national RIGHT TO LIFE NEWS

April 2015

Kansas Governor signs historic bill banning Dismemberment Abortions

Kansas Gov. Brownback signs SB 95.
With the governor are (l-r) the Kansans for Life Legislative team: Jeanne Gawdun, Kathy Ostrowski, and Jessica Basgall, J.D; and conferees Barbara Saldivar,State Director for Concerned Women for America, and Michael Schuttloffel, Executive Director, Kansas Catholic Conference.

national RIGHT TO LIFE NEWS

Kansas Governor Brownback signs historic ban on Dismemberment Abortion

By Kathy Ostrowski, Legislative Director, Kansans for Life

Earlier today, Kansas pro-life Gov. Sam Brownback signed into law the historic "Unborn Child Protection from Dismemberment Abortion Act." Model language for SB 95 was provided by the National Right to Life Committee, which made this bill its top state legislative priority. Passage was the number one priority for Kansans for Life this session.

SB 95 bans a particularly gruesome abortion method in which a living unborn child in her mother's womb is ripped apart into pieces by an abortionist using sharp metal tools. In the words of U.S. Supreme Court Justice Anthony Kennedy, the unborn child, "dies just as a human adult or child would: It bleedsto death as it is torn limb fromlimb."[Stenberg v. Carhart, 530U.S. 914, 958-959]

Records from the Kansas Health & Environment Dept.

Kansans for Life senior lobbyist Jeanne Gawdun (left) congratulates Reps. Steve Brunk (R-Wichita), Becky Hutchins (R-Holton), and John Rubin(R-Shawnee) after passage of SB 95

See "Brownback," page 38

Bi-Partisan WV Majority Overrides Gov's Veto of Pain-Capable Bill

By Karen Cross, National Right to Life Political Director

What an honor and a privilege it was when my bosses at National Right to Life allowed me to travel to the state capitol in Charleston, West Virginia, to work with West Virginians for Life (WVFL) to pass a Pain-Capable Unborn Child Protection Act.

That glorious triumph took place March 6. I would like to talk about how this override of the governor's veto came to pass--and what it signifies.

First and foremost is what The West Virginia Pain-Capable Unborn Child Protection Act will do. It will protect unborn children from 20 weeks fetal age, based on legislative findings that there is compelling evidence that an unborn child by that point (if not earlier) is capable of experiencing excruciating pain during the process of dismemberment or other abortion procedures.

These women are some of the WV Delegates who voted in favor of WV's Pain-Capable Unborn Child Protection Act.

See "Bi-Partisan," page 21

Editorials

Dismemberment abortions and the shock of recognition

Each state legislative session is different for obvious reasons--turnover, whether an election year or not, how much was accomplished previously--and not so obvious reasons. But for Kansans, and by extension, the entire Movement, the current session will forever be etched in their minds. It was (in that oft-times overused but in this instance justified word) "historic."

Tuesday morning pro-life Gov. Sam Brownback happily fulfilled a promise. He signed into law SB95, the Unborn Child Protection from Dismemberment Abortion Act.

Brownback said, "This is a horrific procedure and we are pleased to ban it in Kansas and we hope it will be banned nationally."

According to Kansans for Life, to commemorate this ground-breaking and first-in-the-nation measure, Gov. Brownback will travel across Kansas for ceremonial signings of the bill on April 28.

Let's put SB95 in context.

There are many ways to open the public's eye, which, when you come down to it, is a precursor to opening their hearts. With ultrasounds, for example, it's as if the curtain shielding the littlest Americans from our sight has been lifted. Our fellow human beings were there all the time. We just hadn't "seen" them.

Nonetheless, we are wise if we remember that George Orwell's insight still applies:*"To see what is in front of one's nose needs a constant struggle."*

With first partial-birth abortion and now Dismemberment abortions, it is a very different shock of recognition. It's one thing to be blind to the unborn child's presence and then have the veil lifted. It is quite another to learn that we kill vulnerable unborn babies with "techniques" that border on the psychotic.

Consider the now banned partial-birth abortion technique. Could anyone outside the precincts of the abortion industry even **imagine** delivering a live unborn child feet-first except for the head and then holding the baby in that position while the abortionist punctured her skull — killing the child — and then suctioning out her brains?

No wonder pro-abortion legislators in Kansas and Oklahoma, including even some who regularly parrot the abortion lobby's propaganda, chose not to participate in the debate over Dismemberment abortions. Those that did (surprise, surprise) talked about everything under the sun except what happens and to whom.

And who can blame them? Except for the genuine sickies in the abortion trade, who would be comfortable talking about ripping tiny legs off of little torsos? Who wouldn't dread highlighting that the baby's head is crushed in a Dismemberment abortion? Who would want to be the Paul Revere of death who alerts the world that these helpless babies bleed to death?

So when you read their gibberish, their misinformation and disinformation, you can't help but be reminded of a second quote from Orwell, among his most famous and most important: "*The great enemy of clear language is insincerity. When there is a gap between one's real and one's declared aims, one turns as it were instinctively to long words and exhausted idioms, like a cuttlefish spurting out ink."*

Or, we could add, pretend ignorance

Let's talk about just a couple of examples.

"We've never seen this language before," Elizabeth Nash, senior state issues associate for the Guttmacher Institute, told the *AP's* Brad Cooper. "It's not medical language, so it's a little bit difficult to figure out what the language would do."

Actually it's not all at difficult to figure out what abortionists cannot do. Under the bill, abortions are banned that "dismember" a living unborn child…one piece at a time…through the use of clamps, grasping forceps, tongs, scissors or similar instruments.

What else? The standard pro-abortion pot-calling-the-kettle-black nonsense.

Take, for instance, Caitlin Borgmann, former state strategies coordinator for the ACLU's Reproductive Freedom Project, who told Cooper, "It's meant to try to create an inflammatory description that people are going to read and then support the bill because their instinct is that this sounds terrible."

Others of her ilk, such as Laura McQuade, the president of Planned Parenthood of Kansas and Mid-Missouri, like "sensational" and "graphic," as if somehow that discredits what supporters of the ban are saying, as if pro-abortionists never use "sensational" language in slurring pro-lifers and impugning our motives at every turn.

But back to the point: which characterization--pro-lifers' or pro-choicers'-- corresponds more closely to reality? Which is buried in obscurities and which is simply telling the unvarnished truth?

See "Dismemberment," page 9

From the President
Carol Tobias

Abortion is Not "Good"….Ever!

For years, abortion advocates acknowledged that the American public did not like abortion and did not consider abortion to be a positive aspect of modern culture. Abortion advocates tried to make us believe that abortion was a "necessary" evil.

Bill Clinton ran for president on a pro-abortion platform saying that abortion should be "safe, legal, and rare." Twenty years after *Roe v. Wade*, then NARAL Pro-Choice America president Kate Michelman said, in a rare moment of candor, "We think abortion is a bad thing." (When called on it by her pro-abortion allies, Michelman insisted she was misquoted. Alas, for her, the reporter had taped the conversation.)

These abortion leaders knew Americans did not like abortion being practiced as just another method of birth control.

Today, a new mode of thinking is being pushed by the abortion industry. Women want abortion. Women like abortion. Abortion is a good thing. Or so they try to tell us.

In an article titled "Abortion Rights are at a Crossroads," authors David Gunn, Jr. and Sunsara Taylor write, "If we want to turn the tide, we have to tell the truth: there is absolutely nothing wrong with abortion. Fetuses are NOT babies. Abortion is NOT murder. Women are NOT incubators."

They continue, "We stand at a crossroads. For the future of women everywhere, let us refuse the worn pathways that have allowed us to lose so much ground." Evidently one of those "worn pathways" is "apologizing" for abortion. Now abortion should be celebrated, even "normalized."

A new crop of abortion advocates tell women to be proud of their abortions. The women can enter contests to publicly tell their abortion story, hoping to encourage other women to follow suit and end the lives of their children. One had her 15 minutes of twisted fame when she uploaded a video of her abortion onto YouTube.

To see how far abortion advocates have moved from "safe, legal, and rare," consider a new type of abortion facility opening up to provide for a "spa-like" abortion experience in a Maryland suburb outside of Washington, DC. We're told that "staff members plan to greet clients with warm teas, comfortable robes and a matter-of-fact attitude."

When I heard about this new venture, I thought of tonsils. I still have mine but, when I was younger, I thought it would be fun to have them removed because I had heard I would be able to eat all the ice cream I wanted as I healed. That made the likely pain seem almost worthwhile.

Having your tonsils removed? Eat ice cream. Having that new little life inside you removed? Get a massage. In this new place, you won't get a massage (yet), just a comfy robe and a cup of tea, but that's the image they're pushing.

However, women know that taking the life of their unborn child is much more serious than having tonsils removed. Nor does the American public look at the two as equal. There is an inherent dignity in, and respect for, human life in America. Even after 42 years, Americans still know and believe that abortion is wrong. Some of them may think that abortion is sometimes "necessary", but they consider it to be a necessary "evil".

The words of Mother Teresa ring true to all of us, "If we accept that a mother can kill even her own child, how can we tell other people to not kill each other? Any country that accepts abortion is not teaching its people to love, but to use any violence to get what they want."

As the number of aborted women coming forward to say they feel remorse grows, there is no huge groundswell of women coming forward to talk about how it was no big deal to kill their children.

For years, I had wondered why, if abortion is so important and pro-lifers are so "cruel" as to prevent the use of tax dollars to pay for abortion, those in the abortion industry don't provide free abortions. After all, pregnancy resource centers provide free help to any pregnant woman who contacts them.

Abortion advocates are becoming more visible in their efforts to raise money for abortions. In an interesting recent face-off, *CNN* commentator Sally Kohn tweeted that she was giving money to a cause that would help pay for abortions for women who can't come up with the money. Radio and TV host Dana Loesch challenged her followers to respond by giving to pro-life causes and announced that she had given $100 to NRLC.

People all over this great land will give selflessly and even sacrificially to help save babies' lives. It's much harder to convince people to give money so an unborn child will die.

An interesting side note—there is a group raising funds to pay for abortions, but can you guess their top priority? To overturn the federal Hyde amendment and state laws against tax funding of abortion. Their efforts to pay for abortion are led by a desire to make you and me pay for them.

After one of my speaking engagements, a woman came up to me with a big smile on her face and introduced me to her son, a high school senior heading into the Navy. When she was pregnant, she was slated for an abortion but circumstances intervened to prevent that from happening.

I wish every woman considering an abortion could see the pride and love in that mother's eyes as she looked at the young man he had become.

Difficult, or maybe even terrifying, circumstances now won't seem so scary or insurmountable in later years. I plead with any woman considering abortion—**don't do it!**

Don't listen to the gibberish of the "be proud of your abortion" crowd. Don't buy into their latest publicity stunt to make you think you're doing nothing more than removing tonsils.

There is a movement of love waiting with big hearts and open arms. Abortion never has been, and never will be, anything good. Choose life for your baby. Please.

Upon closer inspection, survey of Millennials show pro-life attitudes

By Dave Andrusko

A fresh study of millennials by the Public Religion Research Institute (PRRI) offers such interesting food for thought, even if it takes some extra time to digest. Because the study of 2,314 young people between the ages of 18 and 35 does not break down broad generalized inquires about abortion, not only are there some misleading impressions left, there are also drastic limits to what you can conclude. And there is much other work that better shows how pro-life young people are. Nonetheless….

First, PRRI (which no one who reads its work would ever think harbors sympathy for the right to life movement) starts off by saying "Millennial attitudes about the legality of abortion generally mirror the attitudes of the general public." At one level, that would be positive, since we are forever being told that younger people are more "liberal" on social issues. But it is even more encouraging because most polls underestimate how pro-life the overall public actually is.

Let's see what the PRRI results are:

> **22% say abortion should be "legal in all cases" and 33% in "most cases."**
>
> **27% say abortion should be "illegal in most cases"; 15% say illegal in "most cases."**

But, unlike what Gallup has done for a number of years, there was no follow up question to determine what those who said abortion should be legal in "most cases" meant?

To be clear, Gallup's wording is slightly different. Gallup offers these options:

> **Abortion should be legal "under all circumstances"; "only under certain circumstances"; and "illegal in all circumstances."**

Gallup now asks people who say abortion should be legal "only under certain circumstances" whether they mean "legal under most circumstances" or "legal only in a few circumstances."

This parsing out of what people are saying explains why we can say—with complete accuracy—that we know that a total of 58% of the American public believes that abortion should be illegal in all circumstances (20%) or legal in only a few circumstances (38%).

What else can we learn from the Millennial survey?

> **Millennials are divided by religion on the issue of abortion. On one side, at least six in ten black Protestant (61%) and white mainline Protestant millennials (63%) say abortion should be legal in all or most cases, as do 79% of religiously unaffiliated millennials. White Catholic millennials are evenly split between those who say abortion should be legal in all or most cases (51%) and those who say it should be illegal in all or most cases (49%).**
>
> **On the opposing side, majorities of Hispanic Catholic (55%) and Hispanic Protestant millennials (61%) think abortion should be illegal in all or most cases. White evangelical Protestant millennials stand out as the group most opposed, with eight in ten (80%) saying abortion should be illegal in all or most cases.**

A growing demographic is solidly pro-life. Good, good news.

Another surprise? (Not actually but…) A majority of Millennials

> **oppose a policy that makes abortion legally available to young people age 16 or older without parental approval. Nearly six in ten (59%) millennials oppose making abortion services available to young women age 16 or older without parental consent, while 37% support this policy.**

You can read the full report—"How Race and Religion Shape Millennial Attitudes on Sexuality and Reproductive Health"— at http://publicreligion.org/site/wp-content/uploads/2015/03/PRRI-Millennials-Web-FINAL.pdf

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Dynel Lane will not be charged with murder in attack on pregnant woman whose baby died

By Dave Andrusko

Murder charges will not be filed against Dynel Lane, accused of stabbing Michelle Wilkins and cutting out her 7-month-old unborn child, according to the *Denver Post*. However Lane was charged with eight felony counts in the attack, including first-degree unlawful termination of pregnancy.

Tragically, the child, who was to be named Aurora, died. Ms. Wilkins, 26, miraculously survived the March 18 attack. She left the hospital in Longmont, Colorado and is at home, according to her family.

"I understand that many people in the community, and heaven knows I've heard from a lot of them, would like me to have filed homicide charges," Garnett said at a March 28 news conference. "However, that is not possible under Colorado law without proof of a live birth."

According to Garnett, the Boulder County coroner's office did not find signs Michelle Wilkins' baby ever lived outside of the womb.

Colorado criminal law "defines homicide as the killing of a person by another," Garnett said, according to the *Post.* "It defines a person, when referring to the victim of a homicide, as a human being who had been born and was alive at the time of the homicidal act."

Lane, 34, is also charged with first-degree attempted murder, two counts of first-degree assault and two counts of second-degree assault. "Prosecutors also filed two counts of a crime of violence against Lane, which are sentence enhancers," the *Post's* Jesse Paul reported.

Garnett said the counts filed are ones they believe they can prove "beyond a reasonable doubt."

"She could get a very long sentence and very well die in prison," Garnett said of Lane

Lane, the mother of two, is being held on $2 million bond.

The unsuspecting Wilkins was seven months pregnant when she answered a Craigslist ad for baby clothes. At some point after Wilkins arrived,Lane stabbed her several times in the stomach with a knife and a piece of broken glass, police said. Lane then cut Aurora out of Ms. Wilkins' body.

According to the criminal complaint, Lane's husband, David Ridley, was unaware of what his wife had done when he came home. (There is no indication from authorities that he will be charged.) She had told him she was pregnant and when Ridley came home and saw her drenched in blood, Lane told her husband she had miscarried.

Ridley went upstairs and found the baby in the bathtub. He told police the baby was alive.

"He rubbed the baby slightly, then rolled it over to hear and see it take a gasping breath," according to the complaint.

The arrest report states that Ridley rushed the baby and his wife to Longmont United Hospital where Lane was taken to the emergency room with the baby in her arms.

The arrest report states that Lane refused to let the hospital staff examine her. "The report states that she then 'admitted' to a police officer 'that she cut [the victim's] abdomen open to remove,'" according to the *Post*.

