



national **RIGHT TO LIFE** NEWS

April 2018

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their time, talent,
and resources to
defend those
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'unwanted' and a
'burden.'"



national RIGHT TO LIFE NEWS

Hospital to return to court today to establish final timeline to withdraw Alfie Evans' ventilator

By Dave Andrusko

Tom Evans, the father of Alfie Evans, posted last night that Alder Hey Childrens' Hospital will return Wednesday to Justice Hayden to ask the trial judge to set a day the 23-month-old's ventilator may legally be turned off.

"Tomorrow [Wednesday] could be the day he is executed," Mr. Evans wrote on the Facebook of Alfie's Army. "As you can see on the vent he can clearly breathe when he wants to as well as cough, sneeze, yawn, stretch, swallow, spit etc."

As *NRL News Today*

reported last week, there were diametrically opposed interpretations of what had ensued when Mr. Evans and Kate James, Alfie's mother, met with hospital officials.

Sarah Evans, Alfie's aunt, told the *Liverpool Echo* an "agreement between Alder Hey and Tom had been reached to suspend end of life care so they can review Alfie's situation and see if he is fit to travel abroad for further medical treatment."

Steven Woolfe, a British member of the European

See "Alfie," page 21



Alfie Evans. Courtesy of Alfie's Army Official Facebook

Alabama Senate passes Resolution denouncing Sen. Doug Jones' vote on Pain-Capable Unborn Child Protection Act

By Karen Cross, National Right to Life Political Director

In March, the Alabama Senate passed Senate Resolution SR109 denouncing the vote of new pro-abortion United States Senator Doug Jones on the Pain-Capable Unborn Child Protection Act.

On December 12, Jones won a special election to fill the seat formerly held by Attorney General Jeff Sessions by less than 2%. He will be up for re-election in 2020.

On January 29, Jones was one of forty-six senators (44



of whom were Democrats) who voted *against* protecting unborn children from abortion who are capable of feeling unimaginable pain while being ripped apart by abortion.

In part, SR 109 declares

**"BE IT RESOLVED
BY THE SENATE OF
THE LEGISLATURE
OF ALABAMA, That
the junior senator from
Alabama's vote to block**

See "Alabama," page 7

Editorials

Supreme Court appears skeptical of California law impinging on pregnancy help centers' free speech rights

NRL News and *NRL News Today* have composed literally dozens and dozens and dozens of stories about pro-abortion attempts to squelch pro-life rights of free speech, religion, and conscience. If you're not bothered by severing heads from defenseless unborn children, I suppose it's no big deal to attempt to squash the right to be free of entanglement with abortion and not to be co-opted by the abortion industry.

On March 20, the Supreme Court heard oral arguments in the case of *National Institute of Family and Life Advocates v. Becerra*. It's a much-anticipated free speech case in which pro-life pregnancy help centers say the state of California (as one attorney put it) is attempting to conscript them into "acting as a ventriloquist's dummy for a government message"—abortion.

In their accounts, two major newspapers—the *New York Times* and the *Los Angeles Times*—along with *NPR*, stressed that the so-called Reproductive FACT Act had been met with skepticism across the High Court's ideological spectrum.

For example, the *New York Times*' Adam Liptak began his story, "A California law that requires 'crisis pregnancy centers' to provide information about abortion met a skeptical reception at Supreme Court arguments on Tuesday. Justices across the ideological spectrum said they suspected that the law had singled out centers run by opponents of abortion. Justice Elena Kagan said she feared that the law had been 'gerrymandered' to address only some providers, something she said would be a serious First Amendment problem."

That latter point—that pregnancy help centers were targeted—is



hugely important. There is no similar requirement (in reverse) for abortion clinics.

Of course, for now all that demonstrates is that the justices are traditionally wary of compelling speech. But it is still encouraging.

See "California," page 22

"Fake News" long preceded 2016 (see relentless media distortion about fetal pain)

For very understandable reasons, pro-abortionists panic at the very thought of a wide-ranging discussion (or any discussion) of the merits of tearing apart pain-capable unborn babies 20 weeks (and older). It isn't an enviable position to be in.

That's why they insist on talking about abortion in the abstract. The concrete details of shredding limbs and severing heads is a topic they don't dwell on. That's why, for example, earlier in 2018 while the Senate was trying to overcome pro-abortion obstructionism, Sen. Elizabeth Warren (D-Mass.) intoned that abortions is "safer than getting your tonsils out." Even coming from a pro-abortion automaton like Warren, it was painful to watch, but nothing like what a baby goes through as she has her arms sheared off.

