human beings is a bad thing.

Margaret Sanger

This should be no surprise. Planned Parenthood's founder, Margaret Sanger, praised the U.S. Supreme Court's decision in *Buck v. Bell* upholding forced sterilization programs. Today Planned Parenthood is forced to limply disavow Sanger's support for forced sterilization. They claim they care about liberty and the conscience of individuals.

The reality, however, is that the abortion industry and their supporters will not rest until there's not a single person left in the public square expressing the view that every human being has moral worth. They shrug their shoulders at the horrors of population control programs in places like China.

It's the prolife movement that truly values personal autonomy. We firmly believe in it, because it's part of our basic, unalienable human dignity. We know, however, that your autonomy ends when it directly impacts the life of another human being, because they have the same personal autonomy you have.

Personal autonomy is the reason abortion is wrong—a human being's life is taken from them simply because their existence is an inconvenience. If we can declare entire classes of innocent human beings unpersons, what's the point of personal autonomy after all?

British Supreme Court to hear Alfie Evans' case this week

From page 2

The parents vigorously dispute the diagnosis. They have shown startling video of a much more responsive little boy than testimony given by the hospital suggested.

Last Wednesday, *The Sun*, a British newspaper, offered an excellent summary of the background to Alfie Evan's case [www.thesun.co.uk/news/4312535/alfie-evans-illness-life-support-high-court-ruling-latest].

The 22-month-old was born perfectly healthy but in his first seven months missed numerous developmental milestones, his family said.

He started making "jerking, seizure-like movements" and was taken to the doctors, but his parents were told he was "lazy and a late developer", the family claim.

But he caught a chest infection that caused seizures and was placed on life support at Alder Hey Children's Hospital in Liverpool in December 2016. …

After he was admitted to Alder Hey, his parents were told he wasn't going to make it--but he fought back to beat the infection and started breathing on his own.

But he caught another chest infection and had to go back on a ventilator when he began having more chronic seizures.

Mr. Evans has vowed never to give up. Evans, who represented himself during the hearing at Liverpool civil and family court, said

"I feel so blessed to have Alfie here. It was meant to be to have Alfie as my son.

"Just the name Alfie Evans is a name that is going to be remembered around the world.

"One day we hope and believe we can take him to a swimming pool, he might not be able to swim but he will have the ability to experience the water.

"We're not in denial. We see that our child has a life.

"Alfie is not just a child, he is our child. He is a child of God."

He told reporters after Mr. Justice Hayden handed down his verdict

"Can you believe my son is being sentenced to a death sentence with two days to go?

…I'm not crying because I know how wrong they are and I know how strong my boy is. My boy is strong, my boy is comfortable. This isn't over, this is just the start. I am going to take this NHS down. I'm not giving up. My son ain't giving up. …

"My son is two years of age and he's been sentenced to the death penalty. How wrong is that?"

Stay up to the minute of what is taking place by reading *National Right to Life News Today*.

Baby Orion Was Unexpected, But He Changed His Parents' Life for the Better

By Jen Taggart

Brittany Baker was shocked to find out she was pregnant in October 2015.

Though, unlike many women who go through an unexpected pregnancy, the father of Brittany's child, Dan Gillard, embraced his new role as a father from the beginning, the couple knew they had an uphill climb ahead of them.

Amid that pressure, Baker and Gillard turned to Project Life—now "Options for Women St. Croix Valley"—a life-affirming pregnancy center in Stillwater, Minn.

"I was pretty scared, pretty shocked," Baker said. "I didn't think I'd get pregnant at 22. I was worried about letting the family down or them being disappointed in us."

At the time, Baker and Gillard were living in a one-bedroom apartment. Although Baker was under her mom's insurance, she worried about expensive co-pays for prenatal care and classes.

Those factors were just a handful among many that made the couple want to wait until they had their feet under them to tell their parents the news.

Gillard had heard of Options for Women from a friend years prior, and they decided to visit. While Gillard was confident he wanted to choose life and keep the baby, Baker was still overwhelmed by her situation.

That visit to Options for Women went a long way toward putting her fears to rest.

"Right when I walked through the door, everyone was very comforting," Baker said. "It was a very welcoming, warm environment. [The center] was very helpful in assuring Dan and I that they would be there for us in the decision-making process."

"We are Family."

Over the course of the next several months, Baker and Gillard did everything they could take full advantage of the resources the center had to offer.

Dan and Brittany with baby Orion, who turns 2 years old in June. Photo Courtesy: Brittany Baker

"They wanted to learn because they did not have any support, they did not have anyone to hold their hand during the pregnancy," Options for Women executive director Pat Burns said. "They probably attended more classes than 10 other clients put together. They were eager and they were ready to learn and it was just beautiful to watch them grow as people before the baby even arrived."

Not only did Baker and Gillard benefit from classes, they also received free prenatal care and ultrasounds from Dr. Mark Druffner, a family medicine doctor who volunteers his time at the center. With Druffner's help, Baker and Gillard made a birth plan. Options for Women offers free prenatal care for the full nine months of pregnancy.

"So many people hate the fact that no matter what clinic they go to, every time they come in, they see a different doctor and have to repeat their story over and over again," Burns said. "We are family and [Dr. Druffner] cares about each and every woman and baby."

A Difficult Delivery

On the day of delivery, Gillard received a phone call from Baker, which he ignored since he was walking in the door. As he came inside, Brittany was rushing around the apartment, trying to gather all their things and saying that her water broke.

When they got to the hospital, the mood changed.

The nurses told Baker and Gillard that their baby, Orion, was in distress, and Druffner ordered an emergency C-section. The umbilical cord was wrapped around Orion's neck, and he wasn't breathing on his own.

Over the next two days, as Orion was shuttled off to the neonatal intensive care unit at a nearby children's hospital, Baker recovered in her hospital bed, struggling to sort out the traumatic experience she'd gone through—and coming to grips with the realization that she wasn't out of the woods yet.

"I wasn't even the first one to hold his hand or anything, which was very difficult for me," Baker said.

Orion had to stay in the hospital for three weeks, and could not open his eyes for the first week. Gillard—and Baker, once she was released—stayed with Orion as long as they could, only leaving his side to eat.

During those three weeks in the hospital, Options for Life had not forgotten about the couple, checking in regularly and mobilizing their team and supporters to pray for them.

