



October 2014

TUESDAY, NOVEMBER 4TH

Vote Pro-Life



CORY GARDNER
for U.S. SENATE

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A Focus on Abortion in the 2014 Election

By Karen Cross, National Right to Life Political Director

A study in contrasts. Unlike, for example, the pro-abortion group EMILY's List, which is largely avoiding even mentioning the word "abortion," the Democrat Party is prominently focusing on the issue as its primary strategic challenge to many pro-life candidates.

This dichotomy would be fascinating in any case, but especially so given that the worn-out "war on women" meme is rapidly showing its age. The Democratic incumbent senator in Colorado, Mark Udall is so tunneled visioned on abortion and "reproductive health," that one reporter from a highly pro-

abortion newspaper dubbed him Mark Uterus.

Ultimately, I believe it will hurt the pro-abortion, out-of-mainstream candidates so favored by media outlets, especially when

the public finds out what the Democrat Party supports.

EMILY's List, Planned Parenthood, and NARAL Pro-Choice America are avoiding the "a" word like the plague

in traditionally "red" states – especially EMILY's List. They are focusing on "fluff" issues, unrelated to abortion, and their

See "2014 Elections" page 29



NJ Board of Medical Examiners permanently revokes notorious abortionist's medical license

By Dave Andrusko

The list of states that abortionist Steven Brigham has lost his right to practice medicine in is as long as your arm. At the same time the 57-year-old Brigham has been able to continue practicing in New Jersey, the key to his multistate abortion business, American Women's Services, even though his license was suspended four years ago by the New Jersey Board of Medical Examiners.

On October 9, the 16-member board of examiners lowered the boom, brushing aside Brigham's insistence that he was "misunderstood in multiple ways" and "To revoke my license



Four years after his license was first suspended, abortionist Steven Brigham's New Jersey medical license was finally permanently revoked.

would be to give in to the forces of hate"—pro-lifers. "You know I am a good doctor," he said, presumably with a straight face.

Not so, said the board. They "voted unanimously that Brigham had engaged in professional misconduct, dishonesty and misrepresentations, and repeated acts of negligence, based on the records," according to the *Philadelphia Inquirer's* Marie McCullough.

The board cited Brigham for a bistate abortion practice where he would induce "fetal demise" in New Jersey but deliver the dead baby in Maryland.

See "NJ Board" page 30

Editorials

Fewer than 17 days until Election Day

By the time most of our *NRL News* readers begin to devour the October digital edition, there will be only 17 days—408 hours—until the mid-term elections. Karen Cross, our Political Director (page one), and Carol Tobias, NRLC President (page three), have each written a very helpful explanation of what is at stake. So, let me add just two paragraphs to their thoughtful and thought-provoking articles. (There is also a brief examination of how President Obama's falling approval numbers are hurting Democrats on page 5.)

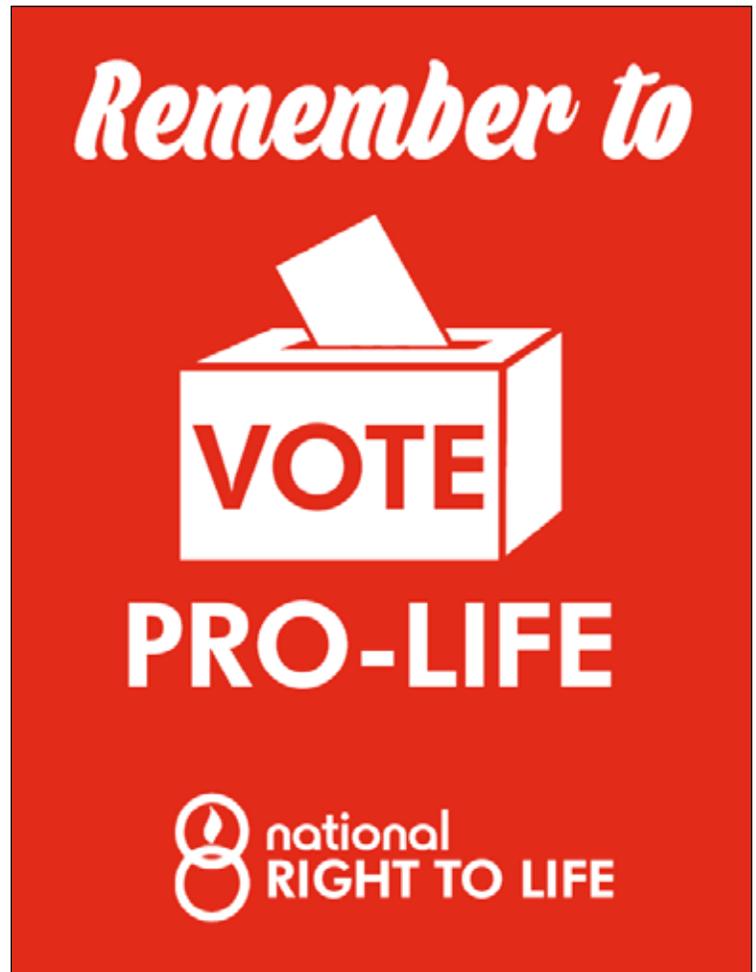
Political contests ebb and flow, a truism if ever there was one. But a less recognized “given” is that at least one race—and perhaps **many** more—will take a sudden turn the last week. This is only to say be joyous, but not over confident, about contests that appear to be going well, work extra-hard on those races that are nip-and-tuck, and don't be surprised if all the extra time and energy put in by pro-lifers pulls victory out of what seemed to be the jaws of defeat.

Many contests will likely be settled by 2-4 percentage points. That is the net advantage most candidates benefit from by being pro-life—the “pro-life increment,” as we often describe it. The importance of pro-lifers going to the polls election day (or voting in advance) and encouraging like-minded citizens to do likewise **cannot** be exaggerated.

This 39-page edition is chock-full of the most up-to-date news of interest to our ever-growing audience of readers. I should mention that most of our *NRL News* readers also subscribe to the free *NRL News Today* feed, which goes out Monday through Saturday. (If you are not receiving this invaluable resource in your inbox, sign up at www.nrlc.org/maillinglist.)

And because we produce 9-13 stories a day, in addition to material written specifically for *NRL News*, we have an almost embarrassment of riches to choose from. Here is a précis of some of the many stories you'll find.

See “Election Day” page 33



What's next now that the Supreme Court has blocked Texas from enforcing parts of pro-life H.B. 2?

About the time I was getting ready to leave the office Tuesday night, the Supreme Court issued a five-sentence order blocking parts of H.B. 2, Texas' 2013 omnibus pro-life bill, from taking effect. I dashed off what I hope was a helpful albeit quick summary. What follows is an equally brief follow-up with the caveat that pro-abortionists have filed two separate lawsuits, making for a mind-bogglingly complex situation.

In brief (as brief as this can be), the justices were responding to an insistent plea by the Center for Reproductive Rights (CRR) to stay (block) an October decision by a three-judge panel of the 5th U.S. Circuit Court of appeals that upheld the requirement that abortion clinics meet the same building standards as ambulatory surgical centers.

Six of the nine justices agreed with the request (Justice Antonin Scalia, Justice Clarence Thomas, and Justice Samuel A. Alito Jr. said they would have allowed the entire law to be enforced). The effect is to allow the clinics to remain open while appeals proceed.

In addition, the justices also exempted clinics in El Paso and

McAllen from another part of the law that requires abortionists to have admitting privileges at a hospital within 30 miles of the abortion clinic. (The CRR argued that abortion clinics were especially hard-hit in this part of Texas.) But the admitting privileges rule remains in effect elsewhere in Texas.

(Note that CRR has not challenged the Pain-Capable Unborn Child Protection Act, which is part of HB2. This provision prohibits killing unborn children who have reached the developmental milestone of being able to feel pain, which substantial medical evidence places at 20 weeks, if not earlier.)

Trying to put this latest development in context...well now it gets complicated.

As *NRL News Today* explained back in March, another three judge panel from the 5th Circuit unanimously agreed that two provisions could go into effect statewide: the aforementioned admitting privileges

See “What's Next...” page 36

FROM THE PRESIDENT CAROL TOBIAS

Make Our Founding Fathers Proud



Are you ready?? Are you as excited as I am to learn the results of the elections just around the corner?? Will Harry Reid be able to maintain his grip on a pro-abortion majority in the Senate, or will pro-lifers control both the House and the Senate??

Candidates and political parties and organizations have been hard at work

to produce victory on election night. I daresay, none of them have been working as hard as the innumerable pro-lifers laboring on behalf of those candidates who believe in the dignity and preciousness of innocent human life.

I love history and enjoy reading about the people who banded together almost 250 years ago to create this wonderful new country called the United States of America. I am always amazed at the wisdom, the forethought, and the determination, of the men known as the “Founding Fathers.”

People of different backgrounds, different occupations and levels of education, different ideas of what is important, all came together with the common cause of freedom. Their ideals, their dreams, their values were summarized in the eloquent words that flowed from the pen of Thomas Jefferson. Read again these famous words:

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

I marvel at the thought of all these amazing people being brought together in the same place, at the same time, in history. And their number one priority was Life.

***...their number one
priority was Life.***

Fast forward to today’s America, where so many have forgotten the ideals of our founders. Would those founders have believed it possible that this country would allow the killing of more than 56 million of its children? Could they even fathom the idea of candidates and elected officials insisting that your tax dollars be diverted to facilitate that killing?

I firmly believe that pro-life people are the true descendants of our Founding Fathers. Why do I say that? Pro-life people understand the vision and the principles established for this great country. Pro-life people clearly see where our great nation has gone astray. And it is because we so love our country that we continue to move forward with perseverance and optimism.

Those who advocate for the killing of unborn children protest that we want to take the country “back,” as in “backwards” to a worse state of affairs than we have today. Rather, we want to bring back—to restore—the vision of our Founding Fathers. We want to restore the soul of our nation by proclaiming that each and every individual human being is precious.

***Use your vote to be
a voice for the voiceless.***

I have been involved in electoral politics for many years. Every election cycle, I think of John Adams who wrote:

“It has been the Will of Heaven, that We should be thrown into Existence at a Period, when the greatest Philosophers and Lawgivers of Antiquity would have wished to have lived: a Period, when a Coincidence of Circumstances, without Example, has afforded to thirteen Colonies at once an opportunity, of beginning Government anew from the Foundation and building as they choose. How few of the human Race, have ever had an opportunity of choosing a System of Government for themselves and their Children? How few have ever had any Thing more of Choice in Government, than in Climate? These Colonies have now their Election and it is much to be wish’d that it may not prove to be like a Prize in the Hands of a Man who has no Heart to improve it.”

The people of the United States are blessed with a system of government that gives us the opportunity to choose our leaders. Sadly, too many people don’t take advantage of that opportunity. They are too busy, they don’t like the candidates on the ballot, or even worse—they just don’t care.

Many should-be voters decide that their vote won’t make a difference so they don’t bother to vote. But when we vote, we are not only doing our duty as citizens. We are also making a statement. Use your vote to be a voice for the voiceless.

Pro-lifers across America have been working for many months to elect candidates who believe in Life; candidates who want to protect unborn children and their mothers. There are just a few days left until November 4, which means the last thing we can do is rest.

After the materials have been printed and distributed, and the phone calls have been made, and information posted on various social media outlets, there may still be a handful of people you haven’t spoken with yet. Make sure that the pro-life people you know are going to vote. Do they need a ride to the voting booth? Can you take them, or find someone who can?

We occasionally hear the idea of someone “turning over in his/her grave” because something they espoused is being turned completely upside down. Electing politicians who favor the disposal of innocent life, not its protection, is at odds with everything our Founding Fathers stood for.

In the remaining few weeks, let us do everything we can to advance the cause for life and make our Founding Fathers proud.

Couple celebrates brief life of baby born with anencephaly, gave him a lifetime of memories --his “bucket list”--before he was born

By Dave Andrusko

Okay, before you read this, please make sure you have a box of Kleenex nearby. The story of Jenna Gassew and Dan Healy and their son Shane Michael will make you cry but it will also make you marvel that a couple this young could be so wise beyond their years.

Perhaps you’ve already heard something about Shane Michael. Forgive me if you have, but most have not heard about a little baby whose parents shared with him a lifetime of joy—“memories,” as Dan said--before he was even born.

Imagine being happily pregnant, and then finding out that your baby has a brain malformation so severe he will live just a few hours, a day or two, at best? That’s exactly what happened when Jenna was three months pregnant.

She was in a minor car accident, went to the hospital to check up, just in case, and then got the news.

“I got a text from her saying ‘call me.’ I knew something was wrong,” Dan told WPVI in Philadelphia. Shane had anencephaly, a severe malformation of the baby’s skull and brain in which much of the brain is missing. The couple told Lauren Enriquez:

“We were in shock to say the least and didn’t want to believe that all of this was happening. It was in the car that day that we both agreed that God was blessing us with such a special baby for a reason greater than we could understand and that no matter how hard it was to feel the way we did, that we had to keep the faith and believe in His plan for our lives. We wanted people to never question how proud we were to be Shane’s parents and that we were thankful and felt blessed that God chose us to bring him into the world. Shane is our son and we are so proud of him and he’s had such a positive impact on the lives of so many people that have heard his story.”

“He’s still our little boy and even though he’s been given such a short life expectancy ... we wanted to make sure that we gave him a lifetime worth of adventures and love while he’s with us,” Dan told ABC last month. “One thing we would want people to take away is that each human life is so valuable and that it’s important to live each day to its fullest potential.”

Their hundreds of thousands of followers (they have nearly 900,000 “likes” on Facebook) were then given continued updates on the “bucket list” of activities they intended to complete (#shanesbucketlist updates). Besides being

taken to the top of the Empire State Building, the couple took their unborn son to some of their favorite childhood places, from New York City to sports games, concerts and classic Philadelphia landmarks such as Geno’s Steaks. They completed their list on Sept. 6.

Shane was born October 9; Jenna’s labor was chronicled by Dan. First, “Baby Shane is here!!.. Mom and Baby are doing well! .. more details and pictures to come!”

Then, just a few hours later

“Today at 6:15AM, after meeting his entire family and being baptized into the Catholic faith, baby Shane died peacefully in his Mother’s arms .. we are so grateful for the time that we

very limited, so we wanted to make the most of the time that we had with him.”

What a reminder to all of us, whether we are the parents of a baby who will live only a brief time or the parents of adult children building their own lives. Time is limited, but don’t use that brevity as an excuse not to continue to make memories.

Injured—severely injured—Shane was no less their son. Why would he not be? Was he not “one of us” because he was less than perfect?

Jenna and Dan certainly didn’t think so. Shane will always be a member of the family, a contributor to the family’s history.

Finally, when couples like Jenna and Dan



Priceless hours with son ... Jenna Glasew with Shane. His every move inside her womb was followed by more than 794,800 people on Facebook. Picture: Prayers for Shane Source: Facebook

we were blessed to hold and hug our son .. the support and prayers we have received from all of you have been amazing and we want to thank each of you with all our hearts .. Shane spent his entire life in the arms of people that loved him unconditionally and I don’t think you could ask for a more beautiful life than that .. he is home now with the Lord and will forever be our little miracle!”

Back in September, Dan told ABC 13, “Most families wait until their baby is born to start making memories and traveling to places with them.” He added, “We understood what it was and knew that our time with our son could be

are told their unborn baby suffers from a catastrophic malady, they are routinely told they have the “option” of “termination.” The implication is that somehow everyone—even the baby—is “better off” if the child is killed immediately rather than allowed to be born and die in his or her parents’ arms.

But it’s not better... for anyone.

Thanks to Jenna and Dan for reminding us that each of us counts; that each of us is a member of the family; that the bond we forge during the months a baby like Shane is carried will last a lifetime; and that we can be blessed in ways we could never imagine.

Obama approval numbers continue to tumble in new Washington Post-ABC News poll, political landscape “tilts” toward GOP

By Dave Andrusko

First the outstanding news, then a needed caveat. From Wednesday's *Washington Post*

“Heading into the final weeks of the midterm campaign, the political landscape continues to tilt in favor of the Republican Party, with President Obama's overall approval rating at the lowest level of his presidency and GOP voters signaling greater likelihood than Democrats that they will cast ballots, according to a new Washington Post-ABC News poll.”

Here are some of the specifics of the survey of 1,006 adults, as explained by the Post's Dan Balz and Scott Clement.

#1. “Most worrisome for Democrats is that their candidates will be weighed down by unhappiness with the president. Obama's overall approval rating stands at 40 percent, the lowest recorded in a Post-ABC News poll during his six years in office, though only a point lower than last month. Among independents, his rating is 33 percent.” The President's approval has been well under 50%, it seems, for forever.

#2. The now-familiar enthusiasm gap: “Seventy-seven percent of Republicans say they are certain to vote, compared with 63 percent of Democrats.”

#3. How about those who say President Obama will be a factor in their voting? Balz and Clement write

“Among independents, 23 percent say they want to send a message to oppose the president while 8 percent want to support him with their vote. Meanwhile, more than 4 in 10 Republicans (46 percent) say they will vote to send a message of opposition to the president, while just 30 percent of Democrats say they are voting to send a message of support for Obama.”

So, to be clear, that is a -15 among Independents (23% to 8%) and a net difference

of -16 between Republicans (46%) saying they are sending a message of opposition and Democrats saying they will be sending a message of support (30%). Those are impressive numbers, no matter how you slice it.

By now just about everyone knows that Republicans need to produce a net gain of six seats in the Senate to assume control. Receiving only passing attention is the House, which is universally expected to remain in the hands of Republicans.

vote for, Democrats hold a tenuous edge of 46 percent to 44 percent among registered voters. But among likely voters, Republicans hold a more sizable advantage, 50 percent to 43 percent. Self-identified independents favor Republicans 51 percent to 32 percent, and among the roughly one-quarter of the likely electorate that has an unfavorable view of both political parties, Republicans hold a lead of 53 percent to 32 percent.”

The separate issue, of course, and one that could alter outcomes is the parties' respective



Pro-abortion President Barack Obama

As the November 4 elections draw near, the question is will Republicans gain a few seats or more. We learn from “Poll shows Obama approval low, GOP enthusiasm higher than Democrats” that

“On the question of which House candidate, Republican or Democrat, people plan to

capacity to “get out the vote.” As Balz and Clement observe

“Democrats often have more trouble turning out their base voters in midterm elections. This year they have made unprecedented efforts to register new voters and turn out those who often vote only in presidential races.”