Meanwhile, Wilkins managed to place a 911 call. Longmont Police Cmdr. Jeff Satur "said officers arrived on the scene and could hear a woman calling for help inside the home," the *Post* reported. "They entered and found the victim, who had been beaten and stabbed in the stomach with a knife."

"She was barely conscious. It was very hard to keep her attention at the moment," officer Billy Sawyer told *CNN's* Erin Burnett. "And she was covered in blood. It was one of the most horrific crime scenes I have seen."

Nonetheless Wilkins was able to tell Sawyer what had happened to her. At that point, she did not know that she had lost her baby.

Another bizarre detail has emerged. Lane was registered with the state as having an expired nurses' aide license.

Terminally ill Lauren Hill appears on "The View," also gives remarkable interview to local television station

By Dave Andrusko

Cincinnati television station *WCPO 9* has done some terrific reporting on a hero of mine: Lauren Hill. It was from the affiliate that I learned that Lauren, suffering from terminal brain cancer, taped an interview with *The View* that aired March 20. Lauren and her mother, Lisa Hill, appeared by satellite feed with co-hosts Whoopi Goldberg and Rosie Perez and Brooke Desserich of The Cure Starts Now.

Lauren Hill and her mother, Lisa Hill, appear on "The View" by satellite feed with co-hosts Whoopi Goldberg and Rosie Perez and Brooke Desserich of The Cure Starts Now.

Lauren has helped raise over $1.5 million for The Cure Starts Now. Her indomitable spirit and formidable determination went national when she fulfilled a dream by playing basketball for Mount St. Joseph University.

Lauren has Diffuse Intrinsic Pontine Glioma (DIPG), and was not expected to live much, if all, past Christmas. We've reported on Lauren, a counterpart to fatalism and despair, a number of times.

From *The View* appearance, we learn several things. Lauren is not (comparatively speaking) the picture of health she was last fall when she played briefly for her team. The disease is taking its toll—but she is as brave as ever even if she cries on her mother's shoulder after the filming was over. And as she speaks out on behalf of kids with cancer, her goal of finding a cure is undiminished

According to *WCPO's* Greg Noble, the 19-year-old Lauren still has her eye on the prize:

Lauren tells *The View* hosts that she is hoping to turn the nearly $1.5 million she has already raised for research to fight pediatric cancer into $2.2 million – symbolic of the No. 22 she wore for Mount St. Joseph University.

***The View* hosts announce a special donation to the Lauren Hill Tribute Fund, and Lauren asks the hosts to challenge their audience and friends to give $22 in her name.**

"It's taken me months to raise $1 million. And right now we're at $1,500,000. And I challenge you to challenge your viewers and friends to donate even more than that – like if everybody donates $22… And help these kids and help these families because they need it," Lauren says.

In her interview with Tanya O'Rourke of "9 On Your Side," Lauren says she doesn't want "to be considered a quitter" after she's gone. Lauren is the furthest thing from a quitter.

O'Rourke originally decided not to go through with the interview when she saw Lauren break down following the taping. But Lauren insisted they go on.

I didn't know that Lauren is now living at Children's Hospital and that she gets around in a wheelchair. But despite everything, "Nevertheless, Lauren managed the same, bright smile for the camera that we are used to seeing," Noble reported.

O'Rourke was obviously deeply moved by the interview and gently moves Lauren forward as she is tiring. Noble includes this telling exchange:

O'Rourke: "You can lose a battle [against DIPG] but win the war. Even if you lose the battle, you helped win the war."

Lisa Hill "You're the general."

Lauren, who joked several times during the interview, then showed her sense of humor is intact.

"General," she said, "is he the highest rank?"

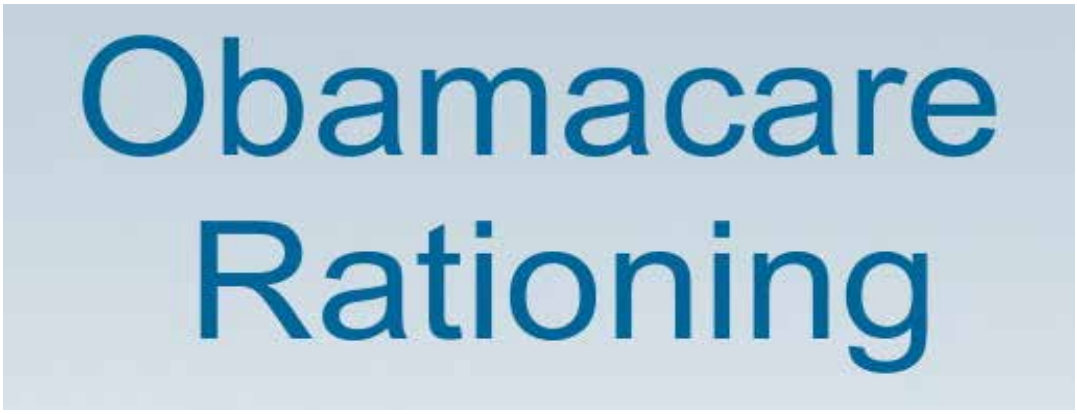
In my book, Lauren is a Four-Star General.

Courts examine ObamaCare's controversial IPAB, potential dangerous healthcare rationing yet to come

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

In a recent poll coinciding with the fifth anniversary of the Obama health care law, Rasmussen reports, "Five years after its passage by Congress, attitudes about the national health care law remain largely unchanged: Voters expect it to increase health care costs and hurt the quality of care."

On the heels of this sobering anniversary, the Supreme Court has put the brakes on the most recent in a series of legal challenges – one regarding the controversial Independent Payment Advisory Board or IPAB.



According to Jennifer Haberkorn of *Politico* in her March 30, 2015 article, "Supreme Court won't hear case on Obamacare Medicare board"

The Supreme Court on Monday declined to take up the latest lawsuit against Obamacare, this time a challenge to a board that critics label a "death panel." The case, *Coons v. Lew*, contested the constitutionality of the Independent Payment Advisory Board, among other complaints against Obamacare. The IPAB is designed to limit spending growth in Medicare, but the challengers say that it will result in limiting care for seniors. ... The U.S. Court of Appeals for the 9th Circuit said the case was not ripe for review because the panel has not yet made any decisions.

The refusal of the High Court to hear a case is not uncommon in cases like this. The Supreme Court is reluctant when only one lower court has ruled. This is true especially when the ruling was not on the merits of the case, but based on the fact that the IPAB has yet to start limiting health care. The court may very well revisit this issue once the cuts start.

Haberkorn writes

> **The challengers say that the unique nature of the ...IPAB gives it unprecedented legal power. Its decisions cannot be overridden by Congress without a super-majority and cannot be challenged in court. The challengers — an Arizona patient and doctor — say that centralized power makes the IPAB illegal.**

While the public focus has been on the IPAB's authority to cut Medicare with very limited Congressional authority to override or alter those cuts, National Right to Life has been emphasizing a still graver concern – one at the core of rationing in the Obama health care law. (See www.nrlc.org/uploads/communications/healthcarereport2014.pdf)

Integral to the Obama Administration's stated mission to drive down what Americans choose to spend for life-saving and health-preserving health care, the IPAB is charged with a key role in suppressing health care spending for **all Americans**, not just seniors, by limiting what treatment doctors are allowed to give their patients.

The health care law instructs the IPAB to make recommendations to limit what all Americans are legally allowed to spend for their health care to hold it below the rate of medical inflation. The health care law then empowers the federal Department of Health and Human Services (HHS) to implement these recommendations by imposing so-called "quality" and "efficiency" measures on health care providers. (The documentation can be found in the endnotes at (www.nrlc.org/uploads/communications/healthcarereport2014.pdf.)

In the event the IPAB fails to recommend these cuts (if, for example, members are not seated, or Congress somehow defunds the board), HHS will simply absorb the role.

What happens to doctors who violate a "quality" standard by prescribing more lifesaving medical treatment than it permits? They will be disqualified from contracting with any of the health insurance plans that individual Americans, under the Obama Health Care Law, will be mandated to purchase. Few doctors would be able to remain in practice if subjected to that penalty.

This means that a treatment a doctor and patient deem advisable to save that patient's life or preserve or improve the patient's health–but which exceeds the standard imposed by the government–will be denied even if the patient is willing and able to pay for it. Repeal of IPAB is critically important to prevent this rationing of life-saving medical treatment.

While the Supreme Court did not take up the IPAB case, it will issue a highly anticipated decision in another Obamacare case before June. *King v. Burwell* addressed the health care law's exchange tax subsidies – another key feature of the law that can also be read about at www.nrlc.org/uploads/communications/healthcarereport2014.pdf.

Oklahoma Senate Committee passes Unborn Child Protection from Dismemberment Abortion Act

By Dave Andrusko

Any day now the Oklahoma Senate could be voting on the model Unborn Child Protection from Dismemberment Abortion Act, which was provided by National Right to Life and is one of its highest legislative priorities.

Oklahoma State Senator Josh Brecheen

On March 23 the Senate Health and Human Committee passed the measure overwhelmingly by a vote of 7-1 and sent it to the Senate floor.

All of the committee Republicans voted for the bill; one Democrat opposed the bill, while another Democrat was absent.

The lone Nay vote came from a female attorney, who asked the bill's author (sponsor), Senator Josh Brecheen, a series of questions about the bill's constitutionality.

"Senator Brecheen did a masterful job responding to the Democrat attorney's hostile questions," Oklahomans For Life State Chairman Tony Lauinger told *NRL News Today*. "He quoted both pro-abortion and pro-life justices of the United States Supreme Court to very convincingly make the case that we fully expect the bill to be upheld as constitutional."

In February the House version, HB 1721, passed 84-2. As *NRL News Today* wrote at the time, several House members who commonly vote against pro-life bills abstained rather than publicly oppose the bill prohibiting such a grisly, barbaric method of killing a child in the womb.

In Kansas a similar bill is on the brink of becoming law. SB95 has passed both houses and pro-life Gov. Sam Brownback has promised to sign it into law.

As was the case in Oklahoma, pro-abortion senators refused to discuss the particulars of the abortion method which kills a baby by tearing her apart, limb from limb.

Dismemberment abortions and the shock of recognition

From page 2

In a dismemberment abortion, the body of the current resident of the womb is literally (not figuratively) dismembered, limb-by-limb.

Don't want to take my word for it? Here's Supreme Court Justice Antony Kennedy, quoting from the testimony of abortionist LeRoy Carhart:

> **"As described by Dr. Carhart, the D&E procedure requires the abortionist to use instruments to grasp a portion (such as a foot or hand) of a developed and living fetus and drag the grasped portion out of the uterus into the vagina. Dr. Carhart uses the traction created by the opening between the uterus and vagina to dismember the fetus, tearing the grasped portion away from the remainder of the body…. [until the unborn baby] bleeds to death as it is torn limb from limb… In Dr. Carhart's words, the abortionist is left with 'a tray full of pieces.'"**

We call that "brutal."

How do pro-abortionists describe what takes place?

To Tara Culp-Ressler, a dismemberment abortion "involves dilating the cervix and using surgical instruments

to remove the fetal and placental tissue."

That's right, "fetal and placental tissue."

To return to Borgmann's lament, "It's meant to try to create an inflammatory description that people are going to read and then support the bill because their instinct is that this sounds terrible."

No, it isn't. The language of the Unborn Child Protection from Dismemberment Abortion Act simply tells it like it is—in all its surrealistic brutality–not the way pro-abortionists would like it disguised.

Final thought. Like the proverbial blind squirrel who finds a nut, McQuade did stumble across a truth. "It's not just a legal campaign, it's a campaign in the court of public opinion."

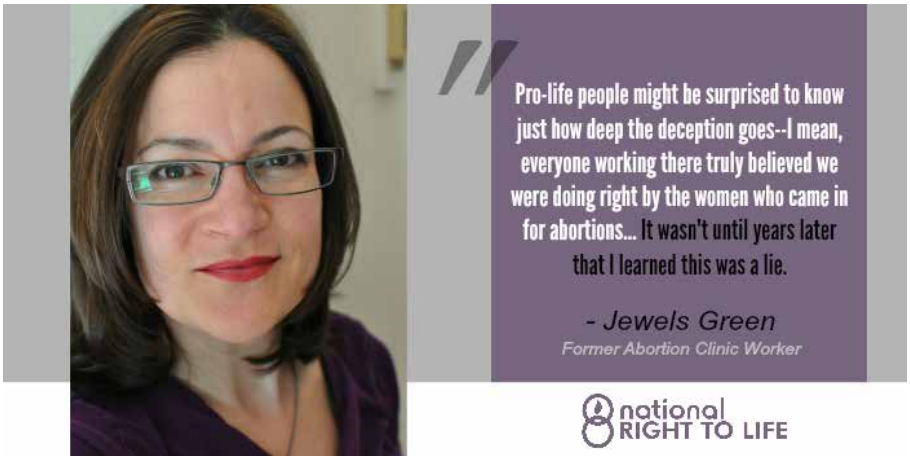
It is indeed. And we are winning!

Post-Abortive, Former Abortion Clinic Worker Speaks Out for Life

By Andrew Bair

Jewels Green is a post-abortive mother of three who worked in an abortion clinic before becoming pro-life. She will share her powerful story this year at the 2015 National Right to Life Convention to be held July 9-11th in New Orleans, Louisiana. www.nrl-convention.com

Green discusses her journey and the message she would share with others who have experienced the pain of abortion and with those still working in the abortion industry.



Growing up, did you hold any firm views on the abortion issue?

I was raised in a pro-choice household, so from when I was old enough to understand the word "abortion" I was pro-choice by default.

In an interview with Live Action News, you described yourself at the time you became pregnant as a "17-year-old drug-using high school drop-out."

This is true.

Could you describe the factors that came into play that led you to the abortion center?

Well, as soon as I found out I was pregnant I stopped using drugs, started reading about pregnancy, and had intended to have the baby. I'd even scheduled a pre-natal appointment. Intense pressure from others led me to allow myself to be talked into going to the abortion center. My first appointment I couldn't go through it. I ran out before it was time to disrobe. My resolve crumbled, and I returned to the center two days later and had an abortion.

Did you feel that you were fully informed by abortion clinic staff about the options available to you and the abortion procedure itself?

I have no recollection of any other options being discussed, but I do remember the abortion procedure being described. Later, when I worked in an abortion facility and counseled women before their abortions, alternatives to abortion were never discussed. Only when a woman called and scheduled a separate appointment specifically for "options counseling" would parenting and adoption be discussed. Even then, counselors were not trained in describing different types of adoption (closed, open--with different options of levels of contact, kinship care, etc.) The best I could do at the time was scribble a phone number on a Post-It note and wish her luck. The same holds for parenting options (single or married parenting, medical assistance, WIC). I would hand her a phone number and send her on her way.

You've also stated, "Everyone wanted me to get an abortion… except me." What, if anything, could a pro-life person have done in that situation to help you? How can the pro-life movement more effectively reach out to pregnant women facing difficult circumstances?

I didn't know anyone who was pro-life at the time. Or, maybe I did but didn't know it. I think that we can be more effective if we are pro-life with everyone--not just in a debate or when trying to reach out to vulnerable mothers--but be vocally pro-life in all aspects of our lives. Our family, friends, co-workers, and classmates should all know that we are pro-life on abortion. Wear a pro-life t-shirt, slap a pro-life bumper sticker on your car, strike up a conversation with someone who might not already know your stance. My theory is that if we are open with our beliefs to the point of actually advertising them, then someone facing a problem pregnancy in the future knows who she can turn to for support.

What happened after the abortion?

I immediately regretted it. After all, I'd planned on keeping my baby and only after prolonged intense pressure did I succumb to the plan others dictated for me. I slid into a clinical depression, an emotional black hole of regret, remorse, grief, and guilt. A few weeks after my abortion I attempted suicide.

Later, you became a pretty ardent pro-choice activist. You've described taking part in pro-choice marches, lobbying Congress and then ultimately working in an abortion facility. What was the driving motivation behind your activism?