"I think one of the greatest things we have to offer people is our time and our love," Burns said. "Whether it's sitting down with them for one hour or sitting down with them for three hours and crying with them. It's that physical, emotional and spiritual support. It's huge."

Today, Gillard works at a foundry in Minneapolis and Baker is a general manager at Domino's Pizza. Orion turns two in June.

"Now that we're doing better off on our own, we really want to support [Options for Women] any way that we can," Baker said, "We try to support them by dropping off donations, though we could never repay them for all they have done for us."

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

Legislation to save unborn babies with Down syndrome meeting a more responsive chord

By Dave Andrusko

The headline in the *Washington Post*, "Babies with Down syndrome are put on center stage in the U.S. abortion fight," is a reminder of the power of dedicated parents, pro-life activists, and social media to change opinions.

Lucas Warren

To be clear up front, while *Post* reporter Ariana Eunjung Cha is saying that pro-life legislation to ban the practice of abortion children solely because they have Down syndrome "has put Down syndrome front and center in the abortion debate," her story is not suggesting it is the sole focal point of pro-life legislative initiatives.

She quite accurately points out the are many other examples of what the pro-abortion Guttmacher Institute calls "a lattice work of abortion law, codifying, regulating and limiting whether, when, and under what circumstances a woman may obtain an abortion."

According to Cha,

> **The most prominent campaigns include "pain-capable" bills (aimed at banning abortions after 20 weeks based the claim that fetuses can feel pain after that time), efforts to restrict abortion if a woman is seeking one due to the gender or race of the child, waiting periods, state-mandated counseling, and requirements for parental approval for minors to obtain abortions.**

And, of course, there are others, including "Abortion Reversal" legislation. But Ariana Eunjung Cha is right to focus on the efforts to forbid killing unborn babies solely because they have an extra chromosome.

Of late it is capturing the imagination for two reasons, one awful, one beautiful.

> **The bills making their way through U.S. state legislatures come on the heels of a report that aired on CBS in the summer that Iceland is "eradicating Down syndrome." The report created an uproar. Author Bonnie Rochman, writing in Quartz, called the situation in Iceland a "disturbing, eugenics-like reality." The "Everybody Loves Raymond" actress Patricia Heaton tweeted that "Iceland isn't actually eliminating Down syndrome. They're just killing everybody that has it. Big difference."**

As ugly as that is, we have on the positive side of the ledger the decision by Gerber baby food. Cha writes

> **This year, Gerber, the maker of baby food, lit up social media with expressions of delight when it announced that it had chosen Lucas Warren — who has Down syndrome — as its newest "spokesbaby."**

The usual abort-for-any-reason crowd laments that anything or anybody gets in the way of "choice."

One look at Lucas Warren tells us the price of "choice" is way, way too high.

Unborn babies: hostage until the millennium arrives

By Dave Andrusko

Big Picture time.

Beyond what is for now the impregnable fortress known as the Supreme Court's posture on abortion, what are some of the other principle factors sustaining abortion's unspeakable ugliness? It seems to me they can be divided up into two major categories: human frailty and a pattern of demands which makes the preborn child a hostage to a kind of peculiarly American utopianism.

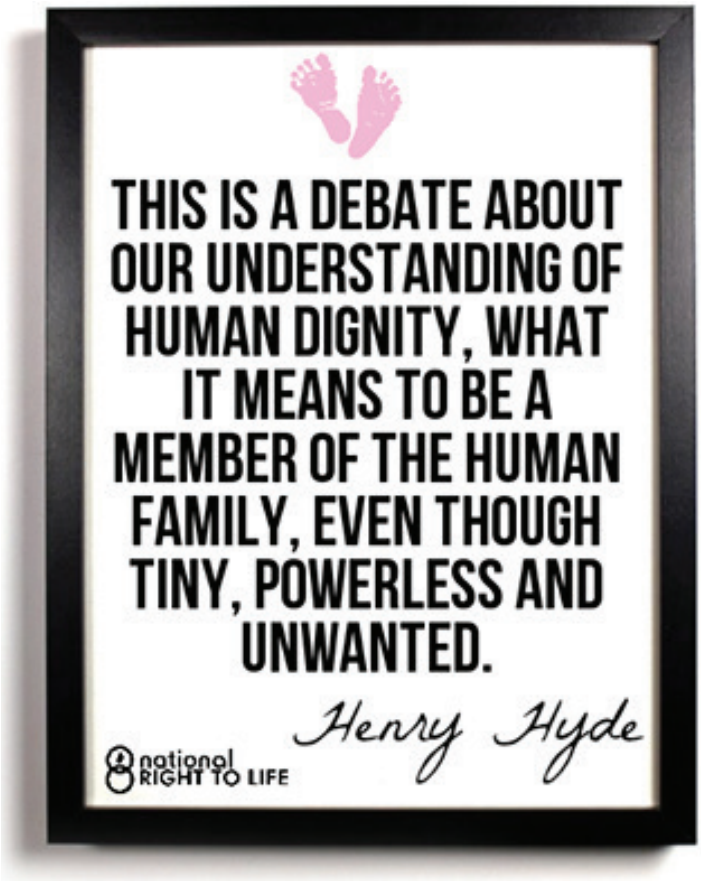
By the former, I mean our seemingly genetic predisposition to grasp what appears to be the "easy" way out of difficult straits; the immense difficulty reestablishing, after decades of killing, the taboo that prevents parents from assaulting their defenseless children; and an unloosening of familial bonds which makes it possible to see our unborn children not as our own flesh and blood but as strangers.

By the peculiarly American utopianism, I mean what characteristically happens even to those who know better when they try to reconcile their firsthand knowledge of the preborn's marvelous complexity with their unwillingness to do anything to prevent the deaths of millions of preborn children.

There are countless examples, including many recently. But in this post I return to a column once written by Peter Aleshire, who was then the medical and science writer for the *Oakland Tribune*.

The title is apt: "Rethinking the Abortion Issue."

Aleshire writes movingly of an international conference he attended "devoted to talking about how much smarter are babies – born and unborn – than we once thought." For the most part, his remarks are a nonstop tribute to the unborn child's extraordinary beauty and completeness even early in development.



He confesses being especially shaken by a presentation that details behavior in utero, behavior that is uncannily like what we will see in the newborn. Aleshire, for instance, writes of the baby rubbing his forehead, furrowing his brow, of learning to distinguish certain musical sounds that he/she will subsequently show a preference for after birth.