My son with Down syndrome is not a burden to his family

By Cassy Fiano

It's not unusual to hear people talk about aborting their baby with Down syndrome because it is the "merciful" thing to do. One woman wrote about her decision to abort her baby with Down syndrome because of the "suffering" the baby and her family would be forced to endure, and somehow still has the audacity to claim that she "loves" her son.

To her, she was making some kind of noble choice because he otherwise would have had a miserable, empty, meaningless life. Richard Dawkins caused a huge controversy when he argued that it was immoral to knowingly give



birth to a baby with Down syndrome — he claimed that the moral and ethical thing to do would be to have an abortion.

In a similar vein, one mother has opened up about her reasons for aborting her son with Down syndrome: he just would have been too much of a burden on their family.

For the tiny baby I'd just given birth to — a much-wanted brother for our daughter Delilah — never took a breath outside my body. We, his parents, chose to end his life before it started.

Days earlier, tests had shown that our darling boy had Down's syndrome, as well as a host of severe health problems. So Tim and I had made the excruciating decision to terminate my pregnancy at 15 weeks and three days.

I'd delivered Oscar naturally after taking

medication to end his life, and bring on labour. Yet that didn't stop us loving him with all our hearts and believing we had done what was best for our family, and indeed for our son.

... Having known children with disabilities through my mum's work as a child-minder, I knew what full and valuable lives they can lead.

... There are 60,000 people with the condition in the UK and the life expectancy of a child born with DS today is up to 60 years old. If a child with DS had been created, weren't we — two loving, happily married people, its parents — the best placed to look after it?

But would it be fair on Delilah when inevitably a child with DS would require so much of our attention?

... A termination was the kindest option for our son but also the most agonising for us.

... Incredibly, the night before I delivered him, I felt those first fluttery kicks inside me and dissolved into tears, relieved that I could feel my son, but distraught that I was about to lose him.

It must first be pointed out that there was some massive cognitive dissonance going on here. She continually talks about how horrible it is that she was going to "lose" her son, but ignores that the reason was because she was going to kill him.

She didn't lose anything. She threw her son's life away because he didn't fit her definition of perfect, and then somehow warped that reality so that she could paint herself as a victim, a distraught mother who lost a child. They decided that it was better to deprive their child of life because he had an extra chromosome, and even though they acknowledged the medical advances that have benefitted people with Down syndrome, and that people with Down syndrome can lead successful lives, they still chose to kill him.

They killed him because they thought he would be too much of a burden to their family.

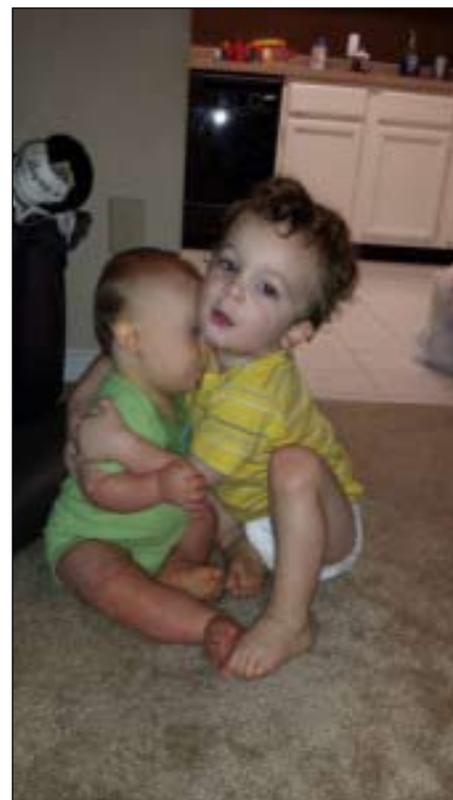
I found out that my son, Wyatt, had Down syndrome while I was pregnant, too. My older son, Benjamin, wasn't even a year old yet. My husband had just deployed to Afghanistan. He would not be home for the birth of this child. I was around 15 weeks pregnant, I was alone — and abortion was never an option for me. That doesn't mean that I wasn't scared. I was devastated, terrified. I cried for days.

But being a mother means that you love your child unconditionally. You don't only love your child if they meet certain criteria, and you definitely don't get to claim that you love your child after you make the decision to kill them.

The weeks after receiving the diagnosis were difficult. It took time to accept it and find the strength to start doing research, but the important thing is that acceptance did come. When Wyatt was born, it was a joyful day. We were thrilled to welcome another beautiful baby into our family. Our family was made complete with his addition, not burdened by it. He is a happy, healthy little boy, and we have never regretted keeping him. How many people who choose to have abortions can say that?

Now, two years later, we have three kids. There are parts of raising a child with Down syndrome that are a little more difficult, yes, but for the most part, Wyatt is just a normal toddler.

Seeing the relationship he has with my other children is one of the best parts of raising them. He and Benjamin chase each other around the house, play hide-and-seek together. They share a room, and if they don't sleep in the same room for whatever reason, Benjamin eagerly races ahead of me to wake Wyatt up, running to his crib to see him.



Our youngest idolizes Wyatt, although he would rather try to keep up with his big brother. I have no doubt whatsoever that they will grow up to be Wyatt's biggest defenders

Told there was no amniotic fluid around her baby and possible abnormalities, mother refuses to abort, “miracle baby” doing fine

By Dave Andrusko

Nope, no way. The news was bad about their unborn baby—there was no amniotic fluid around her—but Leanne and Chris Duffield were having none of the doctors’ recommendations that they “terminate” their unborn daughter, Willow.

unit at the University Hospital of Wales in Cardiff offered Leanne an abortion.

“Doctors said that a lack of amniotic fluid usually means the baby has suffered abnormalities that would make survival impossible,” Bolter explained.

we had the bereavement midwife come and talk to us,” Leanne told Bolter. “It was a bit overwhelming.”

But she did not deliver—and as Leanne approached 24 weeks, Bolter explained, Leanne was put on complete bed rest at a new hospital (Singleton Hospital in Swansea) and received steroid injections to help Willow’s lungs.

The Duffields were relieved that a mid-December revealed Willow had all her limbs, but at that stage they couldn’t rule out serious musculoskeletal problems that can be caused by the lack of amniotic fluid.

It was a somber Christmas for the family, who ate dinner on the hospital ward. Less than three weeks later, Leanne “suffered a potentially fatal placental abruption, where the placenta comes away from the inside of the womb, and Willow was born by emergency caesarean section weighing just 2lb 6oz.”

Willow was born with chronic lung disease, but “Willow did not have any of the problems with her limbs or spine which medics had feared,” Bolter wrote. She came home in April and she is being gradually weaned off of oxygen support.

Doctors told Leanne they hope that as Willow’s lungs grow, “the diseased part will be minimized and Willow will suffer nothing more than asthma.” In the meanwhile, Willow has continued, in Bolter’s words, “to go from strength to strength.”

She is “hitting all the targets she should be,” Leanne said. “With premature babies they should have caught up with their peers by two years.”

“She had so many different things that were stacking up against her. She is our miracle baby,” said Leanne.



Willow has hit all her developmental targets so far despite her ordeal.

“We didn’t even have to talk about it,” Leanne told the *Mirror*. “It was one of those things we would never have even considered. It didn’t even enter our thoughts.” (The couple has four other children, ages 2-8.)

News that Chris’s fifth pregnancy, seemingly uneventful, was anything but came when she had a routine scan at the Princess of Wales Hospital in Bridgend.

“When we went for the 20-week scan we found there was no fluid around her and they thought there was some sort of abnormality causing the lack of fluid,” Leanne told Abby Bolter. Doctors were unable to pin-point a cause, but just a week later the fetal medicine

But Leanne and Chris refused.

They never made it to her next appointment: her water broke at 23 weeks and she was admitted to the Princess of Wales hospital.

The irony of what happened next was not lost on Leanne:

“When we had been for the scan there was no fluid at all. But when my waters broke at 23 weeks it was just like it was with the others. It was a gush and I couldn’t understand.”

But 23 weeks is very early and doctors feared if Willow was delivered then, her lungs would be insufficiently mature for Willow to breathe on her own—or even be ventilated.

“They thought I would deliver the baby and

The Brightest Lights on Broadway!

By Kurt Kondrich

Editor's note. October is Down syndrome Awareness Month.

Each year during the fall season there is a priceless display of the sanctity of all Life in the heart of New York City that kicks off October's Down Syndrome Awareness month.

The National Down syndrome Society video plays on the big screen in Times Square and the pictures highlight the ABILITIES of these amazing individuals. A photo of my awesome 11-year-old daughter Chloe playing volleyball was chosen for this year's magical presentation. Countless people from across the country and the globe gathered to see what an incredible

blessing people with Down syndrome are to their families and communities.

The sad reality is that up to 90%+ of individuals with Down syndrome never get a chance to submit pictures for this remarkable Times Square video because they are identified, targeted and eliminated prenatally. Negative perceptions and prenatal prejudice in our misguided culture of death has fueled this silent genocide of beautiful human beings who exemplify kindness and purity. Our society cannot afford to lose the bright light these individuals bring into our world, and this light was clearly on display in the Big Apple!

Since Chloe's birth I have witnessed her

piercing light of unconditional love chase away much darkness. I've imagined how bright our world would be if more people with Down syndrome were embraced and not prenatally erased.

An old song about New York says "If I can make it there I can make it anywhere." I pray and hope one day all human beings like Chloe and the ones in the Times Square video will be given the opportunity to be born and "make it here" to a world that desperately needs them!

Romans 13:12 "Let us put aside the deeds of darkness and put on the armor of light"



Chloe shows her skills playing volleyball as The National Down syndrome Society video plays on the big screen in Times Square.

Compassion & Choices uses tragedy to promote its assisted suicide agenda

By Dave Andrusko

Like most people, I suspect, I have a multitude of reactions to news that a 29-year-old woman is teaming up with Compassion & Choices to use her own assisted suicide to help convince the state of California to open the door currently closed to assisted suicide. First, the background.

Shortly after she was married, Brittany Maynard began having debilitating headaches. That's when she learned she had stage 4 glioblastoma, a malignant brain tumor, according to *People Magazine's* Nicole Weisensee Egan. They moved from California to Oregon where assisted suicide is legal.

that's only available to some Americans, which is really unethical," Maynard told Egan.

Reaction #1. Age-wise, Maynard is exactly half-way between my two oldest daughters. I would never pretend to know what her parents (and her husband) are experiencing, but I do know how devastated our entire family would be if either Emily or Joanna was suffering from what doctors told Maynard is a terminal disease. The prognosis is six months.

Reaction #2. Maynard's case is what groups like Compassion & Choices live for. A beautiful young woman apparently about to be cut down in the prime of her life. It matters not that

such cases—terminal illnesses—are always the opening wedge after which, once the principal is established, the “right” to be “assisted” expands to a whole panoply of reasons none of which are about terminal illnesses.

As bioethicist Wesley Smith has written, “The most common reasons for committing assisted suicide in Oregon/Washington are not wanting to be a burden, worrying about losing the ability to engage in enjoyable situations, etc. These existential issues are very important and certainly need attention of caregivers—but they are not “last resort” problems, at least as that term is commonly understood.”

The “right” to assisted suicide has metastasized in Europe, as *NRL News Today* has discussed

in dozens and dozens of posts. Here's Peter Saunders' suburb overview.

In the Netherlands which legalised assisted suicide and euthanasia in 2002 there has been an increase of 10% to 20% of euthanasia cases per year since 2006 from 1,923 to 4,188. The 2012 figures included 42 with early dementia and 13 with psychiatric conditions.

In addition in 2001 about 5.6% of all deaths in the Netherlands were related to deep-

continuous sedation. This rose to 8.2% in 2005 and 12.3% in 2010. A significant proportion of these deaths involve doctors deeply sedating patients and then withholding fluids with the explicit intention that they will die.

Children as young as twelve can already have euthanasia and a 2005 paper in the New England Medical Journal reported on 22 babies with spina bifida and/or hydrocephalus who were killed by lethal injection in the Netherlands over a seven year period. It estimated that there actually 15 to 20 newborns being killed in this way per year – despite this still being illegal. The culture and public conscience have changed.

In Belgium, which legalised euthanasia in 2002, there has been a 500% increase in euthanasia deaths over ten years between 2003 and 2012. High profile cases include Mark and Eddy Verbesssem, the 45-year-old deaf identical twins, who were euthanised by the Belgian state, after their eyesight began to fail; then there is Nathan/Nancy Verhelst, whose life was ended in front of TV cameras, after a series of botched sex-change operations. His mother said she hated girls, found her child 'so ugly' at birth and did not mourn his death. And then there is Ann G, who had anorexia and who opted to have her life ended after being sexually abused by the psychiatrist who was supposed to be treating her for the life-threatening condition.

Reaction #3. The lead to Egan's story sets the stage and draws the “right” conclusions for the reader in the first two sentences:

For the past 29 years, Brittany Maynard has lived a fearless life – running half marathons, traveling through Southeast Asia for a year and even climbing Mount Kilimanjaro.

So, it's no surprise she is facing her death the same way.

We are told in the next sentence that the campaign is “to fight for expanding death-with-dignity laws nationwide.” She moved to Oregon to take advantage of its law, but “There's tons of Americans who don't have time or the ability or finances,” she told Egan, “and I don't think that's right or fair.”

So, this is not about her “right” to assisted suicide, but the absence of that “right” for people who don't live in the very few states where it is legal to have someone help you kill yourself. And



Brittany Maynard with her Great Dane, Charlie
(Courtesy Dan Diaz)

As part of the joint campaign with Compassion & Choices (formerly The Hemlock Society), there is now a six-minute online video that includes interviews with Brittany her mother, Debbie Ziegler, and Dan Diaz, her husband.

“In mid-October, Maynard will videotape testimony to be played for California lawmakers and voters at the appropriate time,” Egan writes.

“Right now it's a choice [assisted suicide]

UCSF Pioneers On-Line Abortion Course

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

With their promotion of web-cam abortions in the United States and supposedly “low maintenance” surgical and chemical abortions overseas, it should come as little surprise that abortion advocates are developing and promoting on-line abortion training.

The six week course, “Abortion: Quality Care and Public Health Implications” is offered through the University of Southern California, San Francisco (UCSF), America’s infamous abortion training academy and research center, and is set to begin October 13, 2014. According to instructor Jody Steinauer, over 3,000 people have already enrolled in the course (Daily Beast, 10/6/14).

Steinauer, of course, was a medical student from UCSF who helped found Medical Students for Choice in 1993, advocating that medical schools add abortion to their training curriculum. Now an associate professor of Obstetrics, Gynecology & Reproductive Sciences at UCSF, and a research director for the Kenneth J. Ryan Residency Program in Abortion and Family Planning, Steinauer continues in her efforts to promote abortion training through on-line learning.

An on-line syllabus spends portions of weeks 3 and 4 addressing “Clinical aspects of medication abortion, aspiration abortion, post-abortion contraception, and pain management of abortion” and then “Clinical aspects of abortion after the first trimester.” But a large portion of the course seems devoted to the “History of abortion and abortion stigma” (Week 1), “Values clarification about abortion care” (Week 2), “Legislative and policy obstacles to abortion access” (Week 3), “Obstacles to Accessing Safe Abortion in the US and Worldwide” (Week 4), and “Overcoming Obstacles to Abortion Access” (Week 5). www.coursera.org/course/abortion, accessed 10/7/14.

UniofSanFranreThe Daily Beast article, written by Samatha Allen, featured an interview with Steinauer on the course. Allen spent a great deal of time decrying the dearth of abortion training in American medical schools. Not that Steinauer hasn’t been trying.

She was part of a campaign in the mid 1990s that led to the Accreditation Council for Graduate Medical Education (ACGME) mandating that abortion be part of all U.S. medical residency programs that did not have religious or moral objections. Though passed and instituted in 1996, congressional action limited the impact of that requirement by passing a law saying that no residency program that lost accreditation over failure to comply with that requirement would risk losing federal funds.

Steinauer and her colleagues in the movement are obviously still galled at high number of medical schools still refusing to offer abortion training. They look to technology to provide a way around those objections by offering their course directly to “any clinician, physician, health care worker or student who will care for women of reproductive age.”

Saying the state of abortion education at U.S. medical schools and public health programs is in “lackluster shape,” Allen points out that a 2005 review of curricula found that less than a third of such schools included a single lecture

find not just morally repulsive, but totally inconsistent with the practice of medicine, which is supposed to be dedicated to the preservation of human life.

It is unclear whether or not Steinauer expects students of the on-line course to consider themselves trained to do abortions and immediately begin offering them, pursue more direct training, or just become advocates. Steinauer told Allen, “I think if we can inspire even a small portion of the people who take the course to take steps in their communities to increase access to safe abortion and decrease



on abortion during the clinical years and a 2008 survey found that a third did not include abortion in preclinical courses either.

In the Daily Beast article, Steinauer attributes this resistance to “stigma about abortion” and the fact that the subject “sometimes makes people feel emotional,” leading people to avoid the subject and to assume that abortion is rare.

Nowhere in the interview does Steinauer seem to acknowledge that the resistance of students and medical schools, the “stigma” and the negative emotions, may stem from the fact that many people recognize that abortion is the killing of human beings, something people

stigma about abortion, then we have been totally successful.”

Those who successfully complete the course “will have the opportunity to receive a Statement of Accomplishment signed by the instructor” and the course description indicates “We intend to offer AMA PRA Category 1 CME Credits to practicing physicians and other health professionals who successfully complete this course.”

Stanford Doc says not enough evidence Jahi isn't brain-dead. Really?

By Wesley J. Smith

This is disturbing. Two internationally respected neurologists [Dr. Alan Shewmon and Dr. Calixto Machado] conclude that Jahi McMath isn't brain dead, and the Stanford court appointed independent expert isn't even curious to see what is going on?

Apparently not, as Dr. Paul Graham Fisher says the evidence presented "isn't enough." But what about the videos appearing to show

What about the EEG?

A "flat" electroencephalogram (EEG)...is not required for the determination of brain death...The EEG performed 9/1/14 was not performed in standard conditions, but rather, at an apartment...

Fine, do it right and see what, if anything, is cooking!

12/23/14 examination and consultation finding...None of the declarations provide evidence that Jahi McMath is not brain dead.

That's not true. They might not provide sufficient evidence, but certainly the videos of Jahi's apparent conscious reaction to requests to move her limbs--and the testimony of internationally respected physicians that she is not brain dead--is "evidence."

I find it stunning that Fisher isn't even curious enough to want to perform a thorough reexamination pursuant to the criteria he thinks determinative.