Pro-abortionist such as the Planned Parenthoods and NARALs reflexively chirp how the public "supports choice." It's not true but even less so when the object of that "choice" is a well-developed unborn child. Opposition **always** is in the 60%+ range.

To take one of many examples, a nationwide poll taken Election Day 2016 by The polling company, inc./WomanTrend found almost two-thirds support (64%) for the Pain-Capable Unborn Child Protection Act—well more than double (28%) those who opposed.

Support for the bill extended across all demographic and geographic boundaries. For example

- Millennial voters 78% support
- Women voters 67% support
- African Americans 70% support
- Hispanics 57% support

See "NRL News," page 27

From the President Carol Tobias

To All Our Awesome Volunteers: THANK YOU!



April is National Volunteer Month. The website for National Day Calendar states, “In the United States, volunteerism is instilled at a young age. In many parts of the country, it is the cornerstone of summer vacation or woven into after school programs. Most organizations in small towns, rural counties and the largest cities would not function without volunteers. In some families, the baton of volunteerism is handed down generation after generation.”

“Most organizations... would not function without volunteers.” That certainly describes National Right to Life. Our volunteers are representative of the best of everything America has to offer. Your dedication, energy, enthusiasm, unrelenting perseverance, cheerful personalities and loving, generous hearts are unmatched.

Our NRLC volunteers give of their time, talent, and resources to defend those whom society has labeled “useless,” “unwanted,” and a “burden.”

I was at an event recently during which I was asked to take two minutes to say a few words about NRLC. That was actually quite difficult because NRLC does so much. Two minutes just wasn't enough to adequately describe who we are and what we are able to do because of our volunteers. But here goes....

National Right to Life is the only pro-life organization with a three-tier level of activity. State affiliates and chapters are composed of volunteers who assist innumerable people in their local community. Whether it is working with churches, schools, or community organizations, you are the personal representative of NRLC that brings the pro-life message to neighbors and co-workers.

Our goal? To change the law so that unborn

children, as President George W. Bush so wonderfully stated, “are welcomed in life and protected in law.”

In order to change the law, we elect pro-life men and women, then work with those elected officials to enact pro-life legislation and fend off anti-life initiatives.

We also elect officials who will nominate judges to the various courts who understand and will uphold the Constitution. We will, someday, have the right men and women at all levels of the court system that will uphold pro-life legislation passed by pro-life elected officials and babies will be saved.

As we work on that goal, we educate fellow Americans so we can change hearts and minds. Like you, I'd love to see the day when, even if abortion was legal, no one would want one. But, sadly, that's highly unlikely; if abortion is legal, unborn children will continue to die.

National Right to Life has several outreach programs to various communities. We have a Latino outreach, working within the growing Hispanic community. We also provide material for Black Americans for Life and Native Americans for Life. American Victims of Abortion reaches out to women who have had abortions, as well as fathers and grandparents of aborted babies.

NRLC coordinates the National Pro-Life Religious Council, which represents the pro-life community within various denominations.

Our outreach goes overseas as well. National Right to Life is working on the international scene. As an NGO (non-governmental organization) recognized by the United Nations, we work with pro-life leaders in other countries, trying to prevent the UN from recognizing abortion as an international right. National Right to Life and MCCL GO, the global outreach of our affiliate Minnesota Citizens Concerned for Life, are among the very few single-issue pro-life organizations working in this manner.

Along with combating abortion, NRLC is also in the trenches working to promote respect for the elderly and those with disabilities. With your help we work

tirelessly to defeat assisted suicide measures in state legislatures and successfully repealed the Independent Advisory Board (IPAB), a component of Obamacare that would highly likely lead to the rationing of health care.

But all of this would be impossible without the steadfast support and actions of our awesome volunteers. You make NRLC strong. You make NRLC enormously effective.

Every time you set up an educational booth at county fairs and local community events; every time you post pro-life information on your chapter or personal Facebook page; every time you recruit donors to buy a full page ad in your local newspaper; every time you advocate for unborn children in churches and schools; every time you identify new pro-life allies; every time you build a relationship with local reporters—I think you get my point—everything you do to inform and enlighten your local community makes a difference. Your contributions make NRLC and the pro-life movement stronger.

Every time you help to elect pro-life candidates, then work with those elected officials to pass pro-life legislation, you demonstrate yet again how integral a part of helping NRLC to save lives that you are.