But what can he do with this immense body of cliché-altering information? Precious little, I'm afraid.

No sooner does he deplore the thought of aborting something with the capacities of a 20-week preborn child than he reverts instantly to the classic "until and unless" posture assumed (oftentimes unconsciously) by people who are truly uncomfortable with abortion on demand but who also don't want what they assume abortion either alleviates or eliminates.

Aleshire's clear vision of the death of a vibrant, learning human being is clouded by mythunderstandings and the belief that killing babies somehow contributes to the "solution" of many serious societal dilemmas. Unfortunately, Aleshire subscribes to several outworn clichés, myths about how and why girls and women typically find themselves with "unwanted" pregnancies. …

It might be easier to reach people such as Aleshire if they only made the mistake of rationalizing abortion as a kind of necessary backup, needed supposedly to correct for people's ignorance and poverty. (Which, by the way, not only offers a rationale for people like himself to stand by while the babies die, but also infantilizes the adolescent and the poor by refusing to consider them moral agents responsible for their own conduct.)

But Aleshire compounds the error of not holding individuals accountable by washing his hands of any responsibility to protect the babies until society completely cleans up its act. He bemoans child abuse and parents who don't know how to parent, women who are not lovingly sustained during their pregnancies and/or who don't obtain proper prenatal care – as he should.

But while it is one thing to insist that we have a duty to do what we can to alleviate these major shortcomings, is it really fair to the babies to hold their lives hostage to attaining the millennium here on earth? Is it just and right to say (as Aleshire does in effect), "All we ask before we protect you, little ones, is that the world be a perfect place for you and your parents to live in"?

The same people who would boil in oil before they would "blame the victim," have no problem holding a tiny preborn baby responsible for most of

See "Hostage," page 33

Pro-abortion Irish media steps up attacks on pro-lifers

Language set for referendum to excise protective 8th Amendment to the Constitution

By Dave Andrusko

Every cliché, every slur against pro-lifers, every pretense at moderation was on display in the Irish Parliament as language was adopted for an early summer referendum on abortion.

The proposed language would strike the 8th Amendment to the Constitution, which recognizes the equal rights of mothers and unborn babies, and would authorize the Parliament [the Oireachtas] to legislate on abortion.

Abortion would be legal for any reason throughout the first 12 weeks. However what the Irish government calls an "enabling provision" – that is, that "Provision may be made by law for the regulation of termination of pregnancies"—is uncharted territory.

Pat Leahy of the pro-abortion *Irish Times* describes it as allowing abortion for "specific circumstances such as where there is a threat to the mental or physical health of the woman, and in cases of fatal foetal abnormalities." Essentially a blank check.

Irish Health Minister Simon Harris said a "'cold, uncaring, neglectful Ireland' must change and reform abortion laws," the *Irish Mirror* reported.

Mary Lou McDonald, the leader of the Sinn Féin political party, bashed critics as "scaremongers, shame on you." It went downhill from there. Here just some examples.

Harris said, "We stand here knowing the tragedy which befell Savita Halappanavar and her family," the *Irish Times* reported. " However she died in 2012, not because of the 8th Amendment, as has been stated as fact, but because of the hospital's sheer incompetence, according to a 2014 report from Ireland's Health Information and Quality Authority.

He also recycled the totally dishonest formulation first uttered by pro-abortion president Bill Clinton that "our underlying principle" ought to be "that abortion should be safe, legal and rare."

Billy Kelleher, the Health spokesman for another political party (the Fianna Fáil) said that critics of the proposed changes are "basically saying we can't trust women."

He also talked about rape and incest, as if there were a massive number of pregnancies resulting from them.

Needless to say, neither story carried a single comment in favor of the 8th Amendment.

All this comes two days after the Irish Supreme Court overturned a lower court decision, concluding the unborn child has no constitutional rights beyond the Eighth Amendment.

As a result, as the Irish Pro-Life organization, Family & Life quite accurately put it, "The vote in May will be an all or nothing one for the unborn. The stakes are now even higher."

Unborn babies: hostage until the millennium arrives

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what is unpleasant in our world. Isn't that quite a load to place on the tiny shoulders of a little boy or girl?

Those who've devoted their lives to multiplying the number of abortions of course come unglued at the thought that abortion might once again become a matter of democratic discourse. But my guess is that the explanation goes far deeper than the fact that as long as the Supreme Court remains in unsympathetic hands, many pro-life initiatives will be dashed.

Pro-abortion champions understand the crucial importance of the American people not thinking about what lies beneath the surface rhetoric about "choice." You might ask, why is it so important for pro-abortionists to maintain that bulwark?

Because it positively guarantees sloppy thinking, what-are-you-going-to-do-it's-legal? excuse mongering, and the reflexive use of the kind of language George Orwell once described as "designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind."

Abortion proponents fear most of all the day when the American public brushes aside the doomsday rhetoric and genuinely asks itself two questions: Do we really want to kill close to a million babies a year? Is the countless number of unborn children killed for no more pressing a reason than that women do not wish to be pregnant at that point in their life a fact of death we are prepared to live with?

Once the dialogue is unfrozen, we can hope that intelligent people like Aleshire will be free to move beyond the moral idiocy of blaming the victim. And, it is my fervent conviction that once our brains are unfrozen, so too will be our hearts.

This Ex-Planned Parenthood is Now a Life-Saving Hub

By Katie Franklin

Marking a major victory for the pro-life community in Ypsilanti, Michigan, a pregnancy center called Family Life Services recently moved into an unlikely space: the building of a former Planned Parenthood.

As the center settles into its new location, its executive director, Karalee Robison, is still marveling at all of the events that led to this moment.

"It's really neat to see how God was leading this story together for years and years," she told Pregnancy Help News.

It started on a fall day in 2014, when Robison got a call from a former staff member informing her of an interesting development: A "closed" sign had appeared on the door of the local Planned Parenthood.

Ypsilanti and Ann Arbor pro-lifers had spent years praying for this moment.

"I've heard so many just saying, 'I drove by that building every day and I prayed over it,'" Robison said. "There was this specific story of a local pastor and a couple people that would go pray outside of that Planned Parenthood. Multiple times they prayed for the sign in the door to not reflect the hours of that Planned Parenthood anymore but to say that it was permanently closed."