More, it seems to me that relying on tests from 10 months ago when current tests--even if insufficient--at least appear to show things may have changed (or not gone as earlier predicted) is a matter of digging in the heels rather than seeking objective truth.

Here's my bottom line as one who believed she was dead last year:

- **Maintaining trust in the integrity of the system, alone warrants a second look.**
- **So does the interest of science, because we may have witnesses an unprecedented event in brain death science.**
- **So does the potential future of a little girl.**

"Not enough?" Fine. Conduct the kinds of tests and examinations that would be sufficient.

If this were a death penalty case, the level of evidence presented would create sufficient doubt to justify a reopening because the case involves life and death. Let's make sure Jahi McMath is really dead.

Editor's note. This appeared on Wesley's great blog.



Jahi McMath

here reacting to requests? From his letter to the judge dated October 6, 2014:

Videos of hand and foot movements, coincident with verbal commands heard on audio cannot confirm or refute brain death, and are not substitute for in-person serial neurological examinations by a physician.

But surely, they are cause to agree that those serial examinations should be performed!

Dr. Fisher notes that no serial apnea tests have been performed. Fine, do the tests!

What about blood flow to the brain, as reported in Machado's declaration per [the MRI test he performed on Jahi]? The right test wasn't performed, Fisher says. OK. Do the right test.

Menarche commencing, indicating sexual maturing? "Not relevant." But Shewmon testified that this is unprecedented in the literature.

Dr. Fisher's bottom line conclusion:

Overall, none of the current materials presented in the declaration refute my

Parents ignore doctors' gloom and doom prognosis, "miracle baby" born at 23 weeks now thriving

By Dave Andrusko

Because it is such a powerful contrast, a staple of pro-life conversation for decades has been the simple truth that the same-age baby who in one room doctors will struggle frantically to save can be killed the next room over. It is morally schizophrenic, an irrational dichotomy that can serve to open minds otherwise impervious to persuasion.

In this instance Mrs. Moore's water broke at 22 weeks and doctors told her to expect a stillbirth. Even if Sylvia's and Thomas's baby did survive, the couple was informed, his internal organs would be so compromised that he would have no ability to fight off infection. *The Telegraph* reported

"The couple also claim that they were told

they would receive no medical support if the baby weighed less than 1lb.

"After 10 days of labour, Lucas was born weighing just over that limit and placed on a ventilator at Coventry University Hospital, where he was found to be suffering from bleeding on the brain.

"His parents claim they were told that their son would be severely disabled and they should consider switching off his life support machine."

(The hospital denied saying this.)

But the Moores said no!

"When we first went into hospital it was absolutely terrible," Mr. Moore told the newspaper. "We said that if he started fighting we would fight for him and that's what we did. We knew we had made the right decision when the nurses told us his bleed on the brain had just disappeared."

Lucas celebrated his first birthday on August 28. While he is a few months behind in his development, he is in good health.

"He really is our miracle little boy, we all call him that," Mrs. Moore said. "After carrying a baby and preparing for him to come into the world, to be told that he will not live is just devastating.

"Lucas really is a little fighter and we are so proud of him."



Lucas Moore pictured in the hands of his father when he was just a few hours old Photo: SWNS.com

Several British newspapers, including the *Daily Mail*, *The Sunday Times*, and the *Daily Telegraph* have been writing stories about babies who were born just before the legal limit for abortion in Great Britain (ostensibly 24 weeks, but "flexible" if the baby is found to have a disability) who survived.

The latest "miracle" baby is Lucas Moore who was born at 1lb 1oz and who was not expected to live beyond a few days. But a year later, according to the *Telegraph*, he is thriving.

The details are harrowing, beginning with the sad note that Sylvia Moore had lost quads a month before she learned she was pregnant with Lucas; and the reality that unless a baby reaches 24 weeks, hospitals are ultra-reluctant to do anything for them.



Lucas with his parents

As Obamacare Implementation Continues, Medical Innovation Stagnates

By Jennifer Popik, JD, Robert Powell Center for Medical Ethics

In an October 10, 2014 *Wall Street Journal* opinion piece, “ObamaCare’s Anti-Innovation Effect,” Dr. Scott Atlas writes,

The overwhelming majority of the world’s health-care innovation occurs in the U.S. This includes ground-breaking drug treatments, surgical procedures, medical devices, patents, diagnostics and much more. Most of the funding for that innovation—about 71% of U.S. R&D investment—comes from private industry. A recent R&D Magazine survey of industry leaders in 63 countries ranked the U.S. No. 1 in the world for health-care innovation.

But that environment is changing. According to R&D Magazine and the research firm Battelle, growth of R&D spending in the U.S. from 2012 to 2014 averaged just 2.1%, down from an average of 6% over the previous 15 years. In that same 15-year period, Malaysia, Thailand, Singapore, South Korea, India and the European Union saw faster R&D spending growth than the U.S. China’s grew on average 22% per year.

As a result, small and large U.S. health-care technology companies are moving R&D centers and jobs overseas. The CEO of one of the largest health-care companies in America recently told me that the device tax his company paid last year [imposed by Obamacare] exceeded his company’s entire R&D budget. Already a long list of companies—including Boston Scientific, Stryker and Cook Medical—have announced job cuts and plans to open new centers for R&D, manufacturing and clinical trials overseas.

This worrisome trend is thanks in part to a provision of the health care law relating to limits on the state exchanges.

As we have regularly documented, as millions of Americans have begun relying on their Obamacare exchange health insurance plans, stories about denial of access to providers and top hospital centers keep piling up. Moreover, many top prescription drugs have become difficult or impossible to obtain. You can read more on this here.

The culprit is the Obamacare provision under which exchange bureaucrats must exclude insurers who offer policies deemed to allow “excessive or unjustified” health care spending by their policyholders. To

avoid exclusions from the exchanges, health insurance plans are cutting down on access to innovative prescription drugs as well as the newest procedures and medical devices – because cutting-edge medicine starts off as more costly, even if it will eventually drop in cost as economies of scale, fine-tuning, and the



Pro-abortion President Barack Obama

movement of drugs from patent-protected to generic all gradually come into play.

When health insurance won’t pay for the products of medical innovation, investors cut back funding for such innovation, rightly judging that their chances for a positive return on their investment are diminishing.

Offering a partial solution, Dr. Atlas writes, *First, strip back the heavy tax burdens that currently inhibit innovation, starting with repealing the Affordable Care Act’s \$29 billion medical-device excise tax and the \$80 billion tax on brand-name drugs. Change the tax code to add incentives for investment in early-stage medical technology and life-science companies, as well as for philanthropic gifts to academic institutions that promote tech entrepreneurs.*

However, tax changes alone will not address the heart of the problem – Obamacare’s insistence on drastically limiting growth in health care spending. The heavy-handed suppression of adequately funded health insurance associated with the exchanges is only one of a series of the health care law’s provisions designed to prevent Americans from spending “too much” of their own money to save the lives and preserve the health of their families. (See documentation here.)

The basic point is that health care spending is crucial to innovation and quality treatments. Now and for years to come, Obamacare, if not repealed, will work through regulation and pressure on insurers to hold down spending and will stifle both innovation and quality care.

It is notable that innovation and access are already suffering even though at present only a small percent of Americans are enrolled in the state exchanges (primarily those who could not get insurance at their job or worked for small companies). Many experts predict that when the exchanges are opened to employees of all businesses in 2017, many employers will end their present coverage and force their workers into the constricted exchange plans.

Just as most businesses have gradually moved away from “defined benefit” pension plans under which retirees were guaranteed a certain income, replacing them with “defined contribution” programs under which employees must instead rely on their own contributions to their 401(k) retirement plans while receiving some matching contributions from employers, experts predict most businesses will stop offering their employees health insurance directly, instead providing them a lump sum they can use toward the cost of exchange health plans.

Savvy investors try to predict the future. Recognizing that the market for medical advances – at least any that have appreciable costs – will soon shrink far more dramatically, they are shifting their capital out of domestic health care. We can only hope that it will go to firms abroad focused on medical innovation, rather than be shifted to other types of profit-making enterprises that have nothing to do with advancing the ability to save lives.

You can follow up-to-date reports here: powellcenterformedicalethics.blogspot.com

Woman sees ultrasound, realizes she's pregnant with "a little person"

By Sarah Terzo

From a woman who was being tested to see if her baby had Down syndrome or another handicap; she had been considering abortion if the baby was discovered to be disabled. She's describing what she saw on the ultrasound:

"I was on this incredible high, like I saw the head and the little shoulders and then I came home and I suddenly crashed because I thought, there was this little person, I mean, it looked like a little person. And I was more upset than I'd ever been because what would I do? You know, would I have an abortion? Because here I've seen it, and it looks like a little person."

Rayna Rapp "Testing Women, Testing the Fetus: the Social Impact of Amniocentesis in America" (New York: Routledge, 1999) 129

Editor's note. This appeared at clinicquotes.com.



19 week 3D ultrasound

UCSF Pioneers On-Line Abortion Course *from page 10*

BACKGROUND

The number of abortion "providers" has dropped in the U.S. in the last three decades, falling from a high of 2,818 in 1982 to 1,720 in 2011. This has led to the abortion industry not only pushing chemical abortions (as something that can be done by physicians who may lack surgical training) but also efforts to try to expand the pool of abortionists. That includes training physician assistants, nurse practitioners, and nurse midwives to perform first trimester aspiration abortions (an effort led by, not surprisingly, UCSF) and getting states to allow them to perform those surgical procedures.

This dearth of abortionists is also behind the development of the web-cam abortion, where an abortionist at the home office communicates with a patient at a remote location via a computer web-cam, clicking a mouse to release a drawer at her location containing abortifacient drugs after he conducts a brief interview.

This on-line course from UCSF is simply one more element of this larger campaign.

But the audience is not simply American. Steinauer talks about a "global audience of learners" and notes that "only about half" of those taking UCSF's on-line health courses are from the U.S.

International advocates have been pushing to make abortion available in many developing nations, even in places where abortion may not currently be legal. Many are pushing a method called "manual vacuum aspiration," in which a large vacuum syringe with an attached tube is used to suction the child out of the uterus. No electricity is required, and a person trained to use the method for incomplete abortions can easily use it for abortion outright.

Chemical methods, some involving drugs available by mail ordered over the internet, others using drugs developed as anti-ulcer medications, are also heavily promoted. (National Right to Life News Today has written

a series of articles on these developments.)

While these can be used (quite dangerously) by the women themselves or by lightly trained medical personnel, UCSF's on-line course would supposedly enable some of these lower level clinicians to obtain training that will encourage them to perform abortions and advocate for abortion on demand in their home countries.

All this is done, of course, under the name of addressing "unsafe abortion" and reducing maternal mortality.

But the course appears to lack critical information such as how leaving these pregnant women in the hands of personnel who lack basic medical equipment and facilities and have had only a video education is going to enhance these mother's safety.

It may be on-line instruction, but it sounds like a very bad movie.

Autos for Life needs your support to finish strong in 2014!

By David N. O'Steen, Jr.

With the heat of summer well behind us, and the Holiday Season just around the corner, this is a great time to think about clearing out the garage or freeing up that additional parking space.

We encourage you to make a significant contribution to help save innocent lives by donating your used car, truck, minivan, boat, or SUV to Autos for Life! 100% of the sale amount of every donated vehicle is dedicated to supporting the lifesaving educational work of National Right to Life, **AND** you'll also receive a tax deduction for the **full sale amount!**

Donated vehicles (boats, trailers, and jet skis too!) can be of any age and located in any part of the country. Recent donations include a

* 1995 Geo Prizm from a pro-life gentleman in New Jersey,

* a 1998 Ford Ranger pickup from a pro-life family in Ohio,

* a 1997 Ford F-150, donated by a family of long time pro-life supporters in Maryland,

* and a 1999 Shasta Camper trailer from a pro-life supporter in Maryland!

With the challenges that lie ahead, the proceeds of this and all other special gifts are

appreciated now more than ever. Please, keep them coming!

To donate a vehicle to Autos for Life, (a program run by National Right to Life's educational outreach) all that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better) – and we'll take care of the rest. Digital photos are preferred, but other formats work as well. You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork for you to complete. The buyer picks the vehicle up directly from you at your convenience!

If you or someone you know has a vehicle to donate, please contact David O'Steen Jr. at (202) 626-8823 or e-mail dojr@nrlc.org. All vehicle information can be emailed to me, or sent by regular mail to:

"Autos for Life"

**c/o National Right to Life
512 10th St. N.W.**

Washington, D.C. 20004

National Right to Life thanks all the dedicated pro-lifers that have donated their vehicles to Autos for Life! With your help, the educational work of National Right to Life will continue to teach the truth about abortion and save countless lives. This year end, we ask that you partner with us by donating your used vehicle to Autos for Life...the most defenseless in our society are depending on us!



Compassion & Choices uses tragedy to promote its assisted suicide agenda *from page 9*

Reaction #4. Maynard insists that what she is going to do November 1—"end her life with medication prescribed to her by her doctor"--"is NOT suicide."

"There is not a cell in my body that is suicidal or that wants to die," she tells PEOPLE in an exclusive interview. "I want to live. I wish there was a cure for my disease but there's not."

I have no doubt that the family is doing what it thinks is best in helping their daughter commit suicide. Compassion & Choices is just using her in its interminable campaign to make the "right" to assisted suicide available to anyone for any reason, most especially to those "tired" of life. It is a genuinely radical organization.

For example, as Smith notes, Compassion & Choices promotes VSED ("voluntary stop eating and drinking) on its website.

Smith writes, "It has even published a booklet about suicide by starvation for those who are not terminally ill. From the introduction to Voluntary Stop Eating and Drinking (my emphasis):

"Some call us because they feel overwhelmed by the symptoms of chronic and progressive illnesses that fill their days with misery and suffering. There are also those who may not be seriously ill but are simply 'done.' After eight or nine decades of life, they want information about ways to gently slip away in a peaceful

and dignified manner."

Egan mentions none of this in her story. That would require going beyond her bland description of Compassion & Choices as "an end-of-life choice advocacy organization."

Maynard's terrible illness is a great tragedy. It is also tragic that the likes of Compassion & Choices will use our genuine compassion for her and her family to attempt to knock down the protective doors without which the weak and the vulnerable will be victimized on a massive scale.

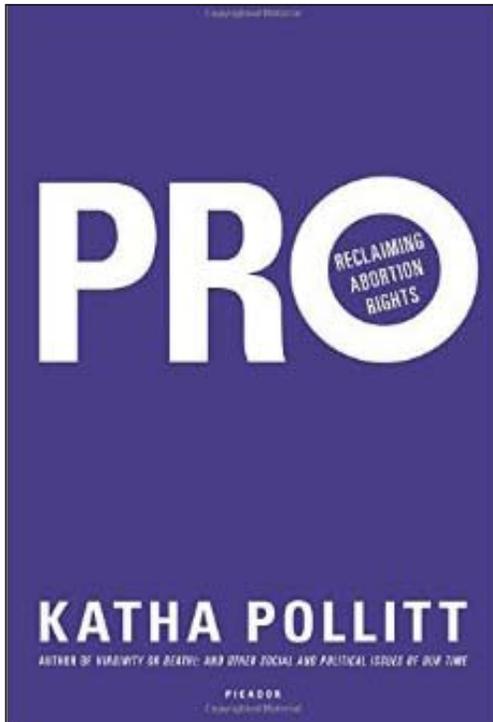
Enough of this equivocating and defensiveness: “We like abortion”

By Dave Andrusko

It is getting progressively more difficult to take various progressive pro-abortion feminists seriously. It's as if they what they publish is either an unpolished first draft or so burdened with vitriol that the product is close to unreadable when not literally unintelligible.

Probably starts with the absence of vigorous copy editors—or maybe it's publishing one's own self-indulgent blog invites an almost stream-of-consciousness masquerading as argument.

Which brings us to “Abortion Isn't a Necessary Evil. It's Great. Progressives should admit it: We like abortion,” by Sady Doyle. Her book review appeared in the Socialist publication, *“In These Times.”*



Doyle is lauding Katha Pollitt's “Pro: Reclaiming Abortion Rights.” Pollitt is the very epitome of the out-to-lunch, say-anything but pretend otherwise pro-abortion feminist.

To fully understand the review, let's begin with who Doyle is. She describes “The Wonderful World of Sady Doyle” thusly:

“Sady Doyle started Tiger Beatdown in September 2008, because she was bored, and also for some reason no-one wanted to publish her various long-winded ramblings on gender. Since then, she has conned various sectors of the Internet into publishing all sorts of various long-winded ramblings on gender, and has also gotten them into newspapers and/or magazines [including In These Times].”

“Long-winded” and “conned,” very apt descriptors for her review. [1]

Pollitt, you may remember, hammered Planned Parenthood when it kind of, sort of retired its “pro-choice” flag. In that same piece, we quoted from Pollitt who insisted there could be no “extreme pro-choice” position.

That “would be the one pro-lifers falsely claim Roe protects: it would permit abortion on demand up until the day before birth. No pro-choice organization calls for that.”

Of course they don't **call** for it (that would be at cross-purposes with their insistence that they are moderates on abortion), but it what they want operationally—no limits whatsoever and publicly funded. It's up to the Sady Doyles and her many clones to make the case that abortion is an amazingly positive good, one much to be sought after. To pretend to believe otherwise is cowardly.

Back to the review. Here is a two sentence summary of Doyle's take on Pollitt's “Pro: Reclaiming Abortion Rights.” The book argues that abortion

“despite what any of its opponents might claim, is a palpable social good. Progressives, Pollitt says, can and must treat abortion as an unequivocal positive rather than a ‘necessary evil’; there is no ethical, humane way to limit abortion rights.”

The beast that Pollitt and Doyle and a growing wing of the hydra-headed Abortion Movement is determined to slay is the Paleolithic notion that there is the slightest moral component to slaying one's kid. Or, to be more accurate, to fail to recognize that the moral action is to take the child's life if she or he gets in the way.

Indeed, abortion can best be seen as a punch line (see “Obvious Child”), an action taken without pity or remorse that can and often is an essential step in the journey from self-indulgent adolescent to self-indulgent adult.

The slightest twist in Doyle's review (I assume it's in the book as well) is that progressive pro-abortion feminists' lone failure is that “pro-choicers have long been a little too nice for our own good.” How so?