In hindsight, I think I was trying to justify and rationalize my role in my own abortion. I surrounded myself with people who thought abortion was a legitimate (even laudable) decision in the hopes that someday I might believe that, too. Deep down, I never really did.

See "Clinic Worker," page 24

Kansas Becomes the First State to Enact Groundbreaking Dismemberment Abortion Ban

WASHINGTON – This morning, pro-life Kansas Governor Sam Brownback (R) signed into law the groundbreaking Unborn Child Protection from Dismemberment Abortion Act. The bill received overwhelming support in the state legislature earlier this year. In signing the bill, Governor Brownback makes Kansas the first state in the nation to enact the National Right to Life model legislation that will prohibit the use of dismemberment abortions. The law will go into effect on July 1.

"The Unborn Child Protection from Dismemberment Abortion Act is the first of what we hope will be many state laws banning dismemberment abortions," said Carol Tobias, president of National Right to Life. "This law has the power to transform the landscape of abortion policy in the United States."

Dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States.

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

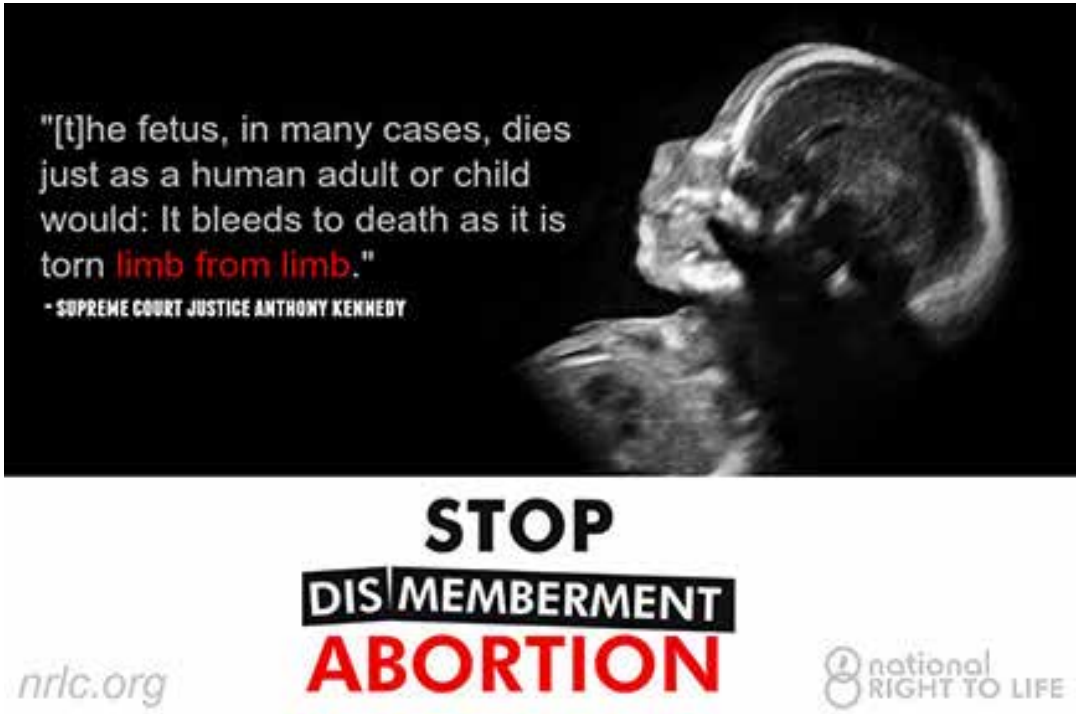
Justice Kennedy added in the Court's 2007 opinion, *Gonzales v. Carhart*, which upheld the ban on partial-birth abortion, that D&E abortions are "laden with the power to devalue human life…"

"Dismemberment abortion kills a baby by tearing her apart limb from limb," said Mary Spaulding Balch, J.D., National Right to Life director of state legislation. "Before the first trimester ends, the unborn child has a beating heart, brain waves, and every organ system in place. Dismemberment abortions occur after the baby has reached these milestones."

"We applaud our affiliate, Kansans for Life, for shepherding this bill through the legislature," added Tobias. "We applaud the legislators who stood up for unborn children by supporting the Unborn Child Protection from Dismemberment Abortion Act, and we thank Governor Brownback for his outstanding pro-life leadership in signing it into law."

A medical illustration of a D&E dismemberment abortion is available here: www.nrlc.org/abortion/pba/deabortiongraphic.

Background materials on the bill are available on the National Right to Life website. Included in the background materials is the testimony of Anthony Levatino, M.D., before the U.S. House Judiciary Committee Subcommittee on the Constitution and Civil Justice in May 2013, in which he described in great detail the D&E dismemberment abortions he once performed.



Spa-like abortion clinic spawns pro-abortion defenders

By Dave Andrusko

When I first wrote about Carafem–the goofy pro-abortion attempt to transform a trip to the abortion clinic into the equivalent of a relaxing trip to the spa–I knew that at the same time I was ridiculing the project, pro-abortion apologists would be citing Carafem as the next great leap forward for womankind.

In case you missed it, Christopher Purdy, President and CEO, bragged to the *Washington Post's* Sandhya Somashekhar that Carafem is "fresh, it's modern, it's clean, it's caring." Melissa S. Grant, vice president of health services for Carafem, chimed in, "It was important for us to try to present an upgraded, almost spa-like feel."

Indeed, reading about Carafem it does sound like something out of the abortion industry's version of *Architectural Digest*.

> **"The clinic will have wood floors and a natural wood tone on the walls that recalls high-end salons such as Aveda," wrote Somashekhar (the *Post's* "social change reporter"). "Appointments, offered evenings and weekends, can be booked online or via a 24-hour hotline."**

What a deal. Right after she books her quick chemical abortion (Carafem only performs chemical abortions), a woman could book a pizza online to be picked up at the closest pizza joint. (Maybe Carafem will offer a discount coupon.) Whether a quickie termination or a rush food order, nothing like speedy service and convenience.

Now even the professional abortion apologist knows that critics–including NRLC President Carol Tobias (who spoke to Somashekhar) –"want to tap into that unease"–a reference to the "roughly half" of Americans who "think abortion is morally wrong." In the *Post* story

> **Tobias said she thinks people will be "disgusted" by Carafem, the spa-like abortion clinic.**
>
> **"Abortion is not pleasant," she said, "and trying to put pretty wrappings around the procedure isn't going to make any difference."**

this preposterous enterprise borders on self-parody–that the abortion industry reveals itself to be every bit as cavalier, morally unserious, and casual about offing unborn children as pro-lifers accuse them of being.

But, not to worry. There's always (and I do mean **always**) Amanda Marcotte.

Her particular gift, so to speak, is to strike back in direct proportion to the zaniness of the latest pro-abortion idiocy. The more foolish, the more self-condemnatory the proposal, the harder she attacks critics. Or should I say, the more illogically.

So, in this instance, Marcotte tells her readers at Slate.com

> **Getting medical treatments in general is unpleasant. That's exactly why health care providers should try to smooth the edges as much as possible with creature comforts. The same should go for abortion, a really common procedure that a woman runs a 1-in-3 chance of needing at some point in her life. Abortion is legal. If you want a little more misery and shame with your abortion experience, feel free to impose that on yourself, but for those who disagree, pass the fluffy robes and the herbal teas.**

Never mind the sophomoric cancer and abortion equivalency. Never mind that the "edges" smoothed off in a typical abortion are the arms and legs of a tiny human being. That's the quality of thinking you expect from abortion apologists.

But "Pass the fluffy robes and the herbal teas." If I wrote that sentence, I would doubtlessly be accused of making it up–of taking a cheap shot–because no abortion rights advocate would treat abortion that unseriously, that flippantly, that repugnantly.

Ah, yes she would. And proudly so.

Okay, we can expect a grown up answer from Marcotte to a grown up sentiment that you don't have to be a pro-lifer to hold, right?

"Well, cancer isn't pleasant, either," Marcotte responds,

> **but that's not a reason to deny cancer patients fluffy robes and soothing music.**

6 people whose lives are changing the abortion debate

By Kristi Burton Brown

1) 12-week-old Noah

Noah died during a miscarriage at 12 weeks and 5 days. His mother willingly shared an amazing photo of his tiny human body so that others could see the humanity of the preborn child with their own eyes.

"If [Noah] could help show one mother considering abortion the beauty of her child," Noah's mother said. "Then our loss would be worth it."

Baby Noah

This article describes what happens to babies who are aborted at Noah's age and younger.

2) Adelaide Caines

Born at 24 weeks, Adelaide died before her birth day was over. But her parents were compelled to let the world see their beautiful daughter and the reality of who abortion kills:

"Our picture shows Adelaide was not a feotus; she was a fully formed human being, and to think that a baby like her could be legally terminated on grounds of a lifestyle choice is to me is horrifying," Caines explained.

Adelaide's parents have chosen to publicly release the photo of their baby girl in a bid to reopen the debate on the legal limit for abortion, saying what

Adelaide Caines

they witnessed in their daughter's short life "makes a mockery out of the 24 week legal limit."

3) Walter Joshua Fretz

When baby Walter was miscarried at 19 weeks, his parents decided to celebrate him and capture a few brief moments of his precious life. His photos went viral, and countless people throughout the world have seen that babies inside the womb – who are so often aborted – are undeniably human beings.

4) Nathan Isaiah

Baby Walter cuddled up to his mom.

Born just after the first trimester, this tiny baby was unquestionably human. His mother said:

> **"My heart is heavy. He was so perfectly formed. No one can deny [that] 13-week-and-4-day-old baby wasn't a baby. He is delicately put together. You can see every detail. I know God will use him to bring glory to His kingdom, and for that, I am thankful."**

Nathan Isaiah

5) Christian Buchanan

Christian's mother, Lacey, made this YouTube video telling their story. People told her to abort, or wondered why she

Lacey and Christian Buchanan

didn't when they saw Christian's disability. But Lacey had always been convinced that Christian – and all other children – are valuable, despite any condition, disability, or difficult circumstance they or their parents may face. Christian has showed the world that every child deserves a chance to live.

Under her video, Lacey writes:

> **"This is my plea to anyone considering abortion. Rethink your decision, no matter the circumstances. I am so glad I chose life!"**

6) David Raphael

David is the youngest of the babies in this list, and yet he equally proves the humanity of every preborn child. His humanity challenges assumptions that are commonly made about abortion.

David was only seven weeks old – an age when many abortions occur in the U.S. Babies

David Raphael

like David are suctioned apart and ripped from their mothers' wombs on a daily basis.

The scientific organization, The Endowment for Human Development, explains what babies at David's age can do:

From seven to seven-and-a-half weeks, tendons attach leg muscles to bones, and knee joints appear. Also by seven-and-a-half weeks, the hands

See "6 People," page 32

"Miracle" Baby defies doctors predictions, celebrates first birthday

By Dave Andrusko

I have been the beneficiary of great doctoring and have relatives in medicine so I often give physicians the benefit of the doubt (at least as to their motives) when they make questionable judgments. That doesn't mean you accept their counsel, of course.

And, fortunately, for a lot of unborn babies, their mothers have turned down gloomy forecasts and refused to accept conclusions by doctors that their babies were inevitably going to die.

Enter Michelle Moloney, profiled by Andy Dolan for the *Daily Mail*. In mid-March her son, Michael, celebrated his first birthday, the picture of health, along with his parents and sister Lilly and brother Patrick.

But it could easily have turned out otherwise.

At eighteen weeks "I felt my baby kick in the early hours," Mrs. Moloney told Dolan. "It was such a definite kick – the reassurance that every expectant mum longs for." The first kick.

But just a few hours later when her water broke, "I felt terrified."

Doctors told Moloney and her husband Patrick that she had too little amniotic fluid and they were losing their child. "It was absolutely devastating," Mrs. Moloney told Dolan.

Doctor at University Hospital Coventry said they "could either induce labour or let nature take its course in up to ten days," Dolan explained.

But there was no decision for Moloney to make. "I could feel my baby move," she said. "'There was no way I could go through with an induction.'

She went home, fully expecting that she might lose her baby. But Michael made it one week after another until at 24 weeks she was admitted to the hospital.

When she delivered at 26 weeks, not only was Michael in a breech position he weighted just 1lb, 12oz. Doctors struggled—successfully—for 20 minutes to revive him.

Now Michael is one year old. "He's a miracle," Mrs. Moloney said, adding, "I'm so thankful we have our little boy."

Michelle Moloney and her husband Scott with Lily, 4, Patrick, 2, and baby Michael

Idaho Gov. signs bill to curb web-cam abortions

By Dave Andrusko

As of Monday morning, there are now 19 states that require abortionists to perform in-person exams when they use chemical abortifacients.

Idaho Governor C.L. "Butch" Otter

Idaho Gov. C. L. "Butch" Otter signed the bill into law after it passed both houses of the legislature by overwhelming margins.

The bill had passed the Idaho House (55-17) and the Senate (27-7). All seven "nay" votes today were cast by Democrats. But because the Senate made a slight change in the House version, the bill had to go back to the House where it was quickly approved.

The requirement protects women's health and is a direct challenge to webcam abortions (or, as proponents prefer to call them, telemed abortions).

In webcam abortions an abortionist located at a hub clinic teleconferences with a woman at one of the smaller satellite offices, reviews her case, and asks a couple of perfunctory questions. He then clicks a mouse, remotely unlocking a drawer at her location.

In that drawer are the abortion pills which make up the two-drug abortion technique (RU-486 and a prostaglandin). She takes the RU-486 there and takes the rest of the pills home to administer to herself later.

"These web-cam abortions are specifically targeted at women in very rural parts of our state. How will they get to a physician … in case of an incomplete abortion?" said Sen. Mary Souza. "Those are life-threatening situations. So I think it would behoove us to pass this bill, because it is a matter of women's health, and I think in Idaho we have the common sense to see that this is an important procedure for us to protect women and to not go down this path in our health care delivery system"

On February 23, Dr. Randall K. O'Bannon, NRLC's director of Education, testified before the Idaho House State Affairs Committee.

Randall K. O'Bannon, Ph.D.

Dr. O'Bannon summarized how webcam abortions work and the much-underreported dangers of chemical abortions.

Dr. O'Bannon read from the tally from a postmarketing summary on mifepristone published by the FDA on April 30, 2011.

*** more than 2,200 reports of "adverse events" or complications (2,207)**

*** more than 600 women (612) hospitalized**

*** more than 300 (339) requiring transfusions**

*** 256 women reported infections, with 48 of them classified as severe**

*** 58 cases of ectopic pregnancies, which the pills do not treat**

Sometimes these complications prove deadly.

The FDA knew of at least 14 deaths associated with use of these drugs in the U.S. and at least five more in other countries. And that was nearly four years ago!

The Idaho bill also requires that abortionists make "all reasonable efforts" to ensure that women return between 12 and 18 days after their abortions for follow-up examinations.

North Carolina asks Supreme Court to hear abortion ultrasound case

By Dave Andrusko

On March 23 North Carolina Attorney General Roy Cooper and Solicitor General, John F. Maddrey asked the Supreme Court to take up the decision of a three-judge panel of the U.S. 4th Circuit Court of Appeals striking down The "Right to View" provision of North Carolina's 2011 "Woman's Right to Know" law.

Cooper, a likely Democratic candidate for governor in 2016, said at the time of the appeals court decision that he opposed the provision but had a duty to defend it in court.

The provision requires that an ultrasound image of the unborn child be displayed at least four hours prior to an abortion so that the mother might view it and that she be given the opportunity to hear the unborn child's heartbeat.

Writing for the panel in December 2014, Judge J. Harvey Wilkinson argued that this amounted to "compelled speech, even though it is a regulation of the medical profession," and "is ideological in intent and in kind."

Judge Wilkinson added, "Abortion may well be a special case because of the undeniable gravity of all that is involved, but it cannot be so special a case that all other professional rights and medical norms go out the window."

At the time of Judge Wilkinson's 37-page decision, Barbara Holt, executive director of North Carolina Right to Life, told *NRL News Today*, "We are disappointed by the decision of the Court striking down North Carolina's Ultrasound law." Holt added, "Turning the screen at an angle where the mother may view it if she wishes is very little to ask, considering that a human life hangs in the balance."

