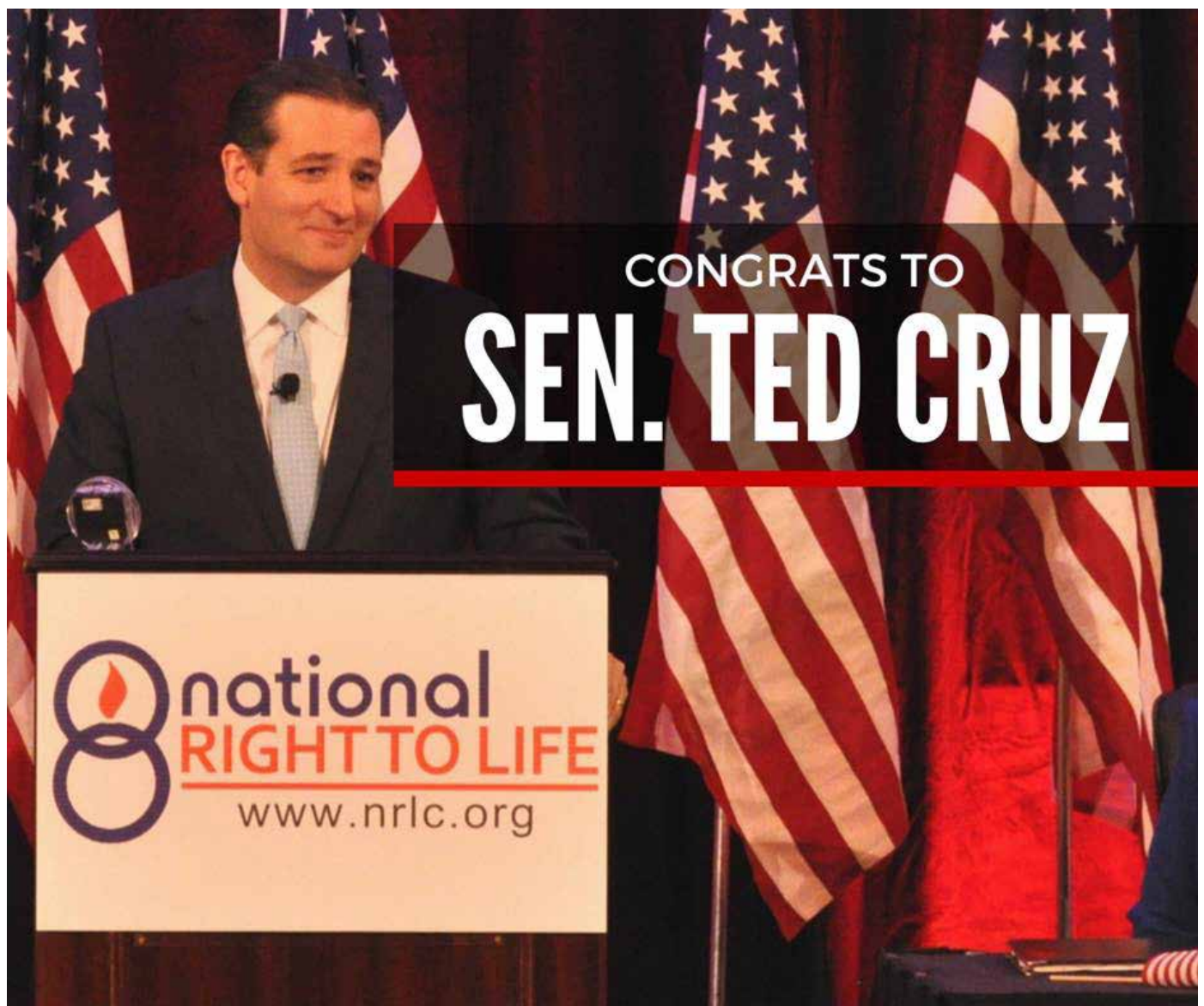




national
RIGHT TO LIFE
NEWS

April 2016



CONGRATS TO
SEN. TED CRUZ

On April 2, the National Right to Life Board of Directors voted to support Texas Sen. Ted Cruz in the upcoming Republican presidential primaries.



national RIGHT TO LIFE NEWS

Presidential contests remain highly competitive as primaries move to the northeast and west

By Dave Andrusko

As the April digital edition of *National Right to Life News* is going online, we are seven days out from very important New York primary and two weeks away from April 26 in which primaries will be held in Pennsylvania, Maryland, Connecticut, Delaware, and Rhode Island. [1] After what seems to have amounted to an almost permanent campaign, we are approaching the juncture when Republicans and Democrats will pick a presidential nominee.



Pro-life Sen. Ted Cruz

On the Democratic side, while pro-abortion former Secretary of State Hillary Clinton has a relatively comfortable lead over Democratic Socialist Sen. Bernie Sanders, the contest is not over. Indeed, Sanders has won seven of the past eight states that have held a nominating contest and has heated up his charges that, if Mrs. Clinton is not “incompetent,” (as he suggested straight up last week), her husband’s

See “Victories” page 15

Much work ahead before November Elections

By Karen Cross, National Right to Life Political Director

This has been an incredibly busy, absolutely insane election year. It seems as if we’ve been in election mode for an eternity. That said, there’s still much to do on behalf of the babies.

Yet to come are 16 states which have presidential primaries, 34 states to hold Senate primaries, and 44 states to hold congressional primaries.

Presidential Election

On Tuesday, April 5, pro-life Senator Ted Cruz (Tx.) soundly triumphed in the Republican primary in Wisconsin, winning 36 delegates to 6 for Donald

Trump. Ohio Gov. John Kasich won no delegates.

National Right to Life’s state affiliate’s PAC, Wisconsin Right to Life, Victory Fund, supported Ted Cruz in the primary. On April 2, 2016, the National Right to Life Board of Directors adopted a resolution supporting Senator Cruz in the remaining primaries of states that have not yet chosen their delegates to the Republican National Convention, which will be held the week of July 18.

See “Work,” page 14



Editorials

Pro-lifers on the March

If you have not already signed up to attend the National Right to Life Convention which takes place July 7-9 in Herndon, Virginia, let me encourage you to go to page four where you read all the details. If you go to http://shop.nrlchapters.org/Convention-Registration_c3.htm, you can actually register online. Please, don't delay.

The April digital edition of **National Right to Life News** could easily be twice its length, so much as taken place in the past few weeks. As you read--and share the stories--let me offer a framework for the many stories we've posted.

On page one, our lead story brings you the latest on the presidential race. I've been following this quadrennial exercise in democracy since 1960 and I never seen a campaign so utterly confounding. Also on page one, NRL Political Director Karen Cross reminds us that we have majorities in the Senate and House to protect and, we trust, enlarge.

With only six and a half-months to go, electoral politics are an vitally important subject for pro-lifers.

Pro-lifers put a premium on enacting (and defending) protective legislation. And because it cuts into the profits of the abortion industry--and contests the pro-abortion belief that not all lives matter--our opposite numbers fight these measures tooth and nail.

The Unborn Child Protection from Dismemberment Abortion Act is on the desk of the governor of Mississippi. It is already the law in Kansas, Oklahoma and West Virginia. This vital legislation has been introduced in Pennsylvania, Minnesota, Idaho, Nebraska, Missouri, Louisiana, Rhode Island, and Utah.

In a dismemberment abortions, the abortionist uses sharp metal clamps and scissors to tear apart, piece by piece, a well-formed, living unborn child.



The Pain-Capable Unborn Child Protection Act -- previously the law in 12 states -- is now also the law in South Dakota. The measure to protect from abortion children capable of experiencing excruciating pain as their life is drained from them has also been introduced in Florida and working its way through the legislature in South Carolina.

There are many other pieces of legislation having to do with informed consent, defunding the abortion industry, and

See "Motivates," page 23

Why pro-lifers' refusal to punish women who've aborted makes no sense to pro-abortionists

National Right to Life News Today posted a number of stories about the egregiously ill-informed comments by Republican presidential frontrunner Donald Trump that women who've aborted should be "punished." *MSNBC* host Chris Matthews badgered Trump unmercifully, but that was hardly a surprise; Matthews wears his abortion advocacy like a badge of honor.

In the two weeks since Trump made (and unmade and unmade yet again) his remarks, pro-abortionists have had a field day. Talk about unenforced errors, or, better put, uttering a misstatement so at odds with the position of the mainstream pro-life movement, led by National Right to Life, going back to the 1960s.

Let's talk for a few minutes about the fallout which will reverberate up to, through, and past the November presidential election.

If you haven't seen the exchange, it was a town-hall like setting taped in advance of its showing the following Sunday. Matthews asks if abortion were to be made illegal, how would Trump ban it? As he often does, Trump tried to turn the question around on

the host of *Hardball* but Matthews deflected his attempt. (If you only saw the excerpt, you wouldn't know how Matthews goaded Trump until he said something that he would take back within a few hours.)

Trump finally says, "There has to be some form of punishment, yeah" for women who have abortions, *MSNBC* was so thrilled it broke in its programming to air a clip from the exchange.

Why was Trump's answer such a disaster?

#1. It provided the usual suspects with real "evidence" (as opposed to the stuff they manufacture out of whole cloth) that this is pro-lifers' real motives: to jail women who've aborted. I could site numerous examples, but why bother? And when Trump reversed his position in a matter of hours (and then made further alterations), those same pro-abortion hacks could and would gleefully tell us this just proved (again) that pro-lifers are hiding their real agenda.

See "Refusal," page 27

From the President Carol Tobias

Which path will our nation follow?



Cecile Richards, president of Planned Parenthood Federation of America, recently tweeted, “43 years after *Roe v. Wade*, 90% of American counties have no abortion clinics at all.” #StopTheSham #WeWon’tGoBack

She was quoting from a recent article in the *Huffington Post*, by novelist Richard North Patterson, which began, “Whether you support Bernie or Hillary, how many of you want Republicans to abolish freedom of reproductive choice? I thought so. But here’s the kicker — in much of the country, the GOP already has. For millions of American women, freedom of choice is writ on water. And if you abandon your party’s nominee, whoever that may be, millions more may suffer.”

Patterson continued, “Put simply, the president who selects [Supreme Court Justice] Antonin Scalia’s successor will determine the future of reproductive rights. That is not hyperbole — it is already graven on the American landscape. Start with access to a safe and legal abortion. For the less privileged women in most American states, this right is close to extinction.

“Across the country abortion clinics are closing at a record pace. A little over 700 remain — 43 years after *Roe v. Wade*, 90 percent of American counties have no clinics at all.”

Hence, Richards’ foray onto Twitter to say, “We won’t go back” to pre-*Roe* laws. What do Richards’ comments tell us? How about Patterson’s? Where is the pro-abortion movement less than seven months before the presidential election?

The old guard in the abortion movement is so deathly afraid they will lose this election

they are trying to scare their supporters into working harder and voting for Hillary Clinton to ensure their “right” to kill unborn children. Patterson’s point is that it doesn’t matter which candidate is nominated by the Democrats, Clinton or Democratic Socialist Sen. Bernie Sanders-- that candidate will be better than any Republican. (Richards would disagree; PPFA’s political action arm endorsed Clinton.)

By 2014, Planned Parenthood understood they needed to retool their “message.” PPFA announced they were no longer going to use the label “pro-choice” and would prefer people to start talking about “women’s health.” Richards told *The New York Times*, “I just think the ‘pro-choice’ language doesn’t really resonate particularly with a lot of young women voters.”

Earlier this year, Rep. Debbie Wasserman Schultz (Fl.), chairwoman of the Democratic National Committee, told *The New York Times Magazine*, “Here’s what I see: a complacency among the generation of young women whose entire lives have been lived after *Roe v. Wade* was decided.”

Wasserman Schultz took some heat from her abortion allies who were quick to insist that young women do care about keeping abortion legal and will be involved in the elections.

Are younger pro-choice women “complacent”? Does support for abortion (“choice”) no longer move the needle among the electorate?

Abortion advocates know they have a problem among young women. That’s why PPFA wants to talk about women’s “health” instead of “choice.” That’s why the president of NARAL stepped down a few years ago to make way for a younger organizational leader.

But if Richards’ comments were any indication (and they are), we would be foolish to think our opponents will be complacent in this year’s election.

They want a Democrat in the White House, of course, but more importantly, they want President Clinton as the first female

president, to nominate a replacement for Justice Scalia and place pro-abortion judges at all levels of the federal judiciary.

As *NRL News* and *NRL News Today* have documented extensively, they want Clinton because they know she will defend abortion for any reason up to the day of birth.

Explaining why 90% of American counties have no abortion facilities, Patterson stated, “A principal cause is GOP-sponsored state

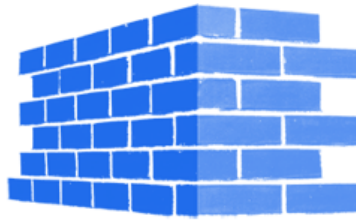
... we would
be foolish
to think our
opponents will
be complacent
in this year’s
election.

laws which shut down clinics by imposing unnecessary and onerous requirements.”

After making his case as to why all these state laws are so terrible and why the judicial branch is so important to protecting the “right” to abortion, he added, “Thus the election of a Republican president in 2016 would erode reproductive rights and threaten *Roe* itself. The next president could appoint up to four new justices, transforming the law for generations to come.”

For the babies’ sake, I hope and pray he’s right!

These kinds of tweets and articles can be found all over the internet. I sense a feeling of urgency and desperation on the part of the abortion movement. They’ve controlled



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Clinton agrees that a baby “just hours before delivery still has no constitutional rights”

By Dave Andrusko

Thanks go out to Gary Bauer, who heads the Campaign for Working Families, who posted this quotation last Wednesday from Hillary Clinton. The sentiments demonstrate beyond a shadow of a doubt that she is pro-abortion from the top of her head to the soles of her feet.

NRL News Today has twice posted about Clinton’s astonishing (well, astonishing to those who’ve been snookered into believing she is a “moderate” on abortion) remarks made on the April 3rd edition of *Meet the Press*.

The most important takeaway (although there were many worth pondering) was when she told moderator Chuck Todd “The unborn person doesn’t have constitutional rights.”

Bauer tells us that Paula Faris, a co-host for *The View*, actually asked Clinton a difficult question about abortion. Here is the exchange:

FARIS: I want to ask you about some comments that you made over the weekend on ‘Meet the Press. ‘

You said, ‘The unborn person doesn’t have constitutional rights.’ My question is at what point does someone have constitutional rights, and are you saying that a child, on

Paula. I support *Roe v. Wade* because I think it is an important — an important statement about the importance of a woman making this most difficult decision with consultation by

Gary’s comment was spot-on: “Just to be clear, Hillary Clinton is saying that baby hours from being delivered could be aborted under *Roe v. Wade*, and she supports that. Hillary Clinton is pro-abortion until the moment of birth. Only a small percentage of voters, including women, would agree with that extreme position.”

It is no hyperbole nor a misreading nor a misrepresentation to say (as we have for decades) that there is no abortion Clinton would forbid, no time in fetal development after which she would say you can’t rip this kid to pieces.