In lots of ways but most fundamentally by taking **anything** we say seriously! Remember, according to Doyle/Pollitt, every single syllable we say about abortion's deadly aftermath is junk science, fabricated out of whole cloth by people (you and me) who are allergic to logic. Bible-thumpers one and all. Doyle writes

“In other words, trying to be compassionate, to give anti-choicers the benefit of the doubt,

has only resulted in progressives failing to make their own case. We're dealing, Pollitt says, with ‘40 years of apologetic rhetoric, 40 years of searching for arguments that will support legal abortion while never, ever implying that it is an easy decision or a good thing,’ and this has only gotten us stuck ‘making the same limited, defensive arguments again and again.’”

Abortion is easy, we're told. The cardinal sin, so to speak, of “progressives” is to suggest even for a second that abortion is a kind of “necessary evil.” Not so. So **not** so!

Two quick concluding points. First, at the same time pro-abortionists insist that offing your child is the ethical equivalent of choosing Coke over Pepsi their default argument is always the hardest—**hardest**—cases.

If abortion is “great,” free of any moral calculus, why bring up the toughest of the tough cases such as babies born with anencephaly? Because while they believe their own rhetoric, the Doyles and the Pollitts know nobody else does.

Second, there is a slippery slope to this whole campaign of first sanitizing and then glorifying the slaughter of unborn children. It's a long way from Bill Clinton's “safe, legal, and rare,” and essayist Roger Rosenblatt's “permit but discourage” formulation to Doyle's concluding paragraphs:

“Most profoundly, Pollitt's book is a call for us all to reclaim and speak out about the truths we know. Personally, I like abortion. I've never needed one. I'm still glad to have the option. I'm glad for the people I've known who got pregnant at the wrong time, with the wrong people, and didn't have their lives ruined by it.”

“If Pollitt gets her way, more of us might feel free to admit that, hey: We like abortion.”

Not that the former language options were the least bit insincere. They were not.

But Clinton and Rosenblatt at least were conversant enough with the real price women pay for aborting their children and the truth that abortion ruptures the social fabric to pretend they would like to limit the number of dead babies—a perfect illustration of hypocrisy, the tribute vice pays to virtue.

[1] To be clear, I haven't read “Pro: Reclaiming Abortion Rights.” So I'm going on the assumption that Doyle's paraphrases, summaries, and quotes are accurate and representative.

More Embryonic Stem Cell Hype, Less Reality and Ethics

By David Prentice

Excitement over a newly-released paper on stem cells making insulin is a tribute to the Harvard stem cell Press Office. The actual report is quite a bit less earth-shaking than the first paragraph from the *Harvard Gazette* screams: “[A] giant leap forward in the quest to find a truly effective treatment for type 1 diabetes....” [Type 1 is juvenile diabetes.]

A paper from the lab of Dr. Doug Melton, published in the journal *Cell*, in fact, shows only an incremental improvement in deriving functional beta cells—the insulin secreting cells found in the pancreas.

Melton’s lab generated millions of insulin-secreting cells from human embryonic stem



Dr. Doug Melton

cells (hESC, which require the destruction of a young human being) and from human induced pluripotent stem cells (hiPSC, the stem cells created from normal skin cells, without using embryos).

The authors tested batches of what it called SC- β cells made from hESC as well as from hiPSC. The results were equivalent no matter the starting cell type. So for any future production of SC- β cells, the authors have shown that no embryonic stem cells are necessary.

This is essential to reiterate. The paper itself makes the case that embryonic stem cells are **not** needed for even this incremental advance or for any subsequent work. However, as is always the case when embryonic stem cells are involved, the hype drowns out the more complex truth.

The multistep protocol, which took 4-5 weeks and treatment with eleven different factors, produced insulin-secreting SC- β cells

that produced about half the amount of insulin as normal adult beta cells from the pancreas. Previous attempts had resulted in insulin-secreting cells that were immature (more like fetal cells than adult cells), so they didn’t work as well.

In this new report, the authors note that global gene expression analysis showed “SC- β cells made *ex vivo* are most similar, but not completely identical, to cadaveric beta cells.” Put simply, this means they’re not completely identical to the authentic, insulin secreting cells in the body.

Unanswered Questions—Transplant Rejection and Safety

The paper and its results do not address some significant questions related to these new SC- β cells—immune rejection and safety (that is to say, tumor formation).

The cells were tested in mice whose immune system had been deliberately compromised, so they would be free from immune attack. However this will be an issue in any potential treatment if the SC- β cells are derived from human embryonic stem cells. Use of ethically unobjectionable human induced pluripotent stem cells made from a diabetic patient might provide a way around immune attack on the SC- β .

Safety, especially from aberrant cell growth including tumor formation, is always an issue with pluripotent stem cells, especially hESC. In the mouse experiment, the authors note that large masses of tumors were not seen, but also point out: “A much larger number of transplants and more extensive histological examination will be needed to assess the possibility of undesired cell growth in the grafts.”

While the Harvard press release discusses testing of an implantation device to protect SC- β cells implanted into mice, this simply makes the point that the issues of immune rejection, as well as keeping the implanted cells from running free in the patient, have not been tackled. In the end, this combination device is simply a potential cell-based insulin pump, not a cure for diabetes.

Embryonic Stem Cells Questionable

In the past, the obsession with human embryonic stem cells has led to some questionable claims about their abilities to treat diabetes. Their ability to make authentic insulin, in quantities that would be useful, were first trumpeted and then shown to be incorrect and even fake. In fact, teratoma formation (tumors) was often the result or even the inducer of insulin secretion from ESC. Artifact = not real, fake

In fact, the high-efficiency production of

insulin-secreting cells from hESC and hiPSC has been done before today’s announcement—similar results were published in September 2014 by Rezanian et al. That report also failed to address the questions that the current paper did not address, such as transplant rejection.

Other Ways to Make Insulin-Secreting Cells—No Embryonic Stem Cells Needed

The obsession with ESC continues to make headlines, but that does not help patients. Even Melton’s lab has shown various other ways to make insulin-secreting cells, including: stimulating growth of pancreatic beta cells (which improves glucose tolerance) by expression of betatrophin growth factor; direct reprogramming to turn other pancreatic cells into new insulin-secreting cells within the body; and regeneration of insulin-secreting beta cells by the normal pancreas, achieved by stopping the autoimmune attack typical of Type 1 diabetes.

This latter result is important, because it addresses the underlying cause of Type 1 [juvenile] diabetes: your immune system attacks the insulin-secreting cells.

Stopping the autoimmune destruction of beta cells allows the body to regenerate normal, insulin-secreting cells from the body’s own adult stem cells and progenitors.

Other scientists have shown the real promise of this approach.

Faustman et al. used a simple treatment with BCG to achieve a transient improvement in patients, providing proof of principle for the concept.

Zhao et al. used cord blood-derived adult stem cells to “re-educate” the immune cells of diabetic patients, providing lasting improvement in metabolic control.

The best results thus far for Type 1 diabetic patients has resulted from the collaboration of Voltarelli and Burt, using immunosuppression to remove rogue immune cells followed by transplantation of the patient’s own adult stem cells. Their success was reported in 2007 and in 2009 in JAMA.

This was able to induce complete remission (insulin independence) in most patients with early onset type 1 diabetes mellitus. As they noted after publication of their second paper in 2009: “It’s the first therapy for patients that leaves them treatment-free — no insulin, no immune suppression for almost five years.” Sadly, Dr. Voltarelli died in 2012, but his team continues to work on effective patient treatments.

Adult stem cells remain the gold standard for real patient treatments.

Washington Post editorial hypes embryonic stem cells again, caught up in latest “big payoff”

By Dave Andrusko

Well, you have to give the *Washington Post*'s editorial lauding the supposedly now-realized “potential” of embryonic stem cells, this much: they did spell the most prominent author's name correctly. After that, not so much.

In an article appearing on page 17, Dr. David Prentice explained what a group of Harvard researchers, led by Dr. Douglas Melton, actually found, as opposed to the reckless hyperbole cranked out by in-house media at Harvard and sympathetic outlets, like the *Washington Post*. We'll weave his insights into our rebuttal of some of the many misrepresentations of what the *Post* labeled a “big payoff” in treating Type I (juvenile) diabetes.

It is true, as the *Post* writes, that Melton et al. “painstakingly exposed stem cells to various chemicals until they figured out which ingredients to use and in which order, finally inducing undifferentiated stem cells to become beta cells, which specialize in detecting rises in blood sugar and releasing insulin in response.”

However, as Dr. Prentice explained, there was only an incremental improvement in producing these insulin-producing cells—what Melton's team called SC-β cells. They produced batches of these cells from both “human embryonic stem cells (hESC, which require the destruction of a young human being) and from human induced pluripotent stem cells (hiPSC, the stem cells created from normal skin cells, without using embryos),” Prentice wrote.

Now besides not even acknowledging that there were sources other than embryonic stem cells, the clear implication of the editorial is the results from stem cells from human embryos were superior. Not so.

“The results were equivalent no matter the starting cell type,” Dr. Prentice explained. “So for any future production of SC-β cells, the authors have shown that **no embryonic stem cells are necessary**” (my emphasis).

The *Post* editorial, of course, took its obligatory shot at former President George W. Bush.

After the Harvard team reported its findings in the journal Cell, its leader, Doug Melton, pointedly thanked the philanthropists who donated to his project. The George W. Bush administration, he noted, had ruled out federal funding for embryonic stem cell research except

on a few lines of cells that were already in use. The Obama administration correctly reversed that policy shortly after coming to office.

Just so we're clear. As columnist Charles Krauthammer explained back in 2009 when Obama reversed the Bush policy, seven and a half-years before President Bush delivered a national address on embryonic stem cells that was scrupulously fair, giving the best case for both proponents of their use and opponents. (This, by the way, was during a period of time when the hyperbole about what embryonic stem



Felicia Pagliuca, Ph.D.

cells could supposedly do was everywhere. Opponents were depicted as heartless zealots.)

President Bush “restricted federal funding” for embryonic stem cell research to cells derived from embryos that had already been destroyed (as of his speech of Aug. 9, 2001),” Krauthammer wrote.

By contrast Obama's address was unserious, unreflective, and showed total unawareness of where (in Krauthammer's words) the “protean power of embryonic manipulation” could take us.

Finally, the *Post* concludes, “Embryonic stem cells have been the ‘gold standard’ in research to date, lead study author Felicia Pagliuca explained. Scientists

haven't established that non-embryonic stem cells are as useful. ‘We don't know what we don't know’ about them, she said. Until they do, it is crucial that scientists preserve the flexibility to explore the huge potential of stem cell research.”

I'll take the *Post* at its word that Pagliuca said (presumably to the *Post*), “We don't know what we don't know” about them,” referring to non-embryonic stem cells; I couldn't find that comment anywhere other than in the *Post* editorial.

Then there is the sentence that came before Pagliuca's quote, which is presumably either a paraphrase of the thinking behind her quote or the *Post*'s own conclusion: “Scientists haven't established that non-embryonic stem cells are as useful.” Let's deconstruct that.

First, as the *Post* concedes in its opening paragraph, before the study results reported in *Cell*, while proponents have fallen all over themselves touting the great “potential” of embryonic stem cells, “[U]ntil now the scientists didn't have many big payoffs to tout.”

But as we noted above, lost in the shuffle (as Dr. Prentice pointed out) is that Melton et al. had used **both** human embryonic stem cells and human induced pluripotent stem cells. The results were **equivalent** no matter the starting cell type,” Dr. Prentice wrote. “So for any future production of SC-β cells, the authors have shown that no embryonic stem cells are necessary.”

In combination with Dr. Pagliuca's quote, this glaring omission in the *Post* editorial also implies that there have been no successes using human induced pluripotent stem cells. That simply isn't true. See nrlc.cc/1vvnZLX, nrlc.cc/1sxYEvF, nrlc.cc/1sxZ6tM; and nrlc.cc/1xKZHbQ.

Finally, the “gold standard” idiom. There are two problems.

I do not pretend to be a scientist, but I am familiar enough with Dr. Prentice's work to know that the real “gold standard” is the capability to stop the underlying cause of Type I diabetes—your immune system attacking the

Sandra Cano: RIP

Her case and Roe v. Wade handed down the same day in 1973

By Dave Andrusko

My only meeting with Sandra Cano, and it was very brief, was in June 1989 at the National Right to Life Convention in Minneapolis. Those who spent much more time with her—my then-assistant Leslie Bond [Diggins] and NRLC Convention Director Jacki Ragan—told me that a kinder, gentler woman you will never find.

Unlike Norma McCorvey—the “Jane Roe” of *Roe v. Wade*—Sandra Cano (“Mary Doe”) was not nearly as well known, although her case—*Doe v. Bolton*—was decided the same day as Norma’s.

Neither woman—whose cases were instrumental in legalizing abortion on demand nationwide—ever had an abortion. Cano never wanted an abortion. Both felt terribly victimized by the pro-abortion attorneys that used them to undermine the abortion laws of all 50 states.

Cano died September 30. She was 66.

Allan Parker, president of the Justice Foundation in Texas, which represented Ms.

Cano for 14 years, said her dying wish was for people to “pray for the end of abortion in America and pray for her family.”

In 1989 (we were to learn), Ms. Cano was deathly afraid of public speaking. She was seated at the head table at one of the convention General Sessions when she suddenly got up, walked down the risers, and told Jacki she had to go home. But her presence at our convention, however brief, sent a powerful message.

But in the years to come Sandra gave more than a few memorable interviews, including one with Tim Drake of the *National Catholic Register* and another with Leslie.

Both Sandra and Norma had lived hardscrabble lives, making McCorvey and Cano just the kind of down-on-their-luck women the elitist pro-abortion attorneys could use unmercifully to gut the protective abortion statutes of all 50 states. Both came to be firmly on the side of life.

When pro-lifers speak of putting a “human

face” on the abortion controversy, it is not just to remind people that a human life is lost in every abortion. Abortion exploits vulnerable women, then and now. Cano’s and McCorvey’s journey that culminated in an embrace of our Movement is deeply symbolic of a wider cultural shift in our direction.

I asked Jacki if she would write a concluding paragraph. As I knew it would be, her words were perfect.

“We did have a video that we recorded of her when Leslie and I were with her. I still have that. 25 years have passed but we still kept in touch, more so after Facebook. She was a kind, trusting, woman who was reunited with the daughter she placed for adoption (the one the pro-aborts used to help legalize abortion) and I believe was happy and content for the last years of her life. Sandra will be missed. Her gentle smile, her softspoken voice, and her love of the Lord.”



This photo appeared on Sandra Cano’s Facebook page. (Left to right) Ms. Cano, Dr. Bernard Nathanson, one of the founders of the original NARAL and later a pro-life convert, and Norma McCorvey (the “Jane Roe” of *Roe v. Wade*)

Mother to about-to-be aborted baby: “Next time you can call me Mom”

By Dave Andrusko

One of the best exercises to help us think through situations is the familiar compare and contrast. I would like to compare the following situation—a pregnant woman writing an “open letter” to the baby she is about to abort—and contrast it with the way Jenna and Dan Haley responded when they were told the baby they were expecting would likely live only a few hours after birth. (See story on page 4.)

Kudos to Billy Hallowell for alerting his readers to a letter that appeared on Reddit: “I am getting an abortion next Friday. An Open Letter to the Little Life I Won’t Get to Meet.”

But this “little life” won’t enjoy any time, however brief, outside his or her mother’s womb, let alone in the loving arms of the child’s mother. Unfortunately for the baby, the mother (who signed in as *scaredthrowingaway*) doesn’t “feel the enchantment that I’m supposed to feel.” She’s sorry about this “goodbye” and “sad that I’ll never get to meet you.”

“But, Little Thing, we will meet again. I promise that the next time I see that little blue plus, the next time you are in the same reality as me, I will be ready for you.”

Scaredthrowingaway writes elliptically but we are to understand that she believes she is doing her baby a favor. She is “still haunted by ghosts of the life I’ve lived,” and although “I want you to be better than I ever was and more magnificent than I ever could be,” not now.

No: “I can’t do to you what was done to me: Plant a seed made of love and spontaneity into a garden, and hope that it will grow on only dreams.”

She ends with, “I promise I will see you again, and next time, you can call me Mom.”

What to say? Maybe to her, it’s like reaching for the brass ring. **This** go round with **this** baby, *Scaredthrowingaway* missed the prize. Next time round for sure she’ll win. But not

now, not when “I am still growing myself.”

Only babies are not like brass rings to be grasped for. Each one is a prize in and of themselves, more precious than gold that is already there. When a child is aborted, they do not “come around” again at a time more pleasing to the mother.

They are not perennials that come back every year. They are dead.

A comment made on the site perfectly illustrates what happens when flesh and blood babies are turned into horticultural and pastoral metaphors.

“On the one hand, the pregnancy is a thing, an it, an other, a never gonna happen. But on the other hand, it is a possibility. A road diverged in a wood. One path leads to a person joining you, and on the other

road you keep going alone. You stand at the crossroads and you decide, then and there.”

“A thing,” “an it,” “an other,” and a “never gonna happen.” You choose one path and the kid (sorry, the “possibility”) makes it home. You choose another path and “you keep going alone”—the “thing/it/other” is torn to pieces.

The commenter concludes with “thanks to the talented writers who speak so eloquently

about the experience.”

I conclude with sorrow that now that some respondents side with her, *Scaredthrowingaway* confesses she feels ‘braver.’

Only there is nothing brave about taking the



life of an innocent human being. Brave is when circumstances are the most difficult, you take the road less traveled.

Which leads us to Jenna and Dan Haley.... “Couple celebrates brief life of baby born with anencephaly, gave him a lifetime of memories –his “bucket list”--before he was born.”

Planned Parenthood investing \$1.6 million in effort to stop TN ballot measure

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

For all its talk of “letting women decide,” Planned Parenthood is putting more than \$1.6 million into an effort in Tennessee to keep decisions about abortion laws in the hands of five unelected state supreme court justices rather than let voters determine, through their elected representatives, what sort of protections there will be for unborn children and their mothers considering abortion.

The focus is on a constitutional amendment—“Amendment 1”—on this fall’s ballot, a response to a 2000 decision by the Tennessee Supreme Court. If approved, it would stop the court from invalidating laws passed by state legislature related to abortion, in the name of “privacy.” Not surprisingly, abortion giant Planned Parenthood is heavily invested in defending its lucrative abortion business and is committed to seeing the measure fail.

Why an amendment?

In September of 2000, the Tennessee Supreme Court struck down several abortion regulations, e.g., informed consent, citing a “fundamental” but unwritten “right to privacy” in the state constitution. This has stymied common sense protective measures such as clinic regulations, waiting periods and threatens laws already on the book such as parental consent for minors that have simply not yet been challenged.