The above-mentioned National Day Calendar website stated, “In some families, the baton of volunteerism is handed down generation after generation.” We see that in NRLC. Our families consist of two- and three-generation volunteers. This encourages the pro-life movement and, quite frankly, scares the abortion industry. They know we are not going away!

Let me conclude with this. I want all of our amazing volunteers to know that National Right to Life has not, does not, nor ever will take you and what you do for unborn children for granted. We cherish your efforts and are very proud of our cooperative achievements which are changing hearts and minds throughout the country.

Everything you do is making a difference, which is why we will one day win this battle for life. To all of you, a sincere and heartfelt thank you.

The same child in and out of the womb

Dear National Right to Life Friend,

I hope you read the amusing and heart-warming story of little Michael Stepling posted in *National Right to Life News Today*. The delightful recollections of his mom will remind you why together—you and National Right to Life—we work as hard as we do on behalf of God’s little ones.

“3-week-old baby continues to sleep in the same position as in his ultrasound — and it’s too adorable” read the headline in Yahoo Life.

When Sarah, Michael’s mom, had an ultrasound taken at 38 weeks, she could see Michael’s “adorable face and relaxed disposition,” Kerry Justich wrote. “With his arms beside his head, Michael looked quite comfortable in his mother’s womb.”

Mrs. Stepling told Justich that after Michael’s birth, she took “about a million and a half images of him sleeping in that exact same position. One day, I thought to go back and look at his ultrasound pictures. I saw that one and was like, ‘OMG! He sleeps just like that now!’”

Exactly. Michael at three months was the same Michael he was at 38 weeks that he was at three weeks--only larger and more fully developed. He didn’t suddenly “become” Michael. He always **was** Michael!

Planned Parenthood will tell you otherwise. Michael was “potential life” or some such gibberish. The truths of fetal development will always take a back seat to profit for the nation’s largest abortion “provider.”

In partnership with you, NRLC is fighting the good fight, winning back territory lost to the forces of death yard by yard, sometimes mile by mile. Thanks to our new pro-life President, just this past Sunday we celebrated the one-year anniversary of the confirmation of Justice Neil Gorsuch. We pray that additional justices who respect the Constitution will take their places on the Supreme Court.

Meanwhile NRLC remains the force behind bans on abortions of pain-capable unborn children and on dismemberment abortions.

But to continue to do so, we need your help.

At the beginning of the year, I asked every National Right to Life member to commit to giving at least one \$50 contribution to commemorate our 50th anniversary as our nation’s leading voice for Life.

Some of our friends have already been able to meet the \$50 challenge. May I ask you to consider making another \$50 contribution to help us be even more effective? Or, perhaps you’re blessed to be able to give \$500, or even \$5,000.

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

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

For THEIR lives,

Carol Tobias, President



New Abortion Pill Reversal study put pro-abortionists on the defensive

By Dave Andrusko

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

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

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

After all, if you honestly believe in “choice,” why would you go to DEFCON 1 over the prospect that some women who regret beginning a chemical abortion have the chance to reverse that decision before it’s too late?

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

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

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

As Graham noted (in a backhanded admission/compliment), “Abortion reversal isn’t quite as outlandish at it sounds.” Even the most vociferous critic—Gross-

man—conceded to the *Washington Post* that the regimen “makes some biological sense.”

Graham explains APR succinctly: “Because the mifepristone pill [the first drug] essentially blocks



progesterone, known as the ‘pregnancy hormone,’ the idea behind reversal is to overwhelm the woman’s system with progesterone before the mifepristone has a chance to take effect.”

What’s changed in the debate is a study we posted about last week. The study appeared in *Issues in Law & Medicine* and was a much larger study (547 women). As noted, it certainly wasn’t everything critics wanted, but it provided additional evidence APR works.

What do critics (by and large) mean by “promotion”? Requiring that state informed consent law include information that a chemical abortion can be reversed. In the interests of genuine informed consent, why shouldn’t this be done?

Well, as we’ll see, the arguments against are hardly convincing.

We’re told not that many women will want to reverse their abortions. Critics (and Graham as well) tell us that the percentage of chemical abortions keep going up. Wouldn’t that alone potentially

later if they change their mind. And the reversal research is still preliminary.

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

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

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

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

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

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

mean there will be more women with second thoughts? And if the effectiveness of APR becomes more widely known, wouldn’t the numbers only increase?

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

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

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

Pain-Capable Unborn Child Protection Act moves to Senate after Missouri House overwhelmingly passes H.B. 1266 on vote of 117-31

Already the law in 16 states

By Dave Andrusko

Last Tuesday the Missouri House of Representatives gave final approval to H.B. 1266 which would protect unborn babies from abortion who are 20 weeks and older, a developmental point by which the baby would feel unimaginable pain as she is torn apart. The bill now moves to the state Senate.