Al Esper, the former staff member who had called Robison, thought the pregnancy center might be looking for a new location and saw this development as the perfect opportunity.

As exciting as the news was, the timing didn't seem right.

"We just weren't really in a place where we could start looking or afford that," Robison said.

Esper said he understood—but before he left the premises, he put a sign on the door directing women to Family Life Services.

A Good Problem to Have

A year and a half later, the situation at Family Life Services changed when the pregnancy center began to outgrow its location. The center had gone from serving 800 clients a year to 1,200.

Because the center shared a building with a pediatric office, they were being flooded with referrals.

"We serve a lot of the same demographics so they are very heavy on Medicaid clients and they refer to us, and we refer to them," Robison said. "As word of mouth was getting out in our community about what each of our practices was doing, we were just getting inundated with clients."

In addition, the center's services had grown. In 2011, the center introduced an ultrasound machine to its practice, and in more recent years, the center's material good services had increased dramatically.

"The charity of those that are donating these goods to us, has expanded exponentially over the past two years or so," said Robison.

As their clientele grew, their space was feeling increasingly tight. In the ultrasound room, the nurse, the sonographer and father of the baby would constantly be bumping elbows. They only had two counseling rooms to consult with clients, and material good consultations often had to be done in the waiting area.

The center had considered adding an educational component to their material goods program but kept coming up against the problem of space: There was simply no room to host meetings or group events.

This former Planned Parenthood building has now been transformed into the home of a life-saving pregnancy center in Ypsilanti, Michigan Photo Courtesy: Family Life Services

In the winter of 2016, Robison began looking for a new location. She drove by the old Planned Parenthood, hoping it was still on the market. Unfortunately, it was not. A sign indicated that it was in contract.

"I was so disappointed because I just really had in my heart and my mind that that was somewhere that God would want us to be," she said.

A Turning Point

Robison and her team continued their search. Then, one afternoon last spring, Robison received a text from a friend.

"He was like, 'Hey, did you see the Planned Parenthood's back on the market? I saw the listing online. It's active again.' So I called my realtor as fast as I could," Robison said. "He got us in that week for a showing. It was really weird obviously to walk through a former Planned Parenthood building."

Strange though it felt, the space was perfect.

Unlike their current location, the new building was all on one level. Its rooms were already set up to be exam rooms. It had a whole separate wing and entrance that could be used for material goods donations.

Robison and her board moved fast and made an offer. It was accepted on Good Friday 2017.

Robison, who planned to be out of town for the Heartbeat International Conference the next week, needed help with the building while she was away. She enlisted the assistance of Carl Combs, a retiree who had offered to volunteer his time with the center.

Over the next several months, Combs volunteered as project manager for the move, coordinating inspections and overseeing the site's renovation.

"He's done it all completely as a volunteer, which has been amazing," said Robison.

A Major Upgrade

In the new building, the center will have three exam rooms and three counseling rooms, as well as new cabinets, carpet, and countertops, among other things.

The new location itself is an improvement as well, as it gives the center closer access to other resources that are important for serving their clients. The WIC and Medicaid offices are now just a couple of blocks away.

Additionally, a majority of the center's clients come from the same zip code as the new location. Robison also noted that moving further east will help them to better reach Detroit clients as well.

"We're just really excited to really be in the neighborhood

See "Hub," page 35

Passage of large, recognizable fetal parts" is "extremely distressing for the woman and her family"

By Sarah Terzo

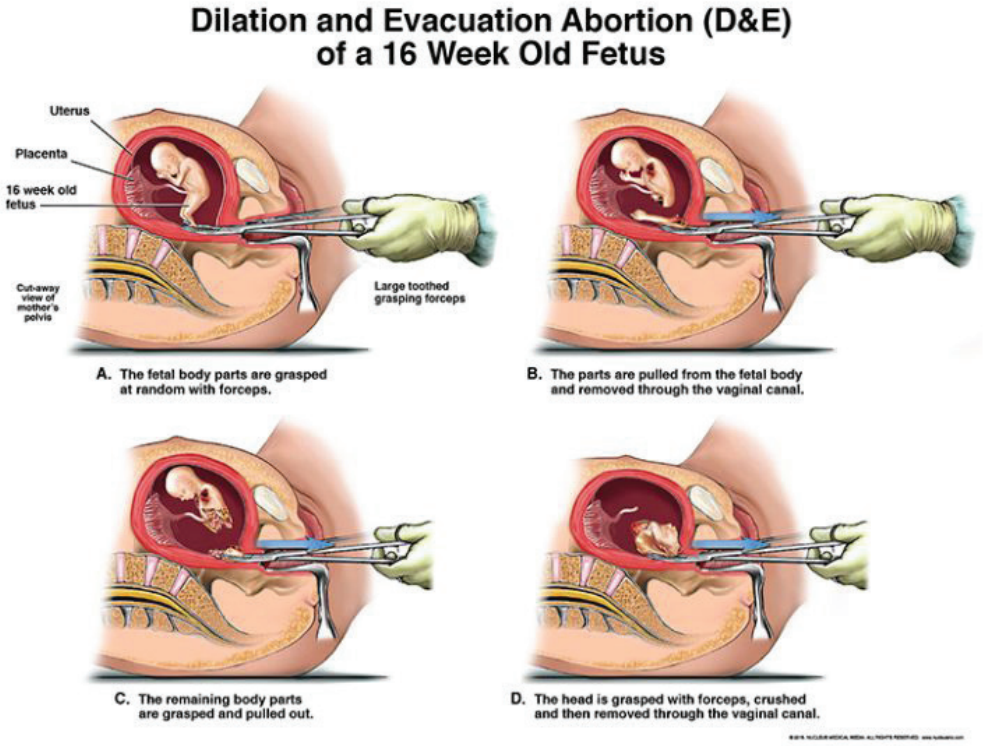
Abortionist Dr. Cope —

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.



This Ex-Planned Parenthood is Now a Life-Saving Hub

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that most of our clients are living in now," Robison said.

As FLS moves to its new location, anticipation among their supporters is growing as well.

"We've had overwhelmingly positive and excited response from our supporters," Robison said. "We had so many people call at the beginning of this year like, 'Are you moved yet? When are you moving?'" …

An Opposed Work

However, not everyone has been supportive. Around the time FLS closed on the building, the organization's bus ads started getting painted over.