But just so I’m clear, I am utterly astounded that the Hillary-loving *The View* would piggyback on Todd’s provocative question: “When, or if, does an unborn child have constitutional rights?”

Astounded, but grateful.

You can watch the exchange at www.youtube.com/watch?v=-dTXvWBtN4M. It begins at the 9:50 mark.



Hillary Clinton (left), “*The View*” co-host Paula Faris (on the right). In the middle is co-host Joy Behar.

its due date, just hours before delivery still has no constitutional rights?

CLINTON: Under our law that is the case,

whom she chooses: her doctor, her faith, her family. And under the law and under certainly that decision, that is the way we structure it.”

FDA alters protocol for abortion pill, expanded usage expected

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

On March 29, 2016, the U.S. Food and Drug Administration (FDA) announced major changes to the official protocol for Mifeprex, the American trade name for the abortion pill, RU-486 (mifepristone). Mifeprex has been used in combination with the prostaglandin misoprostol to abort hundreds of thousands of babies in the U.S. since its marketing approval in September of 2000.

Since that original approval, at least 14 women who have taken the drugs have died in the U.S., and thousands more have suffered from significant "adverse events" or complications. www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf

In essence the FDA bowed to the abortion industry which had unilaterally altered the protocol, confident the FDA would eventually meekly fall in line.

The latest changes to the protocol, which include extending the outer limit that women can use the two-drug technique and reducing the number of visits to the abortionist, do nothing to make use of the drug safer for women or their unborn babies, but will serve the interests of the abortion industry by expanding the customer base and potentially increasing clinic profits.

Out with the old, in with the new

In the original protocol, abortion-minded pregnant women no more than 49 days past their last menstrual

period (LMP) came in for three visits. In the first visit, after a cursory interview and exam to eliminate possible contraindications, she was to be given three pills of RU-486, (which are expensive) which she took and swallowed there in the clinic.

Returning two days later, the woman would receive two pills of misoprostol (which is very inexpensive), which she would take orally. Sometime soon after, she would begin to cramp and bleed, usually aborting the baby within 24 hours. At a third visit two weeks out, the clinician would determine whether or not the abortion was complete.

With the March 29 announcement, a response to a request by the drug's distributor, the basic outlines of this protocol have all been changed now, broadening the list of women eligible to take the drug, and cutting cost outlays for profit-minded clinics.

One of the biggest changes was the FDA extending the cutoff period by three weeks, to 70 days LMP. This gives women much more time to consider using the chemical option. The extension encompasses a much bigger pool of pregnant women than did the 7-week deadline.

The reduction of Mifeprex pills from three to one also serves to cut clinic costs and, if prices remain the same, boost revenues.

Originally costing about \$90 per pill, the three pill dose required the clinic to pay around \$270 up front for just the Mifeprex. Costs for the prostaglandin, whether at the old dose of two pills or the new of four, are negligible, perhaps only a dollar or two a pill.

When charging the going rate for a chemical abortion (about \$504 in figures from 2012), the reduced dosage translates into maybe about \$175 more in revenue right off the bat. This does not even take into account the costs saved by the reduced number of visits.

The old protocol specified that the drugs be prescribed and given only "under the supervision" of a physician who met certain qualifications for dating pregnancy, diagnosing ectopic pregnancies, and handling or referring possible complications. The new



The new protocol totally eliminates the requirement of a second visit and is somewhat fuzzy about last follow up.

In the new set up, women are given the Mifeprex in their initial visit to take there in the office and then receive the misoprostol prostaglandin pills to take with them and then take at home 24 to 48 hours after visiting the clinic. They are to take the prostaglandin buccally (allowing the pills to dissolve between the cheek and gum) rather than orally.

Women are told to "follow-up" with their "healthcare provider" at 7 to 14 days after their initial visit to determine if the bleeding has stopped, a complete abortion has taken place, and they are alright. But it is not clear or explicit that a return visit is required.

protocol says they can be dispensed by any "certified healthcare provider" who can meet those conditions, presumably expanding the list of potential prescribers to physician assistants, nurses, and perhaps even lower level clinicians.

The abortion industry had already interpreted the "under the supervision of a physician" condition so loosely as to say that it allowed for webcam abortions "supervised" by an abortionist a hundred miles away or more. This required little of the abortionist beyond conducting a video interview and remotely releasing a drawer with a dose of abortion drugs.

See "Protocol," page 26

Florida Governor Scott signs bill requiring abortionists to have admitting privileges and cutting off all funding to abortion clinics

By Dave Andrusko

When Florida's pro-life Gov. Rick Scott signed HB 1411 into law in late March, it made the Sunshine State the latest to require abortionists to have admitting privileges at a nearby hospital at the same time the measure was cutting off state funding for services at clinics that provide abortions.

Planned Parenthood called the latter provision "dangerous" and "cruel." It takes effect July 1.

The governor's signature came after HB1411 overwhelmingly passed both houses of the state legislature.

The admitting privileges portion of HB 1411 is similar to one of the issues before the Supreme Court in the case of HB2, the 2013 omnibus pro-life Texas law.

"Abortionists will finally be held to the same standard as all other physicians who perform invasive procedures in a non-hospital setting by the requirement to have admitting privileges or a transfer agreement with a nearby hospital," said Ingrid Delgado of the Florida Conference of Catholic Bishops in a statement. "It is incomprehensible that opponents suggest the bill makes women less safe."

Also "the new law will require the state to inspect at least 50 percent of abortion-clinic records each year," according to Margie Menzel of the *News Service of Florida*. "It

also bans the sale and donation of fetal remains from abortions and increases the penalties for the improper disposal of fetal remains."

As reported by *NRL News Today*, the ACLU is currently



Florida Gov. Rick Scott

fighting the state's 24-hour waiting period requirement [1].

Earlier this month *NRL News Today* reported on the vote in the legislature which involved some \$200,000. According to Michael Auslen of the *Tampa Bay Times*.

Anti-abortion advocates in the Legislature assert that's tantamount to supporting abortions. Instead, they want that money to be spent in other kinds of clinics,

like crisis pregnancy centers and federally qualified health centers.

"The idea that those taxpayer dollars would go to an organization that performs abortions is simply intolerable," Sen. Rob Bradley, R-Fleming Island, said.

They further argue that tougher rules are necessary to bring abortion clinics in line with other health care facilities, like ambulatory care centers.

"This bill says we're going to treat abortion clinics the same way that we treat other similarly situated clinics," said Sen. Kelli Stargel, R-Lakeland, the bill's sponsor. ...

The bill would make tougher restrictions against improperly disposing of fetal remains.

According to Auslen, the law "was also brought about in the wake of controversy over videos released online appearing to show Planned Parenthood doctors in other states talking about a fetal remains donation program." This is a casual reference to the undercover videos taken by the Center for Medical Progress which raised many other concerns as well.

Florida Right to Life, NRLC's state affiliate, explained the background to HB 633.

The new 24 hour waiting period, in effect in thirty states, follows normal elective medical practice guidelines which require a consultation before scheduling outpatient surgery. This bill cracks down on shoddy medical practices which run abortion mills at a high rate to earn more profit.

As more abortion clinics around Florida close and abortionists abandon their practices, the problem of factory-style abortion clinic practices is sure to grow. This bill will ensure that the safety of women is enhanced, and that the right to informed consent is fully protected in a deliberative manner.

[1] As *NRL News Today* reported previously, the 1st District Court of Appeals last month lifted an injunction that prevented Florida's 24-hour waiting period from taking effect. "In its decision, the three-judge panel contended that a circuit judge did not have enough facts or evidence to support blocking the law," according to the *AP*.

My Almost Abortion Experience

By Claudia Turcott

Editor's note. This appeared at Secular Pro-Life and is reprinted with permission.

I looked at the plus sign on the pregnancy test in disbelief... This couldn't be happening. Just a short month before, I'd been told by an ob/gyn that I would need fertility treatments to ever be able to conceive. I had been having the time of my life, partying and just enjoying life as a career college student with no responsibilities. I was in a relationship with a guy that made my heart race and my stomach do flip-flops. Neither of us thought much past the next party, pack of cigarettes, or 12-pack of beer. Life was easy and fun. Until this.

I had always been pro-life in theory, but now this was ME, MY life. I decided I wanted an abortion. No way was I ready to parent a child. I was a slacker extraordinaire. My main interest: fun. My boyfriend said he needed to give it some thought. After taking a day or two, he came back and agreed it was for the best.

I went to the university clinic and took another test to confirm my pregnancy. They gave me two pamphlets, one dealing with adoption, and the other with info on how and where to get an abortion. I called the number in the pamphlet and made an appointment for later in the week.

I took a good friend with me, as well as my boyfriend. It was a three hour drive to Houston and no one said much. As we neared the abortion facility protesters with large, grotesque signs came into view. I averted my eyes. I had a sick feeling as I sought to push away the reality of what I was about to do.

Once in the facility, I checked

in and my boyfriend and friend sat down with magazines.

I was asked to provide a urine sample. The bathroom was on the other side of the large waiting room and every so often, a woman would emerge with a plastic cup full of her



The author with her family

urine. This struck me as very humiliating. I wrapped my cup with a paper towel.

There were so many women there of every age, race, and seemingly socio-economic class. We were grouped together as we made our way through the process. At one point, I was given an ultrasound, and the tech matter-of-factly declared, "5 weeks." Then it was on to group "counseling." A young woman explained the process and then opened the floor to questions. I knew the answer to mine before I even asked, "Is it alive?" The response was, "It's a clump of villi." It was what I wanted and needed to hear, but I knew better.

Then it was back to the waiting room where we all sat

until we were called, one by one, to do the actual procedure. I was struck by the tea party like atmosphere. Most women chatted seemingly nonchalantly. At one point, a woman tapped her foot impatiently, glanced at her watch and said, "How

group that day, there was only one woman who, in my view, was having the appropriate response. She never stopped crying, never made eye contact with anyone, never spoke. She just sat there, curled up in a fetal position, as she stared off into space, and wept.

One by one we were called. I sat there, stomach churning, knowing in my heart of hearts that this was SO wrong. I had not been able to quiet that inner voice that kept gently telling me, "No, you must not do this." I argued back and forth with that voice. It was so gentle, so serene, but also very persistent. My name was called. I got up and made my way to the table. "Take everything off below the waist and lay on the table, feet in the stirrups." I reached for my pants.

I hesitated. I stood frozen. The nurse noticed my reaction and advised me to go back to the waiting room and let a few more go ahead of me, until I felt more ready. Ready never came. When I was called a second time, the same thing happened. The nurse looked at me and said, "You don't really want to be here." I replied, "Does anybody really want to be here?"

She told me I was early and had lots of time to come back. Plenty of time. I knew I was walking out of that place and NEVER going back.

I made my way back to the waiting room where I had to deliver the news to my boyfriend that I was not going to have an abortion. To his credit, he didn't react negatively, but just accepted my decision and we all left.

long is this going to take, I have stuff to do." I was shocked, and wondered to myself, "Does she not have any idea of the significance of what she's about to do?" A pretty brunette suddenly offered, "My husband keeps saying we're going out tonight. He just doesn't get it." She told us she was 13 weeks pregnant and had a three year old daughter. Again, all I could think was, "You're married with a child, why are you here?"

I found myself talking to a woman to next to me. At 38, she was older than most of us. Inexplicably, I began trying to convince her that she could do it, raise her baby. She gave me all the reasons why she couldn't.

Out of all of us present in our

See "Almost," page 23

Mom writes letter to unborn baby after they survive Brussels' Terrorist attack

By Dave Andrusko

The last count I saw for the death toll from the March 22 terrorist attacks in Brussels was 35. At least another 270 people were injured in the attacks at the airport and the metro station.

Amidst this tragedy there was a life-affirming ray of hope. On Friday *CNN* reported about Sneha Mehta and her husband, Samsee, who, according to Don Melvin, "had just flown in from Abu Dhabi to Brussels on Tuesday when bombs went off in the airport and the ceiling started falling on their heads."

Thanks to their knowledge of the airport's layout and the kindness of strangers—a terrifically helpful cab driver who not only drove them to the hospital but calmly talked to them the whole way—the 16-week pregnant Sneha made it to Sint Augustinus hospital, where "there was a beautiful moment":

The ultrasound exam showed that the baby — the Mehtas don't know yet whether it is a boy or a girl — appeared to be healthy and content, safe in the womb, sucking its thumb.

When they got back home to Antwerp, "Sneha felt she had to write a letter to her baby," Melvin wrote.

Maybe it will be unsealed when the child is 16. Maybe later.

She hasn't decided yet.

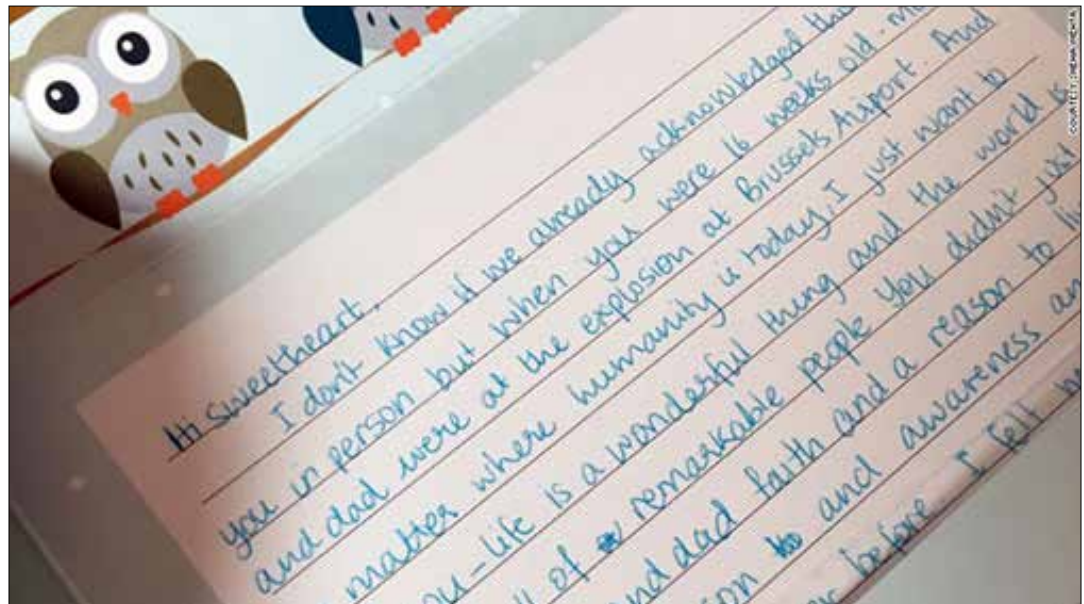
But she needed an outlet. And she needed, she said, to write the letter while the feelings were fresh and raw —

tell you that life is a wonderful thing, and the world is really full of remarkable people.

"You didn't just give mum and dad faith

mistrust, hate and angst for the terrorist attack vaporized.

"I do hope with all my heart that you are born into a better



Sneha Mehta wrote a letter to her unborn child after surviving the terrorist attack at the Brussels Airport.

to capture them before they faded.