The legislature took up the bill two weeks ago, on the first day following a spring break. Such laws are on the books in 16 other states, according to NRLC's Department of State Legislation. H.B. 1266 allows exceptions when a woman's life is endangered or she is at "serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions."

According to the *Associated Press's* Summer Ballentine

Republican Rep. Chrissy Sommer, of St. Charles, said when she was pregnant a doctor told her that her son was not developing properly and that she could choose to have an abortion. Sommer said she continued with the pregnancy and later learned the physician mistakenly gave her another woman's medical results.

"I could have literally terminated my son, who is now 20 and

beautiful," she said, adding that she hopes other women "choose life."

During the debate, Rep. Donna Lichtenegger, who sponsored the bill, said, "When a baby is poked at, that baby moves away at whatever is poking it."


The Pain-Capable Unborn

Child Protection Act is the second piece of pro-life legislation passed by the Missouri House in 2018. As we reported, on February 26, the Missouri House endorsed a bill that require both parents who have custody to be notified when a minor seeks an abortion. Currently for girls younger than 18, Missouri law requires the written consent of one parent

or guardian before she can have an abortion.


"The bill would require the consenting parent to provide written notice to the other custodial parent or guardian, but wouldn't require the consent of the second parent," the *Joplin Globe* reported. "HB

See "Missouri," page 13



"By 20 weeks, and perhaps even earlier, all the essential components of anatomy, physiology, and neurobiology exist to transmit painful sensations from the skin to the spinal cord and to the brain."

Dr. Jean A. Wright,
Professor And Chair of Pediatrics,
Mercer School of Medicine

#TheyFeelPain  national RIGHT TO LIFE

Alabama Senate passes Resolution denouncing Sen. Doug Jones' vote on Pain-Capable Unborn Child Protection Act

From page 1

protection of countless thousands of lives from a terribly painful death is unacceptable and this body strongly disapproves his departure from the values of this state and his vote on this important issue...

“The members of this body who are representative of the overwhelming majority of the people of Alabama, call on our recently elected United States Senator to cast votes in the future to protect innocent human life from conception until natural death.”

Cheryl Ciamarra, who represents Alabama Citizens for Life on the NRLC board of directors, told *NRL News Today*, “It is highly unusual for the State Senate to unanimously pass a resolution condemning a sitting U.S. Senator which highlights how out of sync with the people of Alabama Sen. Jones is.” She noted that while campaigning, Sen. Jones “stated he was not in favor of late-term abortion and Alabama voters believed him.”

Ciamarra added, “Sen. Jones showed just how radically pro-abortion he truly was by helping stop a vote on a measure that would ban abortions of unborn babies capable of feeling pain.”

As *NRL News Today* has reported on numerous occasions, a majority of the population opposes the reasons that at least 90% to 95% of

abortions are performed. But far many more people oppose late abortions, the kind that Sen. Jones voted to keep legal.

A Marist Poll reported in January 2018 found that almost two-thirds--63%--would “ban abortions after 20 weeks of pregnancy except to save the life of the mother.” This shows just how out of step Jones is with not only his own state of

sense protective legislation even though their own states already passed a law protecting unborn children after they are capable of feeling pain.*

There is extensive medical evidence the unborn child can experience pain by 20 weeks. To take just one example, see www.doctorsonfetalpain.com

Pro-abortion Sens. Sherrod Brown (D-Oh.), Heidi

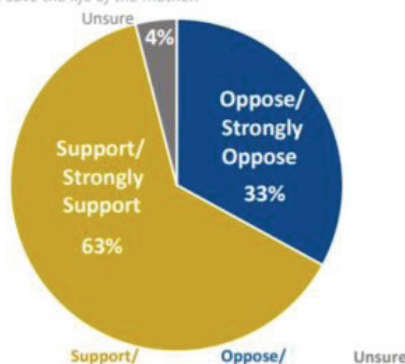
Instruments/2018RS/PrintFiles/SR109-int.pdf

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

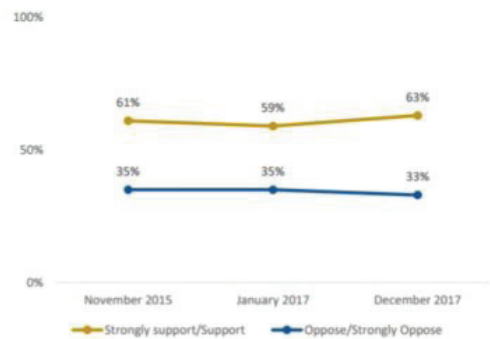
*Sixteen states (Nebraska, Kansas, Idaho, Oklahoma, Alabama, Georgia, Louisiana, Arkansas, North Dakota, Texas, West Virginia, Wisconsin, South Dakota, South Carolina, Ohio,

More than six in ten Americans support a ban on abortion after 20 weeks of pregnancy.