"I'm like, "We've had these ads for years and years and years, and they've never been vandalized," said Robison. "It was kind of obvious like oh, there are forces of darkness that do not like us to be in there. We're up against that fight."

Despite the opposition, Robison remains positive about the move. As the calendar flips to March, FLS is finishing its move into their new space, ready to serve women in a place that stood for despair and hopelessness.

With the move, FLS becomes the most recent pro-life center to take over the former digs of a Planned Parenthood or other abortion business. Other centers have taken over for shuttered mills in Vermont, Maryland, Florida, Iowa and more.

Robison continues to reflect back on everything that led to this new chapter in her center's story.

"When you're in the midst of it you don't always see everything," she said. "But now we're more on the tail end of it, looking back and seeing that full puzzle done—that full picture painted—it's better than we could have written ourselves."

Editor's note. This is excerpted from a post that appeared at Pregnancy Help News.

Protecting nurses' conscience: a non-negotiable in the final FY 2018 spending bill

By Rep. Diane Black (R-TENN.) and Sandra Rojas

Editor's Note. This first appeared in The Hill.

"I solemnly swear to do no harm." We took this oath more than 40 years ago when we became nurses. We chose this career—more accurately, this calling—because it was the ultimate realization of what was in our hearts. Our love for women and children … our desire to serve those who are sick and in need … our passion

Sandra Rojas

to come alongside the most vulnerable in our midst with care and compassion. The oath reflects our commitment to safeguard all life.

In serving our patients, we've witnessed firsthand the beauty and dignity of life at all stages. We've watched new life enter the world, and we've comforted families as they've said goodbye to those they dearly loved. These experiences only reinforced our belief that all life is sacred and worthy of protection.

There are many other doctors, nurses, and medical professionals across the country who share our commitment to never end the life of another person. And millions of patients are thankful that there are health care professionals who share their values and belief that all life—including the child in her mother's womb—should be respected and protected.

Unfortunately, the government has failed both health care professionals and the patients they serve. Rather than fulfilling its legal obligation to protect conscience, it has instead sought to coerce health care professionals to violate their conscience and participate in procedures that end life.

One of us has experienced this firsthand.

Sandra worked for 18 years at the Winnebago County Health Department in Rockford, Ill., serving children in need. In 2015, the county's new public health administrator decided to merge the pediatric clinic with women's services and mandated that all nurses begin providing abortion-inducing drugs and abortion referrals. When Sandra informed the county of her conscientious objection to participating in any way in the provision of abortions, the county fired her.

Sandra's termination had nothing to do with her performance. The new administrator admitted she was a good nurse. But the county fired Sandra anyway based solely on her religious convictions—and her commitment to the Hippocratic oath—that prevent her from taking a person's life.

Sandra's termination hurt the medical profession and the individuals it exists to serve. Sandra's patients lost the nurse that had been caring for them and their families for several generations.

And it cost Sandra as well. As a result of being wrongfully terminated, Sandra lost her primary source of income, her

Rep. Diane Black

insurance, and her ability to support her family. She couldn't help her son pay for college, so he had to delay pursuing his dream of being in health care and following in his mother's footsteps. Sandra could no longer keep her promise to her daughter to pay for her grandchildren's education.

Sandra's experience is not unique. In recent years, the government has discriminated against nurses and other health care professionals across the country—including in Florida, New Jersey, New York, and Tennessee—who could not participate in taking the life of another human person.

That is why Congressman Black introduced the Conscience Protection Act. The Conscience Protection Act simply codifies long-standing conscience protections that prohibit a hospital or health care facility that receives federal funding from discriminating against a health care professional for their commitment to protecting life. It also ensures that nurses like Sandra will have legal recourse to pursue justice in court if the government attempts to fire or otherwise discriminate against them because of this commitment.

Sandra and every American should be free to live consistent with their beliefs without fear of government punishment. This is the backbone of America—the government's respect for every person's freedom of conscience. And those in the medical field should be treated no differently.

While we may not all agree on abortion, we should agree that no doctor or nurse should be forced out of the medical profession due to their beliefs about abortion. Our commitment to "do no harm" shouldn't disqualify us from serving in health care.

Indeed, protecting conscience strengthens diversity and fosters a healthy society where there is respect for every health care professional and for the patients they serve.

Congress must act now to protect Americans' civil rights and include the Conscience Protection Act in the final Fiscal Year 2018 spending bill. One American health care professional's conscience violated is one too many.

U.S. Rep. Diane Black represents the 6th district of Tennessee. Sandra Rojas is an Illinois pediatric nurse forced to resign from the Winnebago County Public Health Department because she couldn't participate in abortion.

The many reasons to read the March NRL News and to share it with pro-life friends and family

From page 2

This case will decide a challenge to California's so-called Reproductive FACT Act, a 2015 state law that forces pro-life pregnancy medical clinics to advertise abortions! As Alliance Defending Freedom has warned, the outcome will also determine "copycat and related mandates passed in Hawaii, Illinois, New York City, San Francisco and Hartford, Connecticut."

On the education front, Dr. Randall K. O'Bannon, NRLC's director of education & research, has written a brilliant synopsis of the short-medium- and long-term pro-abortion plans for chemical abortions--"RU-486" or, as abortion advocates like to call them, "medication abortions." It is must reading.

Also, in that vein, we've providing an explanation about the highly-regarded NRLC Academy and how to apply. The Academy is a fast-paced, intense but fun five-week academic summer course. A second blessing: pro-life college students have the opportunity to earn 3 college credits.

The March digital edition, of course, is replete with inspirational stories of babies who overcame tremendous odds and women who faced down physicians (and others) who recommended they abort. No issue of *NRL News* would be complete without them.

And there are many, many stories about state legislative victories, the kind of uplifting news that buoys the spirits. For example, West Virginians for Life are well on their way to placing SJR12 on the November ballot. If approved it would return the state Constitution to a neutral position on abortion and abortion funding. It reads, "Nothing in the Constitution secures or protects a right to abortion or requires the funding of abortion."

And, to mention just one more, *NRL News* (as does its sister publication, *NRL News Today*) intensely covers international developments. Pro-abortion challenges (such as the upcoming referendum in Ireland on whether to delete the pro-life 8th Amendment to the Constitution) are hugely important in their own right but also may signal what direction anti-life forces are taking in the future.