The law, passed with bi-partisan support, was enacted in July 2011 over then-Governor Beverly Perdue's veto. The "Right to View" provision was preliminarily enjoined by U.S. District Judge Catherine Eagles in October of 2011. On January 17, 2014, Judge Eagles, an Obama appointee, issued a permanent injunction which the state appealed a month later.

When the two sides squared off in front of the appeals court in October 2014, the coalition of opponents argued that the right to view provision amounted to "compelled speech" which "hijacks a provider's [the abortionist's] voice," according to Julie Rikelman from the Center for Reproductive Rights.

Not so, said Maddrey. The provision adds "relevant, truthful, real-time information" to North Carolina's informed consent law," he said, according to the *Associated Press*. He added, according to reporter Larry O'Dell, that the state has a legitimate interest in ensuring that a woman's decision "is mature and informed."

Maddrey went on to add that "The possibility that sharing physical characteristics of a fetus might make a woman reconsider does not make it unconstitutional," Franco Ordoñez of McClatchy Newspapers reported.

Maddrey "cited earlier U.S. Supreme Court decisions that found that the state has a legitimate interest to protect not only the health of a pregnant woman but also the life of the embryo or fetus she is carrying."

Maddrey said, "There is an additional state interest at play," the unborn child

Government Report Shows Hundreds of Millions in Tax Dollars Going to Planned Parenthood, Other Abortion Advocates

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

In a $3.8 trillion federal budget, it isn't always easy to keep track of where all the money goes. But one thing a recent report from the U.S. Government Accountability Office (GAO) makes clear is that groups such as abortion giant Planned Parenthood and the chemical abortion promoter Population Council continue to find ways to tap into government programs to the tune of hundreds of millions of dollars a year to keep themselves afloat and active.

The tally for 2010-2012? More than $1.5 billion to Planned Parenthood and more than $120 million to the Population Council. It is government largesse like this that helps explain how you end up with U.S. taxpayers covering 41% of Planned Parenthood's annual budget.

Prepared at the request of 62 pro-life senators and representatives, the March 20, 2015, report from the GAO looked at federal government funding going to the Planned Parenthood Federation of American (PPFA) and its affiliates, the Population Council, as well as four other abortion promoting or performing organizations: Advocates for Youth, Guttmacher Institute, International Planned Parenthood Federation, and the Sexuality Information and Education Council of the United States (SIECUS).

Most of the money going to these groups came from two government sources, the Department of Health and Human Services (HHS) and the U.S. Agency for International Development (USAID). These agencies handle

the government's "family planning," teen pregnancy prevention, HIV/AIDS education and treatment, public health, and maternal and child health programs. HHS largely focuses on domestic programs, USAID on foreign aid. Smaller amounts uncovered by the GAO came from the Departments of Agriculture, Defense, Housing and Urban Development, and Justice.

Precisely matching up amounts allocated and spent is somewhat difficult, given gaps between disbursement and provision of services, differences in fiscal years, and the confluence of federal and state sources. But the GAO shows Planned Parenthood reporting $344.52 million in expenditures of federal funds from 2010 -2012 and being reimbursed for services by Medicaid (a joint federal-state program) to the tune of $1,184.44 million (or about $1.2 billion) during the same period of time.

All told, this means Planned Parenthood, the nation's largest abortion chain, received more than $1.5 billion in public funds over a three year period, or at least half a billion dollars a year.

Federal law prohibits the use of federal Medicaid funds to pay for abortion (except to save the life of the mother, or in cases of rape or incest). Federal law also prohibits funding of abortion under another major federal "family planning" program, Title X.

Still, it sure makes it a lot easier to build and expand your abortion empire when you're getting 41% of your annual budget from the pockets of taxpayers. It is worth noting that in a 25-year period where abortions have dropped by more than 34%, abortions at Planned Parenthood have increased by more than 250%.

And even though several old Planned Parenthood clinics have shut their doors over the past few years, many PPFA affiliates across the country have found the funds to open giant shiny new high-volume mega-clinics, raising their profile, and increasing their capacity to perform abortions.

Though Planned Parenthood and its affiliates are, by far, the biggest beneficiaries of domestic government spending, the Population Council, an international nonprofit dedicated to "reproductive health," was the biggest recipient of funds from USAID, the nation's foreign aid program. The Population Council received disbursements totaling more than $110 million between 2010 and 2012. One should also remember that it was the Population Council which was responsible for bringing RU-486—"the abortion pill"–to the United States.

The next largest recipient of USAID funds among the six tracked groups was the International Planned Parenthood Federation, with which USAID contracted for nearly $23 million in services during the same time period.

See "Tax Dollars," page 33

Abortion Lobby plans to add non-physicians to ranks of abortionists nationwide

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

When California passed a law in 2013 authorizing physician's assistants, nurse practitioners, and nurse midwives to perform aspiration (vacuum curettage) abortions, a lot of people hoped it was just an isolated case, one state going rogue. But a new report from the Center for American Progress (CAP) shows it was merely the first step of a nationwide campaign by the abortion industry to replenish the diminishing ranks of abortionists.

The report, "Improving Abortion Access by Expanding Those Who Provide Care," is by Donna Barry and Julia Rugg of the Center for American Progress, a "progressive" Washington, D.C. think tank that promotes "access to abortion" as part of its efforts for "women's rights." Before coming to CAP, Barry worked for, among others, the Planned Parenthood League of Massachusetts. Rugg is a CAP intern.

The "issue brief" explicitly seeks to "provide background on the need for additional states to pass legislation and implement policies allowing APCs to provide abortion care; an overview of the new policy; and an analysis of states where such legislation should be introduced."

"APC" is a term the industry has coined for what it calls "advance-practice clinicians" such as nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician's assistants (Pas).

APCs to Bolster Diminished Ranks of Abortionists

The "need" Barry and Rugg talk about comes from the large number of abortionists retiring or simply getting out of the abortion business. According to figures from the Guttmacher Institute, the number of "abortion providers" peaked in 1982, when it reached a high of 2,918. The latest figure (for 2011) has the number of abortionists at 1,720, a drop of 41%. Drops in the number of abortions soon followed--34% from 1990 to 2011, from a peak of more than 1.6 million abortions to just over a million (1,058,490).

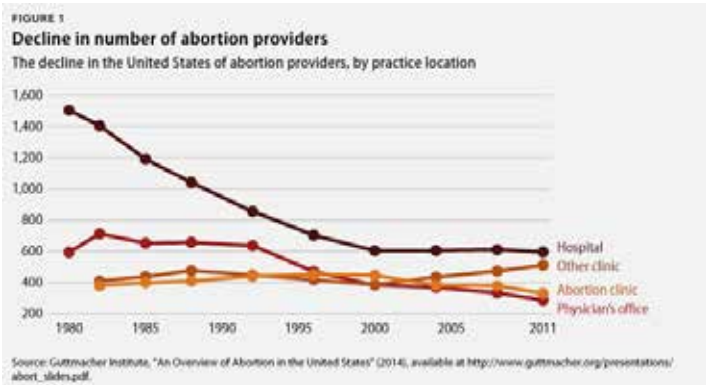
Abortionists may quit performing abortions for many reasons – because they feel ostracized by other members of their profession, because the killing wears on their conscience, because demand has fallen and business is bad. But Barry and Rugg attribute the dearth to "new restrictions" pro-lifers have gotten passed in many states.

The thrust of Barry and Rugg's strategy is to use legislation and lobbying to have states and state licensing boards expand APCs' "scope of practice." The "scope of practice" defines what sort of care a medical professional of a certain level of education or training – in this case, a nurse practitioner, a certified nurse-midwife, or a physician's assistant – may legally render.

National associations set some standards, but state licensing boards often set state specific scopes of practice through rulemaking or rulings by state courts or attorneys general. Barry and Rugg note that this has been an effective way of getting states to allow APCs to perform chemical abortions.

According to the University of California, San Francisco's ANSIRH (UCSF's Advancing New Standards in Reproductive Health) research group, non-physicians are currently allowed to perform both chemical and "aspiration" (suction abortions) abortions in five states: California, Oregon, Montana, Vermont, and New Hampshire.

There are a handful of states where non-physicians can perform chemical but not surgical abortions: Alaska, Hawaii, Washington, New Mexico, Illinois, New York, Massachusetts, Connecticut, New Jersey, Maryland, and Rhode Island.



While sympathetic courts, state attorneys, and licensing boards have helped expand the pool of abortionists in some states, Barry and Rugg believe legislation, like that passed in California, will best provide APCs with the "long lasting legal protection and a secure environment in which to enter the aspiration abortion workforce."

From California to the Rest of the Nation

Though this campaign seemed, for many, to have appeared out of nowhere, Barry and Rugg point out that the effort to expand APC's scope of practice to include aspiration abortion actually began more than ten years earlier, when "a committed group of academics, policy professionals, and advocates began an effort to expand abortion access for women in California."

Researchers from UCSF set up a study in which APCs who already had experience with chemical abortions were trained by physician/abortionists to perform aspiration abortions. Researchers claimed that the study showed similar complication rates for both APCs and physicians.

NRLC's own analysis of the data (http://nrlc.cc/1FlBfIT) found things going considerably worse for the APCs. Nevertheless the UCSF study was used to gain allies in various health, professional, and legal organizations to push legislation in California, which passed in 2013, and then to support expansion in other states.

Barry and Rugg specifically identify as their next legislative targets those states mentioned above where some APCs are allowed to perform chemical but not surgical abortions, as well as Pennsylvania. They say that these states, given their legislatures, governors, and "regulatory environment" regarding chemical abortions, "could potentially pass legislation expanding scopes of practice" and thus allow APC's to perform aspiration abortions in the first trimester.

Barry and Rugg also identify eight states where

See "Abortionists," page 19

Abortion Lobby plans to add non-physicians to ranks of abortionists nationwide

From page 18

nurse practitioners have "full practice authority" but are kept from performing surgical or chemical abortions by laws limiting abortions to physicians. (Ironically, Barry and Rugg point out that many of these laws were passed in the immediate aftermath of *Roe v. Wade* to protect women from being preyed upon by "unlicensed providers.") Legislation or administrative rulings in Nevada, Idaho, Wyoming, North Dakota, Nebraska, Minnesota, Iowa, and Maine "could increase the number of abortion providers" in those states.

More than 14 million women of reproductive age live in that first set of states which are "amenable" to policy changes allowing APCs to have expanded "abortion care privileges," say Barry and Rugg, and another 3.3 million such women in those other states where APCs have full practice authority but face a legal obstacle.

More to their point, however, there are nearly 50,000 nurse practitioners and certified nurse midwives licensed to practice in those first 12 states and another 8,000 NPs and CNMs in those other eight states. They are under no illusion that every APC will sign up to receive abortion training, but the potential to expand the pool of abortionists is dramatic.

It is not just the supply of abortionists that Barry and Rugg and the Center for American Progress wish to pump up. Speaking of the legislation in California they want to make a model for the rest of the U.S., Barry and Rugg say that "In addition to increasing the number of clinicians providing aspiration abortions, this legislation paves the way for abortion to be reintegrated into primary care clinics and community health centers in California, therefore increasing the number of locations where women can access abortion care."

Mainstreaming Abortion

In a backhand way, Barry and Rugg acknowledge that the declining number of abortions is not simply a matter of an abortionist shortage. There are fewer abortionists, and an increase in the pool may have the effect of pushing the numbers back up, but one reason abortions have dropped and there are fewer abortionists is just that there is reduced demand--that is, fewer pregnant women are seeking abortions in the first place.

Barry and Rugg, predictably, try to make the decline an issue of "stigma." They say that "One way to combat limited access and reduce stigma is expanding access to abortion care by allowing more clinicians to provide this procedure." They also claim that the California legislation helped reduce stigma for women by enabling clinics to offer abortion on more days a week, making it difficult for sidewalk counselors to congregate on the day the abortionist was scheduled to be there.

One of the footnotes to the brief mentions something called the "APC Toolkit," a 2009 document published by UCSF's ANSIRH research group, an abortion training promoting group called the Abortion Access Project (now called "Provide"), and the National Abortion Federation. The 94 page document is basically a guide taking nurse-midwives, nurse-practitioners, and physician assistants through all the medical, professional, and legal steps needed to become abortionists in their home states.

That document is relevant in making clear that this latest report from the Center for American Progress, though less than a month old, represents neither a new nor an isolated campaign. Abortion advocates are not happy to see abortion becoming more "rare," and this national campaign to co-opt some of nation's health workforce of nurse-midwives, nurse-practitioners, and physician assistants is a significant part of the effort to retake the ground they've lost to the pro-life side over the past 25 years.

A Less Expensive, Less Trained Labor Force

Barry and Rugg hint at one of the other reasons behind the push. "Expanding APCs' scope of practice," they say, "could potentially reduce the cost of primary care as their billing rates for visits and medical procedures are usually lower than the rates of physicians." Put another way, because they lack the training and qualifications of physicians, these nurse-midwives, nurse-practitioners, and physician assistants can work cheap, keeping clinic costs lower, and helping to keep abortions cheaper.

Whether physicians will push back is unknown. The California Medical Association backed the bill there. If there is no reason for all their years of special training, no special skill that comes with a medical degree, it becomes hard to explain why doctors must spend all that money on medical education, why they should hold a unique public trust or more practically, and why they should be allowed to charge more for their services. [1]

In truth, despite the spin of the UCSF study, the results did not show the skills of APCs as commensurate to those of physicians (APCs had nearly twice as many complications). And if there is a problem, patients still need the special skills of a doctor with surgical training. Though abortion is clearly a violation of a physician's medical oath, there is still a reason for that expensive medical education.

In the end, despite their talk about updating "scopes of practice" and claims of APC "competency" in performing what used to be commonly recognized as surgical procedures requiring special training, the efforts of the Center for American Progress and abortion advocates who are pushing for this dangerous medical revolution can be summed up this way:

Unsuccessful in their efforts to recruit enough abortionists from the ranks of America's medical doctors, abortion advocates are now turning to lower level clinicians in an effort to bolster their ranks, hoping to co-opt and corrupt yet another wing of what is supposed to be the healing profession.

And your state could be next.

[1] Part of the reason abortion advocates try to avoid using the "surgical" label for first-trimester aspiration abortions is to deny that they require any special surgical expertise. They claim that this process is not invasive, does not involve cutting, and thus is not strictly speaking, surgery. Even putting aside the fact that abortionists introduce a sharp curette deep into the uterus to scrape and then to determine "completeness" of the abortion, and all the risk involved there, the claim that there is "no cutting" at a minimum involves a contention that the baby, who is definitely cut, is not a part of the woman's body. But if the child is not part of her body, then the old slogan of "my body, my choice" is based on a false premise and the fundamental rationale of the pro-choice movement is exposed as fraudulent.

Woman who aborted her 25-30 week old baby and tossed him in a dumpster sentenced to 20 years

By Dave Andrusko

On March 30 St. Joseph Superior Court Judge Elizabeth Hurley sentenced Purvi Patel to 20 years in prison for throwing her newborn son into a dumpster following a chemically-induced abortion.

In February, following a trial that took place over six days and which 20 witnesses offered testimony, Patel was convicted of feticide and child neglect. Prosecutors said she took drugs to induce an abortion and failed to get medical help for the baby when he was born alive.

Purvi Patel
(Robert Franklin, South Bend Tribune)

"You, Ms. Patel, are an educated woman of considerable means. If you wished to terminate your pregnancy safely and legally, you could have done so," said Judge Elizabeth Hurley said. "You planned a course of action and took matters into your own hands."

According to the *South Bend Tribune*, "Hurley sentenced Patel to a 30-year sentence for the neglect conviction, with 20 to be served in prison and 10 suspended. On the feticide count, Hurley handed down a six-year prison sentence that will overlap with the 20-year term."

Jeff Sanford, Patel's lawyer "asked for the entire sentence to be suspended and served outside of prison, saying prosecutors never proved she illegally took drugs from China to terminate her pregnancy."