Please tell me if you strongly support, support, oppose, or strongly oppose banning abortions after 20 weeks of pregnancy except to save the life of the mother.



	Support/Strongly Support	Oppose/Strongly Oppose	Unsure
Pro-Life	74%	23%	3%
Pro-Choice	56%	40%	4%
Democrat	56%	40%	4%
Republican	73%	24%	3%
Independent	64%	32%	3%



The proportion of Americans who favor banning abortions after 20 weeks is up from 59% in January 2017. There has also been an increase in the number of Democrats (56%) that share this view compared to 49% a year ago.

Alabama but with the American public.

The vote the Alabama state Senate was referencing was whether the U.S. Senate would take up the Pain-Capable Unborn Child Protection Act. Sixty votes were required to debate the bill. The vote was 51-46 (44 Democrats, including Sen. Jones, voted against advancing the bill).

Sadly, many U.S. Senators

Heitkamp (D-N.D.), Tammy Baldwin *(D-Wis.), and Bill Nelson** (D-Fl.) live in states that have passed similar laws, yet voted against advancing the legislation.

To see how your U.S. Senator voted on the Pain-Capable Unborn Child Protection Act, go to: capwiz.com/nrlc/issues/votes/?votenum=25&chamber=S&congress=1152.

To read SJR 109 in its entirety, go to: <http://alisondb.legislature.state.al.us/ALISON/Searchable>

and Kentucky) have passed Pain-Capable Unborn Child Protection laws. The Missouri state House overwhelmingly passed it, and as of April 4, 2018, a Pain-Capable Unborn Child Protection Act is being considered in the state Senate.

**Senators Baldwin and Nelson did not vote on 1/29/18, however, they voted against it on 9/22/15 (H.R. 36, Roll Call No. 268, 114th Congress).

Why do babies kick in the womb?

*Babies don't just kick to keep you up at night
Science has the answer!*

By SPUC—the Society for the Protection of Unborn Children

Feeling your baby kick in the womb for the first time is an exciting moment. Mothers start feeling movements between 16-25 weeks gestation (though spontaneous movement starts at 7 weeks!) But while babies moving around is accepted as a normal part of pregnancy, it hasn't been clear exactly why it happens.

However, scientists now think they've found the answer. According to a new study published in the journal *Development*, scientists at Trinity College Dublin found that babies move around because they are trying to develop strong bones and joints.

Building strong bones

From their research on chick and mouse embryos, the team

found that “there are some key molecular interactions that are stimulated by movement and which guide the cells and tissues of the embryo to build a functionally robust yet malleable skeleton. If an embryo doesn't move, a vital signal may be lost or an inappropriate one delivered in error, which can lead to the development of brittle bones or abnormal joints.”

...and joints

“Our new findings show that in the absence of embryonic movement the cells that should form articular cartilage receive incorrect molecular signals, where one type of signal is lost while another inappropriate signal is activated in its place,” explained Paula Murphy, a

professor of zoology at Trinity College Dublin who co-led the study. “In short, the cells receive the signal that says



‘make bone’ when they should receive the signal that says ‘make cartilage’.”

So it appears that all the

kicking that this mum has experienced isn't just to keep her up at night. It's just as well the movement is beneficial –

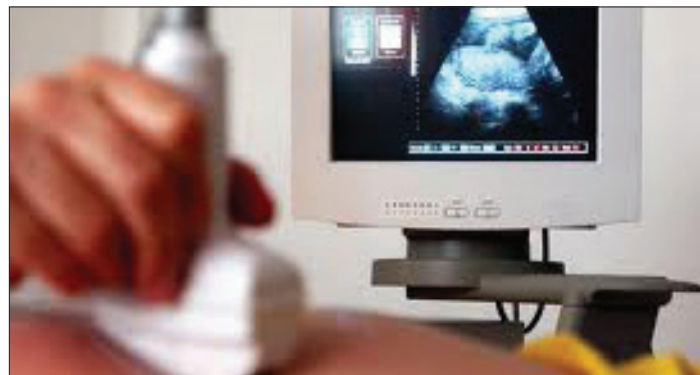
another recent study found that a baby's kick has more than 10 lbs of force – more than hitting a tennis ball!