CNN reproduced the beautiful letter, which we are posting below. It is must reading. The letter begins, "Hi, Sweetheart":

"I don't know if we already acknowledged this with you in person, but when you were 16 weeks old, mum and dad were in an explosion at Brussels Airport.

"And no matter where humanity is today, I just want to

and reason to live, you gave the awareness and presence of mind like never before.

"I felt more alive than I ever have, and I knew I had to protect you, so I was calm, composed and fully aware that we will survive.

"When we reached Sint-Augustinus emergency, and we saw you oblivious and sucking at your thumb at the ultrasound, and doing your general acrobatics, all the

world, and if not, then you do absolute best to make it that.

"You are absolutely precious to us, and have already been a hero today. I guess the world has sent so much love and hope your way, you owe your life to reciprocating that goodness.

"May you always be brave and healthy. We love you beyond words.

"Mum and Dad"

A changing Supreme Court: the legalization of euthanasia could hang in the balance

By Jennifer Popik, JD, and Burke Balch, JD, Robert Powell Center for Medical Ethics

While four states have affirmatively legalized the dangerous practice of doctor-prescribed suicide, and legislative efforts continue to expand that number, an even greater threat may be posed by the United States Supreme Court. We are in a situation, with the current Supreme Court vacancy, under which whoever gets to appoint the new justice can definitively shift the High Court's ideological balance.

Before Justice Antonin Scalia's untimely death, it was widely recognized that on many issues, including abortion, the Court had been divided 4-4 with Justice Anthony Kennedy often providing the deciding vote. Replacing Scalia with a justice holding an opposite perspective would typically lead to either 5-4 or 6-3 rulings on such issues.

Euthanasia could be among them.

As brief background, nearly every state across the country has long had a law protecting against assisting another in a suicide. There has been an ongoing attempt by pro-euthanasia advocates in the U.S., as a first step, to carve out an exemption that says your doctor can give you a lethal prescription to take home and overdose on if you meet several scant legal requirements.

The primary organization behind these efforts is Compassion and Choices—or C&C (formerly the Hemlock Society). While those at C&C are seeking to legalize much broader euthanasia, it has made a strategic decision to begin with this thin-edge-of-the

wedge approach.

Currently, doctor-prescribed suicide is legal in Oregon, Washington, and Vermont—and it may have some legal



immunity in Montana, due to a court decision. Doctors can start writing lethal prescriptions in June in California.

Also, an appeal is pending before the New Mexico Supreme Court of a lower-court ruling striking state's decades-old protective law against assisting suicide.

The 2016 election season will have decades-long ramifications on what direction the Supreme Court takes this country. The issue of assisting suicide could come before the High Court.

It is critical to realize that the word “court” has become largely a misnomer. While the Supreme Court does indeed exercise judicial functions in a number of cases with low-ideological content – settling

contract and patent issues, for example—when it comes to making “constitutional” rulings the body has gradually come to act more and more like a

contends that **any** law touching abortion differently than, say, prostate surgery invalidly constitutes “sex discrimination.”

For a summary of expected changes from a self-described “liberal” constitutional law professor, Erwin Cherminsky, see www.theatlantic.com/politics/archive/2016/04/what-if-the-supreme-court-were-liberal/477018.

Less widely discussed is that the issue of assisting suicide will almost inevitably again come before the High Court. Few may remember that the justices did address the issue almost twenty years ago.

In 1997, the U.S. Supreme Court in the case of *Washington v. Glucksberg*, unanimously rejected the claim that there was a constitutional “right” to assist suicide. But many of the concurring Justices suggested they agreed only because there was not yet enough evidence to show that states could not rationally fear abuses.

Moreover, in one concurring opinion in *Glucksberg*, then-Justice John Paul Stevens made a point of saying that he did not intend to “foreclose the possibility that an individual plaintiff seeking to hasten her death, or a doctor whose assistance was sought, could prevail in a more particularized challenge.”

In addition to this open-ended invitation to bring a case in the future, Supreme Court Justices have also indicated that they like to look at trends.

In the 2005 *Roper v. Simmons* case (an unrelated

“Supreme Legislature.”

Whereas in past decades presidential candidates often eschewed so-called “litmus tests” for how their appointees would vote on specific issues, instead talking generally about “judicial philosophy,” today those in both parties talk openly about a laundry list of positions anyone they’d nominate would have to take.

For example, it is clear as daylight that if the Scalia vacancy is filled by a President Obama, Clinton or Sanders, there will be five votes on the 9-member body to strike down essentially all limits on or regulations of abortion, ranging from the Hyde Amendment through informed consent and parental involvement laws to the Partial-Birth Abortion Ban. Justice Ruth Bader Ginsburg

Bill to Ban Dismemberment Abortions Approved by Mississippi State Senate

JACKSON, MISS. — A bill to ban barbaric dismemberment abortions was overwhelmingly approved Tuesday by the Mississippi state Senate. The 40 to 6 vote comes after the Mississippi state House of Representatives passed House Bill 519 in February on a vote of 83-33.

The legislation is authored by Rep. Sam Mims (R-McComb) and was handled in the Senate by Sen. Joey Fillingane (R-Sumrall.) When it becomes law, Mississippi will join three other states in having passed a ban on dismemberment abortions.

“I am committed to making Mississippi the safest place in America for an unborn child, and this legislation continues our work toward that goal,” Lt. Gov. Tate Reeves said. “Dismemberment abortions are a horrific method and should

not be allowed in Mississippi.” Dismemberment abortion is performed on a fully-



Mississippi State Sen. Joey Fillingane

formed, living unborn baby. It is a barbaric and dangerous procedure in which the unborn child is literally ripped apart

in the womb and pulled out in pieces. As stated by U.S. Supreme Court Justice



Mississippi Lt. Gov. Tate Reeves

Anthony Kennedy in Stenberg vs. Carhart, “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.”

Mississippi Right to Life President Barbara Whitehead commended the Senate for joining the House in passing this legislation to protect unborn children. “Dismemberment abortion is unimaginably cruel and has no place in Mississippi,” Whitehead concluded. “We look forward to joining Kansas, Oklahoma, and West Virginia in passing this strong pro-life legislation.”

The bill was slightly amended in the Senate and the differences will need to be conferenced with the House before the legislation can go onto the Governor.

For more information on Dismemberment Abortion, see <http://www.nrlc.org/statelegislation/dismemberment/>

Which path will our nation follow?

From page 3

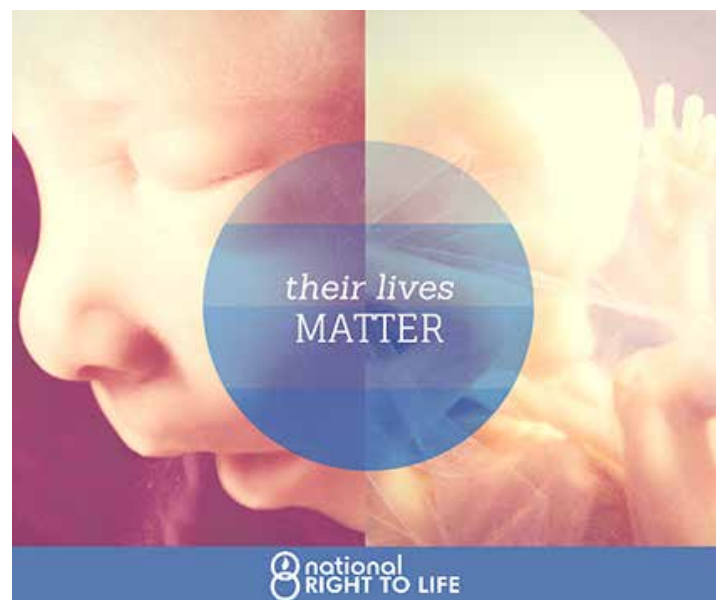
the Executive Branch for almost eight years, yet the Supreme Court is not yet firmly in their control.

President Obama was able to replace pro-abortion justices David Souter and John Paul Stevens with pro-abortion justices Sonia Sotomayor and Elena Kagan. At a minimum, pro-abortionists need to fill the seat left vacant by the death of Justice Scalia with one of their own to preserve the abominable *Roe* ruling.

Cecile Richards tries to motivate abortion supporters by saying “We won’t go back.” Pro-lifers say “We will go forward.”

The election of a pro-life president would not be “turning back the clock” (as pro-abortionists like to say) to pre-*Roe* days but instead turning a corner to a brighter future for unborn children and their mothers. This “social experiment” of exterminating over 58 million unborn children who got in the way has failed. Our country is **not** better off because of it.

This is the year to chart a new path and a new course for our country. With your help, it will be a course in which unborn children are protected in law and valued in life.



Baby born with Down syndrome “born to make people smile”

Mom says, “I felt lucky. I’d wanted a baby girl and now I had a baby girl and an extra chromosome, too.”

By Dave Andrusko

It’s schizophrenia on steroids. The British publication, *The Daily Mail* runs an adorable feature on Florence, a baby with Down syndrome whose picture posted on Facebook has

And then, near the end of the story, a sidebar in which we read about a “Super-Safe and 99% Accurate: New Blood Test for Down’s,” a condition, we are told, that “causes learning

with Down syndrome are aborted.

Aye yai yai.

Back to Florence and her mother, Kathryn, who told Kim Willis of the *Daily Mail*, “The

are scared or wondering if they could cope, come and meet Florence.”

Florence was born in May 2015. Her Facebook image has attracted more than 1,000 comments

Kathryn said of Florence, born at 5lb 4oz,

‘I haven’t stopped smiling since the day Florence came into my life.

‘She’s made my family complete. Since the photo went viral, I still get messages from people all over the world telling me she’s made them smile too.’

Kathryn told Willis that she thought Kathryn’s image might get ‘a few likes’ from family and friends, but said she was shocked to see it had gone viral. But the heart of the story is not how much Florence has brightened so many people’s day, although that is a blessing. It is how Kathryn refused to be discouraged by more and more evidence that Florence would have Down syndrome.

Already the mother of two boys, she desperately wanted a girl. So she simply deflected concerns that her unborn baby was small, asking instead if the baby was a girl. For example, as Willis wrote,

Kathryn said: ‘My consultant had a



Kathryn Witt, 26, said she thought the image of Florence might get ‘a few likes’ from family and friends, but said she was shocked to see it had gone viral.

not only been seen 185,000 + times but convinced her Mom that this little girl “was born to make people smile.”

disabilities and other problems. ...” Depending on the study, anywhere from 65% to 90% of babies prenatally diagnosed

new test is a real shame. A world without kids like Florence would be a less happy world. I wish I could say to parents who

See “Smile,” page 32

“I called the police when I found my housemate’s baby in a bin after DIY abortion”

Editor’s note. This post comes from our friends at the Society for the Protection of Unborn Children—SPUC.

The housemates of a woman who on April 4 was given a suspended prison sentence by Judge McFarland at Belfast Crown Court for performing a ‘DIY [Do It Yourself] abortion’ have spoken out after being vilified online.

The 21-year-old, who cannot be named because of a court order, was sharing a house in South Belfast with the two women when she became pregnant in 2014. Saying that she could not afford to travel to England for an abortion, the woman, who was 19 at the time, bought abortion pills online and used them to kill her unborn child by inducing an abortion.

Housemates speak out

The case has been widely publicised in the media this week, with pro-abortion activists and groups using it to argue for the introduction of abortion-on-demand in Northern Ireland.

However, her housemates have spoken out to explain why they contacted the police after their friend performed an abortion on herself, and how seeing the body of her baby boy has scarred them mentally. Both have requested to remain anonymous after being targeted by online trolls.

“She just didn’t want to know”

One of the housemates told the *Belfast Telegraph* she was so badly affected by the events that she had to receive counselling. The 38-year-old

woman also revealed how she had offered to care for her friend’s child if she still did not want the baby after giving birth:

“She called the baby ‘the pest’ and kept saying she just wanted rid of it. She said: ‘I don’t want this inside me.’ I offered a number of times to become legal guardian to the child. I myself had just had a miscarriage.

“I really tried to help her. I talked through a number of options but she just didn’t want to know,” said the Belfast woman.

“She said she was going to order these pills online. I tried to talk her out of it. She didn’t tell us they had arrived. The first I knew that she had taken them was on the Friday night when she said she was getting awful cramps.”

She said she told the young woman not to cut the cord and advised her to get medical treatment, but she refused. “A couple of hours later she came down carrying a plastic bag. I couldn’t bring myself to ask what she had done with the baby. After my own miscarriage my mind wasn’t in a good place,” said the woman.

She added: “A bit later I was going to put rubbish out in the bin and there was the bag. When my other housemate came home on the Sunday we went and looked in the bag in the bin. There was the baby on a towel.

“Even now I just have a picture in my mind of it.

“Even now I feel sick. It has done so much damage to me mentally.

“It is something I can’t get out of my head. On bin collection

day I couldn’t bring myself to put the bin out for collection. I didn’t want to throw a baby away. I didn’t know what to do.”

“It was as if she was getting rid of a piece of clothing”

She said she was upset by the woman’s attitude towards the termination. “This isn’t anything to do with the rights and wrongs of abortion ... This

“No sign of remorse at all”

The second housemate, aged 22, said she has not been able to put the events behind her and has also been receiving internet abuse.

“We tried so hard to support her when she told us about the pregnancy but it made me so angry when she kept calling it ‘the pest’. Then, after the abortion, she showed no remorse. It was so weird the



is about her attitude. It was as if she was getting rid of a piece of clothing,” she stated.

“There was absolutely no remorse. Even the way she was up and away out and doing her own thing a day after the abortion, while me and our other house-mate just walked around in shock.

“We tried to help her. She was given lots of different options. We even tried to talk to her family to get them to help her, but we didn’t know them and she wouldn’t give us their contact details. People are saying we contacted police out of malice. That’s not true,” she added.

way she reacted to what had happened,” said the woman.

She added: “I tried to be nice to her. My mum took her own life when I was 17 and I knew how badly that affected me, so I thought that something that bad must have affected her. But really there was no sign of remorse at all, her attitude really got to me.

‘Insane’

“I asked her why she wouldn’t give the baby a proper burial and she said ‘do you want me to put it in a bag and throw it

Much work ahead before November Elections

From page 1

National Right to Life believes Senator Cruz is the only candidate for president who: has always been pro-life, has a 100% pro-life voting record with National Right to Life, can win the Republican nomination, and can defeat pro-abortion Hillary Clinton in November. Both Clinton and Senator Bernie Sanders (Vt.) support abortion for any reason.

A Fox exit poll found in Wisconsin 65% of voters who wanted a candidate who “shares my values” voted for Ted Cruz.

There are more than 800 delegates remaining to be determined. If no candidate reaches 1,237 before the July Republican National Convention, an open convention will be held to determine the Republican nominee.

Senate Elections

The Senate election will be tough in 2016. Twenty-four Republican seats are up compared to only 10 Democrat seats. Democrats need a net gain of five to have a majority in the Senate.

Currently, the most competitive Senate races are in Colorado, Florida, Nevada, New Hampshire, North Carolina, Ohio, Pennsylvania, and Wisconsin.

In Colorado more than a dozen Republicans are vying for the Republican nomination, which will be decided in a June 28 primary. The winner will square off with Colorado pro-abortion Democrat Sen. Michael Bennet. The race is considered “lean Democrat” by political pundits, in a state which voted 47% for Romney in 2012.