St. Joseph County Chief Deputy Prosecutor Mark Roule said Patel could have sought help for her baby, "but instead betrayed a victim who was wholly dependent on her," according to the *Tribune's* Christian Sheckler.

"His only chance at survival was his mother," Roule said. "In this case, the mother did nothing, left him on the floor to die and threw him in the trash."

Judge Hurley said she looked favorably at the remorse Patel showed in a letter to the court and Patel's lack of criminal history.

But Hurley said she was troubled by Patel's failure to get help, and that she treated the baby "literally as a piece of trash."

The prosecution said Patel, 33, took abortifacients purchased online from overseas in July 2013 and then deposited the body of her 25-30 week-old baby into a dumpster in back of Moe's Southwest Grill, the family restaurant.

The defense argued, contrary to testimony from prosecution witnesses, that Patel's baby boy was not viable and was already dead when born; that there was no physical evidence she'd actually taken the abortifacients; and that Patel tried to revive the baby, attributing her failure to call 911 to shock.

But in summarizing and quoting from the prosecution's closing argument. *WSBT's* Kelli Stopczynski wrote

> **The state told jurors Patel's intent was to give herself an illegal abortion, and that's what prosecutors say she did.**
>
> **"This whole production is about a little boy…" said Deputy Prosecutor Mark Roule. "He wasn't expected, he wasn't wanted. He lived a brief and horrible life. What happened to him was very, very wrong."**
>
> **Roule reminded jurors about details they've already heard — that the baby was born on the bathroom floor at Patel's home. She wrapped him in plastic bags and put him in a dumpster behind Moe's Southwest Grill in Mishawaka – a restaurant her family owns.**
>
> **Then, when her pain and bleeding wouldn't stop, Patel went to the emergency room.**
>
> **"She continued to lie to doctors and nurses… she tried to keep secret the fact that she'd been responsible for another life and done nothing," Roule said.**
>
> **Then, six months of text messages between Purvi Patel and her best friend about her irregular period, a positive pregnancy test in June and the abortion pills she ordered online and took, according to those texts.**

According to *WNDU*

> **Patel's attitude was perhaps captured in a text to a friend that read, "Just lost the baby. I'm going to clean up my bathroom floor and then go to Moe's."**

Bi-Partisan WV Majority Overrides Gov's Veto of Pain-Capable Bill

From page 1

As the former executive director for West Virginians for Life, I am very familiar with West Virginia's legislative process. However, after working at National Right to Life in D.C. for ten years I knew I needed to spend time getting to know the new legislators. This year, there were an incredible number of freshmen coming in as well, so they need special attention to understand the legislative process as it pertains to pro-life legislation, which is often treated differently by hostile pro-abortion colleagues and by a biased media.

John Carey, WVFL legislative coordinator; Del. Michael Moffatt; Wanda Franz, WVFL president; Dr. Mike Rollins, OB-Gyn; Del. Brian Kurcaba; Jennifer Popik, NRL legal counsel; Del. Kelli Sobonya, lead sponsor; and Karen Cross, NRL political director, following a public hearing in the House Health Committee.

Before the start of West Virginia's 82nd Legislative Session, John Carey, WVFL's legislative coordinator; Dr. Wanda Franz, WVFL's president; and I met with a team of leaders from both Houses to discuss the Pain-Capable Unborn Child Protection Act. Leadership in both houses are truly pro-life, and were anxious to pass this lifesaving legislation.

The legislation is based on a National Right to Life model bill that has passed in ten other states and currently is in effect in eight states across the country: Alabama, Arkansas, Kansas, Louisiana, Nebraska, North Dakota, Oklahoma, and Texas.

West Virginia's Pain-Capable Unborn Child Protection Act, HB 2568, sponsored by Republican and Democrat delegates: Sobonya, Arvon, Kessinger, Rowan, Summers, Border, Blair, Espinosa, Waxman, Moye and Eldridge, was introduced on February 3. It was double-referenced to Health, then Judiciary Committees.

Guiding legislators through the committee process is challenging, and yet rewarding as relationships are nurtured and trust is built. Surviving the committee meetings and hearings which, when pro-life legislation is on the agenda, can be grueling and last four or five hours, often leads to more camaraderie – as if we've been in battle together, and it is great "practice" preparing legislators for the floor votes.

In the Health Committee hearing, and later in the session for the Senate Judiciary Committee, Doctor Mike Rollins, an obstetrician-gynecologist, and Jennifer Popik, J.D., legal counsel for National Right to Life's Robert Powell Center for Medical Ethics, testified in favor of the legislation.

Popik explained, "Medical science provides substantial compelling evidence that unborn children experience pain as early as 20 weeks, if not earlier. They even require anesthesia for fetal surgery."

Regarding constitutionality of the legislation, Popik added, "The Pain-Capable laws are considered a case of first impression in the courts, which means this issue has never been presented to the court before. The question of whether the state has an interest in protecting the lives of pain-capable unborn children is one that we would welcome however it has not yet reached the U.S. Supreme Court where we believe we would be victorious."

Following the hearing, pro-life delegates rejected a number of hostile amendments to HB 2568 in both committees, and voted overwhelmingly to send it to the floor for a vote for passage.

By February 11, 2015, the day hundreds of pro-life West Virginians were at the Capitol for West Virginians for Life's Pro-Life Rally and Day at the Legislature, the Pain-Capable Unborn Child Protection Act was through the committee process. It had been read a first and second time on the floor where pro-life legislators had held off three hostile amendments that would have rendered the bill meaningless.

Jennifer Popik, National Right to Life legal counsel, testifying before the Senate Judiciary Committee.

It was time for passage in the state House. An overwhelmingly bi-partisan majority passed the legislation 87-12, with one not voting. Pro-life Delegate Ron Walters registered his "yes" vote the next day, making final passage in the House 88-12.

Now the bill had to be sent to the state Senate, where the process was started all over again. Passing legislation, especially pro-life legislation, is a very tedious process and requires patience, perseverance and *lots* of prayer.

On February 12, the Senate received HB 2568. It was taken up in the Senate Judiciary Committee on February 20, where pro-life legislators rejected unfriendly amendments and sent the bill to the floor with a recommendation that it "do pass."

On February 25, after weakening amendments were rejected on the floor, HB 2568 passed the state Senate, 29-5, with a minor change, which meant the House had to vote to concur with the Senate change.

Finally, on March 2, the Pain-Capable Unborn Child Protection Act was sent to Governor Earl Ray Tomblin for his consideration. Many legislators believed the Governor would not veto the legislation a second year in a row, especially after it passed with such bi-partisan majorities in both Houses.

Despite the fact that more than two-thirds of the Democrats voted for passage, Governor Tomblin vetoed the bill, which meant that both Houses had to override his veto.

Following the veto, West Virginia Attorney General Patrick Morrisey said, "I am disappointed with the Governor's decision to veto the

See "Bi-Partisan," page 22

Bi-Partisan WV Majority Overrides Gov's Veto of Pain-Capable Bill

From page 21

pain-capable legislation for the second year in a row and urge the Legislature to override it. It is long-past time that limits are placed on abortions in West Virginia. Currently West Virginia law does not limit how late an abortion can occur. While no one can predict with certainty how a court will rule, I believe that there are strong, good-faith arguments that this legislation is constitutional and should be upheld by the courts. If the Legislature overrides this veto and the law is challenged, I will defend it in court."

On March 4, the House voted to override his veto, 77 to 16, with 7 not voting. On March 6, the Senate voted to override, 27 to 5, with 2 not voting. The overwhelming override of the governor's veto, which was the first veto override in nearly three decades, reflects the will of pro-life West Virginians who worked so hard to elect legislators who will stand for life.

Mary Spaulding Balch, J.D., director of state legislation for the National Right to Life Committee and author of the model legislation, worked closely with us as we maneuvered through the legislative process.

Following final passage, Balch said, "States have a compelling interest in protecting the lives of unborn children who are capable of feeling pain from abortion. West Virginia becomes the eleventh state to recognize this obligation by enacting the Pain-Capable Unborn Child Protection Act."

"We commend the members of the legislature who supported this bill for their courage and compassion by adding their voices in favor of protecting pain-capable unborn children who are unable to speak for themselves," added Balch. "We condemn Governor Tomblin for his cowardice and indifference toward the innocent, unborn child who is capable of great suffering from the violence of abortion."

As I hope this article conveys, I find the legislative process fascinating, and especially love to work directly with legislators: educating and communicating the pro-life message to them, so that they can pass strong pro-life protective laws for unborn children and their mamas.

Thanks to the many pro-life West Virginians who worked for this law, when HB 2568 goes into effect (90 days from passage), West Virginia will be a safer place for pain-capable unborn children and a better place for all those who value human life."

Look for updates in future *National Right to Life News* and *National Right to Life News Today*.

Concern expressed about the effect of smoking on pre-born babies

By Mike Schouten

In another case of cognitive dissonance regarding the rights of pre-born children *Cosmopolitan* has posted an article with disturbing ultrasound images showing how pre-born babies react when their mothers smoke. In a study from Durham and Lancaster universities researchers looked at the effect of smoking on children in the womb.

The *Cosmopolitan* article states:

> **Over the course of the study, the researchers took 80 ultrasounds of 20 babies between the 24th and 36th weeks of pregnancy. Of the 20 cases, 16 babies had non-smoking mothers and four had smoking mothers. The mothers who smoked has an average of 14 cigarettes each day.**

The results (above) show the babies whose moms inhaled smoke (top row) covering their faces and moving their mouths. The bottom row depicts the non-smokers. According to the Durham research, these pictures show that "fetuses whose mothers were smokers showed a significantly higher rate of mouth movements than the normal declining rate of movements expected in a fetus during pregnancy."

The higher-than-normal mouth movements of the babies who inhaled smoke (resembling what the *Telegraph* calls "grimacing") is further confirmation that nicotine is terrible for unborn children. This kind of behavior could indicate that the fetal central nervous system did not develop at the same rate in the babies who were exposed to smoke.

"These results point to the fact that nicotine exposure per se has an effect on fetal development over and above the effects of stress and depression," lead author of the study Dr. Nadja Reissland commented.

It has been well documented that smoking while pregnant has detrimental effects on the developing child. This is one of the reasons why cigarette manufacturers are mandated by law to include such graphic images on their packaging.

While those who want to ensure that human beings are given the best environmental conditions possible to develop should be commended, it smacks of hypocrisy that the same societal concern is not expressed regarding the intentional killing of babies before they are born; forceps and suction machines are used to inflict far more damage upon children in the womb than smoking.

Editor's note. Mr. Schouten is Campaign Director, of the Canadian pro-life group WeNeedaLAW.ca. This article appeared at http://www.weneedalaw.ca/blog/512-concern-about-smoking-on-preborn-babies.

Unborn baby shown grimacing in womb as mother smokes.

Post-Abortive, Former Abortion Clinic Worker Speaks Out for Life

From page 10

What would pro-life people be most surprised to know about what takes place inside an abortion facility?

I think both pro-life and pro-choice people would be surprised by what takes place inside an abortion facility. When I worked there, my friends who were pro-choice were always surprised to hear how busy and crowded the center was on the four days a week that abortions were performed. There was (and in some ways still is) this notion that abortion is rare. Even staff members would be shocked to see women coming in for their second, third, fourth, fifth abortion. There was a sense that one "oops" was understandable, but after that even the workers began to pass judgment.

Pro-life people might be surprised to know just how deep the deception goes--I mean, everyone working there truly believed we were doing right by the women who came in for abortions. We thought they would surely suffer or die without us. It wasn't until years later that I learned this was a lie.

In Dr. Bernard Nathanson's book, *The Hand of God: A Journey from Death to Life by the Abortion Doctor Who Changed His Mind*, he describes his role in lying about and inflating the number of women who died from illegal abortions to help buoy the campaign to legalize abortion. Even Planned Parenthood in 1960 asserted that 90% of all illegal abortions were being done by physicians. I was deceived. Whether by ignorance or willful refusal to question unexamined beliefs, I was duped and completely bought into the ideology that we were somehow saving women by helping them destroy their children.

All the while I worked there I missed my baby terribly, knew I'd never go through that again, and yet somehow kept a tenuous grasp on the notion that abortion was still ok for other women. It had to be, because if it wasn't, then I'd have to come to terms with my own abortion (and that process did not begin until years later.) While the pro-choice camp continues its attempts to de-humanize the unborn child, we need to take care not to de-humanize those still wearing blinders inside the abortion centers. Many--most--of them are good people, deceived. If we reach out with compassion and love to the abortion-vulnerable mothers to help save the precious babe in the womb, we can reach out to those still trapped in the depths of the Culture of Death.

Was there a particular moment that made you change your position?

My "Ah-HA" moment came when I learned of a surrogate mother who was offered payment of her contract in full to abort the child she was carrying when genetic testing determined the baby would born with Down syndrome. The biological parents must have been so dedicated to the idea of ideal offspring to consider paying tens of thousands of dollars to eliminate their innocently "imperfect" child, and to my utter horror the surrogate agreed to the abortion--and the payout. It was a like the light bulb finally switched ON for me. This was wrong. It was fundamentally wrong to treat children as commodities to be created, bought, sold, and discarded at will or for "quality control." Once I accepted that this abortion was wrong, intellectual honesty and logical consistency brought me to the realization that all abortions are wrong.

What message would you share with individuals still working in the abortion industry?

Not every pregnant woman who walks in the door is 100% certain of her choice to have an abortion. You may think that she has carefully weighed all of her options, discussed it with her loved ones and the father of the child, but maybe she hasn't. Why not take the time to truly explore alternatives with her?

Ask her: Is someone pressuring you to do this? Has she considered the various adoption options? Does she know the resources available for pregnant and parenting students on campus? Does she know about medical and financial assistance from the government and child support laws? What if pregnant women faced with dire circumstances were met with non-violent options that offered them support, encouragement, assistance (financial, emotional, spiritual), direction, and love. This happens every day in pregnancy resource centers around the country. Women deserve better than abortion. You know this.

See you on the other side.

What advice would you give to pro-life people in reaching out to those who have had abortions?

Thank you for asking me this. One of things I've been most surprised about since becoming pro-life is the genuine concern for women suffering after an abortion. After the horrific psychological turmoil that nearly killed me after my own abortion, after working years in the abortion industry, this is something I simply had never known. There are so many healing programs out there, both spiritual and secular, that I can honestly say I have no advice in this area! Let's keep up the good work in welcoming those wounded by abortion and offering them compassion and love as they heal.

Personal stories like Jewels' can have a tremendous impact on how we think about the abortion issue. There are so many deeply complex layers. We speak out for the rights of the unborn child. We open our hearts to mothers facing difficult circumstances. Perhaps hardest of all, we outstretch our hands to those who support or are involved with abortions. Individuals like Dr. Bernard Nathanson, Norma McCorvey [the "Jane Roe" of *Roe v. Wade]* and Jewels Green remind us to never turn our backs on those with whom we disagree. There is always hope that when we present our message with empathy and compassion that hearts and minds may be changed.

We are looking to hearing more from Jewels Green at this year's National Right to Life Convention to be held in New Orleans, July 9-11th. Registration is now open: www.nrlconvention.com.

Autos for Life and Spring House Cleaning

By David N. O'Steen, Jr.

Spring officially began March 20. But, depending on which part of the country you live in, you may have begun Spring cleaning in earnest long before then.

In that spirit, may I ask you to consider donating a vehicle to "Autos for Life"? For those new to *National Right to Life News,* let me tell you a little about this life-affirming program.

Autos for Life has received a wide variety of donated vehicles from across the country! Each of these special gifts is vital to our ongoing life-saving work in these challenging times.

Please, keep them coming!

Recent donations to Autos for Life include a 1995 Mazda 626 from a pro-life family in Maryland, a 2001 Kia Sportage from a pro-life gentleman in Illinois, and a 1997 Buick LeSabre from a pro-life supporter in Iowa. As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life.

This year will be very important to the pro-life movement, and you can make a big difference in helping to save the lives of unborn babies as well as the lives of the most vulnerable in our society! By donating your vehicle to Autos for Life, you can help save lives and receive a tax deduction for the full sale amount!

Your donated vehicle can be of any age, and can be located anywhere in the country! 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.