Women realize they are carrying babies when they see ultrasound

By Sarah Terzo

Crisis pregnancy center worker Barbara Chishko says the following of women who come to her center:

“They have a developing baby within them. They have been told it is just a blob of tissue, but when they see the ultrasound, they are able to see arms and legs. Women



understand what is really happening after an ultrasound.”

Jennifer Mock, “New law targets abortion in state” *The Oklahoman*. July 3, 2006.

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

Being the mother of a daughter with Down syndrome made me a much better person

By Leticia Velasquez, Co-founder of KIDS (Keep Infants with Down Syndrome)

Editor's note. March 21 was World Down Syndrome Awareness Day.

I spent an hour today helping my 16-year-old daughter get ready for her day at the local high school. Then I spent fifteen minutes cajoling Christina to get in the school van, while battling an insistent administrator via email on my smart phone.

We won this time. Christina emerged from her room wearing her backpack, avoiding my efforts to put her coat on. I put it in the bus with her aide, who never loses her patience and sense of humor, and a little out of breath, wished her a happy two hours. They have early dismissal at her school today.

All that struggle for two hours of school!

Whenever I do a live interview on radio, callers who love people with Down syndrome (usually not their parents) call in to say what angels they are. They can be. But these people do not see some of the daily struggles with stubborn personalities. And that's just the school administrators!

People with Down syndrome are unique in many ways, and we who raise them like to say the extra chromosome in their genetic code is the love chromosome. But, truth be told, when we're alone, we quietly snicker about an extra stubborn chromosome. They are as loving as they are intransigent, and they require us caretakers to grow our capacity for persistence and patience.

But isn't the real question

this? Don't **all** children do that?

Dr. Janet Smith complained in a recent talk near me that she took longer than her siblings to mature because she never married and had children, and thus was not stretched to give of herself beyond what she was comfortable with, she did not learn self-sacrifice.

I reminded her after the talk, of her loving care for her mother, whom she nicknamed BAM Blessed Angel Mother, or BAM. BAM had dementia and her behavior was challenging at times and outright hilarious at others. I said, "You expressed a wonderful love and patience with her, tempered with a sense of humor about some of her escapades."

I reminded Dr. Smith that her constant care for BAM was

much like mine for Chrissy, maturing her ability to give with an open heart. She laughed, "But it took till my sixties for this to happen!"

Life with a child with Down syndrome is frustrating, funny, wonder-filled, and stretches your capacity for love, creativity, patience and self-deprecating humor. (Don't ask me about the time she kicked a CBS executive during a swanky movie premier in Manhattan!)

There is no doubt in my mind that it made me a much better person.

That's why I feel sorry for countries like Iceland and Denmark, which see those with Down syndrome as a threat to the good of society, who openly pine for a country "free" of Down syndrome. I feel sorry for moms like the deputy editorial page editor of the *Washington Post* who opined that if either of her children had been diagnosed with Down syndrome, she would have aborted them. After all, "this was not the child I wanted."

Christina was not the child I planned for, very few of us are that generous. But the most beautiful people in this world are those who give freely of themselves without counting the cost. Think of Mother Teresa.

Thanks to Christina stretching my capacity to love, (and for those unexpected bear hugs!), I've become a little bit more like them.

A little earlier than my sixties!

Editor's note. Leticia is the author of "A Special Mother is Born."



Amazing photos show 3-week-old baby sleeping in same position as he did in the womb

By Lisa Bourne

Matching images of a South Carolina baby boy taken within weeks before and after birth show he continues to sleep in the same exact position as he did in the womb — capturing the baby boy’s personality while highlighting the humanity of the preborn.

continually repeats the pose.

That prompted Kelleher Stepling to share on Reddit side-by-side images taken three weeks before and after her son’s birth, which were then picked up by other media.

“From day one, this kid knew how to relax,” she told Yahoo’s

reposes when he’s nursing, which Kelleher Stepling has captured and shared on Reddit as well.

“The reaction online has been overwhelmingly positive,” she said, “and that’s quite a tall order for Reddit!”

The photo-sharing site has a

prolonged jaundice for the first month of his life,” Kelleher Stepling said of Michael, “which is why he’s resting on that blue light in the (particular) picture.”

A number of the parents who saw the photo knew the light was for baby with jaundice — a liver condition causing yellowing of a newborn baby’s skin and eyes — because they had been through the same thing. They offered her their support and advice.