It has also led to Tennessee having what *The Tennessean* calls “the fewest abortion restrictions of any state in the Southeast” (5/19/12). Thus it is not surprising that

Tennessee has what the latest abortion surveillance report from the U.S. Centers for Disease Control shows to be the third highest percentage of out-of-state residents obtaining abortions in the country (among reporting states, not including the District of Columbia; Table 2, Abortion Surveillance -United States, 2010, published 11/29/13).

“Amendment 1” would reject the court’s assertion of an unwritten “right to abortion” in the Tennessee constitution and would return the power to regulate abortion to the people of Tennessee through their elected representatives.

The text of the proposed amendment reads as follows:

Nothing in this Constitution secures or protects a right to abortion or requires the funding of an abortion. The people retain the right through their elected state representatives and state senators to enact, amend, or repeal statutes regarding abortion, including, but not limited to, circumstances of pregnancy resulting from rape or incest or when necessary to save the life of the mother.

Though many Tennesseans would surely welcome the opportunity to ban abortion entirely, the amendment does not do that. Amendment 1 merely returns the power to craft legislation on abortion back to the people’s elected representatives. Until and unless the U.S. Supreme Court overturns *Roe v. Wade*, Tennessee’s legislature will be limited by what the U.S. Supreme Court allows.

Dollars in Defense of Death

The state abortion industry is furious, of course, that anyone would dare to challenge their ability to do as they please, and is marshaling resources to try and defeat the amendment. They have created a “Vote NO on 1” campaign and are flooding the airwaves, saturating the internet, and manning phone banks with tales of “attacks” on the state constitution and privacy rights. [1]

Though some of the state’s biggest private abortion clinics kicked in \$40,000 and a handful of individuals made private contributions, the bulk of funding for the “Vote NO on 1” campaign comes from Planned Parenthood affiliates in Tennessee and elsewhere. (Contributions to the Vote NO on 1 campaign, as well as expenditures, are listed on the Tennessee Registry of Election Finance website, www.tn.gov/tref/refcom/ref_com.htm).

After what appears to be an initial start up contribution of \$1000 in the first quarter report of 2014, Planned Parenthood of Middle and Eastern Tennessee (PPMETN) made cash contributions of \$189,500 in the second quarter and an additional \$500,000 in the just completed third quarter.

Not to be outdone, Planned Parenthood of the Greater Memphis Region (PPGMR), which anchors the western part of the state, and its political arm Planned Parenthood Advocates

See “Planned Parenthood” page 37



**VOTE YES
FOR LIFE**
www.YesOn1TN.org

Kansas University professor leading music therapy for premature infants

By Kathy Ostrowski, Legislative Director, Kansans for Life

An ever-increasing number of babies survive birth at earlier and earlier stages of prematurity. This welcome outcome is due in no small part to the development of specialized, neonatal “NICU” hospital units. And now music therapists are devising interventions to help preemies thrive in the NICU and beyond. An article published in the journal “Pediatrics” last year described how music can benefit premature babies. Researchers from Beth Israel Medical Center in New York City studied 11 hospitals and nearly 300 premature infants and documented the way music helped parents transform their favorite tunes into lullabies [<http://pediatrics.aappublications.org/content/131/5/902>].

“The researchers concluded that live music, played or sung, helped to slow infants’ heartbeats, calm their breathing, improve sucking behaviors important for feeding, aid sleep and promote states of quiet alertness,” according to Pam Belluck. “Doctors and researchers say that by reducing stress and stabilizing vital signs, music can allow infants to devote more energy to normal development.”

A University of Kansas assistant professor of music therapy, Deanna Hanson-Abromeit, is among those at the forefront in demonstrating how music helps premature infants survive and thrive, according to an October 6 feature in the online Kansas Health Institute report [“KU professor develops music therapy for premature infants”].

Hanson-Abromeit explains that premature infants are overwhelmed with information:

noise, light, new people. A neonatal intensive care unit can be especially chaotic, and the babies’ brains aren’t developed enough to handle it all. The stress puts their nervous system into fight-or-flight mode, which robs



Deanna Hanson-Abromeit

them of the energy and focus their brains and nervous systems need to help them grow.

“We’re really trying to help them at a very basic neurological level organize at staying calm,” Hanson-Abromeit told KHI reporter, Alex Smith, and pre-recorded music won’t do the trick. Helping infants’ brains develop requires something more subtle: the kind of

attentive interaction practiced by therapists such as Hanson-Abromeit.

Though the field has made great strides with the help of neuroscience, she believes there’s still a lot to learn from the basics of music therapy. Part of Hanson-Abromeit’s ongoing research is playing the guitar for children at Operation Breakthrough, an early education child care and social services facility in Kansas City, Mo.

“We can change those characteristics of the music to be less complex,” she said. “And then build that up gradually for more complexity as the baby’s neurological processes can handle that, or we help them start to develop those things.” In 2013, Hanson-Abromeit joined with researchers in the United Kingdom and Australia to form Music and Neuro-Developmentally At-Risk Infant, or MANDARI. Their goal is “to explore how music therapy affects the brain,” Smith explained. “The group had its first international conference this summer.”

As music therapy continues to gain professional respect, Hanson-Abromeit hopes her work will help take music intervention beyond the exclusive realm of the professional therapist to use by parents to adapt music to help manage the symptoms that their babies are experiencing, whether it’s pain or agitation or discomfort.

Not only does this sound promising for direct therapeutic interventions for preemies, imagine extending that knowledge so that all parents would know *exactly* how to soothe a colicky baby!

Washington Post editorial hypes embryonic stem cells again, caught up in latest “big payoff”

from page 18

insulin-secreting cells. This would allow for the regeneration of insulin-secreting beta cells by the normal pancreas.

As Dr. Prentice explained last week, the promise to date in this field is the use of **adult** stem cells, for example cord blood-derived adult stem cells.

In the meanwhile, the science is not just about dealing with diabetes, juvenile or adult. If we are talking about what is helping

patients around the world **now**, the real gold standard among stem cells is neither embryonic stem cells nor human induced pluripotent stem cells. It is adult stem cells, isolated from many different tissues, including bone marrow, blood, muscle, fat, and umbilical cord blood.

As Dr. Prentice explained in an article written for *NRL News* that appears on page 17, these cells come from a patient or a healthy donor

and does not require harming or destroying the adult stem cell donor. “Over 60,000 people around the globe are treated each year with adult stem cells, because adult stem cells have a proven record at saving lives and improving health.”

You get my point. Too bad the *Post*—which is deeply invested in the hype over embryonic stem cells—couldn’t wait to pull the trigger.

Abortion is great and wonderful and everyone would agree if pro-life activists hadn't "brainwashed" the public

By Dave Andrusko

I usually skim books by pro-abortionists—the arguments are repetitious and drawn from the same fetid pool of anti-child and (usually) anti-male rhetoric. But I believe I will have to read Katha Pollitt's "Pro: Reclaiming Abortion Rights."

Is it because Pollitt's book promises a breakthrough, so to speak, a new way of defending the indefensible? Not if you read the 100% sympathetic reviews that have appeared in the usual places (*Slate*, the *New York Times*, *Salon*, etc., etc.) But that's not the point, although you keep hearing notions that an abortion absolutist is somehow reaching out to people who share none of her militancy or her views.

So what does Hanna Rosin, writing for *Slate*, like about Pollitt's new book? (There are a few quibbles, but that is a subject for another time.)

First and foremost, Pollitt reaffirms Rosin's own condescending prejudices. For instance, it's so 1950ish to think there could **possibly** be **anything** wrong about abortion, anything the tiniest bit problematic.

Why can't the movie *Obvious Child* make a joke out of the lead character obliterating her unborn child? "We shouldn't need a book explaining why abortion rights are important," Rosin writes. "We should be over that by now."

So why aren't we collectively "over that" by now? You guessed it: us.

"The reason we're not, according to Pollitt, is that we have all essentially been brainwashed by a small minority of pro-life activists."

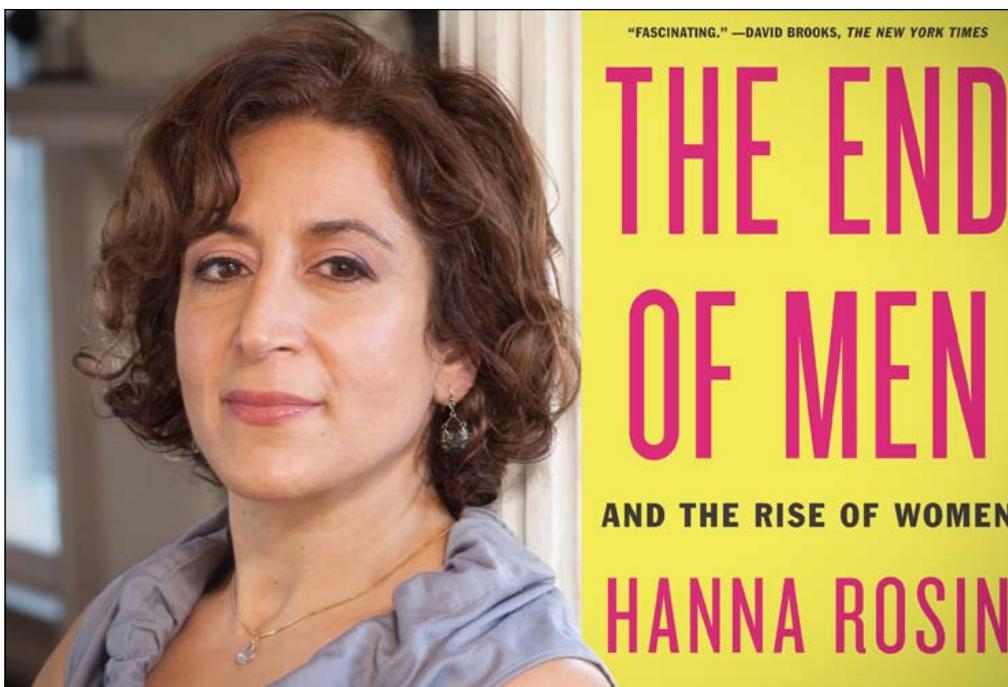
Before I go any further, it is always instructive to remember how contemptuous pro-abortionists are not just of us—what else would you expect—but of the American public. They are all fools, dolts who can be manipulated by a handful of anti-abortion whackos.

Is it any wonder the abortion militants increasingly have an image problem, one some of the saner types are trying to rectify by sort of giving up on the content-free "pro-choice" idiom?

And, by the way, if you are Rosin, you would think you'd be more careful talking about "brainwashing." It was her side that dredged up the ridiculous, reason-free "war on women" meme, one which, as the public thinks more deeply, is beginning to lose its hold.

are "pro-choice" when, in fact, they oppose the reasons for which 90%+ of all abortions are performed.

Rosin/Pollitt might concede the numbers (not my conclusion, of course), but counter that's just they haven't knelt at the feet of Ms. Socrates and benefited from her wisdom.



Hanna Rosin

Anyway, back to the review.

Again, I haven't read the book yet, but can anyone read the following paragraph (pro, con, or have no opinion on abortion) and not smile?

"Pollitt aims her book at the 'muddled middle' who have been infected by the awfulization [of abortion] without thinking about it that much. To win them back she's crafted a lengthy Socratic response dissecting the contradictions on the pro-life side."

"Socratic"? Please.

Note who the muddled (or "mushy") middle is, besides being "infected" (gosh, now we're reduced to spreading viruses?). In fact, as polling data going back decades reveals, it refers to all those Americans who are told they

Just one other point (there are at least four or five more worth considering but...). For reasons that make sense only to the hard-core pro-abortionist, Pollitt believes (Rosin writes) that the "moral high ground is in reclaiming the right to have an abortion, regardless of the circumstances."

None of this "hard case" nonsense for the abortion on demand without apology crowd. That simply breeds defensiveness, an invitation to defeat.

So, Pollitt/Rosin and their ilk believe that the way to the American public's heart is through...abortions at any stage of gestation, for any reason, or none, paid for by you and me.

“Say So” to the Children, Say No to Abortion

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

I will always remember my first trip to Gettysburg, the site of the bloodiest conflict of the American Civil War. It was so jarring to see the battlefield upon which so many perished, and to recall a time when Americans were enslaved because of their skin color.

This past weekend, I traveled to Philadelphia to take part in the “Say So” march against the black genocide caused by abortion. The phrase

“Say So” is an abbreviation of the motto “If You Love the Children Say So.”

The march ended at the crime scene known as the Women’s Medical Society, where abortionist Kermit Gosnell killed full-term babies, butchered women, and secured a unique place of dishonorable mention in the rogue’s gallery of American abortion history.

Upon seeing Gosnell’s killing center, I wanted to vomit.

The facility appears to be stuck in time—you can peer through the windows and see the seediness inside. But what struck me was the location—close to centers of higher learning, typical of the outskirts of a downtown. I realized I had driven down the street a number of times before, never realizing the real-life horror movie taking place at 3801 Lancaster Avenue. (You might want to pause here and watching the gripping documentary chronicling Gosnell’s crimes which can be found at www.3801lancaster.com.)

Placing my hand on the red brick exterior of the otherwise nondescript building was not unlike taking that first trip to Gettysburg—an overwhelming heartache surging through my soul. To think of so many dying here in a particularly gruesome way, a disproportionate number of them African-American.

It was at Gosnell’s House of Horrors that the Say So march ended, with black pastors decrying the bloodshed and seeking a justice that goes beyond Gosnell’s murder conviction. Because Gosnell was part of a system, a system which, according to the march’s organizers, ends the lives of more than 1,700 African-American children each day. Justice truly will not be served until all black children are protected from the abortionist’s instruments of destruction.

Make it a point to learn about this black genocide. You can visit www.blackgenocide.org to learn why, in the words of Pastor Clenard Childress, “The most dangerous place for an African-American is in the womb.”

Gosnell does not work on Lancaster Ave. anymore. But the business of ending the lives of black Americans continues each day in Philadelphia and in cities throughout the nation. Let’s be the generation that, through peaceful means, brings this bloody business to a close.



Canada at a deadly crossroads

By Physician's Alliance Against Euthanasia

Editor's note. This was written prior to Wednesday's hearing before the Supreme Court of Canada.

Dear fellow Canadians,

On Wednesday, October 15 the Supreme Court of Canada will hear the appeal in the "Carter" case. It will decide whether the Criminal Code's prohibition of assisted suicide is constitutional. If the prohibition is struck down, doctors will be involved in assisted suicide and euthanasia. As physicians, we have followed with a growing sense of dismay the public debate over whether to introduce into medical practice the act of inflicting death. We write to you today to give a medical perspective on this crucial debate.

It is a long standing commitment of the medical profession 'To cure sometimes, to relieve suffering often, and to comfort always.' It is a breach of that commitment to inflict death. The World Medical Association and the near-totality of national medical associations agree that intentionally ending patients' lives is not an ethically acceptable part of the physician's role. This opinion is shared by the World Palliative Care Alliance and the Canadian Society of Palliative Care Physicians

assisted suicide, it's to provide the support dying people need. Indeed, legalizing euthanasia and assisted suicide would introduce further injustices: those to older, disabled or ill people who may not even be dying but for whom the mere existence of such practices would be a source of subtle but effective pressure to request them, and which would place them in grave danger of abuse.

In the few countries that have attempted this hazardous social experiment, permissive laws, despite safeguards to restrict their application to a small number of extreme cases, are rapidly extended to include individuals bearing little resemblance to the initial target group.

In Belgium, euthanasia is permitted by law if a patient requests it voluntarily and suffers from "constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident". Despite this seemingly restrictive rule, in recent years Belgians have been legally euthanized for suffering arising from conditions ranging from glaucoma to depression, to imprisonment, to multiple chronic conditions in the elderly, to a desire to avoid being a burden on one's children.

1993, concluded that there was no measure short of the current law that would meet the objectives of Parliament to protect the public and, in particular, vulnerable members of the public.

As medical professionals we have an obligation to protect not only the patients under our care, but also the population as a whole. The majority of physicians in Canada oppose legalization of euthanasia and assisted suicide. A few are attempting to take a neutral stance but such a position is untenable. If you are not against these practices you are necessarily for them. A purported neutral stance on the part of physicians would be an abdication of our duty as medical doctors to put the well-being of our patients before political or other considerations.

Legalization of euthanasia or physician-assisted suicide would expose you and your loved ones to grave risks, including that of wrongful death. Legislators and doctors have an urgent duty to ensure this never happens, for clear reasons of public safety. We urge all Canadians to heed the warning signs from those places which have made the mistake of entrenching these practices, and to oppose their introduction into health care in our country.



in their assertion that Euthanasia and physician assisted suicide are not now, and have never been, part of palliative care practice.

Both the effectiveness of palliative care and the fact that most Canadians who die have limited access to specialised palliative care services are well recognized. Palliative care affirms life, regards dying as a normal process, and intends neither to hasten nor postpone death. In the 40 years since palliative care was introduced into Canada the ability to control pain and other symptoms is improving constantly, although problems of equitable access persist. This is a grave injustice and, many believe, a breach of human rights, but the remedy is not to legalize euthanasia and

The situation in the Netherlands is much the same. It would be naive to believe that some Canadians would not give in to the same pressures to use euthanasia in an ever expanding range of circumstances – that is, the logical slippery slope is unavoidable.

In the U.S. state of Oregon, legal physician-assisted suicides are not required to be supervised and the doctor is rarely present. Data are based entirely on physician self-reporting and information on individual cases is not available even to the police. This opens the door to abuse of older and vulnerable citizens.

With good reason the judges of the Supreme Court of Canada, in the "Rodriguez" decision in

Signed (Institutional affiliations are included for identification purposes only)

Balfour Mount, OC, OQ, MD, FRCSC, Emeritus
Eric M. Flanders Professor of Medicine, McGill University

WDS Thomas, MD FRCS(C), past president,
Canadian Medical Association; past president,
Canadian Medical Protective Association

Donald Boudreau, MD, Associate Professor,
Department of Medicine; core member, Centre for
Medical Education, McGill University

Sheila Rutledge Harding, MD, MA, FRCPC;
Professor, Internal Medicine & Pathology;
Associate Dean Medical Education, College of
Medicine, University of Saskatchewan

Doris Barwich, MD, CCFP, Division of
Palliative Care, University of British Columbia;
past president, Canadian Society of Palliative Care
Physicians

Margaret Cottle, MD, palliative care physician;
vice president, Euthanasia Prevention Coalition of
Canada

Catherine Ferrier, MD, FCFP, Division of
Geriatric Medicine, McGill University Health
Centre; president, Physicians' Alliance against
Euthanasia

Will Johnston, MD, family physician; chair,
Euthanasia Prevention Coalition of BC

Marc Beauchamp, MD, FRCSC, Orthopedic
surgeon; president, Living with Dignity network

The Physicians' Alliance against Euthanasia is a group of Canadian physicians who oppose legalization of euthanasia and assisted suicide. This appeared at mercatornet.com.