In Nevada, pro-abortion

Senate Democratic Leader Harry Reid is retiring, thus his seat is open. The primary will be held June 14. There are nine candidates vying for the Republican nomination. Most likely the race will come down to pro-life Republican Congressman Joe Heck and

a tossup. The state went 47% for Romney.

North Carolina pro-life Senator Richard Burr (R) defeated his primary opponents and will face former Assemblywoman Deborah Ross (D), an EMILY’s List candidate, and returning

in a state that voted 51% for Obama in 2012.

In Wisconsin, pro-life Senator Ron Johnson (R) faces pro-abortion former Senator Russ Feingold (D) in a difficult race. Currently, Feingold is polling ahead slightly of Johnson in this tossup race. The state voted 51% for Obama.

Governor’s Races

There are three open governor’s seats currently held by Democrats which are considered tossups: Jay Nixon’s in Missouri, Maggie Hassan’s in New Hampshire, and Earl Ray Tomblin’s in West Virginia. Republican Governor Pat McCrory’s seat in North Carolina is also considered a tossup.

U.S. House of Representatives

As noted, there are 44 more congressional primary elections. Democrats need a net gain of 30 seats to take control of the House of Representatives.

There are about 17 potential pro-life opportunities to replace current pro-abortion House members.

A court threw out North Carolina’s congressional district map recently. The newly drawn districts will result in two of North Carolina’s incumbent House members pitted against each other in the newly-drawn second congressional district. National Right to Life endorsed Rep. George Holding over Rep. Renee Ellmers.



former Democrat Attorney General Catherine Cortez Masto, who is endorsed by EMILY’s List. Nevada went 46% for Romney.

Florida’s seat is open, due to the retirement of Marco Rubio, who ran for president. The filing deadline is in July. The primary is not until August 30, so there is a lot that can happen. Between the two parties, there are about two dozen candidates. The race is considered a pure tossup – 49% voted for Romney in 2012.

In New Hampshire, pro-abortion Governor Maggie Hassan (D), an EMILY’s List candidate, is challenging incumbent pro-life Senator Kelly Ayotte (R). It’s considered

Libertarian candidate Sean Haugh in November. This race is considered “lean Republican.”

In Ohio, there is another tossup Senate race. Incumbent pro-life Senator Rob Portman (R) will face a challenge from pro-abortion former Governor (and former congressman) Ted Strickland (D). 48% voted for Romney in Ohio.

Pennsylvania’s Senate primary will be held on April 26, to determine pro-life Republican Senator Pat Toomey’s challenger. The likely Democrat will be either Katie McGinty, an EMILY’s List candidate, or pro-abortion former Congressman Joe Sestak. This is another tossup,

See “Work,” page 15

Much work ahead before November Elections

From page 1

The endorsement letter for Congressman Holding read in part:

“Your record on this legislation contrasts sharply with the words and actions of your likely primary opponent, Rep. Renee Ellmers. There is no member of Congress in recent memory who has done greater harm to a major piece of pro-life legislation, while claiming to be pro-life, than Renee Ellmers. In early 2015, Ellmers suddenly launched an extended public campaign against the

20-week abortion ban, although the bill was identical to legislation that she had voted to pass on June 18, 2013.” (The letter then describes her actions.)

In many primary elections, candidates are challenging pro-life incumbent House members saying they are “not really pro-life” because the congressman (or congresswoman) voted in favor of the Omnibus Appropriations bill (H.R. 2029). This is being said of some of the most stalwart defenders of life on the Hill. Some of the critics clearly have ulterior political motives,

while others may merely be misinformed.

If this occurs in your state, you should defend the pro-life incumbent who is being unfairly criticized.

“No member of Congress did anything contrary to pro-life interests by voting in favor of the omnibus appropriations bill in December,” said Carol Tobias, president of National Right to Life. “The bill preserved existing pro-life laws such as the Hyde Amendment, and contrary to some claims, it contained no earmark, line item, or specific appropriation for Planned Parenthood. It is true that we need a new law to prevent Planned Parenthood

from tapping into federal health programs such as Medicaid – but that effort was best advanced by approval of a separate bill, the budget reconciliation bill (H.R. 3762), which was immune from a pro-abortion filibuster. Although the reconciliation bill was vetoed, the filibuster-avoiding path blazed by H.R. 3762 can be employed to enact a block on funding to Planned Parenthood, once there is a president willing to sign it.”

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

Presidential contests remain highly competitive as primaries move to the northeast and west

From page 1

presidency was not particularly good for African-Americans, who constitute Mrs. Clinton’s most loyal supporters.

Clinton has 1,305 pledged delegates to Sanders’ 1,086. The great discrepancy is in so-called “super-delegates,” where Clinton has an overwhelming 469-31 lead, according to the Associated Press. A Democrat needs 2,383 delegates to win his/her party’s nomination.

The Republican side is even more tantalizing. After last Saturday’s results in Colorado, Trump remains at 758 delegates to 545 for Cruz. Ohio Gov. John Kasich is third with 143 delegates. (Sen. Marco Rubio, who has dropped out, has 171 pledged delegates.) 1,237 is the

number needed to secure the nomination.

As of today, Mrs. Clinton and Mr. Trump are clear favorites in New York, according to polling, but if the election cycle has shown anything this year, it’s that fortunes rise and fall quickly and to expect the unexpected.

For example, who would have expected Mr. Trump, who had never run for public office, to dominate the conversation?

Who would have anticipated (according to NBC News) that “To date, about 5.5 million more people have voted in GOP primaries than Democratic primaries. (There have been 22,128,294 votes cast in Republican primaries,

compared to 16,629,164 for Democrats.)”

A month ago, who would have foreseen that Cruz would thump Trump in Wisconsin last Tuesday--a 13 point margin and 36 of 42 delegates--or that Sanders would defeat Clinton by 13 points?

The *Milwaukee Journal-Sentinel* put it this way: “The front-runners on both sides fell hard in Wisconsin’s presidential primary Tuesday, injecting new intrigue, chaos and drama into an epic campaign.”

The *Washington Post* chimed in, “As recently as three weeks ago, it was looking as though none of the laws of political physics applied to the phenomenon that is Donald Trump. But the days since his

strong showing in the March 15 round of primaries have seen the GOP front-runner make a series of stumbles over his own feet. No longer does he appear to be invulnerable to gaffes and mistakes that would have destroyed a more conventional candidate before the Iowa caucuses.”

In his victory speech last Tuesday, Sen. Cruz spoke of his victory as “a turning point. It is a rallying cry,” adding, “We are not here to curse the darkness, but to light the candle that can guide us ... to a safe and sane future.”

[1] This Saturday the Wyoming state GOP convention selects that state’s remaining 14 presidential delegates.

On abortion, Bernie Sanders and Hillary Clinton, six of one, half-dozen of the other

By Dave Andrusko

While it is understandable that Hillary Clinton's April 3 comments on abortion on *Meet the Press* garnered most of the attention, we ought not neglect what her fellow pro-abortionist and presidential rival, Sen. Bernie Sanders, said about abortion that same day on *This Week with George Stephanopoulos*.

Just a reminder of what the former Secretary of State told Chuck Todd. #1 "The unborn person doesn't have constitutional rights"; #2 after we wade through the verbiage, that the "constitutional protections" enjoyed by the mother obliterate any possibility for protecting the unborn child even in the third trimester.

Indeed if you read the transcript, what she actually says is the exact opposite of the impression the careless listener might come away with. For instance

And as I said, I support the reasoning and the outcome in *Roe v. Wade*. So in the third trimester of pregnancy, there is room for looking at the life and the health of the mother.

Get that? Clinton is not saying that late in pregnancy there is room for looking at the very advanced, very mature unborn child, but at the "life and health of the mother," the all-purpose escape clause.

Stephanopoulos all but baited the Democratic Socialist

Senator from Vermont to match what Clinton had said earlier in the day.

You know, Secretary Clinton also said this morning that she doesn't believe that there are any constitutional rights for the unborn.

Is that your position, as well?

After a quick side trip to his



Pro-abortion Democratic Socialist Sen. Bernie Sanders (Vt.)

favorite location—criticizing Republicans—Sanders says

And I do agree with the Secretary. I don't believe there's any constitutional protection for the unborn.

Sanders doubles down when Stephanopoulos asks

Are you for any restrictions on abortion?

His response is

I think that decision

ultimately has got to be made by the woman.

After which for good measure Sanders attacks Wisconsin's pro-life Gov. Scott Walker and then says, yes, indeed, abortion would be a "litmus test" for any nominee Sanders would make to the Supreme Court. He ends with

But obviously, as somebody who has fought his whole

formulated (and wholly inaccurate) position as a "moderate" on abortion.

In the first part of her answer to Todd's question, "When, or if, does an unborn child have constitutional rights?," Clinton said.

Well, under our laws currently, that is not something that exists. The unborn person doesn't have constitutional rights. Now, that doesn't mean that we don't do everything we possibly can, in the vast majority of instances to, you know, help a mother who is carrying a child and wants to make sure that child will be healthy, to have appropriate medical support.

What exactly were Clinton's sins of commission? She used the verboten words (in anti-life circles) of "person" and "child." The "person" reference was almost forced on her by Todd's formulation "unborn child." (Also, even to the tin-eared pro-abortionist, calling a wanted baby a "fetus" is a clunker.

Likewise, what was Clinton saying implicitly in the third sentence? When the mother wants the baby, presto change she/he is a "child."

Bernie Sanders and Hillary Clinton, six of one, half-dozen of the other.

BTW, there was a minor kerfuffle when a Planned Parenthood employee trashed Clinton for her remarks on *Meet the Press*. It was all bogus but it got some attention and furthered Clinton's studiously

Planned Parenthood, ACLU challenge Indiana law banning abortions based solely on disability or gender

By Dave Andrusko

Well, let's see if anything surprises us. At the end of March, Indiana joins North Dakota in prohibiting abortions based on a prenatal diagnosis of disabilities such as Down syndrome. HEA 1337, a comprehensive measure, also protects unborn babies who would be aborted because of their gender (almost always girls).

Planned Parenthood of Indiana and the ACLU wait a week or so and sue. On what grounds? What else? That the law puts an "undue burden on women's right to choose an abortion."

No doubt, we will soon also hear the lament that the state of Indiana is "wasting" money because it defends a duly enacted law which the ACLU and Planned Parenthood want to gut. Of course, if they hadn't sued, there would be **no** costs, but...

HEA 1337 goes into effect July 1. The lawsuit seeks an injunction to hold off the law's enforcement until the case is resolved, the *Chicago Tribune* reported.

St. Joseph County Right to Life's Executive Director Jeanette Burdell issued this statement in response to the ACLU and Planned Parenthood's lawsuit to block Indiana's Dignity for the Unborn law:

"We at St. Joseph

County Right to Life are pleased to support the Dignity for the Unborn law, as are the majority of Hoosiers, because it is compassionate in helping parents receive more information and services in the cases of potential diagnosis of disability of their baby. It is our firm belief that protecting unborn babies with certain characteristics (disability, gender, race, etc.) from discrimination ranks higher than the legal right to abortion. "Adoption is always a loving option, which many forget to include in the conversation, since no child is truly unwanted."

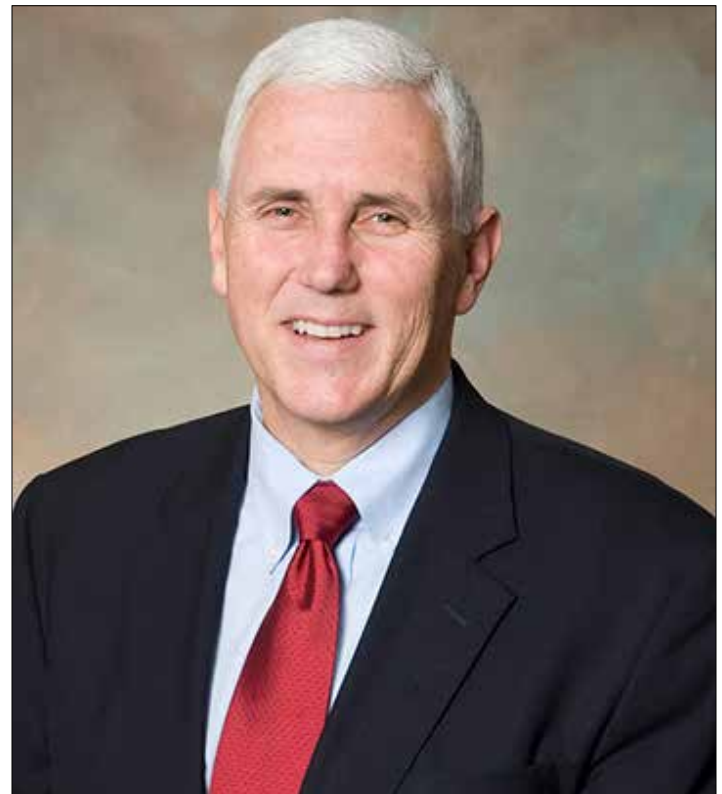
Burdell went on to criticize what she described as the ACLU's and Planned Parenthood's "extremist position on abortion."

With all our efforts and recent successes in helping shut down the local abortion facility, protecting innocent human life, and helping mothers find better options in the event of an unplanned pregnancy, it has been

good to see similar issues addressed at state and national levels.

According to Indiana Right to Life, HEA 1337 "puts into law Hoosiers' longstanding

of aborted fetal remains so that baby body parts aren't comingled with gall bladders and treated as medical waste. It prohibits the transportation of an aborted baby into or out of Indiana except for the purpose of final disposition. It also



Pro-life Indiana Gov. Mike Pence

values that babies shouldn't be aborted because of disability, gender or race. In addition, it provides perinatal hospice information to parents who receive a negative prenatal diagnosis. It imposes respectful disposal methods

increases informed consent for women by prohibiting group counseling before an abortion so that the woman has an opportunity to discuss the upcoming abortion procedure in private."

What goes ‘round, comes ‘round

By Jean Garton

There is hardly an action - no matter how revolting, immoral or violent - that doesn't have defenders who will say, "But we can't really judge others unless we've walked in their shoes" or who will go even further to charge those who refuse to agree that all things are relative with intolerant "judgmentalism."

Other people go further still! They argue that some behavior that seems unloving to one person may actually be a loving act when someone else commits it.

Amazingly, one of the latest lines of defense of abortion is to go on the offensive: adopt the bizarre notion that the act of taking your unborn child's life is really an act of love.

Some abortion providers now urge women to write love letters to their children before aborting them, simultaneously an act of co-opting criticism and ennobling the ignoble. One such form letter was published in a city newspaper and began with the words, "Dear Baby...."

"Dear Baby: I believe you will be better off in

heaven. I am not sure I could provide you with a stable and healthy environment. I do not feel that emotionally or financially I could care for you every need.

"In forecasting my future, a dismal and



Jean Garton

grim picture is all that I can imagine. I hope you can understand my reasoning and can forgive me. I will see you in heaven. Love, Mom."