To donate a vehicle, or for more information, call David at (202) 626-8823 or e-mail dojr@nrlc.org

You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! If the vehicle is in non-running condition, we can also get it picked up for you as well! All vehicle information can be emailed to us directly at dojr@nrlc.org or sent by regular mail to:

Autos for Life
c/o National Right to Life
512 10th St. N.W.
Washington, D.C. 20004

"Autos for Life" needs your help in making 2015 a great year for the pro-life movement! Please join us in helping to defend the most defenseless in our society, and remember that we are so thankful for your ongoing partnership and support! We thank you, and the babies thank you!

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Unprecedented Push by Activists to Legalize Doctor-Prescribed Suicide: A Closer Look at 4 Dangerous Myths

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

2015 has seen an unprecedented push by advocates of doctor-prescribed suicide to legalize the practice, with about 20 bills introduced in state after state. The organization behind these efforts is Compassion and Choices or C&C (formerly the Hemlock Society).

C&C has gained attention using the case of a California woman with a brain tumor, Brittany Maynard. Maynard moved to Oregon where it is legal to have a physician prescribe a lethal dose of barbiturates to end her life. Yet as disability rights advocate and President of Not Dead Yet Diane Coleman, stated, "Assisted suicide legalization isn't about Brittany Maynard. It's about the thousands of vulnerable ill, elderly and disabled people who will be harmed if assisted suicide is legalized."

Although assisting suicide is only legal for a small fraction of the world's population, advocates remain focused on promoting this dangerous legislation. Despite well over 140 well-funded attempts and numerous ballot initiatives, its U.S. proponents so far have managed to legalize doctor-prescribed suicide only in Oregon, Washington, and Vermont –and it may have some legal immunity in the state of Montana, due to a court decision. Also, an appeal is pending of a Second District court decision in New Mexico that struck that state's decades-old protective law against assisting suicide.

For bills introduced in other states, C&C typically has promoted essentially the same legislative language that currently governs both Oregon and Washington. The language, developed initially for Oregon, purports to "safeguard" the practice of doctor-prescribed suicide by restricting it to the terminally ill and the competent. The so-called safeguards have been widely criticized and the most recent versions of this already dangerous legislation contain even fewer.

These proposals play on many of our worst memories and potential fears – either having seen or dreading having to go through the experience of someone dying badly. Rather than focus attention on improving pain management, training physicians how to manage illness, or teaching doctors how to interact and communicate in a respectful manner with older patients and those with disabilities, who are often marginalized, C&C touts suicide as a "solution."

Legislatures in multiple states have heard testimony against these bills from countless medical professionals, persons with disabilities, and those who have survived so-called "terminal" diagnosis. The testimony documents the mythical nature of four standard claims by suicide proponents.

1. Myth:
You must be terminally ill.

How often does someone live past a doctor's prognosis? Physicians, by and large, do not like making these kinds of predictions because they are difficult to make and often wrong. Under the laws being promoted, the patient is supposed to have six months to live or less. However, we know in Oregon that people receive lethal prescriptions and long outlive their prognosis. Further, this so-called safeguard has been made to apply to people who no one would think of as terminally ill such as diabetics, those with HIV, or those with hepatitis simply because they would die *without treatment* in six months—even though with treatment they could live much longer, even indefinitely. Assisting suicide legalization has led people to give up on treatment and unnecessarily lose years of their lives.

2. Myth:
The lethal dose will ensure a peaceful death.

Barbiturates, the most commonly used method for doctor-prescribed suicide in Oregon and Washington, do not necessarily lead to a peaceful death. Under the law, the patient is prescribed dozens of pills and sent home to overdose. Overdosing on barbiturates has caused documented cases of persons vomiting while becoming unconscious and then aspirating the vomit. People have begun gasping for breath or begun to spasm. Overdosing on these drugs can cause feelings of panic, terror, and confusion. There have also been cases of the drugs taking days to kill the patient. This is hardly the peaceful death that advocates claim.

3. Myth:
The patient must be free from mental illness and depression.

There is nothing in existing Oregon, Washington, or Vermont law that requires doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness. There is also no such requirement in any current proposal in any state. The

See "Myths," page 39

Down Syndrome Non-Discrimination Act Introduced in Ohio House

Groundbreaking Legislation to Prohibit Abortions Based on Diagnosis of Down Syndrome

COLUMBUS, Ohio– Ohio Right to Life's Down Syndrome Non-Discrimination Act (H.B. 135) has been introduced in the Ohio House of Representatives. The legislation, sponsored by Representatives Sarah LaTourrette and David Hall, could make Ohio the first in the nation to prohibit abortions from taking place on the basis of a Down syndrome diagnosis. Multiple studies demonstrate that upwards of 90 percent of babies diagnosed with Down syndrome are aborted. Sixteen legislators signed on as co-sponsors of the bill.

"More and more, it seems that society is rejecting discrimination in favor of diversity, empathy, and understanding for the most vulnerable and marginalized members of our communities," said Stephanie Ranade Krider, executive director of Ohio Right to Life. "It makes sense that we would apply that practice across the whole spectrum of life, to protect some of the most vulnerable of the vulnerable, starting in the womb."

With the introduction of this legislation, Ohio Right to Life aims to educate the state about the high rate of abortions performed on babies diagnosed with Down syndrome while highlighting the positive impact that people with Down syndrome have on their families. In 2011, the *American Journal of Medical Genetics* ran a three-part series on the impact children with Down syndrome have on families. Nearly 99 percent of people with Down syndrome indicated that they were happy with their lives, 97 percent liked who they were, and 96 percent liked how they looked.

Additionally, more than 96 percent of brothers/sisters indicated that they had affection toward their sibling with Down syndrome. Of over 2,000 parents who responded to the survey, 99 percent reported that they loved their son or daughter and 97 percent were proud of them.

"Sadly, many women turn to abortion when they discover their unborn child might have Down syndrome," said Rep. Sarah LaTourrette. "Having worked in the adoption field, I know firsthand that there are plenty of alternatives to abortion that respect the value of life. I am proud to introduce legislation that will end this horrific form of discrimination. This is a small step in ensuring the right to life, liberty and the pursuit of happiness for all individuals – not just the 'perfect' or the born."

"Terminating the life of an unborn child diagnosed with Down syndrome is both eugenic and a form of disability discrimination," said Dorinda Bordlee, Chief Counsel of Bioethics Defense Fund. "Nothing in the U.S. Supreme Court abortion jurisprudence protects these practices that devalue the lives of all persons living with Down syndrome."

Is there a Bias Against Life-Preserving Treatment in Advance Care Planning? Clearly there is!

By Dave Andrusko

In anticipation of an important March 20 conference being held by the influential Institute of Medicine, National Right to Life's Robert Powell Center for Medical Ethics alerted the public to a report it had produced entitled, "The Bias Against Life-Preserving Treatment in Advance Care Planning."

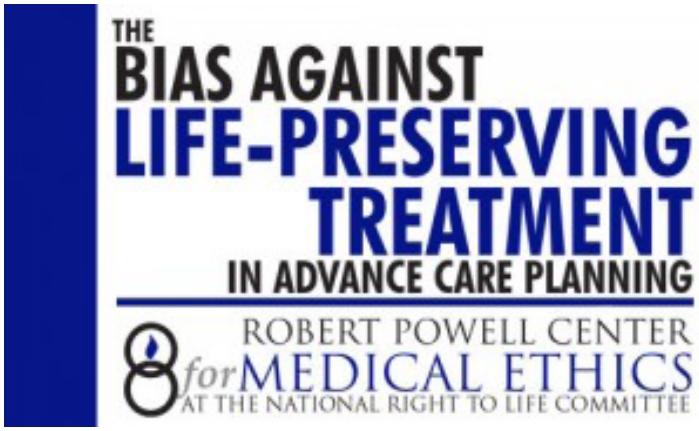
That very important document can be read in its entirety at www.nrlc.org/communications/advancecareplanningbias.

What is the nub of the Powell Center's analysis?

> **There is currently a major nation-wide push, both in the private and public spheres, to promote Advance Care Planning. As this report documents, there is strong reason for concern that, motivated by cost concerns, promotion of advance directives and advance care planning frequently deviates from a neutral effort to elicit and implement patients' genuine wishes in the direction of influencing them, subtly or not too subtly, to reject life-preserving treatment.**

This is one of those under-the-radar developments that must be exposed to the light of day. This is one instance where money really is a crucial component. According to the report

> **Both governmental policy-makers concerned about the budgets of programs subsidizing health care and private health insurers see themselves as having strong incentives to limit health care spending.**



National Right to Life News Today has posted a number of stories about what Powell Center director Burke Balch, JD, has described as "a fundamental premise of Obamacare": that "Americans spend too much money on health care and the rate of growth in such spending must be significantly limited." The report reminds us that

> **The original House bill controversially funded "advance care planning" in Medicare, precisely because of the belief that it would help reduce what otherwise would be spent on health care. In fact, the President himself called for "a very difficult democratic conversation" about "those toward the end of their lives [who] are accounting for potentially 80 percent of the total health care bill out here."**

The report offers a number of quotations from influential think-tanks beating that same drum. To name just one, Holly Prigerson of Boston's Dana Farber Cancer Institute, who said

> **"We refer to the end-of-life discussion as the multimillion-dollar conversation because it is associated with shifting costs away from expensive… care like being on a ventilator in an ICU, to less costly comfort care…."**

The report re-addresses and puts into context developments leading up to the passage of ObamaCare and the "multiple mechanisms in Obamacare" intended to "prevent 'too much' private money being spent on health care—even money people might want to choose to spend on preserving their lives or the lives of their family members."

The last third of "The Bias Against Life-Preserving Treatment in Advance Care Planning" offers example after example of information which bears such ominous titles as "Are Some Conditions Worse Than Death?" and booklets intended to "nudge" people in the direction of foregoing life-preserving treatment.

To answer the report's opening question—"Are advance care planning programs in practice predominately even-handed attempts to find out and apply patients' own wishes, or are they instead primarily directed to convincing them to agree to forego life-preserving treatment as a means of saving money?"—clearly the answer is the latter.

That very important document can and should be read in its entirety at www.nrlc.org/communications/advancecareplanningbias

Unborn baby claps along to "If you're happy and you know it"

By Dave Andrusko

I love to watch ultrasounds. I love how cleverly families use them to introduce the newest members to their friends and loved ones.

So, tip of the hat to Texas Right to Life for alerting me and others to a You Tube video posted last week by Jen Cardinal, the baby's mother.

It's simultaneously touching and hilarious. Here's her brief introduction:

> **At our 14 week ultrasound our baby was clapping, so I sang a song with our doctor as my husband filmed.**

And sure enough, as you watch the baby appears to be clapping along at just the right times to "If You're Happy and You Know It."

As Ms. Cardinal writes

> **The experience is one I'll never forget. The baby clapped three times, and then the doctor rewound and scrubbed it while we sang. No mystery. It was amazing.**

But, if you think about it, there is a mystery. And more than one.

Why amidst the laughing does this father say, "Oh, that's fantastic!" while another father will not bother to be there when his wife or girl friend is saying "hello" to their baby?

Why is bonding taking place between Mrs. Cardinal, her husband, and their baby while another ultrasound of another baby will be used only to target her destruction?

Why, or how, can anyone look at this vibrant, active, developing human being and conclude that it's okay to end his or her life?

Take just two minutes and watch the video at https://www.youtube.com/watch?v=mR6POuFfFNU. You'll quickly see why it is no mystery that I love it.

"Twice Born": Fetal medicine in PBS special provides a stark contrast to dismemberment abortions

By Kathy Ostrowski, Legislative Director, Kansans for Life

Last Tuesday night I was dog-tired, but I had been intrigued by the promos for the PBS three-part special, *Twice Born*. The trailer starts out with this teaser:

"Thirty years ago, a group of pediatric surgeons came up with a radical idea. In the history of mankind the idea had never been proposed. At medical con-ferences few would take the idea seriously. The idea was this: to treat birth defects while babies were still in the womb."

I tuned in. This "first-ever look inside the Center for Fetal Diagnosis and Treatment at The Children's Hospital of Philadelphia and its unique Garbose Family Special Delivery Unit" did not disappoint.

The first installment introduces the audience to key physicians and several patients at the Center. The Center specializes in "pregnancies complicated by birth defects" with an impressive claim:

"More than 1,224 patients have undergone fetal surgery at our Center, the largest number of any hospital in the world."

Twice Born focuses on treating serious medical problems detected in the womb, including invasive tumors, spina bifida, and twin-to-twin transfusion syndrome. The first show was well-paced and personalized the staff, particularly one physician whose daughter has a degenerative disease.

But beyond the pathos of the medical conditions depicted, and beyond the admiration for the dedication and compassion of the medical staff, a deliberate feeling kept rising in me: THIS is what medicine naturally aspires to…how marvelous… how noble! This is what physicians SHOULD be doing!

And I got teary-eyed–but not just because of the sad stories. No, my emotion derived from all the horrific things done to wonderfully developing babies in the womb that I've had to contemplate and explain as part of our state's campaign to end dismemberment abortion.

The Unborn Child Protection from Dismemberment Abortion Act has passed both houses of the Kansas Legislature and awaits only the promised signature of pro-life Gov. Sam Brownback.

As part of the educational campaign, I've learned how these D&E/dismemberment abortions are done: a living unborn child is demolished piece by piece inside the anesthetized mother, who is almost certainly unaware of the cruelly painful death being inflicted on her child. And then the "trained abortion specialist" coldly stares at the shredded body parts and reconstructs the tiny unborn child into a tray.

How did these abortionists get to the place where the unborn baby is reduced to a project to be heartlessly disassembled? How did they stray so far from the integrity of the fetal surgeons at the Children's Hospital?

At one point they all attended similar medical schools. Ironically, Philadelphia is the very same town where notorious abortionist Kermit Gosnell did his grisly business! Yet the two kinds of physicians – fetal surgeons and abortionists– might as well live on different planets.

In the trailer to *Twice Born*, The Center's Dr. N. Scott Adzick says

"We're driven by trying to find solutions to those unsolved problems. It's a miracle and a privilege to take care of patients. Babies are the future, what can be more compelling than a baby?…gosh!"

We can only hope that the magnificent medicine practiced at the Center for Fetal Diagnosis and Treatment continues to be a beacon that guides and inspires our nation to throw over the madness that currently justifies abortion.

The Unborn Child Protection from Dismemberment Abortion Act and the battle to restore respect for life

By Dave Andrusko

By the time you read this story, Kansas's Unborn Child Protection from Dismemberment Abortion Act may be law. SB95 was approved overwhelmingly by the two houses (98- 26 and 31-9, respectively) and pro-life Gov. Sam Brownback has promised to sign the bill.

NRL News Today has provided blanket coverage of National Right to Life's #1 state legislative priority. We've discussed why SB95 is so crucially important on numerous occasions. (For example, see nrlc.cc/1D6RzJC; nrlc.cc/1F1r9GG; and nrlc.cc/1H6pDDd.)

In this, the April edition of *NRL News*, I would like to focus in on something pro-life state Rep. Becky Hutchins said during the debate. Speaking in defense of the victim of dismemberment abortion, the "living" unborn child, she referred to the "three D's" that follow when such abortions are allowed.

> **"Tearing a developed fetus apart, limb by limb, is an act of depravity that society should not permit. We cannot afford such a devaluation of human life, nor the desensitization of medical personnel it requires."**

Pro-abortionists hear such a characterization and their only response is that the language is "sensational," "graphic," or "inflammatory." Really?

Not so long ago, no one would have denied that only a depraved society would separate arms from torsos. But the message of the Unborn Child Protection from Dismemberment Abortion Act is that no morally sentient human being outside the abortion industry would deny it today—if only they knew!