Again, thanks for reading *NRL News*. If you are not receiving the monthly *NRL News* or the Monday through Saturday *NRL News Today* in your email, you can sign up (for free) in 30 seconds at www.nationalrighttolifenews.org/news/join-the-email-list.

PS. Don't forget the annual National Right to Life Convention in Kansas, City, Kansas. Please read the page one story and then go to http://nrlconvention.com for information about how to register for the pro-life educational event of the year.

national RIGHT TO LIFE NEWS

About those "10 reasons to Appreciate Your Local Abortion Provider"….

By Dave Andrusko

Darn, I missed it. I recently learned that I'd overlooked the annual "Abortion Provider Appreciation Day." And not only did I miss the actual day of "appreciation," I also missed *Rewire News*' "Ten Reasons to Appreciate Your Local Abortion Provider."

But, better late than never. The reasons to appreciate those who rip, tear, sever, and pulverize hapless unborn babies are timeless. Let's address just three of 10 reasons offered by Mallory McMaster.

"1. Abortion providers make sure you're safe." A little difficult to practice. … Luckily, providers know how important it is to decompress, recharge, and celebrate themselves and their teams when necessary."

"Decompress"? Yes, I'm betting those whose consciences haven't been permanently eviscerated might need occasionally to "decompress."

"Celebrate themselves and their teams"? Why not? If you are circuit rider abortionist Willie Parker, who is shown beaming with three women in a photo that accompanies McMaster's article, you know that when you parachute into

Abortionist Willie Parker

one-sided, wouldn't you say? How "safe" are the estimated 60,069,971 babies torn to pieces since 1973?

"4. Abortion providers know how to have a good time. Being an abortion provider, especially in a red state, where anti-choice legislators are making it lowest, states are continuing to pass restrictions making it harder for people to access timely care. … Prices for abortion procedures go up as pregnancies progress, so the longer someone waits, the more money they need. As such, abortions can be expensive, and not everyone has access to enough money to pay for the care they need when they need it. Abortion providers understand this, and that's why they're dedicated to helping patients find financial assistance when they need it."

True, the later abortions that the likes of Willie Parker happily dispatch, cost plenty. Roughly between $1,000 and $2,000 for an abortion at 20 weeks and much, much more for even later abortions. But out of the generosity of their too-small hearts, "abortion providers" will "make sure patients can access to the abortion they need, whether they can afford it or not."

No way Willie Parker is going to allow a 25-week

Abortionist Warren Hern

unborn baby to escape just because her mother is short on cash. Depending on the story, however, Parker says he stops at 25 weeks and refers women elsewhere.

But there's always Warren Hern. Hern's webpage advertises that he performs "third trimester abortions." If there is a "fetal anomaly," then "Patients can be seen anytime during pregnancy." "**Anytime**."

The *Rewire News* story ends with a paragraph that begins, "Have I convinced you yet?" Well, Ms. McMaster, you have, just not what you wanted to convince me of.

You have convinced me that I will be in this fight as long as I have breath.

some abortion clinic you can annihilate as many as **45** babies on a good day (so to speak).

Forty-five. And…

"7. Abortion providers know you might be broke. Although the majority of abortions in the United States occur during the first trimester, when costs are

New law: If Ontario doesn't like what you say, you're going to jail

By John Sikkema

March 7, 2018 – A new law took effect in Ontario last month. It is now an offence, punishable by punitive fines and prison, to "attempt to advise or persuade" someone to refrain from having an abortion, or to "attempt to inform a person concerning issues related to abortion services", or to "attempt to perform an act of disapproval [of abortion]" in any way, if the attempt is made within 50m (or up to 150m) of an abortion clinic. 'Access zones' can also be created around hospitals and pharmacies by regulation, up to 150m in every direction.

Informing? Persuading? Disapproving? Imagine, "You're under arrest for attempted persuasion…" It is also an offence to "persistently request", by any means and in any place, that an Ontario abortion provider "refrain from providing abortion services", no matter how peaceful or polite your requests.

The consequence of this law's viewpoint discrimination was on stark display in Ottawa last week. ARPA [Association for Reformed Political Action] is two blocks from the Morgentaler Clinic, so I ventured out see what might be happening on the first day the law came into effect.

Just across the street from the Clinic, people were taking signs out of a bag. I thought it might be a bold group of pro-lifers. In fact, it was the opposite. Two police officers walked over and checked out their signs. Evidently, they were satisfied that the signs were sufficiently pro-abortion, since these demonstrators were allowed to stay. "I do not regret my abortion", one woman's sign said. Erase the word 'not' and she could be arrested.

You'll find no offence like these in Canadian law. They exist only in relation to abortion. The closest thing I could think of are laws against obscenity or hate crimes, since they are prohibitions on certain kinds of communication (read the legislative 'debate' on Ontario's bill and you might get the impression that pro-life outreach is a hate crime).

But obscenity and hate speech laws are applied with a view to the potential effect of the prohibited actions – corrupting morals or promoting hatred. If the act in question cannot reasonably be expected to cause such harm, it should not be prosecuted. When it comes to the bubble zone law, however, the question isn't whether what you said is likely to intimidate someone or whether you intend it to intimidate, but simply whether you communicated about abortion in a non-approving way. Obscenity and hate speech laws do not target one side of any particular issue for censorship.

The penalties for obscenity and willful promotion of hatred are similar to the penalties for a bubble zone violation. But it's much harder to defend yourself against the latter charge. So while it's a crime to "expose to public view" any "obscene written matter, picture… or other thing", if exposing obscene material serves the "public good" by being necessary or advantageous for religion, morality, justice, truth, science, or art, you are not guilty of an offence. Likewise, it is a crime to promote hatred, but you cannot be convicted if your statement was true, or was a good faith attempt at a religious argument, or if discussion of it was in the public interest and you believed it to be true.

But the new "bubble zone" offences allow no such defences. If you are charged with "attempting to inform" someone about "issues related to abortion", you cannot defend yourself by proving that the facts you shared about abortion or alternatives to abortion are true. Nor does it help you that someone was relieved that you told her about a pregnancy care centre. Nor does the fact that your letters to the local pharmacist asking her not to dispense abortifacients were non-threatening, well-reasoned, and factually correct.

Shutterstock.com

In what kind of state are people arrested for "attempting to advise or persuade" or "attempting to inform" or for expressing disapproval of a (taxpayer-funded) "service"?