Women are sometimes coerced into having an abortion to maintain the love of the father (who more often than not will abandon her after the child is dead). Others convince themselves that the abortion is done for the good of the baby, another act of love.

One thing is certain, however, is that it is an *instructive* act, behavior that sends a message.

For example, what lesson might other children in the family take away from that violent "solution"? As the years go by, what conclusions do they gradually come to, based on a decision made many years before?

Imagine that some sixty years have passed since their mother's "loving" act of aborting a child. Now a sibling of that aborted child is writing a "love" letter of her own to their mother. It could go something like this:

"Dear Mom: I believe you will be better off in heaven. I am not sure I could provide you with a stable and healthy environment. I do not

feel that emotionally or financially I could care for you every need.

"In forecasting my future, a dismal and grim picture is all that I can imagine. I hope you can understand my reasoning and can forgive me. I will see you in heaven. Love, your daughter."

An impossible scenario? Not when you consider the growing trend to focus on end-of-life issues. Not when the elderly, the infirm, and the "non-productive" are increasingly viewed as living lives that are too costly.

Not when our population is living longer and longer. Not when euthanasia is becoming a popular discussion topic.

And surely not when you read story after story of spouses and children making the "loving" decision to "assist" grandma to commit suicide.

An abortion decision can be described as "desperate," "thoughtless," "selfish," or "pressured."

But never, ever call it "love."

Eleven years ago Terri Schiavo died after 13 days without food and water

By Dave Andrusko

March 31 marked the eleventh anniversary of the grotesque death by starvation and dehydration of Terri Schindler Schiavo. Her courageous brother wrote that day, “The inhumanity of what happened to her will never be forgotten.”

And, yet, I suspect, for many pro-lifers, especially those new to our Movement, Terri’s name is only a vague memory, if even that. Eleven years is a long time.

The irony is, as Bobby pointed out, that his sister’s ghastly death foreshadowed the head-first leap off a moral cliff we see in places like Belgium, the Netherlands, and (perhaps most foreboding) Canada. *NRL News Today* has written, or reposted, dozens and dozens of stories illustrating how the lives of the medically vulnerable have been recklessly and inhumanely cheapened.

If I may, I would like to use this somber occasion to recall for readers who may not know what happened in 2005 and in the process to update comments I’ve made about Terri, her brave parents, and her siblings. As you will see whenever I looked at Terri, I could never, ever get another death by starvation out of my heart and mind.

When your life revolves around trying to stem the anti-life tide that has swept away over 58 million unborn lives, you might think that the power of individuals cases—instances where the fate of one human life hangs in the balance—would be diminished.

You would be wrong. Let me set the context for how I came

to see Terri’s plight.

I had been at National Right to Life only few months when the case of an Indiana baby—“Baby Doe”—became a topic of intense national debate. As the letter to the Movement that we reprint from President Reagan explained, when this little boy was born in 1982, he needed only routine surgery to unblock his esophagus which

impersonally. Baby Doe’s unnecessary death forever changed that for me, and I’m sure for many others as well.”

I did not learn of Baby Doe’s lethal plight until near the very end of his very brief life. But it was the exact opposite with Terri Schindler Schiavo’s



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

would allow him to eat. Except Baby Doe had Down syndrome.

“[A] doctor testified, and a judge concurred, that even with the physical problem corrected, Baby Doe would have a ‘non-existent’ possibility for a ‘minimally adequate life.’” President Reagan wrote back in 1984. “The judge let Baby Doe starve and die, and the Indiana Supreme Court sanctioned his decision.”

As I wrote at the time,

“Up until the time that tiny newborn baby died of starvation I took my pro-life commitment very seriously but

ghastly ordeal.

When Terri died on March 31, 2005, having been denied nourishment for 13 agonizing days, the 41-year-old’s starvation death brought to an end—in one sense, at least—a tumultuous, eleven-year battle between the Schindler family and Terri’s estranged husband.

The Schindler family waged their courageous fight in multiple courts, in the Florida legislature, in the halls of Congress, until January 24, 2005, when the United States Supreme Court rejected an appeal from Florida’s then Governor Jeb Bush to reinstate

“Terri’s Law.” The law had been passed by the Florida legislature in an emergency session in October of 2003, signed into law by Gov. Bush, and protected Terri Schindler-Schiavo from a hideously painful death by starvation and dehydration.

It is enough to remind ourselves, if truth is “the first casualty in war,” then long before the campaign to starve and dehydrate Terri to death succeeded, all the important details had been thoroughly distorted.

Virtually nothing—her true medical condition (Terri was falsely described as being a “persistent vegetative state” and/or “brain dead”), what she alleged would have “wanted” (to die this horrible death), her condition after 11 days (described by her estranged husband’s attorney as “peaceful,” “beautiful,” and/or “free of pain”)—was within hailing distance of the truth.

Terri’s memory lives on in the work of the Terri Schiavo Life & Hope Network which Bobby describes as “an effort to help raise awareness, educate the public and most importantly, help families whose loved ones are in need of protection from this anti-life culture and a growing hostile health care system.”

Maybe the best way to end these remarks is to quote from pro-life President George W. Bush who worked hard on behalf of the Schindler family:

“The essence of civilization,” he said, “is that the strong have a duty to protect the weak.”

The doctor said he was “sorry” my twins had Down’s syndrome – but I wouldn’t swap them for the world

Editor’s note. The following comes from our friends at SPUC—the Society for the Protection of Unborn Children.

We will, of course, continue posting stories that affirm the intrinsic value of every human being. The following comes from our friends at SPUC—the Society for the Protection of Unborn Children.

Every child is special, and Jodi and Matt Parry know that even better than most parents

They are mum and dad to identical twin girls, Abigail and Isobel, who also have Down’s syndrome – the chances of which are two MILLION to one.

Jodi and Matt are open in admitting that when they first heard their children had been diagnosed with Down’s syndrome – three weeks after their premature birth in June 2011 – they felt it was a ‘life sentence’.

“Sorry”

The first words the doctor said to them when they received the news were: “I’m sorry”

Jodi says:

The day our twin girls were diagnosed with Down’s syndrome it felt like a life sentence.

That day, I didn’t feel like a mother. I just felt lost and confused. I had bleak visions of the future. I thought we’d be carers until we dropped dead.

Lack of support

Sadly, many families with a child who has a learning disability struggle to get the right support at the right time. This reinforces the negative stereotypes and fears that many people have about people with disabilities.

The doctor took us off the ward, into a bare, clinical side room with three

chairs and then uttered the words that have remained stamped on my memory: ‘I’m sorry.’

Everything else he said that day is a blur, that ‘I’m sorry’, the

lives to busting the myths and misconceptions that surround Down’s syndrome.

Abigail and Isobel started at a mainstream primary school last September, and their mum is speaking out again this World

demned a society that “allows the diseased, the racially negligent, the thriftless, the careless, the feeble-minded, the very lowest and worst members of the community, to produce innumerable tens of thousands of stunted, warped, and inferior infants.”

She demanded the “sterilisation of those totally unfit for parenthood be made an immediate possibility, indeed made compulsory.”

Two million to one

In the early days, when the twins were diagnosed, Matt and Jodi were terrified that their family would never be the same again. For Jodi, this destroyed her dreams of being a mum and in that instant, all she felt was grief for the children she thought she would have.

Jodi says:

Having twins with Down’s syndrome is very rare – about two million to one. But having a child with any learning disability is much more common.

If there had been a bit more understanding and listening to us as parents, then perhaps our distress would have been heard and someone could have directed us to information that told us what to expect for our daughters’ futures, not just scientific jargon about extra chromosomes!

To this day, I would love to ask that doctor, ‘what are you sorry for?’ There’s nothing to be sorry about, it’s just a different journey.

The family live in Lancashire and have three children – older brother Finlay, seven, and twins Abigail and Isobel, four.



Abigail and Isobel Parry started at a mainstream school in September

first words that came out of his mouth, is the thing that stayed with us.

We had so many questions. Would the girls walk? Would they talk? We knew nothing about Down’s syndrome and left the hospital with no answers, no information, just fear and dread.

But now, nearly five years later, their family is flourishing. And Jodi and Matt say they want to spread positive awareness and provide support to other parents who may be feeling lost and confused.

Myths and misconceptions

So they are devoting their

Down’s Syndrome Day to say that they have been a gift to her life. Jodi is determined to be there for other parents who might have just received a diagnosis.

92% of children diagnosed with Down’s syndrome before birth are aborted. Under the 1967 Abortion Act, abortion is legal up to birth for disabilities including spina bifida, cleft palate and club foot, as well as Down’s syndrome.

Eugenics

It is also noteworthy that many of the early proponents of legal abortion were firm believers in eugenics – such as Marie Stopes, in whose honour the abortion provider Marie Stopes International is named.

In her 1920 book *Radiant Motherhood*, Stopes con-

Dutch and Belgian doctors propose changes to increase the popularity of combining euthanasia and organ donation

By Michael Cook

Several Dutch and Belgian doctors have proposed legal reforms to increase the popularity of combining euthanasia and organ donation in the Netherlands and Belgium.

Writing in the *Journal of Medical Ethics*, they report valuable unpublished information about the prevalence of the procedure. So far, it has been performed only about 40 times in the two countries. However, there is “a persisting discrepancy between the number of organ donors and the number of patients on the waiting lists for transplantation” – which euthanasia patients could help to balance.

The authors stress that euthanasia is not a cure-all for the organ shortage. Most euthanasia patients suffer from cancer, which is a contraindication for organ transplantation. However, 25 to 30% of them do not, so there is obviously a real possibility of expanding the supply.

Furthermore, the authors say, public perception of this formerly abhorrent practice is increasingly positive:

“t r a n s p l a n t coordinators in Belgium and the Netherlands notice a contemporary trend towards an increasing willingness and motivation to undergo euthanasia and to subsequently donate organs as well, supported by the increasing number of publications in popular media on this topic.”

Ethically, the procedure is basically uncontroversial as long as the patient is not pressured to

donate, they contend.

“In the context of organ donation after euthanasia, the right of self-determination is a paramount ethical and legal aspect. It is the patient’s wish and right



to die in a dignified way, and likewise his wish to donate his organs is expressed. Organ donation after euthanasia enables those who do not wish to remain alive to prolong the lives of those who do, and also—compared with ‘classical’ donation after circulatory death—allows many more people to fulfil their wish to donate organs after death.”

However, there are some legal hitches in both countries. In the Netherlands, unlike Belgium, euthanasia is regarded as an “unnatural death” which has to be reported to the public prosecutor. This could delay donations.

If the law were changed to allow the cause of death to

be reported as the underlying condition, the procedure would be more expeditious. And “In Belgium, the current policy of determination of death by three independent physicians could be abandoned, facilitating a more lean procedure with only one

physician.”

Public perceptions need to be managed as well. At the moment, it is necessary to maintain a strict separation between the request for euthanasia and the need for the organ. Partly this is needed to ensure that the donor is not being pressured. But the public also needs to have confidence that physicians will give objective advice.

Finally, there is the tradition of the dead donor rule “that donation should not cause or hasten death”. The authors imply that this could be scrapped for euthanasia volunteers:

“Since a patient undergoing euthanasia has chosen to die, it is worth arguing that the no-touch time (depending on the protocol) could be skipped, limiting the warm ischaemia time and contributing

to the quality of the transplanted organs. It is even possible to extend this argument to a ‘heart-beating organ donation euthanasia’ where a patient is sedated, after which his organs are being removed, causing death.”

The article’s proposals were not received with great enthusiasm in the UK where there is a simmering debate on assisted dying. Tory MP Fiona Bruce told the *Daily Mail*:

“The paper confirms the worst fears expressed by Parliament when the House of Commons conclusively voted to stop the legalisation of assisted suicide in this country. The possibility of euthanasia achieved through live organ donation, such as by removing a patient’s beating heart, as posited in this paper is shocking and chilling.”

And Lord Carlile of Berriew, a Liberal Democrat peer who is a leading lawyer, said:

“I have extreme concerns about the ghoulish nature of the combined euthanasia and organ donation systems in the Netherlands and Belgium. Both can result in unbearable and irresistible pressure on an individual to die, and on a doctor to encourage death.”

Editor’s note. Reprinted with permission from bioedge.org.

Another hatchet job on laws offering pregnant women a chance to reflect before aborting

By Dave Andrusko

This will be a brief post (okay, having now written it, I take that back). Why? Because to accept the argument of a pro-abortion “study” requires not only the willful suspension of disbelief but also putting your brain in deep freeze.

How so? Let me count just a few of the many ways. Utah was the first state to pass a law requiring a 72-hour waiting period between the time of the first visit and the date of the abortion.

#1. The study— “Utah’s 72 hour waiting period law results in increased costs, burdens and anxiety”— is published in *Perspectives on Sexual and Reproductive Health*. Is there anyone over the age of six that would expect a publication that specializes in grinding out “studies” that prop up the pro-abortion establishment and slash away at even peer-reviewed pro-life research to reach any other conclusion?

#2. The study, we’re told, comes from the University of Utah and the University of California, San Francisco. I know nothing about the University of Utah and/or the researchers who were part of this study. But if you go to ansirh.org, we’re also told that it’s “ANSIRH’s study.”

What/who is ANSIRH? It’s an acronym for Advancing New Standards in Reproductive Health at the University of California, San Francisco (UCSF). And as NRLC’s director of Education Dr. Randall K. O’Bannon once put it, “If Planned Parenthood is America’s abortion chain and the Guttmacher Institute its

source of statistics, then UCSF has long been the nation’s abortion training academy.” [Guttmacher publishes *Perspectives on Sexual and Reproductive Health*. What a coincidence.]

#3. Okay, who financed the study that comes from a hotbed of pro-abortion advocacy published in a journal that defends abortion six days a

information visit. Only 2% of women who were not conflicted about their decision at the information visit did not have an abortion.”

Just to be clear, I assume what the “Issue Brief” is saying is that 6% who were conflicted at the time of the

8% fewer dead babies means nothing—it’s a rounding error—to people who perform abortion for a living or who devote their professional lives to protecting the “right” to unfettered abortion. But it means a lot to us, to the babies, and to the families of those babies.

So what did the waiting period accomplish? It gave these



week and twice on Sunday? It’s an “anonymous foundation.” Sigh. There are lots more interesting points, but let’s end with this.

#4. We’re told

“Most women had made the decision to have an abortion and were not conflicted about their decision when they presented for their abortion information visit. ...8% reported changing their minds, but most of those women had been conflicted at the

“information visit” did not abort (6% conflicted+ 2% not conflicted=8% changing their minds and not aborting).

Nobody but nobody says that a high percentage of women will change their minds, whether the waiting period is 24 hours, 48 hours, or 72 hours. How can it be otherwise when women (and especially girls) face unbelievable pressures to abort an untimely pregnancy and usually with virtually no support?

However, the above quote—from an ANSIRH “Issue Brief” — tells us more than the author[s] suggests.

women a chance to have a one-on-one with their conscience and the better angels of their nature carried the day (and the baby).

What if she learned about alternatives and especially about resources available to her? What if the state provided funds to organizations which provide her with “another way”?