In Michael’s case, it meant doctor visits every one to two days for blood monitoring, plus a 48-hour hospital stay.

His mother reported that of course “he took it all like a champ.”

“Now he’s almost three months old and starting to wake up from his newborn phase and wants to play and interact,” Kelleher Stepling said. “We’ve been reading Kurt Vonnegut to him at night, and I swear, he gasps in all the right places.”

She said she looks forward to hearing Michael say “Mommy” for the first time, and that she and his father consider themselves to be very fortunate.

“Every time he smiles at me, my heart melts,” Sarah said. “He really is as laid-back as he looks in this picture.”

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



Reddit

Michael Stepling was caught in a laid-back pose with both arms up over his head when his mother, Sarah Kelleher Stepling, had an ultrasound at 38 weeks in her pregnancy with him.

Michael continued to sleep in the same position after he was born, and his easygoing demeanor emerged even more clearly after his mom had taken countless photos of him as he

Lifestyle section. “He always slept with his hands up like that. If you were to go through my phone right now, you’d find probably about a million and a half images of him sleeping in that exact same position.”

“One day, I thought to go back and look at his ultrasound pictures,” she continued. “I saw that one and was like ‘OMG! He sleeps just like that now!’”

Michael also similarly

reputation that in part includes negative responses to what some users have shared.

Sharing photos of her son has also allowed her to connect her with other parents who have experienced some medical challenge in the first few months of their child’s life, in particular because of another certain photo.

“He had unexplained hemolytic anemia and severe

“Patrons for Life” a great way to help NRL Convention 2018

Donations can be made online or mailed in

By Dave Andrusko

Since my wife is the editor of the annual NRLC Yearbook, which is distributed to everyone who attends, naturally I am keenly aware that preparations are rapidly coming together for the National Right to Life 2018 Convention, the Movement’s premier three-day educational conference.

As you might imagine, a conference that brings in speakers and conference-goers from around the nation is a monumental project that takes at least a year to bring together. But believe it or not, if you’re not careful, June 28-29-30 will kind of sneak up on you.

Question: have you perused the list of speakers? (See nrlconvention.org). Have you taken that all-important next step: registered? (See nrlconvention.com/register).

If you don’t come to Kansas City, Kansas, you’ll miss hearing and learning from a growing roster of superb speakers. For example, there’s Archbishop Joseph F. Naumann whose three-year term as chair of the Catholic Bishops’ Pro-Life Committee begins in November.

Then there is Dr. George Delgado, the medical director of Abortion Pill Reversal, an exciting new front in the battle against abortion. In addition, you’ll hear from Wesley J. Smith, the author or coauthor of

we are asking a special favor. Could you help NRLC by defraying a portion of the expenses of putting on a three-day convention and flying and housing experts from around the nation?

can be listed as “in memory of” or “in honor of” and will appear in the Convention Yearbook. You can become a patron at shop.nrlchapters.org/Be-a-Patron_c23.htm

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There are options for every budget. Whether you can contribute \$1,000 (“Titanium”) or \$10 (“Angel”), every Patron for Life will help us pay for the pro-life educational event of the year.

You can just go to nrlconvention.com/convention-yearbook/ and the Patron for Life form will appear. You can download it, fill it out, and send it in along with your check.

Or, you can just go to shop.nrlchapters.org/Be-a-Patron_c23.htm and choose from the same broad range of Patron categories.

Either option helps you assistance would be extremely helpful to us

and the unborn babies whose lives we all are fighting to save.

Please consider helping out the convention by making a check out to NRLC 2018 or by going on line and paying using your credit card.



twelve books, whose “Human Exceptionalism” blog, hosted by National Review Online, is one of the premier blogs dealing with human life and dignity.

With all this and much more waiting for you June 28-30,

Could you become a “Patron for Life”? Every attendee to NRLC 2018 will receive a specially-made yearbook, a year-round educational resource.

If there is someone you’d like to honor, any name you choose

Personhood, function, and desire: Why the strongest argument in defense of abortion doesn't work at all

By Paul Stark

Some arguments in defense of abortion are more intellectually credible than others.

These are not the arguments offered by spokespersons for Planned Parenthood. They aren't the ones offered by media commentators. They certainly aren't offered by political leaders.

They are offered, rather, by moral philosophers and bioethicists. How do these more sophisticated (if not exactly rhetorically influential) arguments hold up to scrutiny?