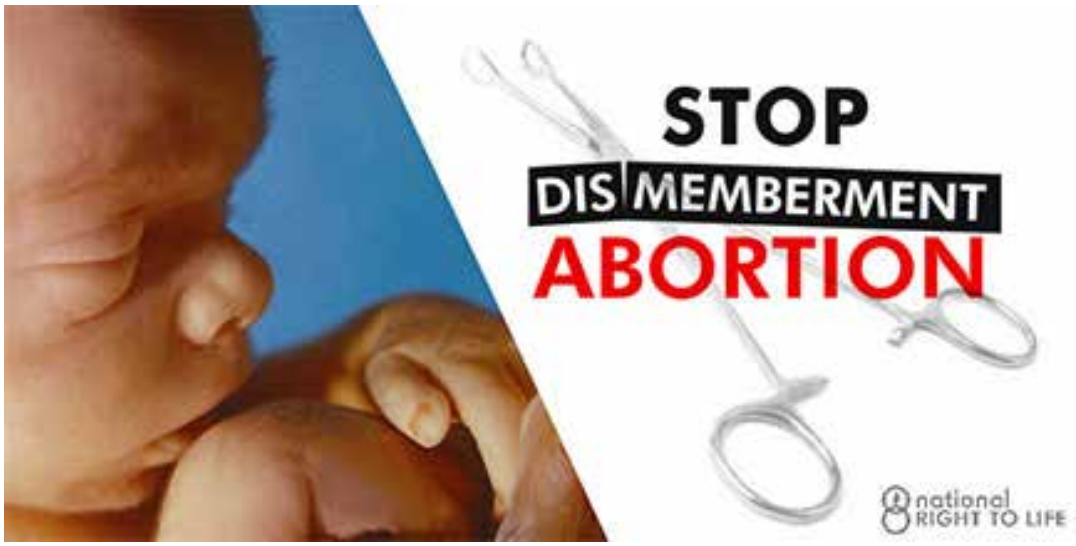
There are many and disparate lessons from past historical atrocities. But one of them is they were possible because most people could/would say, "I never knew!"

Now to talk about devaluing human life with people who make their livelihoods using forceps and tongs and curettages and surgical scissors and Sopher clamps to crush skulls and disarticulate tiny bodies is probably a lost cause. Why?

Because in order to live with themselves, they must become desensitized to what they are doing—annihilating little babies who are totally defenseless—in a brutal and callous way. The impact of abortion on the medical profession was something that Supreme Court Justice Anthony Kennedy has written about.

If I remember correctly, he was talking largely about the loss of the public's confidence in a medical profession that would slaughter children in such hideous ways. But I would add that there is a personal price they pay for trafficking in the blood of unborn babies and the misery of women in crisis.

Thanks to the legislature in Kansas and to the governor. Thanks to Kansans for Life for putting its considerable weight behind SB95. And thanks to NRLC's state legislative department which was instrumental in the formation of the Unborn Child Protection from Dismemberment Abortion Act.



Arkansas Gov. signs bill to require abortionists to adhere to FDA standards when administering RU-486

By Dave Andrusko

Pro-life Arkansas Gov. Asa Hutchinson has signed House Bill 1394—the Abortion-Inducing Drug Safety Act--into the law, the latest in a succession of pro-life measures passed by the strongly pro-life legislative.

On March 20, by an overwhelming vote of 26-5, the state Senate approved HB 1394 which requires abortionists to adhere to the FDA protocol when dispensing chemical abortifacients. Two weeks earlier, the House passed the bill by an equally large margin, 61-7.

As *NRL News Today* has explained in prior stories, HB 1394 would include the requirement that the two-drug technique (RU-486 and a prostaglandin) not be used past the seventh week–-a limitation which Planned Parenthood and other abortion providers freely concede they ignore--and that abortionists use three RU486 pills, rather than one.

Pro-life Arkansas Governor Asa Hutchinson

In addition, only physicians could provide chemical abortifacients under the bill. Moreover the physician (abortionist) must have a contract with another physician who has agreed to handle any complications and who has admitting and gynecological/surgical privileges at a nearby hospital.

"This bill protects women from dangerous and potentially deadly off label uses of the abortion drug," Republican Sen. Linda Collins-Smith of Pocahontas told lawmakers. "The bill in no way restricts the availability of abortions."

Last month *NRL News Today* reported that Gov. Hutchinson signed a bill that requires abortionists to be in the same room as the pregnant woman when she receives chemical abortifacients. This is not the case with so-called webcam abortions.

The abortionist is in a hub miles (or even states) away and dispenses chemical abortifacients by remotely unlocking a drawer at her location. He never is in the same room as the pregnant woman.

The Arkansas law also requires the abortionist to make "all reasonable efforts" to ensure that the woman returns between 12 and 18 days afterwards for follow-up examinations.

There are now 18 states that require the abortionist to be in the same room as the pregnant woman.

6 people whose lives are changing the abortion debate

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can be brought together, as can the feet. The embryo also kicks, and will jump if startled.

The baby's heart has also been beating for a month, and brain waves have been readable since six weeks.

7) Riley Goodger

Little Riley was born in Wales at 22 weeks old. Even though he breathed and lived on his own for over 90 minutes, medical staff refused to help him stay alive. Since he was under 24 weeks old, doctors didn't deem him worth saving since they believed he might die or have disabilities anyway.

Emma Jones and Christopher Goodger with photos of their sons Tyler and Riley.

But Riley is showing the world that babies at all ages want to fight for their lives and deserve to be fought for. The abortion limit in Wales is 24 weeks. Riley was younger that this, and he valiantly demonstrated that incredibly tiny children are still living human beings, no matter their size or level of development.

Taxpayer funded abortion ban, abortion facility licensing bills approved by House committee

MCCL-supported protective measures advance at Legislature

ST. PAUL — Abortion facilities would be licensed and taxpayer funding of abortion would be prohibited under two bills passed by a committee of the Minnesota House of Representatives on March 26. Both protective measures are strongly supported by Minnesota Citizens Concerned for Life (MCCL).

The Health and Human Services Finance committee voted 10-7 to approve H.F. 607, authored by Rep. Tama Theis, R-St. Cloud, which would prohibit taxpayer funding of abortion. The state has paid more than $20 million for elective abortions performed on low-income women since the Minnesota Supreme Court's 1995 Doe v. Gomez decision required taxpayers to fund abortions.

"For decades, the federal government has forbidden most taxpayer funded abortions—just as we seek to do today," said MCCL Legislative Director Andrea Rau. "This bill returns the issue of whether or not the taxpayers of this state should be forced to fund a practice which the majority opposes, to the policymakers of this state where the decision is rightly decided."

Minnesota State Rep. Tama Theis

Minnesota State Rep. Debra Kiel

Abortions funded by taxpayers have increased to 34.8 percent of all abortions performed in the state, according to the Minnesota Department of Health. In 2012, taxpayers paid more than $822,000 for 3,571 abortions.

A second bill, H.F. 606, authored by Rep. Debra Kiel, R-Crookston, passed through the committee on a 9-7 vote. The legislation would require facilities that perform 10 or more abortions per month to be licensed by the Department of Health. The bill also authorizes up to two yearly inspections of abortion facilities at the department's discretion.

"This legislation protects the women of the state of Minnesota from the dirty, illegal and unsafe abortion practices we have seen in other states," Rau said. Currently, Minnesota's abortion facilities are neither licensed nor inspected by any state agency—even though dangerous abortion center conditions have been discovered in numerous other states.

The licensing requirement would apply to the state's five abortion facilities, which together perform 99 percent of all abortions in Minnesota. H.F. 606 was approved and sent to the Ways and Means committee.

Government Report Shows Hundreds of Millions in Tax Dollars Going to Planned Parenthood

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The Population Council also received nearly $24 million from Health and Human Services (HHS) and a small grant from the Defense Department (about $70,000 for some "Military medical research and development"). This brought its total federal expenditures over the three-year period to $128.8 million.

Nailing down full outlays from every federal agency is difficult, but none of the other groups tracked in the report had the level of federal funding the GAO found for Planned Parenthood, the Population Council, or IPPF. Federal expenditures for Advocates for Youth federal were reported to be $3.63 million, Guttmacher $4 million, and SIECUS just $0.45 million (about $450,00) from 2010-2012.

Given the abortion advocacy of these groups, and in some cases their performance and promotion of abortion in the U.S. and around the world, many Americans find any amount of funding for these groups highly problematic.

Representative Chris Smith (R-NJ), one of the congressmen requesting the GAO report, called it "unconscionable" that a group like Planned Parenthood, responsible for millions of abortions in the U.S. "continues to be subsidized by the American taxpayer."

Surely there must be better ways to spend our money.

Alzheimer's and the Call to Exercise Virtue

By Dave Andrusko

Editor's note. This first appeared sometime ago. But the campaign to annihilate societal resistance to assisted suicide grows ever louder and more insistent and what we read here is a powerful antidote.

Last week the *New York Times'* Matt Flegenheimer wrote a much commented upon story about Charles Snelling, who had killed his wife and took his own life. I did not see the *Times* story, but had read the *Washington Post* account.

On Monday the *Times'* David Brooks wrote an absolutely must-read column. While not perfect, "Respect the Future" untangles a lot of issues that were overlooked in the original stories and reader responses (which, as he writes, "make for fascinating reading").

Brooks explains that Snelling had responded to Brooks' call to readers to send essays evaluating their own lives ("Life Reports') with "a remarkable 5,000-word reflection." To quote Brooks

> **"Snelling was a successful entrepreneur who spent decades serving his community. He was redeemed, he reported, six years ago when his beloved wife, Adrienne, was diagnosed with Alzheimer's disease. 'She took care of me in every possible way she could for 55 years. The last six years have been my turn,' Snelling wrote.**
>
> **"'We continue to make a life together, living together in the full sense of the word; going about our life, hand in hand, with everyone lending a hand, as though nothing was wrong at all,' he continued.**
>
> **"He believed that caring for his wife made him a richer, fuller human being: 'It's not noble, it's not sacrificial and it's not painful. It's just right in the scheme of things. … Sixty-one years ago, a partner to our marriage who knew how to nurture, nurtured a partner who needed nurturing. Now, 61 years later, a partner who is learning how to nurture is nurturing a partner who needs nurturing.'"**
>
> **"On March 29, less than four months after we published his essay online, Snelling killed his wife and then himself."**

Brooks explains that of those who wrote, "The majority support or sympathize with Snelling's double-killing." He writes that some "were impressed by the Romeo-and-Juliet-style ending that Snelling created."

But "Others, more likely women than men, were upset by Snelling's decision," Brooks notes. "A woman from Canada who has spent 25 years nursing Alzheimer's patients, argued that none of us have the right to decide that another person's life is worthless. Some argued that the nurturing process at the end of life, like the nurturing process at the beginning, requires patience and that those who are desperate should seek help, not a firearm."

Brooks' objective, of course, is not to attack Snelling ("Everyone approaches this case with sadness and trepidation"), but it's clear to me that he doesn't sympathize with those who "argued that people in these circumstances should be able to end their spouse's life legally, so they don't then feel compelled to end their own."

What had happened? Pay particular attention to the last sentence. Brooks writes

> **"…I can come to only one conclusion: Either Snelling was so overcome that he lost control of his faculties, or he made a lamentable mistake. I won't rehearse the religious arguments against murder and suicide, many of which are based on the supposition that a life is a gift from God. Our job is not to determine who is worthy of life, but how to make the most of the life we have been given."**

It is impossible to see this double tragedy apart from the never-ceasing campaign by those who wish to "assist" suicides—as advocated by the "several" quoted above–and most commonly of those with cogitative disabilities, particularly Alzheimer's.

Brooks makes a hugely important point: a few months before, in his "Life Report, Snelling had written "that his life as his wife's caretaker was rich and humanizing. By last week, he apparently no longer believed that."

Brooks adds, "But who is to say how Snelling would have felt four months from now." This cannot be emphasized enough.

Brooks' conclusion is eloquent and heart-wrenching, and, without "taking sides," speaks a powerful truth.

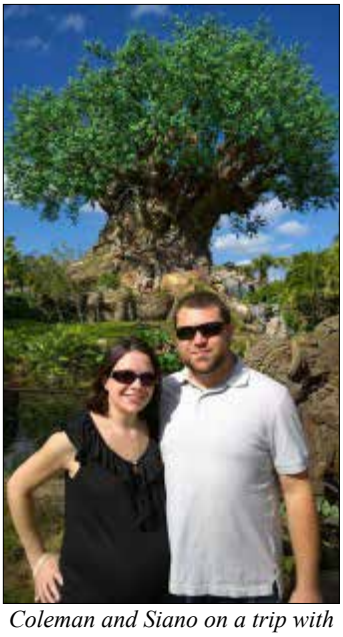
> **"It seems wrong to imagine that you have mastery over everything you will feel and believe. It's better to respect the future, to remain humbly open to your own unfolding.**
>
> **"Furthermore, I bought the arguments that Snelling made in that essay: that his wife's illness had become a call for him to exercise virtue and to serve as an example for others; that people are joined by suffering, and that the life of a community is enriched by the hard tasks placed before it; that dependency is the normal state of affairs."**

You can read Brooks' column at http://www.nytimes.com/2012/04/03/opinion/brooks-respect-the-future.html?scp=2&sq=david%20brooks&st=cse&_r=0

Couple enjoying every moment possible with their daughter with Anencephaly

By Nancy Flanders

At their 20 week ultrasound, Kourtney Coleman and Jerry Siano were ready to find out if they were having a baby boy or girl. But within that same exciting moment of discovering they are having a daughter, the couple also learned their daughter has Anencephaly, a neural tube defect in which the skull does not develop and the brain does not fully grow. Babies with Anencephaly are likely to die within minutes of birth, but some have lived for a few hours or a few days.



Coleman and Siano on a trip with Olivia-Elise to Disney World. Photo courtesy of Facebook.

Coleman and Siano were told they had two options. They could terminate the pregnancy by inducing early or they could continue the pregnancy for as long as possible. While Siano's first reaction was to keep his daughter alive for as long as possible, Coleman was a bit more torn on what to do. On their Facebook page she writes:

> **It did not make any sense how our baby could still be alive and kicking when her brain was not fully developed. It just did not seem possible. We had just seen her on the ultrasound screen and she looked perfect to us. […] At first, I could not imagine carrying her until birth feeling every movement and kick knowing that she would not live to be with us.**

The couple went to another appointment and learned that the diagnosis of Anencephaly was indeed correct. They knew that whether they chose to terminate or to carry, they would be devastated by the loss of their daughter, whom they named Olivia-Elise. But after a few days of thinking it over, the couple decided to continue the pregnancy and carry Olivia-Elise for as long as possible.

> **"[…] we both agreed that we were going to continue the pregnancy and cherish every moment we had with Olivia-Elise," writes Coleman. "She was our daughter and we couldn't imagine not being able to hold her even if it was just for a little bit of time. We wanted her family to be able to meet her too. The decision to continue the pregnancy was not easy but it brought a sense of peace that is hard to describe."**

Olivia-Elise is due to be born within the next week. Coleman and Siano are going to make the most of the time they have with her, both in the womb and out. But they are also using Olivia-Elise's life to make a difference for future babies with Anencephaly by participating in the Duke Anencephaly study.

They hope to help discover the causes of Anencephaly as well as prevention methods, treatments, and most importantly – a cure.

No matter how short Olivia-Elise's life is, she will have a big impact on the world.

Editor's note. This originally appeared at liveactionnews.org and is reprinted with permission.

Kevorkian's True Goal was Human Vivisection

By Wesley J. Smith

The revisionism about Jack Kevorkian and his purposes will not stop–and it can't be allowed to stand. The truth about K and what he was really after–his true motives–is too important, because it not only shows the seductive nihilism of our present day that a ghoul like him could become widely admired, but how hard the media work to tell the story they want to tell rather than report facts in front of their very eyes.

Jack Kevorkian

Time is the latest journalistic sinner, with a piece looking back at the magazine's historical stories. From, "Why Dr. Death Wanted to be Tried for Murder," by Jennifer Latson:

> **Kevorkian was prepared to go to prison if it meant raising awareness of what he considered to be our nation's backward, oppressive euthanasia laws… Part of what made Kevorkian such a prominent public figure was his zany personality, coupled with a dramatic flair that "brought a certain approachability to a grim subject," as *TIME* wrote in Kevorkian's 2011 obituary.**

"ZANY?" The man was truly disturbed! And his goal wasn't to alleviate suffering. He wasn't compassionate, but coldly clinical and utilitarian. His victims were merely the many means to attain his ultimate end.