The more options we give women with unplanned pregnancies, the more time they have to consider if abortion is what they really “want,” the larger that percentage will become.

Pro-lifers on the March

From page 2

ensuring that abortion clinics meet something other than the barest minimal qualifications that you can read about at www.nationalrighttolifenews.org. All are intended to protect unborn children and their mothers.

We know our readers appreciate stories about courageous women who refuse to give into fatalism. There are several of their stories in the issue, where they chose life in the face of dire predictions.

Thousands of people responded to a post we wrote about a pregnant mother who survived the terrorist attacks in Brussels and went on to write a letter to her unborn child. I've reposted in on page 18.

Two other heads-up. We do our best to keep your knowledgeable about developments overseas and in Canada, both with respect to abortion and euthanasia/assisted suicide. The anti-life ethos long spilled over

into an all-out assault on the medically vulnerable. They are pushing a pro-death agenda, we are pushing back with equal ferocity.

And, unfortunately, the FDA gift-wrapped a present to Planned Parenthood and its allies in the abortion industry. On March 30, it ratified after the fact changes the abortion industry unilaterally made in the way RU-486 abortions are performed. Dr. Randall

K. O'Bannon, NRL's director of education, explains what transpired and raises many questions left unanswered by the FDA's unfortunate decision.

This is a terrific edition of "the pro-life newspaper of record." If you agree, and I hope you do, please forward selected stories, or the entire edition, to your pro-life contacts.

My Almost Abortion Experience

From page 8

I was definitely NOT happy about being pregnant. I didn't want to be anyone's mom. I went home feeling trapped. I knew I couldn't go through with an abortion, but I did NOT want a baby. Telling my conservative Hispanic parents was hard. They were deeply disappointed, but at the same time, there was no question that I had their support. Reality set in for my boyfriend and he broke up with me. Told me his feelings had changed. He promised to help me, but did not want to get married or even be with me anymore. Thankfully, this turned out to be his knee jerk reaction, made out of panic. We stayed together.

I sometimes wished that I would die, get hit by a car. Anything to be out of this situation. This was truly the worst thing that could have ever happened to me... or, so I thought.

Over time, things slowly fell into place. Little by little, day by day. Things that seemed insurmountable (like finances) worked themselves out. My boyfriend had just graduated from college, but couldn't find

a job in our small college town paying more than \$5 an hour (which he took). I still had a year to go to get my degree.

I worried a lot during the course of my pregnancy that I would not love my child because I did not want her. I agonized over what kind of mother I would be. I resolved to talk to and sing to my unborn child every day. To act "as if." The old "fake it til you make it." It was quite an experience to feel the baby moving and then eventually for her dad to feel her, too. I read all the books I could get my hands on about pregnancy and babies. My boyfriend worked hard every day at whatever job the temp agency assigned him to. In the meantime, I was also very afraid of the actual labor and delivery process.

Finally, the big day arrived. I went into labor and accompanied by my mom and boyfriend, checked into the hospital. Seeing our baby girl, Taylor, for the first time melted our hearts. Oh, the joy, the love, welled up inside of us both. She was a perfect, easy baby and we were absolutely crazy in love

with her. All of my fears and reservations melted away the minute I laid eyes on her.

Twenty years later, I can still say she was the beginning of everything good in my life. Her arrival ushered in an era of blessings that continues to this day. She is a treasure. How wrong I was to think she was anything but a precious gift.

When she was three months old, her dad and I got married. We have been married for 20 years and have three other children, ages 17, 11, and 7. They are each a treasure and a blessing in their own right, none of whom would exist had I ended my first pregnancy. Words will always fail to express the true depth of my gratitude that my inner voice would not be silenced that day in the abortion facility.

My husband and I struggled mightily with when/how/if to tell our daughter our story. We agonized over the effect it might have on her. In the end, after years of grappling and consideration, we felt the time had come. She was home from college her freshman year. We sat her down and with great

trepidation, told her our story. Her story.

To our tremendous relief, she reacted with wisdom and maturity. She told us it didn't surprise her that people in our situation would react that way and that there was never a time she felt unloved or unwanted by us. Years of fear and dread evaporated for me, just like that.

One of the blessings that has emerged from our revelation is that Taylor was galvanized to become a pro-life activist. This fills my heart with joy, as I know that her activism will save lives. For my part, my heart's desire is that no other woman ever make the same mistake I came so very close to making. My heart breaks for every woman out there who has had an abortion. I want to save others the grief, regret, and pain that comes with the decision to end a pregnancy.

I can't think of a single woman who regrets having her child, but there is NO shortage of women who regret their abortions. There is always a better option than abortion. It is NEVER the answer.

Idaho Gov. Signs Ultrasound Legislation

By Dave Andrusko

Late last month, Pro-life Gov. C.L. “Butch” Otter signed a bill that makes Idaho the 14th state to require that a pregnant woman be told where she can get a free ultrasound.

On March 1, the Idaho House passed HB 516 by an overwhelming margin of 56-13, with only one Democrat supporting the measure. The Idaho Senate followed suit on March 17, passing the bill by an equally lop-sided 28-7 vote. No Democrat voted in favor in the Senate.

HB 516 builds on a 2007 informed consent law which required abortion facilities that use ultrasound equipment to inform the pregnant mother she has the option of viewing the ultrasound and obtaining a picture of her unborn baby.

Under the new law, the Idaho Department of Health and Welfare will compile a list of providers that offer free ultrasounds for women seeking abortions. “The list would be part of the informed consent brochures abortion providers

are required to distribute,” the *Associated Press* reported.

The department already

Heather Scott. “This informs the mother that the ‘piece of tissue’ inside her has hands,



Pro-life Gov. C.L. “Butch” Otter

provides a list of other resources to pregnant women.

“This bill will only empower women more,” said state Rep.

feet, eyes, looks like a baby and has a heartbeat.”

To critics who argued the measure restricts “choice,”

Bill sponsor state Sen. Sheryl Nuxoll said HB 516 “does not limit choice. It just enhances choice. Ultrasounds are truly a window to the womb.”

“This legislation protects the mother’s right to see her unborn child in real-time ultrasound,” says Mary Spaulding Balch, JD, director of NRL’s Department of State Legislation. “The decision to have an abortion is such a major one, having potential ramifications not only on the life of the unborn child, but also on the physical and psychological health of the mother, and it is only right and proper that the state guarantee the mother access to information before making this life-changing decision.”

The use of ultrasound is the norm, not the exception. An abortion clinic in Idaho has confirmed on its website that it performs ultrasounds prior to the performance of an abortion. (The cost is included in the price of the abortion.) The National Abortion Federation recommends ultrasound use prior to an abortion.

Settlement protects free speech of NYC pregnancy care centers

NEW YORK —A settlement that a federal district court approved March 29 protects the right of pro-life pregnancy care centers in New York City to serve women without being forced to speak or post messages that are contrary to their pro-life beliefs or that direct women away from the services the centers offer.

The settlement protects the centers' constitutionally protected freedoms that were in jeopardy because of Local Law 17, an anti-pregnancy care law that the courts mostly invalidated through the Alliance Defending Freedom {ADF} lawsuit *Pregnancy Care Center of New York v. City of New York*. An appeals court affirmed most of a district court's ruling that had struck down the law but reinstated one vague provision in November 2014. The settlement resolves the remaining concerns of the centers.

"New York City's pro-life pregnancy care centers should be able to offer free help and hope to the women and children that they serve without unconstitutional interference from the government, and this settlement allows that to happen," said ADF Senior Counsel Matt Bowman. "The centers will be able to operate without being forced to post or express any messages that conflict with their pro-life beliefs or that encourage women to go elsewhere. The centers have also preserved their right to defend themselves in court again if the city discriminates against them."

Former Mayor Michael Bloomberg signed the bill

into law in March 2011 after it passed the city council. In July 2011, the U.S. District Court for the Southern District of New York issued an order that prohibited the city from enforcing its ordinance, which threatened pro-life pregnancy services centers that are not

and in their ads that they lack medical licenses. The 2nd Circuit also authorized the city to use factors of unknown number and quality to determine which centers must comply.

The settlement clarifies the confusion in two ways. It

services like ultrasounds. Using such professionals is already a common practice among medical pro-life centers.

In the settlement, the city acknowledges that the court struck most of the law's provisions, and that the centers can go back to court if the city



medical clinics with heavy fines and possible closure if they didn't provide printed and oral notices crafted by the city that emphasize abortion and encourage women to go elsewhere.

The city appealed that loss, and the U.S. Court of Appeals for the 2nd Circuit affirmed most of the ruling but reinstated one city requirement that the centers recite on their walls

acknowledges the legitimacy of pro-life centers offering women free pregnancy test kits that the women administer themselves without triggering burdensome disclosures just because of that practice. The settlement also clarifies that medical pro-life centers will not face any of the law's penalties if they use nurses or other licensed professionals to supervise or provide specific medical

ever targets the centers again in violation of the settlement agreement.

Attorney M. Todd Parker of Moskowitz & Book, LLP, served as local counsel in the case on behalf of the pregnancy care centers.

Editor's note. This analysis was provided by the Alliance Defending Freedom.

Woman's motherly instinct saves newborn baby boy abandoned in a trash compactor

By Dave Andrusko

It was the Friday before Easter—Good Friday—and Paula Andrews and another woman were merely throwing some trash away when they heard a sound.

According to *KCPQ-Fox News*, Andrews said the other woman actually heard the sound coming from the trash compactor first but thought it was the sound of a baby doll. But Andrews thought something was not just right.

“I just had this motherly instinct,” Andrews told reporters. “I just think...I just think that God was just telling me something. Don't stop. Keep digging. Find out. Make sure.”

She quickly called 9-11 and then in “her Easter dress and high heels, [she] began

digging through the trash,” *Fox News'* Tom Yazwinski reported. “Andrews ripped out about 20 full bags of trash and

umbilical cord still attached, but surprisingly alive.”

Medics checked the baby out and warmed him up before

was in very good shape.

Andrews told Yazwinski that after finding the baby, she was overcome with emotion. “I just kind of fell on my knees and started crying because I could not believe that someone would actually throw a human life away,” she said Monday. “It broke my heart.”

Under Washington state's Safe Haven law, a person is protected from prosecution if they take a child less than three days old to a fire station or hospital. The nearest fire station is a 3-minute drive away.

“To find a baby in a dumpster, it easily could have been compacted,” said Andrews. “He's got some meaning in life. There's some purpose for this baby.”



lifted a large microwave to find the newborn boy underneath it, covered in blood with the

sending him to Providence Regional Medical Center. On Monday, officials said the baby

FDA alters protocol for abortion pill, expanded usage expected

From page 6

Acceding to the wishes of the abortion industry

In truth, many of the main players in the abortion industry, such as Planned Parenthood, have been ignoring the original FDA protocol for some time, altering doses, delivery mechanisms, and ignoring cutoff dates. There is a great deal of similarity between the new abortion pill protocol and one that was advanced by the National Abortion Federation shortly after the FDA's September 2000 approval. In some ways, the FDA's latest move merely formalizes that alternate protocol.

The FDA's official protocol was relevant, however, in states such as Ohio, North Dakota, and Texas that passed laws making the FDA's 2000 protocol mandatory. This required a greater commitment of resources than many clinics in those states were willing

to give, particularly given the more limited market. We know chemical abortions dropped substantially in Texas once that law went into effect in 2013.

That likely was one of the motivations for Danco, the U.S. distributor of the mifepristone, to seek an official protocol change last May.

When and where the FDA protocol was the official legal standard, the new looser regulations will now hold sway. Rapid expansion may be expected, unless there are other limits on chemical abortion in place.

Several states have passed laws requiring that prescribing physician conduct a direct physical examination of the patient or be present to dispense the pills directly. These requirements would presumably hold no matter which protocol was in place.

Not over yet?

Whether the abortion industry will show any more deference to this new protocol than they did to the old one is a serious question. Clinics altered dosages, had women vaginally self-administer the misoprostol (still not approved even under the new protocol), and routinely used the pills on women two and three weeks or more past the limit without the FDA sanctioning anyone. Thus it isn't clear why the industry would honor the conditions this time around or whether the FDA would do anything to enforce it if the industry thumbed its nose at the FDA yet again.

Already, an abortion research and advocacy group called “Gynuity” has announced a new project for New York, Hawaii, Oregon and Washington state to allow women nine weeks pregnant or less to order the abortion drugs by mail and then

consult by web-cams. The only condition Gynuity imposes would be that the women live in-state, undergo an ultrasound and have a blood test to confirm pregnancy and rule out certain medical risks. As of March 31st, Gynuity was only set to go in one clinic in Queens, New York, and was awaiting its first patient (*The Guardian*, 3/31/16)

Nonetheless, Beverly Winikoff, Gynuity's president, predictably complained that the new FDA protocol is still too restrictive. Referring to the second drug (the prostaglandin), she said, “[M]ifepristone remains overly regulated and is still not available in pharmacies. While these changes will help many women, additional regulatory changes are essential to maximize access to this important medication” (Winikoff Statement, gynuity.org, 3/30/16).

Why pro-lifers' refusal to punish women who've aborted makes no sense to pro-abortionists

From page 2

Pro-abortionists gleefully tarred every pro-life presidential candidate with the same brush. Interviewed by *CNN*'s Anderson Cooper, militant pro-abortionist Hillary Clinton said, "The Republicans all line up together," adding, "Now maybe they aren't quite as open about it as Donald Trump was earlier today, but they all have the same position."

#2. Clearly Trump had not thought through his position or prepared for a media that may give him a wide berth on many policy issues but would nail him to the mast on abortion. Once he talked about "punishing" women, you could see Matthews

victims, but that won't stop some from insisting we have an ulterior motive (i.e., imprisoning women).

But our objective is to save babies from death and women from a terrible "choice." How would imprisoning women possibly serve either objective? In response to Matthews' hypothetical scenario, NRLC President Carol Tobias said

In adopting statutes prohibiting the performance of abortions, National Right to Life has long opposed the imposition of penalties on the woman on whom an

targeted at stopping abortionists.

#4. What does the exchange, the furor that followed, and the relentless piling on by the media tell us about the presidential contest?

Hillary Clinton is an unlovable candidate, whose basic honesty and leadership is doubted by large portions of her own party. Watching her stumble and fumble and stonewall reminds the overwhelmingly pro-abortion press corps that she will need all the help she can get.

A Democratic Socialist who figured out about an hour and a half ago that he was not an

Trump's remarks also obscured why we don't believe that women who've aborted should be punished. What pro-abortionists can't (or won't) grasp about us is that we have a deep understanding of and appreciation for the human condition. Each of us has fallen short a hundred different ways, so why should we expect more of anyone else?

Take a look at the advertisement for the upcoming educational event of the year—the annual National Right to Life Convention that appears on page four. Two former abortion clinic workers are speaking—in addition to two women who survived abortions.

In addition an increasing number of pro-lifers have joined our ranks after having had an abortion or being the kind of boyfriend/spouse who failed to support the woman in his life in her hour of greatest need. If we were the kind of mean-spirited, unforgiving folk our critics like to pretend they believe we are (or ought to be), we would, at a minimum, shun them, at worse, make their life as miserable as we could.