Vampires-R-Us: The Ideology of Canada's Abortion Activists

By Jonathon Van Maren

I've often wondered how Canada's abortion activists can actually say the things they believe with a straight face. Nothing quite highlights the bizarre nature of our cultural schizophrenia surrounding human life in the womb than listening to what those who support the state-funded and violent termination of this life have to say.



Jonathon Van Maren

For example, Joyce Arthur of the Abortion Rights Coalition of Canada, ever on the lookout for heresy (known in more rational circles as “embryology”) has been on another one of her famous letter-writing sprees, demanding that city council of Williams Lake, BC rescind their “highly inappropriate” proclamation of a “Celebration of Life” week.

Celebrating life, you see, is a very dangerous thing to do in Ms. Arthur's opinion, because those of us who are not scientifically illiterate may celebrate all human life. As she states in her letter:

Both the title of the week and the wording

of the Proclamation appear quite benevolent, but evaluating the group behind the request is perhaps even more critical than vetting the message itself. Groups with an unpopular agenda will not state their views upfront in these situations, and instead will whitewash their language to gain more public support. To illustrate with a hypothetical example, it would be fine for the City to approve a proclamation request for a “Blood Donors Week” from the Canadian Blood Services, but if exactly the same request with the same wording came from a group called “Vampires-R-Us”, the City should of course deny it.

Considering the fact that it is the carnivorous ideology of Ms. Arthur that sustains itself with human blood, she might not want to use that particular analogy. However, it could be noted that Ms. Arthur and her allies do react to the truth displayed in abortion victim photography much like vampires are purported to react to mirrors. The truth, to some people, is nothing short of terrifying.

Another recent case also highlights the sheer ridiculousness of Canada's abortion status quo, when a former GTA stripper was acquitted of concealing the dead body of a baby boy because the court could not determine if the baby was, in fact, a baby. Since it could not be determined when the child died—prior to leaving the birth canal or after—it could not be determined whether or not we should care that the baby was, in fact, dead.

A recent Supreme Court case determined that since the contents of the uterus have no legal status in Canada, those children who died of miscarriage or were dispensed

of through abortion could be concealed legally.

Watching the justices—or “the contents of black legal robes,” if you will—try to figure out what to call the baby that might not have been a baby would have been funny if it was not so tragic. Even the judge who acquitted the woman who might have killed a baby or might have killed a non-baby in the womb admitted that the legal status quo was a disgrace.

“The practical effect of the law, as I interpret it,” he noted, “is that any woman can destroy her near-term or term fetus and can induce an abortion accordingly and do what she will with the remains without risking any criminal sanctions.” This, he noted, was “deeply disturbing” and “disgusting at any moral level”—but unfortunately, such is the law of the land.

Back to that vampire thing. A vampire, a quick Google search has revealed, is defined as “a mythical being who subsists by feeding on the life essence (generally in the form of blood) of living creatures.” If I've ever read a better description of the pro-choice ideology, I don't know where.

Unfortunately, the ideology that permits people to dump baby corpses in the trash and furiously resist celebrating human life just in case we accidentally celebrate all human life is not mythical at all. But when a deeply confused culture decides that human beings can kill other human beings to sustain our own lifestyles, we have certainly entered into a horror story, replete with slaughtered innocents and a climbing kill count.

Editor's note. This appeared at unmaskingchoice.ca.

The largest pro-life display in Canadian history ignored by CBC News but network gives lavish attention to six women going to Maine to have their abortions

By Mike Schouten

This story--“Abortion clinics in Maine see ‘spike’ in New Brunswick clients”-- from the Canadian Broadcasting Corporation (CBC) is a textbook example of *making* news instead of *reporting* news. Taken in the context of what happened last week and which was almost completely ignored, it reminds us there are journalistic sins of commission and omission.

A week ago, 100,000 pink and blue flags blanketed huge swaths of the lawn in front of Canada’s Parliament buildings. 100,000 pink and blue flags, representing the number of babies aborted each year in Canada, receive

The media were advised about what was occurring on Parliament Hill and were informed of the press conference that day. To their credit, all the major networks came out to the flag display. While not all covered the press conference, the cameras were rolling. As one videographer told me, “This makes for excellent footage for the evening news.” If you haven’t seen the epic images then check this out.

A few days later all that was seen in the mainstream press was a black and white photo in one print news outlet and an interview with

So what was the intent of the story CBC News about a handful of Canadian women coming to Maine for their abortions? For Americans unfamiliar with the history, here is some background

Abortion advocates have been focusing on New Brunswick ever since it was announced that the Morgentaler Clinic in Fredericton would be closing due to financial difficulties. The clinic suctioned apart its last baby in July and women in that province are now ‘forced’ to have their abortion at a public hospital only after receiving the nod from two doctors who deem it medically necessary.

Pressure is mounting on newly elected New Brunswick premier Brian Gallant to do away with Regulation 84-20 which outlines the process whereby abortions can be publicly funded. But the pressure is not coming from the residents of New Brunswick. In fact, polling shows that 73% of Atlantic Canadians do not support public funding of abortion. No, the pressure is coming from the liberal-elite dominating our main-stream media.

It seems that the closing of the Morgentaler Clinic has been very hard for some staff at the CBC to take. Now they are going to the United States in an effort to build momentum and public sympathy for pregnant women who need to travel two hours in order to have their babies dismembered, decapitated, and disemboweled.

To be clear, these women need sympathy, just not the kind that involves making it easier to kill their pre-born child.

While human rights activists for the pre-born work hard to engage the culture and build public support by donating their time, energy, talents and money, abortion supporters sit at home and let the taxpayer funded CBC do all the work for them.

Did I mention that last week there were 100,000 pink and blue flags within a five minute walk from CBC’s Ottawa bureau, and in full view from their plush studios overlooking Parliament Hill only blocks away?

Editor’s note. Mike Schouten is the director of WeNeedA^{LAW}.ca, a public awareness campaign building support for protections for pre-born children.



no mention on the CBC News but six women travel from New Brunswick to Maine to kill their pre-born child and we get a 1,000 word diatribe on how oppressive New Brunswick regulations are to women’s ‘rights’? Let’s compare.

A week ago, 80 volunteers carefully installed the flags, one by one. The volunteers wanted to make a powerful, visual statement, and they did.

The massive display was probably the largest pro-life display in Canadian history. It was an initiative of WeNeedA^{LAW}.ca, a public awareness campaign with a goal of building support for legislation protecting pre-born children.

an elected official. It says something about our “national broadcaster” when the BBC in London, England covers an event on Parliament Hill as a “top news story in the world” and the Canadian Broadcasting Corporation (CBC) chooses to ignore it.

It is not my intention to bemoan the lack of coverage of this specific event but it is increasingly frustrating that CBC can get away with such willful ignorance. Canadians should expect, even demand, that our national broadcasting company would report news. Instead we are fed a daily dose of regressive ideologies that certainly don’t reflect our broad cultural mosaic including our Judeo-Christian heritage.

Melchert-Dinkel headed to jail for assisting suicide

Case confirms need to protect vulnerable persons from assisted suicide

FARIBAULT, MN — A Faribault man who went online and urged people to commit suicide while he watched has been sentenced to nearly six months in prison for assisting in a suicide. William Francis Melchert-Dinkel was convicted in September and sentenced Wednesday under a Minnesota law which prohibits assisted suicide.



William Melchert-Dinkel

“Assisted suicide is illegal in Minnesota, and if you violate the law you will be caught, convicted and imprisoned,” said Scott Fischbach, Executive Director of Minnesota

Citizens Concerned for Life (MCCL). “Justice has finally been served for these families, even though it has been long delayed. No more stays were granted; this criminal is headed to jail.”

Rice County District Court Judge Tom Neuville sentenced Melchert-Dinkel to 178 days in jail (to begin no later than October 24) and fined him \$3,000 after earlier finding him guilty of assisting the suicide of an English man and of attempting to assist in the suicide of a Canadian woman. The law allows imprisonment for up to 22 years and fines up to \$44,000 combined for the two crimes of which Melchert-Dinkel was convicted.

Melchert-Dinkel admitted to posing as a depressed female nurse in online chat rooms using several names. He claimed that no treatment had helped ease his suffering and entered into suicide pacts with his victims. He urged each of them to use a webcam as they committed suicide, as he would, so that they would not be alone as they died. Melchert-Dinkel was not suicidal but secretly wanted to watch others kill themselves.

His victims include 32-year-old Mark Drybrough of Coventry, England, and 18-year-old Nadia Kajouji of Brampton, Ontario. Drybrough hanged himself in his home in 2005. Kajouji jumped into a frozen river and drowned in 2008.

Melchert-Dinkel encouraged his victims to hang themselves and he gave them details about how to do so. He boasted online about watching the death of Drybrough. Melchert-Dinkel admitted he entered into about 10 suicide pacts and believed five killed themselves.

Melchert-Dinkel was convicted in 2011 under Minnesota Statutes section 609.215, subdivision 1, which provides criminal penalties for anyone who “advises, encourages or assists” suicide. MCCL was instrumental in the passage of this protective law in 1992.

The Minnesota Supreme Court ruled earlier this year in *State v. Melchert-Dinkel* that “advising” or “encouraging” suicide is protected speech under the First Amendment. The case was remanded to the lower court to rule on whether Melchert-Dinkel assisted in the suicides of Drybrough and Kajouji.

“Whatever their reasons, people who attempt to assist others in killing themselves need to be prevented from doing so,” Fischbach said. “Assisted suicide is a violent, inhuman act against an individual in desperate need of help. Vulnerable people need protections, including the medical and mental health care they need to live.”

Melchert-Dinkel plans to appeal his conviction.

My son with Down syndrome is not a burden to his family

from page 6

and advocates, because they love their brother. People aren’t born being intolerant of people with disabilities; they’re taught that.

My other kids don’t know that something is different about Wyatt. To them, Wyatt is just a person, their brother, and they’re right. Wyatt isn’t defined by his extra chromosome. This woman, however, has ensured that her children will grow up being unaccepting and scared of disabilities and people who are different, especially if they ever read her very public confession. They’ll grow up seeing Down syndrome as something bad enough to kill for.

Thankfully, we’re not alone in seeing Down syndrome as a blessing, not a burden. Not only do 99% of people with Down syndrome report being happy with themselves, their lives, and their appearances, but over 90% of parents report that they love their child with Down syndrome, and that they now have a more positive outlook on life.

This woman specifically mentioned it being

unfair to their daughter, Delilah; over 90% of siblings report that their sibling with Down syndrome has made them a better person. Far from being burdens, people with Down syndrome have happy, fulfilling lives, and their families are happier and more loving and accepting because of them.

You know what probably will burden their children forever? The knowledge that their parents chose to kill their brother because he didn’t meet their standards of perfection. Heaven forbid one of their acceptable children ever falls ill and becomes disabled; what will they do then?

How can a child feel secure in their parents’ love for them knowing that those same parents killed a child they professed to love because that child was a little bit different, would have required slightly more work? Every child has their own talents and difficulties. Everyone is different, and every life is worth living. They’ve now had another baby, another boy, and before

she “allowed herself to love him,” she said she had to scrutinize him for any signs of Down syndrome. This doesn’t exactly sound like a mother bestowing unconditional love upon her children; on the contrary, her love sounds very much conditional.

If she only could have opened her mind and her heart, even just a little, she may have been able to discover that people with Down syndrome deserve life just as much as the rest of us do. They are not burdens, but have inherent worth and dignity as human beings. She will spend the rest of her life with a hole in her heart and a child buried in a graveyard, when she could instead have had a full heart and a beautiful bond between siblings that is irreplaceable. Her baby may have had Down syndrome, but that doesn’t mean that the kind and loving thing to do was kill him.

Editor’s note. This appeared at liveactionnews.org.

A Focus on Abortion in the 2014 Election

from page 1

candidates are pretty mum on the issue, too. I believe they “get it.” They realize their extreme positions on abortion hurt their ability to win so they disguise it and sugarcoat their rhetoric.

The truth is all but a handful of congressional Democrats support legal abortion for any reason.

Tools on the National Right to Life Political Action Committee website (nrlpac.org) will help you determine which candidates support your values. You can download comparison flyers and share them with your pro-life friends and family.

If you were to pop by the National Right

to Life office right now, you would find that it has been quite busy – in fact, incredibly busy in every department, and it will continue to be so until about mid-November. We are working our hearts out because we know that abortion *stops* a beating heart. (Listen for our nationwide radio buy – coming soon to a city near you!)

Currently, well-deserving pro-life candidates from across the nation are receiving their endorsement letters from National Right to Life. If you are interested in knowing which candidates National Right to Life has endorsed in the 2014 election cycle, go to nrlpac.org

for that, too.

In fact, every day, more information is being provided on the website. So use it. Then vote, because **not** to vote, **is** to vote. It’s a decision to allow Obama’s pro-abortion policies to continue unabated.

Samuel Adams, in 1781, said, “Let each citizen remember at the moment he is offering his vote that [...] he is executing one of the most solemn trusts in human society for which he is accountable to God and his country.”

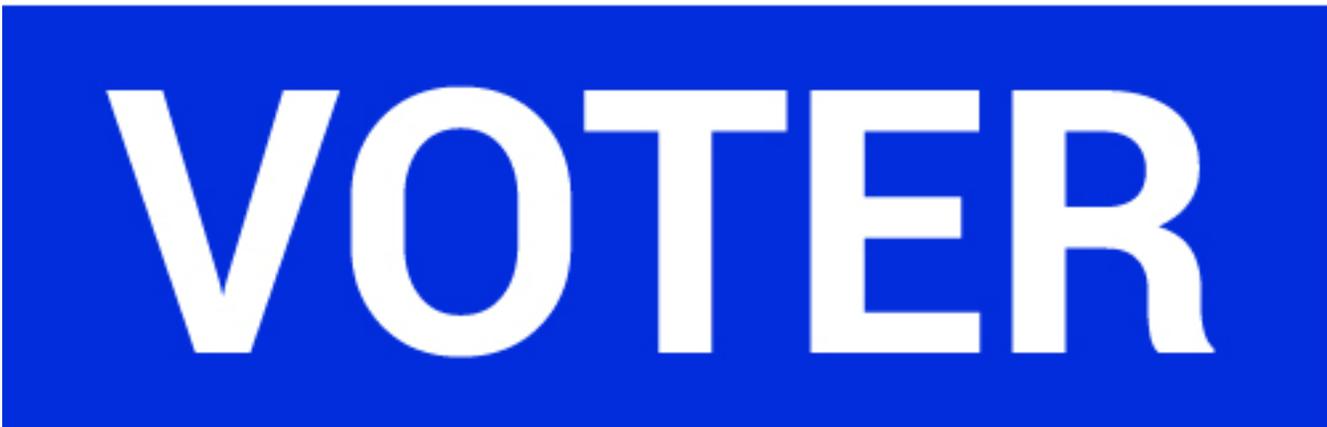
Be accountable. Vote.



PRO



LIFE



VOTER

NJ Board of Medical Examiners permanently revokes notorious abortionist's medical license *from page 1*

"It ordered him to pay a \$140,000 penalty and as-yet-unspecified costs of prosecution, even though Brigham revealed that he is in dire financial straits from IRS liens imposed on him for not paying employee taxes," McCullough reported. Other accounts suggest court costs could exceed a half-million dollars.

In prior stories, *NRL News Today* explained why Brigham would start the abortion in one state and complete it in another. His Voorhees, NJ abortion clinic was not licensed or equipped to perform late-term abortions. "In addition," McCullough wrote, "New Jersey requires that such risky surgeries be performed by an obstetrician-gynecologist, and Brigham, a general practitioner, was not credentialed to do them."

As they had during a 19-day trial before Administrative Law Judge Jeff Masin, Brigham and his lawyer, Joseph M. Gorrell, argued that although Brigham did not have a license to practice medicine in Maryland, he had been consulting at the Elkton abortion clinic, which is allowed under Maryland law.

They maintained that the clinic was run by George Shepard, a licensed OB/GYN, hired by Brigham. Shepard was 87, partially disabled by a stroke, and had never performed a late-term abortion.

Jeri Warhaftig, deputy attorney general, who had tangled with Brigham before, said Brigham was in charge and Shepherd was "just shoe-horned into the process...His presence was clearly not necessary."

The whole scheme came to light four years ago when an 18-year-old woman, 21½ weeks pregnant, almost died. From his office in Voorhees, Brigham inserted Laminaria to expand her cervix and administered a shot of Digoxin to cause "fetal demise." She was instructed to drive to a super-secret abortion clinic in Elkton, Maryland, where the baby would be surgically removed.

According to *Baltimore Sun* reporter Peter Hermann

"After the woman suffered a ruptured uterus, state officials said [Brigham's worker, Nicola] Riley put the patient in Brigham's rented Chevrolet Malibu and drove her Union Hospital in Elkton. The board said she sat in slumped in a wheelchair, nearly unconscious, outside the emergency room, while Riley argued with hospital staff, demanding their identities before treating the woman.

"The woman was flown that day to Johns Hopkins Hospital in Baltimore for more treatment. State officials said Riley then returned to his clinic in Elkton to perform another abortion. The injured woman survived."

The doctor who performed emergency surgery on the teenager in a Baltimore hospital went to the Elkton police.

This led authorities to search the Maryland

abortion clinic which "revealed a freezer with 35 late-term fetuses inside, including one believed to have been aborted at 36 weeks, authorities said," the *AP* reported.

Warhaftig reminded the Board of Examiners that Brigham was accused of the same scheme in the mid-1990 with New York being the state where the abortion was completed. According to McCullough

"New York revoked his license after several patients were seriously injured. The case led New Jersey to suspend Brigham's license, but after a lengthy prosecution, a New Jersey administrative law judge restored Brigham's medical privileges and the Medical Examiners Board agreed.

"Warhaftig also asked the board to consider that Brigham gave up his medical license in Pennsylvania in 1992 amid an investigation.

"He also lost his license in California and Florida because of fallout from the New York revocation."