Here's the truth: While I think he got addicted to the attention that came his way–and hanging out with A-list celebrities–once he started spouting about compassion and suffering as his justification, he always harbored deeply personal and obsessively selfish reasons for trying to shatter our laws against euthanasia.

Nor did he keep his true motives a secret–he described them openly and with sickening candor in his book Prescription Medicide. At the time of his death, the *National Catholic Register* asked me to reflect on his life. From my "Remembering the Real Jack Kevorkian:"

With Kevorkian's death, it is important to stop that revisionism before it advances any further. Doing so is in keeping with the pride Kevorkian took in the shock he created by stating his views bluntly. And that is precisely what I propose to do; allow Kevorkian to speak for himself, unvarnished and without compromise. (All quotes below are from Kevorkian's book "Prescription Medicide.")

I list his goals in more detail in the piece, quoting Kevorkian–but for the sake of space, here's a nutshell summary:

1. He favored death on demand–he invented categories of people who should have access to euthanasia.

2. He only saw his assisted suicide campaign as a distasteful "professional obligation:"

3. He wanted to use euthanasia as a means of harvesting organs. Indeed, he tore the kidneys out of one of his victims and offered them "first come, first served," at a press conference.

4. His ultimate purpose was to gain access to people who wanted to be euthanized so he could conduct experiments on them while they were still alive and under sedation.

5. Before his assisted suicide campaign, he tried to gain access to condemned prisoners upon which to experiment. It was only when he was kicked out of every prison that he turned his attention to the sick.

6. He didn't turn to active euthanasia because he cared about the patients, he turned to lethal injections because it was the method that would be required for him to be able to pick his way through living human bodies!

Kevorkian never recanted these views. To the contrary: He methodically pursued his ghoulish purposes step-by-step for eight years; first, gaining a quasi-license to assist suicides after several juries refused to convict him; then, taking the kidneys from the body of one of his cases and offering them for transplant; to actively lethally injecting Youk.

Euthanasia, as opposed to assisted suicide, is necessary to allow experimentation before the death, since the "subject" would have to be anesthetized.

It ended there — with prison. But one shudders to think what would have happened if that last jury, like the several before it, had decided to let Kevorkian continue being Kevorkian.

In summary, Kevorkian was never about the "patients." It was always and exclusively aimed at gaining Kevorkian access to carrying out his twisted pathologies.

It's all there, in his book. He never recanted a word he wrote and the methodical method to his madness is clear for anyone to discern.

The clueless and biased media never tell Kevorkian's real story, which is odd. The truth about Jack Kevorkian is much more interesting and worthy of journalistic pursuit than the phony feel-good revisionist nonsense that saps Kevorkian of his true self and reinvents him as a harmless and zany Muppet.

Editor's note. This originally appeared at nationalreview.com/human-exceptionalism and is reprinted with permission.

British CPS blocks prosecutions of abortionists caught on tape agreeing to sex-selection abortions

By Dave Andrusko

In an incredible, albeit not unexpected, turn of events, Britain's Crown Prosecution Service (CPS) has potentially opened the door to sex-selection abortion on demand. First, some background.

In 2013, the CPS decided it "was not in the public interest" to prosecute two abortionists caught on tape agreeing to abort because the mother did not want a girl.

Abortionist Palaniappan Rajmohan

But recently--and more amazing still--not only has the CPS now stepped in to stop a private prosecution of abortionists Palaniappan Rajmohan and Prabha Sivaraman (who were already scheduled to go to trial), but has used its power to quash the case.

"It is the second time in two years that the CPS has blocked a prosecution against the pair despite acknowledging that the evidence could lead to a successful prosecution," according to the *Telegraph's* John Bingham.

Aisling Hubert, who had brought the case against the two abortionists, lashed out at the decision and said she will consider an appeal.

"I believe this is a really sad day for women in the UK. We have abhorred the practice in China and India, where millions of (unborn) baby girls are killed simply for being girls.

"Yet when a case like this is exposed in the UK, the CPS actively works to stop a lawful prosecution."

While almost all criminal cases in England and Wales are brought to court by the CPS, any individual or group with evidence that a crime has been committed can present evidence to a court to initiate a private prosecution.

According to Bingham, at that juncture the CPS either pursues the prosecution or formally drops it.

No dummies, the two abortionists "formally requested that the CPS taken the case over specifically to stop the prosecution. Judges have no powers to stop this happening," Bingham explained.

The CPS said that although Miss Hubert, a member of the campaign group Abort67, did not herself have access to the original evidence needed to take the case forward, it had reviewed the files itself and decided to stop the process.

"Taking in to account all the other evidence we are aware of, whilst there is sufficient evidence for a realistic prospect of conviction, this is truly very finely balanced indeed," it said.

"However, the public interest considerations in not pursuing a prosecution outweigh those in favour."

Sivaraman was filmed in an uncover investigation by *The Telegraph* newspaper in 2012. She was working both for private clinics and the National Health Service Hospitals at the time and was recorded telling a woman, "I don't ask questions. If you want a termination, you want a termination."

Bingham previously reported that Rajmohan "was filmed at the Calthorpe Clinic in Edgbaston, Birmingham, agreeing to conduct the procedure even though he told the undercover reporter: 'It's like female infanticide, isn't it?'"

The CPS decision throws the already confused status of sex-selection abortion into further disarray.

Gender is not specified as a legal ground for abortion under the 1967 Abortion Act, which applies in mainland Britain. Pro-abortionists insist the law is "silent" on the issue and therefore what critics call gendercide is not illegal.

As *NRL News Today* reported, attempts by Members of Parliament have ended in a stalemate of confusion. A private bill introduced in November 2014 by the Tory MP Fiona Bruce garnered garnered near unanimous support:181-1.

But in February, an attempt to write the clarification formally into law failed 292 to 201 under a barrage of phony allegations about what the bill as amended would do.

Andrea Williams, chief executive of the Christian Legal Centre which supported Ms. Hubert, told Bingham:

"Last month, Parliament refused to enact an explicit ban on gender-abortion, now the CPS says that the law isn't strong enough to allow prosecution of doctors filmed offering gender abortion.

"This ridiculous stalemate leaves the door wide open for gender abortion to continue unchallenged.

"Those in authority shout loudly that they oppose gender-abortion but refuse to take action against it when they have the chance, leaving women and baby girls unprotected.

"Worse still, they shut down other people's attempts to hold doctors to account. Whose side are they really on?"

Kansas Governor Brownback signs historic ban on Dismemberment Abortion

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show that in 2014 this method was used in 637 abortions, or 8.8%, of 7,263 total Kansas abortions reported.

Introduced in January by lead sponsor, Sen. Garrett Love (R-Montezuma), and 24 Senate co-sponsors, the Unborn Child Protection from Dismemberment Abortion Act generated immediate grassroots support.

On March 25 the House overwhelmingly passed Senate Bill 95 by 98-26. On February 20 the Senate also easily passed the measure, 31-9.

A similar measure is working its way rapidly through both houses of the Oklahoma legislature.

SB 95 was carried on the House floor by seasoned pro-lifer, Representative Steve Brunk (R-Wichita), chair of the Federal & State Affairs committee which held the hearing on the measure. He was assisted on legal questions by another pro-life leader, John Rubin (R-Shawnee), chair of the Corrections & Juvenile Justice committee.

Pro-life Rep. Becky Hutchins (R-Holton) spoke up for the victim of dismemberment abortion, the "living" unborn child. Then she talked about the "three D's" that follow from such abortions:

"Tearing a developed fetus apart, limb by limb, is an act of depravity that society should not permit. We cannot afford such a devaluation of human life, nor the desensitization of medical personnel it requires.

Once again, opponents of SB 95 talked about anything other than the contents of the bill, mostly complaining that more money should be spent on pregnancy prevention.

Perennial abortion supporter, Rep. Barb Bollier (R-Mission Hills), offered a poorly-worded and unneeded medical exception for "ruptured membranes before 24 weeks." SB 95 already includes exceptions for the life-of–the-mother and substantial and irreversible physical emergencies.

BACKGROUND

In the 42 years since *Roe v. Wade* was handed down, the Supreme Court has consistently asserted that States have compelling interests in regulating abortion to preserve the integrity of the medical profession and to show respect for the unborn child ("human fetus").

"States also have an interest in forbidding medical procedures which, in the State's reasonable determination, might cause the medical profession or society as a whole to become insensitive, even disdainful, to life, including life in the human fetus." [*Stenberg v. Carhart,* 530 U.S. 914, 961]

Although in 2000, the Court in *Stenberg v. Carhart* did not uphold Nebraska's ban on partial-birth abortions, in 2007 it did uphold the federal ban on partial-birth abortions in *Gonzales v. Carhart*.

In both *Stenberg* and *Gonzales*, the justices closely examined the gruesome methods of both partial-birth and D&E/dismemberment abortions.

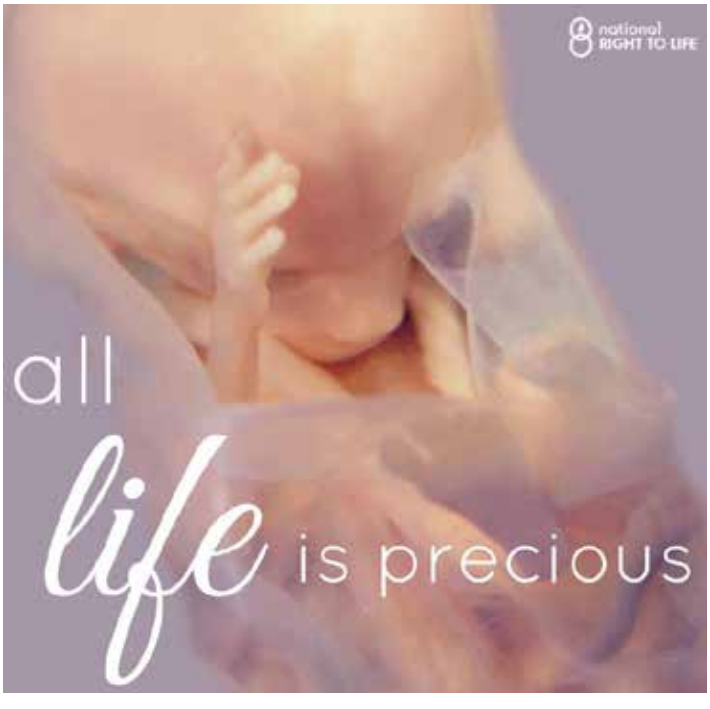
"Those who oppose abortion would agree, indeed would insist, that both procedures [partial-birth and D&E] are subject to the most severe moral condemnation, condemnation reserved for the most repulsive human conduct" [*Stenberg v. Carhart*, 530 U.S. 914, 963

In *Stenberg* Justice John Paul Stevens, an abortion supporter, compared partial-birth abortion to dismemberment abortion—not to oppose either but to make the case that if the state had an interest in preventing one, it also did in preventing the other. He wrote "that the State furthers any legitimate interest by banning one but not the other, is simply irrational." [*Stenberg v. Carhart*, 530 U.S. 914, 946-947]

Justice Ruth Bader Ginsburg, also an abortion supporter, said in *Gonzales* that both methods "could equally be characterized as 'brutal,' involving as it does 'tear[ing] [a fetus] apart' and 'rip[ping] off' its limbs." [*Gonzales v. Carhart*, 550 U.S. 124, 181,182]

The simple truth is D&E dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States.

Kansans for Life Executive Director, Mary Kay Culp, thanked legislators for their diligence in tackling the issue and enacting a sound law crafted to withstand constitutional scrutiny that will stop a horrific procedure.



Unprecedented Push by Activists to Legalize Doctor-Prescribed Suicide: A Closer Look at 4 Dangerous Myths

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doctors can make a referral, but nearly never do. In fact, according to the Oregon's official state reports, in17 years of legalized doctor-prescribe suicide, a mere 5.5% of death candidates have been referred for psychological evaluation.

4. Myth:
Everything is working in Oregon.

Barbara Wagner, an Oregon resident, was seeking a cancer treatment from her state health care plan. Astoundingly, she was sent a letter from the Department of Health telling her that her plan would not cover her cancer drugs (about $4,000 a month) but reminding her that she had the option to kill herself with a suicide prescription (about $100), for which the Department *would* pay. (Source: ABC News, Death Drugs Cause Uproar in Oregon, 8/6/08 http://abcnews.go.com/Health/story?id=5517492) She was not the only resident to receive such a letter.

While abuses ranging from a patient with dementia receiving a lethal dose, to numerous non-terminally ill people getting prescriptions, to pressure from the state health plans to utilize the cheaper suicide option have been documented and exposed, the real depth of abuses is difficult to know. The law relies on doctors to self-report. However, there is no penalty if they do not report statistics and complications. Furthermore, doctors are not held to the ordinary standard of medical malpractice in implementing the "safeguards," but a far lower one. Under Oregon law, the death certificate is actually falsified so that it lists some other condition, not suicide, as the cause of death. And much to the dismay of many families who found this out too late, the law does not require families to be notified of a patient's suicidal intent.

It is more important now than ever to look for and stop the spread of these dangerous laws in your state. Chances are, some sort of legislation may be moving in your state. Alaska, California, New Jersey, and Rhode Island are the most immediate targets, but there are many others this legislative session. Killing the patient must never be condoned as a reasonable solution to human problems!

Pro-abortion Senator Reid announces he will not run in 2016

By Dave Andrusko

On March 27, pro-abortion Senate Minority Leader Harry Reid (D-Nv.) announced that he would not seek another term—that the 75-year-old will hang up his spikes after the 2016 election.

Pro-abortion Harry Reid (D-Nv.)

I use the baseball metaphor because it is one Reid employed in explaining why he would not seek a seventh term. He dreamed of patrolling center field, he said, "But the joy I've gotten with the work that I've done for the people of the state of Nevada has been just as fulfilling as if I had played center field at Yankee Stadium."

I am old enough to remember the old Yankee Stadium. The dimensions were mammoth, nowhere greater than in center field where it was 500 feet to straightaway center. Sportswriters referred to it whimsically as "death valley," the place where fly balls went to die.

Well, when Reid was Senate Majority Leader, pro-life legislation, like baseballs hit to center in the old Yankee stadium, invariably wound up in death valley. One such example was the Pain-Capable Unborn Child Protection Act, which passed the House of Representatives 228-196 on June 18, 2013, but never got a vote in the Senate.

No how, no way under Reid's watch was the Senate ever going to hold a hearing, let alone vote, on such a bill. Why? For the same reason Reid smothered so many bills: he didn't want his fellow Democrats to have to vote on a bill that the American people supported but Reid and his pro-abortion Democratic colleagues did not.

Even more so with the Pain-Capable Unborn Child Protection Act. Reid did not want to hear anything about the extensive evidence that unborn children have the capacity to experience pain, at least by 20 weeks fetal age. (See www.nrlc.org/abortion/fetalpain and also www.doctorsonfetalpain.com.)

The last thing Reid wanted was for the Senate to hear the science behind the findings in the bill, as was the case at a May 23, 2013, House subcommittee hearing.

There will be plenty of time to talk about possible leadership successors with his caucus and about which candidates, Democrats and Republicans, will slug it out in 2016. Suffice it to end with this.

The abortion lobby had no more reliable (and often crafty) ally than Reid, although the news media often misidentified him as an abortion foe.

"Reid is one of the pro-abortion movement's strongest assets in Congress," Douglas Johnson, NRLC's legislative director, has said. "He has employed the full powers of his leadership offices to do the bidding of abortion lobby on all of the issues most important to them."

Reid "votes with the pro-life side only on less important matters or when the issue is already decided and his vote does not matter," Johnson added.

Reid was a demagogue's demagogue and in love with the idea of limiting free speech, i.e., criticism of incumbents. Particularly irritating was that the more unpleasant his assault on opponents, the more injured the tone he adopted if they dared to respond.

Fellow pro-abortion Democrat President Barack Obama said the Senate "will not be same" without Reid.

For that we can only say "amen."