But we don't. Why? Because it serves no end—other than to alienate women and men, many of whom are having second thoughts. And no one—no one—has a more powerful testimony to the wider world than someone who has come out of the depths and into the light.

It is our privilege to do all we can to save babies and therefore their mothers and their fathers and all the other people whose lives will be affected by this terrible decision.

We should not be surprised that this most compassionate and caring and loving of responses makes no sense to people who defend a practice that traffics in the blood of unborn babies.

**LOVE
THEM
BOTH**



prepare to pounce in for the kill.

"Ten cents? Ten years? What?" he barked, and the next thing you know Trump tacks onto his initial disastrous observations comments about maybe "You go back to a position like they had where they would perhaps go to illegal places, but we have to ban it."

#3. It's not just every pro-life Republican who is required to disprove a negative. National Right to Life, like all mainstream pro-life organizations, has argued from its beginning in the 1960s that abortion has two

abortion is attempted or performed. Rather, penalties should be imposed against any abortionist who would take the life of an unborn child in defiance of statutes prohibiting abortions. National Right to Life-backed state and federal legislation, such as the Pain-Capable Unborn Child Protection Act and the Dismemberment Abortion Ban, is

Independent but a Democrat is about as weak a competition as you could imagine for a woman with a gigantic war chest and the support of the Democratic Party.

Yet nary a day goes by when we don't see Sen. Bernie Sanders gaining on Clinton, including in Wisconsin where the Trump Town Hall meeting took place. By allowing the conversation to be diverted to "punishing" women, Trump provided the former Secretary of State with a freebie. Lastly

#5. By providing ammunition to the pro-abortion media,

The unborn child: no longer “out of sight, out of mind”

By Jean Garton

A bald eagle was recently found dead in a State Park. Officials searched for the person who caused the majestic bird’s death. The offender could face Federal penalties.

In fact, there are even laws that prohibit the destruction of the nests, dens, and even eggs of certain animals and birds, including eagles’ eggs.

Did I miss something here? How can a person be sent to federal prison for destroying an eagle before birth but be given the protection of the law when destroying a human being before birth?

Eagles’ eggs? Now that certainly raises an interesting question, doesn’t it? When is an eagle an eagle? When it is in the egg or after it is hatched?

On April 8, 2016, the *Arkansas Democrat Gazette*, the statewide newspaper of Arkansas, carried a lead story titled: **Word ‘Fetus’ out of Abortion Rules.**

Under orders from lawmakers, the State Medical Board voted to replace the term “fetus” with “unborn child” and “unborn human individual” in the proposed regulations designed to implement abortion-related state laws.

As expected, there are those who oppose such language. “Fetus” is so clinical, so abstract. “Unborn child” is verboten to those who oppose anything that recognizes the humanity the child in the womb shares with the rest of us.

However, high-tech images of “fetuses” are now showing the

illogic, indeed the foolishness, of evasive language.

One could make the case--as I would--that nothing has been as damaging to legalized abortion on demand as the advances in technology. Once, in a sense, “out of sight, out of mind,” the child in the womb is now everywhere, courtesy of modern technology and contemporary advertising.

The impact? I shall never forget this admission. “Because

of these pictures,” said a leading proponent of abortion, “people talk about the fetus as a human being, which is not something I have an easy answer for on how to cure it.”

Poor guy! There is no vaccine for truth. It can’t be “cured,” only suppressed, which is infinitely more difficult now that pictures of unborn children are routinely found in people’s wallets and family albums, and on the doors of refrigerators.

People can see the fingers, toes, eyes and, often, know the sex of children before birth. In fact, technology has dispatched the whole “blob” argument.

Technology has provided a “window to the womb.” And what floats by that window is not a “blob,” as abortion rights’ proponents claim.

Our own eyes scream out the truth. This is an “unborn child,” an “unborn human being.”



I don't see the difference.



Last provincial holdout in Canada agrees to provide abortion services by the end of the year

By Dave Andrusko

In 1988, the Supreme Court of Canada ruled that Canada's then-existing abortion regulations were unconstitutional in a case brought by the notorious abortionist, the late Henry Morgentaler. While the court did not require provinces to provide abortions, over the years all did—with the exception of the province of Prince Edward Island.

But, alas, after almost three decades, Liberal Premier Wade MacLauchlan, who also serves as Justice Minister, has announced that in response to a lawsuit, abortion services will be provided possibly by the end of the year.

Mike Schouten, director of WeNeedA^{LAW}.ca, a national awareness campaign with a mission to build support for laws protecting children in the womb, issued a statement in response.

"Every year nearly 100,000 Canadian women request and receive an abortion and yet there are few, if any, regulations surrounding the procedure,"

Schouten said. "Premier MacLauchlan and his cabinet colleagues would do well to consider how they can provide



Prince Edward Island Liberal Premier Wade MacLauchlan

the highest, most well-informed standard of care for women and children.

"For example, are they going to mandate informed consent that

will include the specific short-term and long-term risks of abortion? Will they allow a minor to request and receive an abortion with no consent or notification of the minor's parents? How will they prevent women from being coerced into an abortion? Will they ensure an adequate waiting period between the request for abortion and the actual procedure? Is there going to be an accurate method of collecting data on who is requesting abortion, the reasons for the procedure, and the gestational ages of the children at the time they are aborted?"

Schouten noted, "Now that the PEI government is obliging itself to provide abortion services on the Island they have a duty to the women of PEI and need to ensure the highest

standard of care for those experiencing the emotions that come with an unexpected pregnancy.

"As we have witnessed the chaotic manner in which abortion services are handled in the rest of Canada, it is our hope that the PEI government will employ due diligence as they make abortion available in their province," Schouten concluded.

Ottawa, ON – The province of Prince Edward Island is in a unique position to put in place regulatory safeguards that benefit both pregnant women and the children they are carrying.

"As the last remaining province to implement the delivery of abortion services, PEI has the benefit of considering how abortion has impacted women in the rest of Canada," said Mike Schouten, director of WeNeedA^{LAW}.ca, a national awareness campaign with a mission to build support for laws protecting children in the womb.

"I called the police when I found my housemate's baby in a bin after DIY abortion"

From page 13

up the street?' I was so angry at her attitude. I eventually cracked up and told a friend. I was a frantic mess. He was shocked and told me I had to contact the police.

...

"It is just insane the way

we are being portrayed as being the bad ones in this. The abuse we are getting is just awful. People are accusing us of having no compassion for not getting her help. But she begged and pleaded with us not to tell anyone.

"This isn't a debate about the rights and wrongs of abortion. The way this was done was wrong. The baby had hands, feet, all its facial features, its little nose. I can't stop thinking that it might have been alive when it was

born. It is awful," she said.

Editor's note. According to the Belfast Telegraph, the body of the baby boy was left in the plastic bag in the bin for eight days before police were contacted.

The Faces & Facts behind Simon's Law: Megan

By Kathy Ostrowski, Legislative Director, Kansans for Life

Simon's Law, Kansas Senate Bill 437, would require parent permission before a minor is coded as a Do Not Resuscitate (DNR) and would also require hospitals and other medical facilities, upon request, to disclose any existent "futility" policies.

This is the latest in a series from Kansans for Life that looks at the real lives affected when Do Not Resuscitate (DNR) orders are unilaterally issued by physicians. In the following, Ann and Frank Barnes share the details of how this practice ended the life of their precious daughter, Megan.

"Both our beloved daughter, Megan, and Simon Crosier—for whom the Simon's Law legislation is named—were born with the same rare syndrome but Megan's diagnosis was not immediately detected. She was full term but small, with a ventricular septal defect and a minor lip defect. Such signs alerted doctors of possible chromosomal problems, so a blood sample was sent for genetic testing. We were, however, able to bring her home at a week old.

Megan was over two months old when we heard the words "Trisomy 18" and the heartbreaking news that these babies fail to thrive and her life would be brief—up to a year at most. When questioned as to what would cause her death, the response was a vague, "these babies don't do well." Hospice was suggested, but accepting Hospice care would be accepting the diagnosis which our hearts were not ready to do.

She was our daughter and loved, perhaps even more so, because of those predictions.

The fear of Megan dying

weighed heavily on our hearts until we stopped waiting for her to die and began finding ways to help her. But in 1985 there was a lack of information about survivors living with this syndrome. We felt alone and longed to meet another child like Megan.

Her geneticist gave us a newsletter from the Support Organization for Trisomy 18, 13 and Related Disorders (SOFT) when she was about 6 months old. What a life changer! SOFT became both a life-line

she definitely let us know her preferences. All-time favorites were the Disney video, *Beauty and the Beast*, a Texas Instrument toy—replaced more than once, and her 17th birthday party. She enjoyed music and movement and the activity of physical therapy sessions.

Megan was content and knew she was loved, and it was obvious that what she valued most was being with people, especially those who loved her.

On Christmas Day, at age nineteen, Megan was

this would not have happened.

It added so much more pain to our grief to learn that our daughter died because we trusted the wrong physician. Instead of providing needed intervention, he misled us about what was happening, allowed her condition to decline, and then said there was nothing that could be done.

MEGAN'S LAST GIFT

Our daughter's end-of-life lesson is about the vulnerability of parents and their children when the child is hospitalized. Parent-physician trust requires transparency and respect.

We believe any physician (hospital, medical society or hospital association) opposed to the parental signature requirement on a life support order, as proposed in Simon's Law, has something to hide; and in some cases wants to control the outcome due to personal views about a particular disability or illness.

Megan outlived the survival statistics we were given when she was an infant, and she is not the only one with Trisomy 18 or Trisomy 13 to have done this as a number of survivors are now young adults! They have health issues, developmental challenges and a life-limiting disorder, but most importantly, they are living evidence that it is incorrect to claim these disorders are universally lethal.

Clearly, the risk of a Do Not Resuscitate (DNR) code being imposed without parental knowledge or consent is increased for children like Megan and Simon. And this dire risk also applies for any child who suffers critical injury or illness.

We fully support Simon's Law to help prevent this injustice from happening to another family."



Megan Barnes, 1985-2004

of information and a second family, with children like our daughter. SOFT also has a compassionate medical advisor who has helped families for over three decades. Because of the tremendous sense of worth given to each child at the annual SOFT conferences, we attended many, and still do.

I cannot tell you the number of times we said how glad we were to have Megan. She gave us purpose, and taught us about patience, perseverance, resilience, unconditional love, and more. She had a sweet disposition and, like any child, enjoyed attention and praise. Though she could not talk,

hospitalized for virus-caused dehydration, in a pediatric intensive care unit at a major teaching hospital.

She died four days later.

We were devastated.

Only after her death did we request her hospitalization records and learned the horrible truth that our wishes for life support intervention had been overruled by a verbal order from the "attending" physician to his staff. Megan had been issued a Do Not Resuscitate (DNR) order without our knowledge or consent.

Had there been a requirement for a parent signature on a life support order in that hospital,

Pope Francis: the family is the sanctuary of life

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

Pope Francis once again proves himself to be a powerful pro-life voice with his latest apostolic exhortation, *Amoris Laetitia*, Latin for the “Joy of Love.”

Showing that he has his hand firmly planted on the pulse of the world, the Pontiff boldly writes against the poison pills of our age: euthanasia and assisted suicide.

The Holy Father states,

“Euthanasia and assisted suicide are serious threats to families worldwide... The Church, while firmly opposing these practices, feels the need to assist families who take care of their elderly and infirm members.”

This is perhaps one of the greatest beauties of Pope Francis’ writings—he not only identifies problems, but he proposes merciful solutions.

At a time when groups such as the deceptively named “Compassion & Choices” are trying to legalize assisted suicide throughout the United States, Pope Francis comes along with not only a strong condemnation of the desperate practice, but also a challenge to provide greater love and support to older people and people dealing with disability and serious illness.

Also, just about every broadcast news report I heard made mention of the fact that,

in the *Joy of Love*, Pope Francis does not change Catholic Church teaching on abortion. There is no need to do that,



because the timeless teaching is good and right and filled with hope.

The Pope does not mince words when speaking about the taking of an innocent life in a mother’s womb:

“Here I feel it is urgent to state that,

if the family is the sanctuary of life, the place where life is conceived and cared

for, it is a horrendous contradiction when it becomes a place where life is rejected and destroyed.”

He also swiftly counters the tiresome argument raised by abortion proponents that

abortion should be tolerated—even (gasp)celebrated—because a “woman has the right to do what she wants with her own body.”

The Holy Father deftly writes,

“So great is the value of a human life and so inalienable the right to life of an innocent child growing in the mother’s womb, that no alleged right to one’s own body can justify a decision to terminate that life, which is an end in itself and which can never be considered the ‘property’ of another human being.”

Pope Francis sees the family as the greatest defense against the culture of death, which includes the despairing campaigns for unlimited abortion, euthanasia, and doctor-prescribed suicide. He writes, “The family protects human life in all its stages, including its last.”

Pope Francis may be one of the most popular pro-lifers on the planet. His latest writing attests to his conviction that human life is sacred and the rights of the human being should not be trampled upon.

That he backs up his beliefs with hope-filled words for the elderly, heart-felt caresses for people with disabilities, and heavenly kisses for babies demonstrates the winsome way the pro-life message can be delivered to a 21st century audience hungry for the truth.

Cardinal Dolan and Archbishop Lori to Congress: Support the Conscience Protection Act

WASHINGTON—Cardinal Timothy M. Dolan and Archbishop William E. Lori—as chairmen of the U.S. Conference of Catholic Bishops’ Committee on Pro-Life Activities and Ad Hoc Committee for Religious Liberty, respectively—wrote to the U.S. House of Representatives, March 31, urging support for the Conscience Protection Act of 2016 (HR 4828).

The Conscience Protection Act, they wrote, is “essential legislation protecting the fundamental rights of health care providers...to ensure that those providing much-needed health care and health coverage can continue to do so without being forced by government to help destroy innocent unborn children.”

HR 4828 has a “modest scope,” they noted. “While existing federal laws already

protect conscientious objection to abortion in theory, this protection has not proved



Cardinal Timothy Dolan

effective in practice... The Conscience Protection Act will address the deficiencies that block effective enforcement of existing laws, most notably by establishing a private right

of action allowing victims of discrimination to defend their own rights in court.”



Archbishop William E. Lori

Cardinal Dolan and Archbishop Lori recalled the Hippocratic oath’s rejection of abortion in the profession of medicine, indicating that the Act will benefit not only

Catholic medical professionals but “the great majority of ob/gyns [who] remain unwilling to perform abortions.”

Finally, they explained that conscience protection facilitates access to life-affirming health care: “When government... mandates involvement in abortion as a condition for being allowed to provide life-affirming health care services, it not only undermines the widely acknowledged civil rights of health care providers but also limits access to good health care for American women and men.”

The full text of their letter is posted at www.usccb.org/issues-and-action/religious-liberty/conscience-protection/upload/Conscience-Protection-Act-Dolan-Lori-Ltr-to-Congress-03-31-16.pdf

Editor’s note. This was first posted at usccb.org.

Baby born with Down syndrome “born to make people smile”

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question for me to. Every scan, he’d ask me why I’d declined the nuchal fold test that could indicate if the baby had Down’s Syndrome.’