As *NRL News Today* previously reported, citing his history of hiring unqualified medical employees, in 2010 Pennsylvania barred Brigham from owning clinics. However, as McCullough explained, "He evaded that ruling

for several years by putting his Pennsylvania clinics under a company owned by his mother."

Brigham can appeal the decision to the Appellate Division of Superior Court, which would seem probable. While his American Women's Services still has two abortion clinics in Virginia and one in Florida (with four others "appear to be operating in Maryland"), without his New Jersey license he will lose his eight abortion clinics there.

While Brigham told the New Jersey Board of Medical Examiners, "I have a passion for women's rights," Warhaftig said he was anything but.

"He breached patients' trust in his flimflam scheme," she said.

Although the board's decision would seem to be very close to what Judge Masin's recommended in August, in fact they went further.

"Although both the board and Masin said Brigham should lose his license, Masin said it was for practicing in Maryland unlawfully," wrote Susan Livio of the New Jersey Star-Ledger. "The board, however, found the doctor had practiced without a license and commenced abortion in his office by causing fetal demise with the medication."



"We want to protect unborn children from death. But we also want to protect the women who are going to be harmed by abortion."

 national
RIGHT TO LIFE

NRLC President Carol Tobias
on ABC's *This Week*

China's One-Child Policy: Massive Crimes Against Women and the Girl Child

Editor's note. The following is the Keynote address delivered October 11 by Rep. Chris Smith (R-NJ) at The Heritage Foundation. Rep. Smith's remarks were part of an event commemorating the International Day of the Girl Child.

China's one child policy announced in 1979 is state sponsored violence against women and children—including and especially the girl child—and constitutes massive crimes against humanity.

obtaining government permission to carry the child to term.

For more than three decades, most brothers and sisters have been illegal.

The price for failing to conform to the one child per couple policy is staggering. A Chinese woman who becomes pregnant without a government permit will be put under mind-bending pressure to abort. She knows that “out-of-plan” illegal children are denied education, health-care, and marriage, and that fines for bearing a child without a birth permit can be 10

590 female suicides per day in China.

China is the only country in the world where the female suicide rate is higher than the male, and according to the Beijing Psychological Crisis Study and Prevention Center, in China the suicide rate for females is over three times higher than for males.

The result of this policy is a nightmarish “brave new world” with no precedent in human history, where women are psychologically wounded, the girl child the victim of sex-selective abortion, and most children grow up without brothers or sisters, aunts or uncles or cousins.

Over the years I have chaired almost 50 congressional human rights hearings focused in whole or in part on China's one child policy.

Four of my hearings were focused on the great Chen Guangcheng—the self-taught lawyer who defended women from this vicious policy. And what a price he paid. Jail. Beatings. Torture. Guangcheng testified once in person and twice by phone from his confinement in a Chinese hospital after his heroic escape. I know of no other person on Earth who has personally suffered so much for attempting to stop this cruelty to women. He is a hero.

Reggie Littlejohn also appeared at my hearings and each time provided incisive testimony and a plan of action. Reggie and her organization Women's Rights without Frontiers has courageously and tenaciously defended the women of China, challenging governments including the United States, NGOs and the UN to cease their enabling and complicity.

Chai Ling—one of the heroes of Tiananmen Square—has also been amazingly effective. Ling founded the NGO All Girls Allowed that seeks to protect the girl child from gendercide has testified numerous times as well and has rescued over a thousand girls from sex selective abortion.

Over the years, my committee has also received testimony from numerous victims. Wuijan, a Chinese student attending a U.S. university testified about how her child and other children were murdered by the government. She said, “[T]he room was full of moms who had just gone through a forced abortion. Some moms were crying. Some moms were mourning. Some moms were screaming. And one mom was rolling on the floor with unbearable pain.” Then Wuijan said it was her turn, and through her tears she described what she called her “journey in hell.”

Sometimes those who commit these crimes are remorseful. A woman who ran the forced



(Left to right) Congressman Chris Smith (R-NJ), celebrated blind Chinese activist Chen Guangcheng, Director of Heritage's Asia Study Center, and Reggie Littlejohn, founder and President of Women's Rights Without Frontiers

Photo credit: Karen Cross

The Nuremberg Nazi war crimes tribunal properly construed forced abortion as a crime against humanity—nothing in human history compares to the magnitude of China's more than 34 year assault on women and children.

Abortion is a weapon of mass destruction. Hundreds of millions of lives have been exterminated.

Today in China, rather than being given maternal care, pregnant women without birth allowed permits are hunted down and forcibly aborted. They are mocked, belittled, humiliated and exploited. A mother has absolutely no right or legal standing to protect her unborn baby or herself from state sponsored violence.

There are no single moms in China—except those who somehow evade the family planning cadres and conceal their pregnancy. Beijing's One Child Policy bans single moms from

times the average annual income of two parents, and those families that can't or won't pay are jailed, or their homes smashed.

If the brave woman still refuses to submit, she may be held in a punishment cell, or, if she flees, her relatives may be held and, very often, beaten. Group punishments will be used to socially ostracize her—her colleagues and neighbors will be denied birth permits. If the woman is by some miracle still able to resist this pressure, she may be physically dragged to the operating table and forced to undergo an abortion.

Her trauma is incomprehensible. It is a trauma she shares, in some degree, with every woman in China, whose experience of intimacy and motherhood is colored by pervasive fear. A report released in September 2012 by the Chinese Center for Disease and Control and Prevention (CDC) stated there were a staggering

Planned Parenthood will not appeal Missouri law extending reflection period from 24 hours to 72 hours

By Dave Andrusko

When pro-abortionists were arguing against a new Missouri law that increased the time of reflection after counseling before an abortion can be performed from 24 hours to 72 hours, they insisted HB 1307 was unconstitutional.

Undeterred (as *NRL News Today* reported last month), the legislature overrode a veto by Gov. Jay Nixon with the law taking effect this month.

Guess what?

Pro-abortionists have chosen not to appeal the “onerous” and “burdensome” law!

The for-the-newspapers explanation is that the 8th U.S. Circuit Court of Appeals is unsympathetic. More about that below.

We asked Missouri Right to Life President Pam Fichter for her reaction. She told *NRL News Today*

“Missouri Right to Life looks forward to the implementation of the 72-hour reflection period for women considering an abortion. We know that when mothers have the time to review all of their options, they are more likely to choose life for their unborn child. Missouri is blessed with many organizations seeking to help women in crisis pregnancies. The additional time allowed by this law provides opportunities for mothers to seek the assistance they need to bring a healthy baby into the world.”

NRL News Today readers will remember that the Missouri legislature also overrode two other vetoes of pro-life measures: an expansion of the tax credits that donors can claim when giving to pregnancy help centers, maternity homes and food pantries; and, a restoration of \$500,000 in the state’s Alternatives to Abortion program. A Trifecta of life-affirming legislation.

But there are complicating factors which suggest we have not heard the last from pro-abortionists. “Although they have no immediate plans to sue, officials at Planned Parenthood and the ACLU left open the possibility of challenging the 72-hour waiting period after it has taken effect. That would require them to find a woman willing to serve as a plaintiff,” the *Associated Press* reported. “It’s difficult to find the right people in the right situation at the right time who would be able to challenge the law effectively,” said ACLU attorney Tony Rothert.

In addition, “To spare women from driving twice to its St. Louis abortion clinic, Planned Parenthood is offering consultations at its offices in suburban St. Louis, Springfield and Joplin and hopes to develop a network of additional counselors around the state, said Paula Gianino, president and CEO of Planned Parenthood

of the St. Louis Region and Southwest Missouri,” according to the *Associated Press*. “It also anticipates referring more women for medication [chemical] abortions at a suburban St. Louis clinic in Illinois, where there is no waiting law.”

And as we reported in *National Right to Life News Today*, abortion clinics in Illinois and Kansas say they are preparing “to accommodate some extra volume,”-i.e., hire more abortionists and support staff.

None of this takes away from the positive impact of the law’s passage. The extra time can be a boon to women facing pressures to abort.

Missouri has a well-established alternatives-to-abortion-program in place to help these women and girls.

As we wrote after last month’s vetoes override and the news that other abortion clinic would be gearing up, this tells us

“We need to pass more protective laws in more states. Until Roe is reversed and protective legislation passed in all 50 states, the lives of many babies will be lost. But that does not mean we don’t do what can do now.

“Every baby saved is a precious life preserved and one less chance for the abortion industry to fill its coffers.”



Many hundreds of pro-life citizens came to the Missouri State Capitol chanting “Override, override, override...”

Less than 17 days until Election Day

from page 2

First and foremost, we want to keep our readers abreast of the latest on abortion/abortionists and their legion of media (and blog) apologists. On page one, we tell the almost-impossible to believe story of the notorious (which is no exaggeration) abortionist Steven Brigham.

The man is positively Houdini-like in his ability to escape the law and/or state medical boards. So, in a sense, it was not totally surprising that it was not until this month that the New Jersey Board of Medical Examiners **finally** revoked his license permanently.

The *Philadelphia Inquirer's* Marie McCullough described him as having "*spent much of his two-decade career fighting charges of misconduct and negligence.*" One administrative law judge characterized Brigham as having "*suffered license revocations. He has run afoul of the licensing authorities in New York, Pennsylvania and Florida. He has a conviction for failure to file income taxes. And here, he has demonstrated a willingness to play fast and loose with the law in Maryland.*"

What had he done (he had done the same thing in the 1990s but escaped punishment)? He would start an abortion in New Jersey but complete it (remove the baby) in Maryland, where he had no medical license.

Why in the world would he do that? Because Brigham performs late abortions and his Voorhees, NJ abortion clinic was not licensed or equipped to perform late-term abortions.

"In addition," as McCullough wrote, "New Jersey requires that such risky surgeries be performed by an obstetrician-gynecologist, and Brigham, a general practitioner, was not credentialed to do them." Brigham maintained that the Maryland clinic was run by George Shepard, a licensed OB/GYN, hired by Brigham. Brigham said he "consulted" with Shepard who is partially disabled by a stroke, and had never performed a late-term abortion. Nobody bought that assurance.

The whole deadly charade came to light four years ago when an 18-year-old woman, 21½ weeks pregnant, almost died. When the doctor who performed emergency surgery on the teenager in a Baltimore hospital went to the Elkton police, they searched Brigham's Maryland abortion clinic. There authorities found "a freezer with 35 late-term fetuses inside, including one believed to have been aborted at 36 weeks," the *AP* reported.

The lucrative core of Brigham's multi-state abortion clinic empire is in New Jersey. When he loses the eight clinics he currently operates there, it will put an enormous crimp in his considerable revenue stream.

And then there is Texas. From the very beginning, we have followed the labyrinth of lawsuits brought against the state's 2013 omnibus abortion bill, H.B. 2. Our latest story, which appears on page 2, updates you on what the Supreme Court did this week.

Texas is commonly referred to as a "flashpoint" because H.B. 2 has provisions that will make a difference. To list a few quickly: abortionists must have admitting privileges at a local hospital; abortion clinics must meet the standards of ambulatory surgical centers; and abortionists must follow the FDA protocol for administering chemical ["RU-486"] abortifacients. Another component-- the Pain-Capable Unborn Child Protection Act, which protects unborn babies capable of feeling pain—has never been challenged.

No edition of *NRL News* would be complete—even **close** to being complete—without stories of families who refused to heed gloom and doom prognoses from physicians followed by "suggestions" that the mother may want to "terminate" her pregnancy. In this issue, please refer to accounts appearing on pages 4, 7, 12, and 34.

The story of Jenna Gassew and Dan Healy is one for the ages. They knew at 13 weeks gestation that their baby, Shane, had anencephaly, a devastating brain malformation which inevitably leads to an early death, usually in the first few hours after birth or, occasionally, weeks.

As they told Lauren Enriquez, "*We were in shock to say the least and didn't want to believe that all of this was happening. It was in the car that day that we both agreed that God was blessing us with such a special baby for a reason greater than we could understand and that no matter how hard it was to feel the way we did, that we had to keep the faith and believe in His plan for our lives. We wanted people to never question how proud we were to be Shane's parents and that we were thankful and felt blessed that God chose us to bring him into the world. Shane is our son and we are so proud of him and he's had such a positive impact on the lives of so many people that have heard his story.*"

They were proud, and much, much more. In addition to a Facebook account, they kept their hundreds of thousands of followers continually updated on the "bucket list" of activities they were completing with Shane.

When Shane died a few hours after his birth, Dan said it all with this marvelous post: "*Shane spent his entire life in the arms of people that loved him unconditionally and I don't think you*

could ask for a more beautiful life than that .. he is home now with the Lord and will forever be our little miracle!"

We also rigorously following the increasing daft commentary of a growing part of the Pro-Abortion Movement. Having long since sloughed off the rhetorical skin of "legal, safe and rare," they are now to the point where they actually believe that they way to public's heart is through... celebrating (insisting on) abortions at any stage of gestation, for any reason, or none, paid for by you and me. They really do believe they've stumbled on the key that will unlock the mystery of why they haven't secured abortion-on-demand. For examples, see pages 16 and 23.

NRL News has always covered international news and news about euthanasia/assisted suicide. The Supreme Court of Canada heard a potentially momentous case this past Wednesday.

The "Carter" case will determine whether the Criminal Code's prohibition of assisted suicide is constitutional. Supporters of the prohibition have been eloquent, passionate, and thoughtful in their condemnation of the assault on the ban on assisted suicide. Opponents have money and the support of elite institutions, including the media.

So far, the medical community has not joined their ranks; it is a bulkhead that cannot be breached. (See page 25.)

We have also including two stories about the status of abortion in Canada. Our friends to the North face enormous odds but are as faithful as they are determined. (See pages 26-27.)

The October issue of *NRL News* carries two stories debunking the latest instance of inflated claims for what embryonic stem cells can accomplish. The research, published in the journal *Cell*, was uncritically accepted almost everywhere.

But working with Dr. David Prentice, we showed what the team from Harvard really found, not what was claimed by and for them. See pages 17 and 18.

These are just a handful of the stories you will read in the October digital edition of the "pro-life newspaper of record." The most wonderful part of producing an online publication is that you, our faithful readers, can pass along selected stories to your pro-life friends and family or the **entire** issue!

Please do so, using your social media. Thanks to the people at NRLC who know how to track these things, I know you have been sharing *NRL News* stories ever since we went digital last January.

My thanks.

Another baby survives near “cut-off” point in Great Britain, mother calls on government to rollback minimum age for treatment of preemies from 24 weeks to 20 weeks

By Dave Andrusko

The latest in a string of stories about premature babies surviving in Great Britain continues to challenge the “guidance” by the British Association of Perinatal Medicine that it is “in the best interests of the baby, and standard practice, for resuscitation not to be carried out” if the baby is under 24 weeks gestation.

A little over a year ago Rachel Crockett’s water broke while she was in a McDonald’s. She told the *Leighton Buzzard Observer* that at that point

“I was 23 weeks and two days pregnant, which is just short of the 24-week cut off point.

“It was a real panic for us, we didn’t know what to do at all. We were told that they [doctors at Milton Keynes Hospital] said they couldn’t do anything for us but Craig and I pushed them to ring other hospitals.”

Given that the baby was less than 24 weeks gestation, Crockett believed, “After talking it through with them I thought that was it, the baby we wanted we would not be able to get.”

But for whatever reason—perhaps the persuasiveness of Crockett and Craig Walkow or perhaps (as the story indicates elsewhere) because they demanded that Connor Walkow be treated—“We were so relieved when John Radcliffe Hospital said they would take us, though they could not promise they would be able to help.”

Connor Walkow tipped the scales at just 11lb 2oz when he was delivered October 3, 2013.

Connor was placed a polythene sleeping bag to mimic being in the womb, according to the *Mirror*.

“The freezer bag was used to replicate the warmth of Connor’s mum’s womb, as premature babies are susceptible to hypothermia.

“The bag comes up to the baby’s neck and feeding and oxygen tubes are also used to



Miracle baby: Rachel Crockett with son Connor Walkow

keep the baby alive.

“It is used in premature babies because they are too tiny and their skin is too thin for an incubator to provide the environment they need.”

Subsequently, Connor began an arduous seven-month stint in the hospital where he was treated for a series of major medical problems.

Eventually he came home to celebrate his first birthday with family.

“His birthday crept up very quickly and we had such a busy weekend, there were so many presents and people,” said Crockett. “We’re waiting to see what his development is like but at the moment he is just like an eight-month-old baby. He is not mobile yet but he rolls and loves his toys.”

Her experience has prompted Crockett to call on the government and the National Health Service to reexamine procedures surrounding the births of premature babies

and roll the cutoff point back to 20 weeks. She told the *Mirror*

“We were told to say goodbye to Connor and that we wouldn’t see him again. It felt like the end of the world, we were numb.

“We just had to sit there and wait for the nurse to say the worst, there was such relief when they told us he was OK.

“Later on the consultant came by and looked in on him – he could not believe Connor looked so well.”

Crockett also told the *Leighton Buzzard Observer*

“I think the cutoff point and abortion limit should be lowered, considering what happened with Connor. With him they said that as my waters had broken and he didn’t come out then he shouldn’t have had a heartbeat, but he did.

“Without the transfer to John Radcliffe, Connor would not be here right now, at that age I believe they should be helped.”

Florida's "Unborn Victims of Violence Act" takes effect

By Dave Andrusko

A tip of the hat to Sarah Zagorski for reminding us that "Florida Unborn Victims of Violence Act," which makes it a second, separate offense to kill or injure a baby during a crime against a pregnant woman, went into effect on October 1.



Pro-life Gov. Rick Scott

The old law (passed in 2005) applied only if the baby is judged "viable" and does not include injuries the baby might suffer. The new law applies criminal sanctions at any stage of development and includes injuries as well as death.

It was not as if there had not been horrific cases where pregnant women and their unborn child were killed previous to the now famous case of Remelee Lee. But Ms. Lee's public account was hugely influential in securing passage.

Indeed both supporters and opponents alike gave credit to Lee, who strongly backed the bill. As *NRL News Today* readers know, Lee was victimized by John Andrew Welden, who tricked her into taking a drug that caused the

abortion of Lee's 6-7-week-old unborn baby. Welden was sentenced to 13 years and eight months.

The bill had passed both houses of the legislation in recent years but never in both chambers in the same year. This time it did—in the House on a 74 to 42 vote and the Senate, by 25-14 vote.

Pro-Life Gov. Rick Scott signed the bill into law June 20.