Editor's note John Sikkema is a lawyer with the Association for Reformed Political Action (ARPA) Canada. This article, originally published on the ARPA Canada blog, was reprinted with permission at LifeSiteNews.

Chemical Abortions: The pro-abortion plan if abortions become substantially harder to obtain

From page 14

long range plans for the abortion pills. **They didn't simply want to have another type of abortion available. They wanted one that could bypass the clinics altogether.**

Abortionists without clinics

Early hints of this effort to bypass traditional abortion clinics go back almost a decade, at least. In July of 2008 Planned Parenthood's Iowa affiliate first began offering webcam abortions, abortions where women at a remote rural location interacted with an abortionist back at a clinic in Des Moines by a webcam. After a short interview and review of some medical records, the abortionist clicked a button on his computer triggering the opening of a drawer at the woman's location.

Inside were the abortion pills. The woman took the mifepristone there while he watched and then took the misoprostol home to take later. She had the number for a phone hotline she could call if she had problems. Or she could just head for her local emergency room and tell them she was having a miscarriage. No doctor would be able to tell the difference.

Thousands of women had webcam abortions in Iowa, and soon several other states – Alaska, Minnesota, Maine, and Illinois – were copying the model.

Abortions by mail and on-line

This was still not enough for the pill's promoters. Why should a woman have to go to a clinic at all, they asked, or even a small town storefront location? She was simply taking "pills," pills they thought she should be able to pick up from her local pharmacy or even order over the Internet.

It wasn't long before some of the country's top abortion researchers/advocates were announcing "studies" to back such a proposition. In March of 2016, Beverly Winikoff, who helped bring RU-486 to the United States when she was with the Population Council, announced that her current group, Gynuity, was beginning a pilot study making abortion pills available by overnight mail to women in Hawaii, Oregon, Washington state, and New York.

The idea, of course, is to show that this sort of distribution works and is safe so that the method could be taken nationwide. (One wonders the number and seriousness of the complications Gynuity considers "acceptable.")

Confirmation of such aims come in another study (available in the fall of 2017, but officially in the April 2018 issue of *Contraception*). Winikoff and several colleagues declared that the concept of women obtaining abortion pills over the Internet was "feasible." This assurance, despite the fact that their own data revealed widely varying prices and shipping times, that pills came without any sort of instructions, and that some pills even arrived degraded in punctured packaging.

None of that mattered. Gynuity and the other abortion advocates had placed the FDA on notice that not only could Internet sales of abortion pills happen, but that it was already happening right under their noses. The not-so-subtle message was that pill quality and patient care could be better assured if such sales were legal and managed by responsible domestic suppliers like..., well, Gynuity.

It should be noted, of course, that though one particular brand of mifepristone (Mifeprex), used in conjunction with misoprostol, was approved for sale in the U.S. in September of 2000, the FDA's current regulations don't allow for private individuals to purchase the drugs over the internet.

Abortifacients for countries where abortion is illegal

While Winikoff and her associates have been trying to change laws and regulation, it has become increasingly apparent that the abortion industry and advocates see chemical abortion as the way to get around whatever laws exist now or in the future.

Back in 2001, Rebecca Gomperts and Women on Waves anchored the "Abortion Ship" off the coast of Ireland, where abortion is illegal. They promised chemical abortions for those who made their way out to the boat in international waters.

No abortions were performed, but Gomperts got worldwide publicity for her group and for the abortion pill. She staged similar stunts in Poland in 2003, and Portugal in 2004, and later in Spain and Ecuador in 2008 and Morocco in 2012. (Gomperts was also the PR genius behind the abortion train, the abortion bus, and the abortion drone.)

From 2009 to 2012 Gomperts went a different route in South America and other places around the globe. She set up hotlines in Chile, Argentina, Peru, Pakistan, and Venezuela where women could call to find out how to obtain and use misoprostol on their own to trigger their own abortions.

Misoprostol can be used by itself to cause abortions, but is not as reliably "effective" (i.e., lethal the unborn child) as the mifepristone and misoprostol combination. It has the "advantage," though, of being more widely available than mifepristone because misoprostol is a drug legitimately used as an anti-ulcer medication.

A "womenonweb" internet site from Gomperts' group surfaced around 2009. A woman would click "I need an abortion with pills" go through a series of question before being connected to a doctor to prescribe and ship her abortion pills to anywhere in the world – so long as abortion was not legal in that country (they apparently did not want to compete with suppliers in countries where abortion was already legal). The website also included instructions how a woman could write her own prescription and obtain misoprostol to abort.

In 2017, women connected to Women on Waves joined with one of the academics who penned the aforementioned 2017 *NEJM* editorial to form a new group Women Help Women. They came with an accompanying website

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Chemical Abortions: The pro-abortion plan if abortions become substantially harder to obtain

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"helping" women who wanted to understand how to obtain and use abortion pills. Their service is geared towards American women who find their "access" threatened by state abortion limits and "hostile" new presidential administration (*NRL News Today*, 4/28/17).

Pharmaceutical makers rush in

Once the U.S. approved RU-486 and more countries began approving mifepristone, drug makers all over the world began to try to manufacture and sell their own versions of the drug. Often they would hawk their abortion pill packets over the Internet.

Though most of these rogue manufactures were from India or China, mifepristone-misoprostol packets were being sold under at least 62 different names from firms in a dozen countries as recently as 2014.

As shady as that is, it doesn't count the numbers of pills of misoprostol being sold on the black market, particularly among Hispanics in Central and South America, and Latino communities in the United States.

Abortifacients on the U.S. black market

When Texas passed a series of laws from 2012 to 2014 regulating clinics and redirecting state family planning funds to organizations that didn't perform abortions, abortion advocates insisted that this led to the closure of several abortion clinics. (A decline in demand was likely a big part of that.) And this, they said, led to a rash of women taking matters into their own hands, seeking out abortion drugs on the black market.

Again the not-so-subtle message of abortion advocates was that if pro-lifers used the law to close the clinics, women would just turn to pills they could get on their own. And what was also clear, from activists' blogs and "analyses" published by academics, abortion advocates were going to help them do it.

For example, Andrea Grimes wrote in her 3/15/15 Rewire. News commentary that "Sharing Information about Self-Inducing Abortions Made Me Feel Empowered." She meant telling women how to use misoprostol to have abortions.