Every time, Kathryn had the same answer.

‘It made no difference to me if my baby had Down’s Syndrome or not. As an auxiliary nurse, I knew how much love and joy a child with Down’s

syndrome could give a family. That’s why I’d declined the test. If my child had special needs, I’d give her extra love.’

You really should read the full story. Let me close with a lengthy but lovely quote from Willis story. When Florence was born, Kathryn said

‘I said hello to my little girl, then looked up at Dan and burst into tears. I kept thanking him for

giving me my perfect baby.’

‘She had a nose like mine and had Dan’s lips. She was a little bit of us both. As Florence opened her eyes and peered up at me, I recognised the almond shaped eyes that characterises Down’s Syndrome.

‘I knew then that she’d be diagnosed. But the rush of love didn’t change. The

smile stayed plastered to my face because nothing had changed about my feelings for my baby. I was still so happy.’

Kathryn added: ‘I felt lucky. I’d wanted a baby girl and now I had a baby girl and an extra chromosome too.’

Tip of the hat to LifeNews.

Unanswered questions in light of FDA changing its RU-486 protocol

By Dave Andrusko

There was so much coverage of Donald Trump's March 31 comment about "punishing" women who have aborted (a position he later reversed and then altered twice more) that perhaps not enough attention was paid to the gift the FDA gave to the Abortion Industry in general, Planned Parenthood in particular.

Dr. Randall K. O'Bannon, Ph.D., NRL Director of Education & Research, issued a press statement about the decision, which came at the behest of Danco, the U.S. distributor. (For a lengthier discussion of the reversal, see the story on page six.)

Reuters paraphrased Abby Long, a spokeswoman for Danco, as saying

The FDA update reflects data from 22 studies including almost 31,000 women that showed the existing information is out of date.

Dr. O'Bannon succinctly summarized the alteration in the two-drug abortion technique known as RU-486.

The FDA, responding to a request by the U.S. distributor of the drug, has modified dosages [more of the cheaper misoprostol, less of the more expensive mifepristone], changed the administration, reduced the number of visits, expanded the prescriber pool, and extended the time frame where the drugs may be used. Though applauded by the abortion industry, the documentation

demonstrating the impact on women's safety has not been made publicly available.

Let's think about this for a while.

Obviously the Abortion Industry is ecstatic. It can make more money off the altered dosages and attract women who may be wary about a surgical abortion (not knowing how bloody and excruciating painful

for the pill." We don't know how many women have died after taking RU-486 or suffered "adverse events."

Or, more specifically, we don't know anything more than what we learned five years ago! At that juncture, the FDA reported that the deaths of 14 women were associated with the use of RU-486 and that there had been 2,209 "Adverse Events." Adverse events is a blanket term that covers everything

original 2000 protocol or the one announced yesterday did the FDA recommend vaginal self-administration.

We know the FDA on Wednesday signed off on the Abortion Industry's unilateral decision to eliminate the second visit to the abortionist altogether. We know that the Abortion Industry on its own decided to administer the two-drug technique through the 10th week LMP, and the FDA capitulated yesterday.

But what we don't know is if having succeeded in moving the outer limit from 7 weeks to 10 weeks, the Abortion Industry will stop there. Based on their past brazen behavior, there is every reason to believe they will not—and then expect retroactive FDA approval.

We don't know what studies the FDA looked out, who conducted those studies, who at the FDA looked at those studies (if the review committee met, what their credential are, what ties they have to the abortion industry), and so forth.

We don't know whether or not "effectiveness" (a dead baby completely expelled) dropped off with the new protocol, or when/whether side effects were reduced, what methods and dosages were used associated with reduced side effects, or what impact the reduced side effects had on overall effectiveness, patient safety.

Finally, we don't know how many women have died overseas, having taken mifepristone/ misoprostol. Does the FDA? If not, why not? And if they do, what is the number? And what is the number of "Adverse events"?

And those are just a few of the unanswered questions.



these chemical abortions are). More to the point the FDA gave its after-the-fact support for what abortionists had decided to do on their own going back years and years.

But what don't we know? Here are just a few items.

Danco spokeswoman Long told Reuters it has been "has been used by more than 2.75 million women in the United States since it was approved in 2000," but (interestingly) "declined to provide sales data

from the need for blood transfusions to endometritis, pelvic inflammatory disease, and pelvic infections with sepsis ("a serious systemic infection that has spread beyond the reproductive organs," according to the FDA).

We don't know how many abortion clinics have women vaginally self-administer the pills rather than take them buccally (placing the pills between the gums and the cheek) or orally. Neither in its

Italian nurse arrested, suspected of involvement in 13 deaths

Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Fausta Bonino, a 56-year-old nurse, has been arrested following an investigation into 13 deaths that occurred after surgery in a state-run hospital in Tuscany, Italy. Bonino is suspected of having “administered fatal doses of a blood-thinning drug,” according to the *Associated Press*.

The *AP* reported:

Most of the patients suffered severe hemorrhaging during the procedures and investigators later determined that each had a level of anticoagulant in their bloodstreams up to 10 times the recommended dose, investigators told a news conference.

None of the patients was terminal at the time of the surgeries,

which included a routine operation for a broken femur, they said.

A special health division of the Carabinieri state police launched the investigation last June after noting statistical anomalies in the anesthesia and reanimation department of the state-run hospital in Piombino, a coastal city 70 kilometres southwest of Florence.

The deaths occurred from January 2014 through mid-2015, with the patients ranging from their 60s to 80s.

In Belgium, where euthanasia is legal, a 2013 study found that

1.7% of all deaths, representing more than 1000 deaths, were intentionally hastened without request.

old former nurse who received a life sentence in early March for the murder of one of the 38 patients she was initially



Daniela Poggiali, a 44-year-old former nurse who received a life sentence in March for the murder of one of the 38 patients she was initially suspected of having killed at a hospital in southern Italy.

Legalizing euthanasia according to the Belgian definitions leads to the perfect cover-up for murder.

According to the media report, the authorities stated that there does not appear to be a motive.

“Bonino’s case follows that of Daniela Poggiali, a 44-year-

suspected of having killed at a hospital in southern Italy,” according to AFP.

Editor’s note. This appeared at alexschadenberg.blogspot.com and is reprinted with permission.

Euthanasia by organ harvesting

By Wesley J. Smith

Shallow are the souls that have forgotten how to shudder. — Leon Kass [*The New Republic*, June 2, 1997]

The ethics of medicine aren't what they used to be. Sanctity of life? That's *so passé*. The Hippocratic Oath? Fuggettaboudit! The modern healthcare system is expected to embrace properly utilitarian perspectives.

Take euthanasia as just one example. Once society accepts that sick patients can be relieved of their suffering by being killed, it won't take long to conclude that they can also be exploited for their no-longer-needed parts.

Euthanasia by lethal injection has already been coupled with organ donation in the Netherlands and Belgium. Since 2008, several articles have been published in respectable medical journals lauding this forming symbiosis. A 2011 article published by *Applied Cardiopulmonary Pathophysiology* was particularly chilling in its detached clinical description of the euthanasia killings of four patients in preparation for organ procurement:

Donors were admitted to the hospital a few hours before the planned euthanasia procedure. A central venous line was placed in a room adjacent to the operating room. Donors were heparinized [a drug to maintain organ viability] immediately before a cocktail of drugs was given by the

treating physician who agreed to perform the euthanasia. The patient was announced dead on cardiorespiratory criteria by 3 independent physicians as required by Belgian legislation



Leon Kass

for every organ donor. . . . The deceased was then rapidly transferred, installed on the operating table, and intubated [in preparation for organ removal] . . .

Ponder the enormity of what was done here. Four people—who were not otherwise dying—were killed and then swiftly wheeled into a surgery suite to have their organs removed. Three of the donors were struggling with neuromuscular disabilities—people who often face social isolation and discrimination—and one was

mentally ill. In a particularly bitter irony, the latter patient was a chronic self-harmer, the “treatment” for which was a willing professional team ready to administer the ultimate harm.

That's just the beginning. Prominent voices among the medical elite have called for

of Netherlander and Belgian medical professors—suggest changing their countries' euthanasia laws to allow sick, disabled, and mentally ill people who want to die (all eligible for euthanasia in both countries) to opt for live harvesting instead of lethal injection. From the article:

The dead donor rule states that donation should not cause or hasten death. Since a patient undergoing euthanasia has chosen to die, it is worth arguing that the no-touch time [the wait between cardiac arrest and procurement] could be skipped . . . contributing to the quality of the transplanted organs. It is even possible to extend this argument to a ‘heart-beating organ donation euthanasia’ where a patient is sedated, after which his organs are being removed, causing death.

So this is where we are: A respected bioethics journal, published under the auspices of the *British Medical Journal*, advocates the killing of donors for their organs. And not only is the organ-transplant community silent, but popular media apparently don't consider the radical idea worth covering.

We shouldn't be surprised at these recent developments. The utilitarianizing (if you will) of

the overturning of the “dead donor rule”—the ethical backbone of organ transplant medicine requiring that a patient die naturally from injury or illness before vital organs can be procured. These advocates argue that consent should be the primary ethical concern and criteria for organ harvesting—not that a donor is dead. Thus if living patients or their surrogates give the okay, doctors should be allowed to euthanize by means of live harvesting.

An article just published in the *Journal of Medical Ethics* epitomizes the argument. The authors—an assortment

See “Euthanasia,” page 36

Euthanasia by organ harvesting

From page 35

Western medicine has been progressing for some time. As far back as 1949, physician Leo Alexander, who served as the medical investigator into the euthanasia Holocaust at the Nuremberg Trials, warned that utilitarian ideas that had derailed German medicine were also present in the United States: “There can be no doubt,” he wrote, “that in a subtle way the Hegelian premise of ‘what is useful is right’ has infected society, including the medical portion.”

A few decades later, medical utilitarianism was no longer subtle. An unsigned

1970 editorial in *California Medicine*, a publication of the *Western Journal of Medicine*, stated coldly:

The traditional Western ethic [that] always placed great emphasis on the intrinsic worth and equal value of every human life . . . is being eroded at its core. . . . It will become necessary and acceptable to place relative rather than absolute values on such things as human lives.

The article concluded on a truly frightening note:

It is not too early for our profession to examine this new ethic, recognize it for what it is and will mean for human society, and prepare to apply it in a rational development for the fulfillment and betterment of mankind in what is almost certain to be a biologically oriented world society.

We now can clearly discern

what a “biologically oriented” society looks like: a culture in which the deaths of the most vulnerable are seen as having greater value than their continuing lives. As Leo Alexander presciently cautioned sixty-seven years ago, “At this point, Americans should remember that the enormity of the euthanasia movement is present in their own midst.”

Editor’s note. This appeared at www.firstthings.com/web-exclusives/2016/04/euthanasia-by-organ-harvesting

A changing Supreme Court: the legalization of euthanasia could hang in the balance

From page 10

juvenile death penalty case), the Court wrote, “It is not so much the number of . . . States [changing their laws] that is significant, but the consistency of the direction of the change.” Despite their misleading nature, official reports from California, Oregon, and other states where euthanasia is legal could in the future be cited to assert that fear of abuses has become irrational. The justices could conclude they would no longer allows states the constitutional latitude to prevent assisting suicide.

So while you might not live in one of the states where doctor-prescribed suicide is legal, if more states join the ranks of California, Oregon, Washington, and Vermont—and above all if 2016 sees the election of a president and Senate likely to use the next Supreme Court vacancy to nominate and confirm a justice sympathetic to euthanasia—there is the real risk the U.S. Supreme Court might well follow the Supreme Court of Canada recent decision holding

there is a federal constitutional right to assist suicide.

The *Carter v. Canada* decision did not limit itself to those said to be “terminally ill.” It mandated legalized assisting suicide for anyone who “has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.” “Irremediable,” the court stressed, “does not require the patient to undertake treatments that are not acceptable to the individual.”

Moreover, while the ruling on its face only applied to “a competent adult person who . . . clearly consents to the termination of life,” the court hinted that it may later hold that surrogates have the right to kill people with disabilities who cannot speak for themselves and who have never asked to die. Having dismissed any distinction between rejecting life-preserving treatment and direct killing on the grounds

that both hasten death, the court noted, “In some cases, [decisions to reject life-saving treatment] are governed by advance directives, or made by a substitute decision-maker.”

Whether in one sweeping decision or through a carefully paced step-by-step series, an ideologically committed Supreme Court majority might well echo the Canadian court in ultimately stripping states of their legislative discretion. They would no longer be able to protect those with Alzheimer’s disease or other judgment-impairing mental disabilities from being killed at the direction of their relatives, guardians, or perhaps “ethics committees” at health care facilities presently often empowered to cut off treatment and assisted feeding for those under their care who have no one to speak for them.

Presidential candidate Hillary Clinton has called assisting suicide “an appropriate right to have.” In her first campaign question on the issue in a

town hall in February, *Politico* reported “...she said, ‘It is a crucial issue that people deserve to understand from their own ethical, religious and faith-based perspectives.’ Clinton added that she wants to examine what other countries, like the Netherlands, have experienced after enacting laws.”

In February of this year, Clinton’s rival, Senator Bernie Sanders (I-Vt.), speaking at a Seniors Decide Forum hosted by the Leadership Council of Aging Organizations, said that terminally ill patients “have the right to make that decision for themselves,” in response to a question on “aid-in-dying.” The clip can be found [here](#).

With the composition of the Supreme Court in the balance, it is more urgent now than ever before to raise awareness and fight back on this important issue. We must tell our elected officials that killing the patient must never be condoned as a reasonable “solution” to human problems!

Don't forget Autos for Life when you clean out your garage and driveway

By David N. O'Steen, Jr.

Now that we are fully into Spring, depending on what part of the country you live in, you may already be busy cleaning out your attic and closets and garage.

Whenever you undertake that annual ritual, maybe this is the year you have a project car that you just don't have time to finish, a minivan that is no longer needed because the kids are all grown, or an extra car that is rarely being used but you're still paying insurance on it!

We here at Autos for Life-- We'll take it!

By donating your vehicle to the National Right to Life Foundation, you can help save the lives of unborn

babies, and you receive a tax deduction for the FULL SALE AMOUNT! "Autos for Life" has received strong support, and a great variety of vehicles from pro-lifers all across the country and we thank you.

We will put your donated vehicle to good use. It 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. 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! All vehicle information can be emailed to us directly at dojr@nrlc, or sent by regular mail to:

"Autos for Life"

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

Washington, D.C. 20004

As all of us in the pro-life movement know, we now face great challenges in 2016. With our educational efforts we will continue to see a dramatic reduction in the number of abortions each year. We know these numbers decline even

more as we teach the truth about how abortion hurts unborn babies and their mothers.

"Autos for Life" needs your continued support in making 2016 a great year for the pro-life movement! If you or someone you know has a vehicle to donate, please contact David O'Steen Jr. at (202) 626-8823 or dojr@nrlc.org. The National Right to Life Foundation wishes to thank all of the dedicated pro-lifers that have donated their vehicles to this great program, and we are looking to make 2016 our best year ever! Please join us in helping to defend the most defenseless in our society!