As Florida Right to Life explained earlier this year, opponents used the same old tired arguments. But

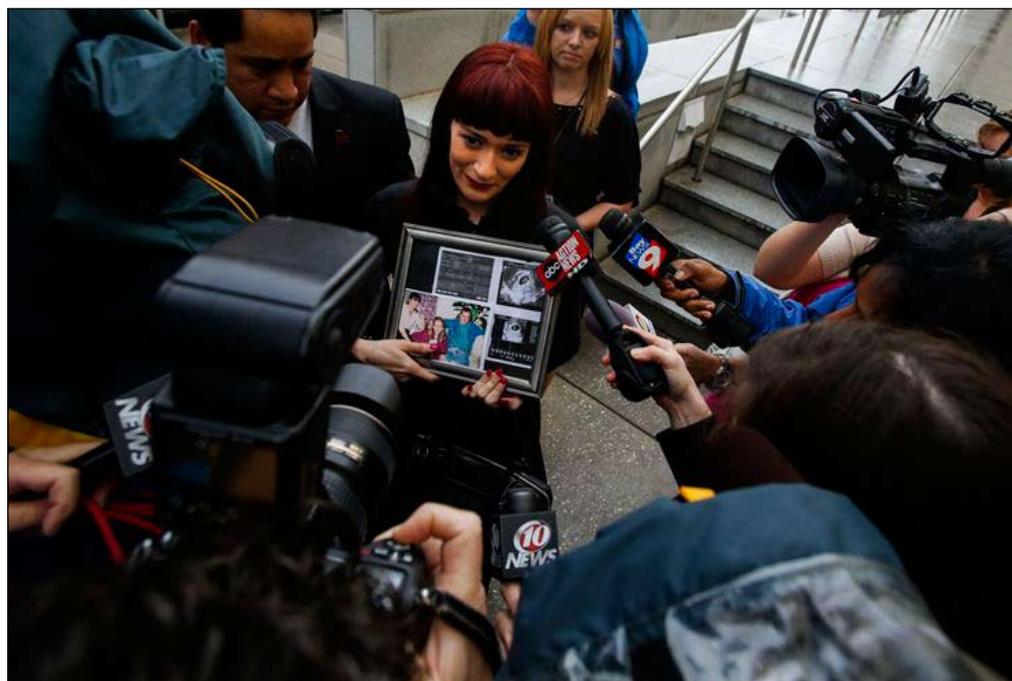
"They weren't counting on Remelee Lee. She has courageously chosen to become an advocate for this bill so that others do not have to endure the pain she has been through.

"It has been an absolute honor to work with Remelee on behalf of this much-needed legislation. She has diligently traveled to Tallahassee to speak in support of Unborn

Victims of Violence in committee meetings, and was present for the vote on the House floor. It was appalling to watch the venom of the opposing legislators who debated that Remelee, or any woman like her, should not be protected under Florida law. Her grace and dedication to help protect other women and children from experiencing what she endured has been inspiring."

For her part, Lee said, "If one baby is saved then that just means everything." She added, "I really hope this will save the lives of mothers and of babies and that no other parent like myself ... will ever have to deal with this pain ever again."

There are currently 37 states that recognize the unlawful killing of an unborn child as homicide in at least some circumstances. Twenty nine of those states recognize Unborn Children as Victims throughout the entire period of pre-natal development.



Remelee Jo Lee, after John Andrew Welden was sentenced to 13 years and eight months.

What's next now that the Supreme Court has blocked Texas from enforcing parts of pro-life H.B. 2? *from page 2*

and the requirement that abortionists follow the FDA protocol for administering chemical abortifacients (“RU-486”). CRR appealed to the full 5th Circuit.

A few days ago, the 5th Circuit refused to review the panel’s decision.

Meanwhile, in August, Austin-based U.S. District Court Judge Lee Yeakel barred

enforcement of the ambulatory surgical centers provision and the admitting privileges provision.

As even the *New York Times* reported at the time

“In an unusual move, the judge granted the abortion providers who sued the state broader relief than they had requested. Lawyers for

abortion facilities had asked him to strike down the requirement as it applied to two clinics, in El Paso and McAllen. But Judge Yeakel ruled the admitting-privileges requirement and the surgical-center standards, operating together, put undue burdens on women statewide, and created “a brutally effective system of abortion regulation that reduces access to abortion clinics.”

But on October 2, a different three-judge panel of the 5th Circuit stayed the Yeakel’s decision, thus allowing the state of Texas to enforce the key requirements immediately.

What follows is a summary of some of the many legal threads.

First, the 5th Circuit will presumably rule on the merits of the challenge to the requirement that abortion clinics meet the same building standards as ambulatory surgical centers. The state of Texas offered a litany of reasons why this is essential to safeguarding women’s health. Pro-abortionists say they are costly and unneeded requirements.

Second, the Pain-Capable Unborn Child Protection Act remains in effect (it’s never been challenged) as does the requirement that abortionists follow the FDA protocol for administering chemical abortifacients.

Three, the High Court has not addressed the legal merits of any of the challenges to various components of H.B. 2.



Left to right. Justice Samuel Alito, Justice Clarence Thomas, Justice Antonin Scalia.

Abortion is great and wonderful and everyone would agree if pro-life activists hadn’t “brainwashed” the public *from page 23*

Honestly, they really do believe they’ve stumbled on the key that will unlock the mystery of why they haven’t secured abortion-on-demand.

Here’s the distilled essence of the philosophy of the absolutist times ten pro-abortionist:

“The fog of regret has meant no one is able to confidently defend or even cleanly describe what’s actually going on: Three in 10 American women have abortions by the time they hit menopause. They are not generally victims of rape or incest, or in any pitiable situation from which they need to be rescued. They are making a reasonable and even admirable decision that they can’t raise a child at the moment. Is that so hard to say? As Pollitt puts it, ‘This is not the right time for me’ should be reason enough. And saying that aloud would help push back against

the lingering notion that it’s unnatural for a woman to choose herself over others.”

Rosin proudly tells us between her second and third (living) children, she aborted a baby. In so doing, clearly **she** pushed back “against the lingering notion that it’s unnatural for a woman to choose herself over others.”

Did she have post-abortion regret? Naw, although “Part of me thinks the shadow aborted child stayed with me and created a space for the last one to be born.” But don’t draw any of the wrong conclusions. Rosin was too busy working and caring for her two children to even **think** about the one she didn’t have time for.

Here is Rosin’s conclusion, which is as chilling as it is sad:

“Like Pollitt said about the pro-lifers, I recognize that the fetus and the mother have

a complicated relationship without being able to fully articulate what that is. The aborted fetus hung around as a concept, nothing at all like the living children I already had. Having an abortion left me with a sense of what a great power it is to be able to give life but also a sense that I can trust myself to use it carefully.”

Rosin’s “complicated relationship” was that she and her husband brought that child into existence but—trusting in her own wisdom—chose not to give him or her life (birth). Sorry, kid, your timing was off.

It reminds me of the woman we wrote about on page 20, the one who posted a letter on Reddit to the child she was about to abort:

“I promise I will see you again, and next time, you can call me Mom.”

Planned Parenthood investing \$1.6 million in effort to stop TN ballot measure

from page 21

Mid-South (same address as the Planned Parenthood Memphis clinic, though it also does political work for Planned Parenthood in Arkansas and Mississippi in addition to Tennessee) followed its first quarter contribution of \$1000 with a contribution of \$25,000 in the second quarter and a contribution of \$817,140 in the third.

This \$1,533,640 from just those regional Planned Parenthood affiliates represents nearly 80% of Vote NO's contributions for the year!

But these affiliates were giving more than cash.

PPMETN and PPGMR also made "in-kind" contributions of personnel, travel, printing, postage, food, drink, etc. by during that same period totaling \$120,657.68. This is easily more than any other individual or group invested in the Vote NO campaign, making it clear whose interests the Vote NO campaign serves.

It is clear from the contribution data, though, that this is more than just a local issue for Planned Parenthood. Planned Parenthood affiliates from other states have made sizeable contributions to Vote NO – \$50,000 from Planned Parenthood of the Great Northwest (Alaska, Idaho, and western Washington state), \$45,000 from Planned Parenthood Illinois, \$25,000 from the Community Action Fund of Planned Parenthood of Orange and San Bernadino Counties (California), \$10,000 from the Planned Parenthood League of Massachusetts, \$5,000 from Planned Parenthood Affiliates of California, \$5,000 from Planned Parenthood of Kansas and Mid-Missouri, and a \$1,000 each from Planned Parenthood of the Southern Finger Lakes (New York) and Planned Parenthood of Central North Carolina.

All told, Planned Parenthood affiliates from other states gave \$142,000, easily making them the largest group of donors to the Vote NO campaign – outside of the in-state Planned Parenthood affiliates.

Money for Media, Manpower

More than \$21,000 in the third quarter was spent on "print materials" or "printed materials,"

nearly \$40,000 on polling or polling research, and over \$50,000 on "Media Production" and an additional \$144,000 on "Paid Media." Another \$10,000 seems to have gone towards the website ("digital consulting"), though there were website, production, and printing fees in earlier quarters.

While they have spent a great deal, Vote NO still has a lot of money in the bank, with \$1.6 million still on hand at the end of the last quarter (AP, 10/13/14). Watch for a lot of that money to go towards TV ads. Commercials are already running in Nashville, Knoxville, and Memphis, and a well funded ad blitz can be anticipated in the weeks leading up to the election.

Four TV ads are up already on Vote NO's You Tube channel (www.youtube.com/channel/UCc4xgnRku4NP8mVWOJh-Txg), featuring a woman victimized by rape saying the amendment would prohibit her seeking an abortion (it would not); female doctors claiming that the amendment could force a woman to choose between her own life and the life of her child, or that it could leave the family of a pregnant mother facing cancer with "no options" (again, the amendment takes no position on what the state's abortion law should be in regard to rape, incest, risk to mother's life, health, or any other situation); and a female lawyer saying that the amendment could (somehow, strangely) threaten "marital and child-rearing" rights.

The Yes on 1 folks do not have anywhere near the deep pockets of Planned Parenthood and the abortion industry, but do have broad-based grassroots support of their own and are very active. They have helped put out 75,000 yard signs around the state and have an active Facebook page with nearly twice as many likes as the Vote NO page. They are running TV and radio ads in all six of Tennessee's major media markets. See their advertising on their own YouTube channel at www.youtube.com/channel/UCmXd6WhouTaOkOhqTI_uHOA.

"We are praying that our grassroots work for the past year and a half will remain strong" Ed Albin, treasurer for Yes on 1, told the *NRL News*. And praying that the good folk

of Tennessee "will not be swayed by their deceptive ads."

Why it matters

As someone who grew up in East Tennessee and attended elementary, high school, and college in that state and still has family there, this amendment has special personal significance to me. My friends and family in Tennessee care deeply about both mothers and their unborn babies. They don't want to see the abortion lobby and its allies on the state Supreme Court claiming constitutional authority to protect the abortion industry rather than the basic rights and safety of the women, teens, and unborn children of Tennessee.

Obviously it matters a lot to the abortion industry, too. They have invested over \$1.6 million to defeat Amendment, and have brought in at least \$142,000 from out of state pro-abortion groups. They see a real threat to their abortion empire if women find out the truth about abortion and the voters are given a real say.

They now their business could be harmed if, for example, shabby, dirty, cut rate clinics are inspected and then closed; if women actually begin to be told of abortion risks and life preserving alternatives that are better for them and their children; and if the courts stop trying to hide the reality of baby-killing behind fictional rights that do not actually appear in state and federal constitutions.

YES on 1, my fellow Volunteers!

[1] "Proposed Abortion Ban in Tennessee" Planned Parenthood of Middle and East Tennessee website, 10/14/14, <http://voteno1tn.org/2014/10/09/early-get-out-the-vote-weekend-of-action>), claims of rape victims and women with cancer being denied abortions (www.youtube.com/watch?v=41sGwrLnp50), claims of men and women being denied access to contraceptives (Chattanooga Times Free Press, 10/12/14). They also claim that the amendment will enable the legislature to take away even "marriage and childrearing rights." (www.youtube.com/watch?v=WR2dh4QQ0HQ).

China's One-Child Policy

from page 31

abortion program in Fujian escaped China and told my committee that she was a “monster” and compelled women to abort—even in the ninth month of pregnancy—despite pleadings and tears from the moms. Although haunted by it today, she said she carried out her “duty” with “resoluteness.”

Women bear the major brunt of the one child policy not only as victimized mothers. Due to the male preference in China's society and family size limitation, the policy has directly contributed to what is accurately described as gendercide—the extermination of the girl child in society simply because she happens to be a girl.

As a result of the Chinese government's barbaric attack on mothers and their children, there are tens of millions missing daughters in China today.

Because of the missing girls—China has become the human sex trafficking magnet of the world. Women and young girls from outside the country are being sold as commodities throughout China—a direct consequence of the one child policy.

I am the author of the Trafficking Victims Protection Act of 2000, the comprehensive landmark law to prevent trafficking, prosecute traffickers and protect victims from modern day slavery.

One provision of the law requires an annual assessment of every country, the Trafficking in Persons, or TIP report. Last year the TIP Report stated:

“China's birth limitation policy, coupled with a cultural preference for sons, creates a skewed sex ratio in China, which served as a key cause of trafficking of foreign women as brides for Chinese men and for forced prostitution.”

“The government took no discernible steps to address the role that its birth limitation policy plays in fueling human trafficking in China, with gaping gender disparities resulting in a shortage of female marriage partners. The government failed to take any steps to change the policy; and in fact, according to the Chinese government, the number of foreign female trafficking victims in China rose substantially in the reporting period. The Director of the Ministry of Public Security's Anti-Trafficking Task Force stated in the reporting period that “[t]he number of foreign women trafficked to China is definitely rising” and that “great demand from buyers as well as traditional preferences for boys in Chinese families are the main culprits fueling trafficking in China.”

Recently an op-ed in the People's Daily—the official newspaper of the Chinese Communist Party—shed light on the worsening demographic catastrophe that is China.

The article titled “Leftover men to be a big problem” admits that there is a “bachelors” crisis that will “trigger a moral crisis of marriage and family” and the “continual accumulation of the number of unmarried men will greatly increase the risk of social instability.”

At another congressional hearing I chaired, BYU Professor Valerie Hudson, author of Bare

Branches: The Security Implications of Asia's Surplus Male Population, testified that “by year 2020 young adult bare branches—ages 15-34 will number approximately 23-25 million...the foremost repercussions will be an increase in societal instability, marked increases in crime, crimes against woman...and the formation of gangs...”

Nicholas Eberstadt, a world renowned demographer testified, “What are the consequences for a society that has chosen to become simultaneously, more gray and more male.”

In her assessment for security and potential war, Professor Hudson testified “faced with worsening instability at home, and an unsolvable economic decline at home (as China ages) China's government may well be tempted to use foreign policy to ‘ride the tiger’ of domestic instability. The twin themes of anti-Japanese feeling and fulfillment of China's reunification with Taiwan will be deeply resonant to much of the population of China. In the next two or three decades, we are likely to see observable security ramifications of the masculinization of China's growing young adult population, especially combined with an understanding of the consequences of global aging...”

In her book, “Unnatural Selection: Choosing Boys Over Girls, and the Consequences of World Full of Men,” Mara Hvistendahl writes: “There are over 160 million females missing from Asia's population”—about equal to all the women and girls living in the entire United States of America.

On a visit to China Vice President Joe Biden told the audience that he was well aware of and “fully understood” the one child policy, and that he was not “second guessing” the State for imposing it. Can you imagine what the public reaction would be if the Vice President had said that he “fully understands” and is not “second guessing” copyright infringement and gross violations of intellectual property rights?

The one child per couple policy is the most egregious, vicious attack on women ever. For the Vice President of the United States to publicly state that he fully understands the one child policy and then say he won't second guess it is unconscionable.

Although Vice President Biden attempted to modestly backtrack on his extraordinarily callous comment about the policy, his voting record as a Senator shines a spotlight on his long-held disregard for the severity of this human rights violation. On September 13, 2000, he joined 52 other senators in defeating an amendment by then-Senator Jessie Helms condemning the one-child policy. Then-Senator Biden reportedly did so because he was concerned that condemning China on fundamental human rights would interfere with the normalization of trade relations.

I also asked former Secretary of State Hillary Clinton at a hearing whether she or President Obama raised the issue of forced abortion in China directly in a face-to-face manner with President Hu

Jintao when he was in Washington. She refused to answer it then, promised to get back and I never received a response.

Before or since, there is nothing in the record to suggest that President Obama has ever raised the plight of Chinese women being compelled to undergo abortion with Hu, Xi Jinping or anyone else. So much for the cheap sophistry of choice.

I respectfully submit that not only is the Obama Administration turning a blind eye to the atrocities being committed under the one child policy, but it is even contributing financial support—contrary to U.S. law—to the United Nations Population Fund (UNFPA). Thirty years ago—on May 9, 1984—I authored the first amendment ever to a foreign aid bill to deny funding to organizations such as the UNFPA that are complicit with China's forced abortion and involuntary sterilization policies. It passed. Jack Kemp and Senator Bob Kasten made it law. The Kemp-Kasten Amendment today remains part of the foreign operations appropriations law yet under Obama it has not been taken seriously.

Unlike Presidents Reagan, Bush and Bush, Mr. Obama thus far has provided \$227 million in tax payer funds to the UNFPA, an organization that supports, plans, implements, defends and whitewashes the Chinese government's brutal program.

On one of several human rights trips to Beijing, I challenged Peng Peiyun—then China's director of the nation's population control program—to end the coercion. Madame Peng told me that the UNFPA was very supportive of the one child per couple program and that the UNFPA adamantly agrees with her that the program is voluntary and that coercion doesn't exist.

For over three decades, the UNFPA has consistently heaped praise on China's population control program and repeatedly urged other countries to embrace similar policies.

A few years ago, the UNFPA and the Chinese government rolled out the red carpet and hosted high level diplomats from Africa including health ministers to sell “child limitation” policies. Despite the fact that China's enforcement mechanism relies on heavy coercion and its aging population will soon implode its economy, some African leaders seem to have taken the bait.

Finally, in 2000, I wrote a law—The Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act for fiscal years 2000 and 2001.

Section 801 of Title VIII of that Act requires the Secretary of State not to issue any visa to, and the Attorney General not to admit to the United States, any foreign national whom the Secretary finds, based on credible and specific information, to have been directly involved in the establishment or enforcement of forced abortion or forced sterilization.

Owing to a glaring lack of implementation only a handful of abusers have been denied visas to the United States.

The next president has got to do a better job.