Researchers such as Daniel Grossman of the University of California - San Francisco (UCSF – America's so-called "Abortion Academy") published research speculating that thousands of women had turned to misoprostol or other chemical concoctions to try and self abort. In other articles he wrote that with the right instruction, women could use misoprostol to safely abort on their own without a doctor's help.

The plan made plain

The aim of all the activity, the research, the advocacy is becoming clearer. Abortion advocates see in chemical abortion a way around whatever legal, logistical, social or economic obstacles would stand in the way of a woman aborting her child. They no longer need worry about where they're going to find abortionists for tomorrow's abortions.

If going to the clinic is too expensive, too far, too embarrassing, if the clinic is closed, if somehow, some way, someday abortion becomes illegal, women can simply order their pills online and have them delivered to their home in what looks for all practical purposes like just another package from an online e-tailer.

They have their abortions at home and supposedly no one is the wiser. If they have problems, they just show up at the Emergency Room and tell the doctor they're having a miscarriage.

It doesn't go in the records as an induced abortion, but abortion advocates, and presumably the woman, get what they want – a dead baby.

The future

Bear in mind the number of women turning to do-it-yourself abortions is grossly exaggerated and it is not legal to sell abortion pills over the Internet in the United States.

Some women who find their local abortions clinics closed eventually go on to have their abortions elsewhere. But studies tell us that some women will decide to forego their abortions, allowing their babies to be born.

Measures like National Right to Life's "physician presence" laws forestall the possibility of legal web-cam abortions, mail order abortions, and abortions with on-line purchased pills.

The use of chemical abortifacients is growing, though maybe not as quickly as anticipated. Women have found them much bloodier and considerably more painful than advertised. Some women, coming to better realize what is really involved, have changed their minds and have successfully "reversed" their chemical abortions, giving birth to healthy, happy children.

It will be critical for the FDA to resist pressure from abortion advocates to further loosen distribution regulations, that they not approve sales by pharmacies or delivery by mail.

Laws requiring that an actual physician be present when a woman receives her pills are not only essential for her safety, but to ensure that we do not go further down this road to medical and personal abandonment of women at this critical stage of her ordeal.

Ultimately, of course, we have to convince the wider culture that no abortion--chemical, surgical, or otherwise--will "solve" a woman's problems. It will not fix her relationship, it will not get her a job or a degree, it will not raise her income, it will not bring her fulfillment.

There are life-affirming solutions which offer life to both the mother and her unborn child. These, not expediting abortions, are what our culture should be promoting.

Having underwritten development of RU486, Susan Thompson Buffett Foundation now trying to make chemical abortions "more accessible"

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the receiving end of philanthropic funding. According to the last financial information publicly available for SFP, the organization receives most of its income through donations.

SFP does not publicly share a list of its current supporters. The call for proposals makes clear that the nonprofit worked closely with a funder to revamp its grantmaking strategy to promote research that will reach beyond academic circles and seep into policy debates and cultural conversations.

SFP didn't respond to several requests for comment on the identity of its main backer or the exact nature of the role the funder plays in decision making.

But it didn't take much investigation on Reilly's part (publicly available tax documents) to see that the Susan Thompson Buffett Foundation was SFP's main backer.

The foundation provided $3.7 million of the nonprofit's $4.1 million in revenue in 2014, and $6.3 million out of $6.4 million total revenue in 2015. It's highly likely that Buffett is the funder behind SFP's new push on medication abortion.

There is much more to talk about—such as how it has "donated tens of millions of dollars to the Planned Parenthood Federation of America and local affiliates since 2010" as well as funding the National Abortion Federation and "the National Women's Law Center, as well as several other smaller pro-choice organizations."

But for the (quite correct) emphasis placed on the Susan Thompson Buffett Foundation, Reilly concludes that

Buffett is the most prolific funder behind pro-choice groups, but is far from the only one. The William and Flora Hewlett Foundation has donated more than $10 million to Planned Parenthood since 2010, including about $2.4 million to the national organization in 2015.

The David and Lucile Packard Foundation are steady supporters of pro-choice organizations through its program for population and reproductive health. In 2015, the foundation donated about $5.8 million to Planned Parenthood and $500,000 to the National Abortion Federation.

An unholy trinity, if ever there was one.

"Living Wills" to Prevent Spoon-feeding

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ALZHEIMER'S AS A FATE WORSE THAN DEATH

The easiest way to get people to accept death by starvation/dehydration is to get them to choose it for themselves even before they have a problem.

Thus, media stories of people and their families suffering tremendously because of Alzheimer's are very persuasive. People fear becoming an economic and emotional burden on their families. Not surprisingly, many people then willingly check off feeding tubes and other medical treatments in their advance directives.

Position papers like that from the American Geriatrics Society and the Alzheimer's Association can also paint a dark picture:

The Association asserts that research evidence support no medical benefit from feeding tubes in advance dementia and that feeding tubes may actually cause harm in the advanced state of Alzheimer's. Additionally, the Association said, it is ethically permissible to withhold nutrition and hydration artificially administer by vein or gastric tube when the individual with Alzheimer's or dementia is in the end stages of the disease and is no longer able to receive food and water by mouth

The presumption is that such a death is peaceful and painless when a person is assumed to be unaware in a "vegetative" or late Alzheimer's state. However, Bobby Schindler has written an account of the reality of a prolonged starvation/dehydration death on his sister Terri Schiavo that was hidden from the public.

"JOE'S" CASE

Several years ago, I cared for a man with early stage Alzheimer's who had a serious pneumonia needing a ventilator for a couple of days. Afterwards, Joe (not his real name) was alert and cooperative but the ventilator tube unexpectedly affected his ability to swallow and speak easily. His family asked about a feeding tube and special swallow therapists to try to retrain his throat muscles so that he could eat and drink safely. That is how an even older friend of mine in the same situation but without Alzheimer's was successfully treated recently.

However in Joe's case, a neurologist was first called to evaluate Joe's mental status. I was there as the doctor asked him questions like "How many fingers am I holding up?" The man answered the questions correctly but the neurologist immediately wrote for nothing by mouth including crucial blood pressure medications. He also then recommended no feeding tube to the family. No swallow therapy was ordered. Joe was never asked about this.

When I questioned the neurologist and pointed out that the man had given correct answers by nods and holding up the correct number of fingers when asked, the neurologist responded by saying that the man did not hold up his fingers "fast enough"!

This is the tragic reality when we judge some lives as not worth living.

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