The function view

Philosophers who defend abortion generally acknowledge that human embryos and fetuses are living individuals of the species *Homo sapiens*. That's a fact of biology. They typically argue, though, that such human beings are not "persons" with a right to life. To be a person or to have rights, they contend, one must have certain developed mental capacities—functions that (at least many) unborn humans lack.

Call this the *function view*.

What abilities does the function view deem necessary? Different thinkers propose different criteria. Philosopher Mary Anne Warren proposes five capacities: consciousness (especially the ability to feel pain), reasoning, self-motivated activity, communication, and self-awareness. Only individuals who have at least some of these abilities, she argues, count as persons.

Many of the leading thinkers who support abortion (e.g., Michael Tooley, David Boonin, Bonnie Steinbock) connect rights to desires. An individual

can only have rights if she (in some sense) desires, values, or takes an "interest" in her life or future—if it *matters* to her. And such a desire requires some kind of consciousness or self-awareness.

If a human being has no higher mental functioning, then she can't want or take an interest in anything. Her life doesn't matter to her. And so



she has no rights, and killing her is permissible. That's the argument.

Does it work?

The function view's exclusion problem

The function view, in all of its forms, suffers from some serious difficulties.

First, functional criteria for personhood exclude more human beings than just the unborn. If the capacity for consciousness confers personhood, for example, then patients in temporary comas are excluded. If self-awareness or rationality is necessary, then people who are comatose, people with advanced dementia, and people with severe mental disabilities may have no rights.

Suppose that the ability to

experience pain grants someone a right to life. In that case, people with a condition known as congenital insensitivity to pain may be killed. Suppose that desires make the difference. In that case, if a Buddhist master succeeds in purging himself of all desire, then killing him is permissible, as philosopher Christopher Kaczor writes.

Human infants pose a massive

Buddhist masters, or infants, then something is deeply wrong with that view.

The function view's inequality problem

A second difficulty is that functional criteria are a matter of degree. People can be more self-aware (e.g., a wise sage) or less self-aware (a man with Alzheimer's disease). They can be more sentient (the heavily caffeinated) or less sentient (the heavily medicated). They can be more rational (Mr. Spock) or less rational (Mr. T). They can have a stronger desire to live (the exuberant and happy) or a weaker desire to live (the dour and depressed). No two people are exactly equal.

If the right to life is based on those degreed characteristics, as the function view claims, then some people have a greater right to life and some people have a lesser right to life. It's not just that the unborn aren't equal to the rest of us—it's that *none of us* are equal. Our value is a sliding scale. Equality doesn't exist.

"It is hard to avoid the sense that our egalitarian commitments rest on distressingly insecure foundations," acknowledges philosopher Jeff McMahan, a defender of abortion. McMahan worries about "the compatibility of our all-or-nothing egalitarian beliefs with the fact that the properties on which our moral status appears to supervene are all matters of degree."

Some people try to solve the inequality problem by

problem for the function view. Infants are not self-aware. They can't reason or use language. They don't have desires in any robust sense. They don't meet most ordinary functional criteria.

Indeed, in an article for the prestigious *Journal of Medical Ethics*, Alberto Giubilini and Francesca Minerva argue that killing infants is permissible because newborn children, like unborn children, cannot value their own existence. This conclusion is far from new or unusual. A number of the most prominent thinkers who defend abortion, such as Michael Tooley and Peter Singer, also defend infanticide.

If a view logically entails that it's okay to kill human beings who are comatose, or

“Real Estate for Life”—A great way to donate to NRLC at no cost to you!

By Dave Andrusko

Self-sacrificial as pro-lifers are, you don't need a personal incentive to work on behalf of innocent unborn children. your contributions in time and money, you have helped NRLC become the leading voice on behalf of life not only in the



You do it because it is a sacred obligation and a privilege.

For 40 years you have trusted in the dedication and professionalism of National Right to Life. And because of

United States Congress, but together with our state affiliates in the state legislatures, as well. You know your contributions will be used in the most effective way possible by the

organization pro-life champion Rep. Chris Smith calls “the hub, the nerve center of the Pro-Life Movement.”

Occasionally an opportunity comes along that is literally too good to pass up. A chance to assist the work of NRLC in the course of doing what you would have done anyway at no cost to you.

Most, if not all of us, will move at least once, probably multiple times. That's why the contributions of Real Estate for Life is becoming so valuable to National Right to Life. It works like this.

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A generous donation goes to the pro-life organization of your choice, which we trust would be National Right to Life.

“Instead of going to the Yellow Pages, you can go to Real Estate for Life, find a professional realtor in your community, and after your house is sold, a donation will be made to help NRLC save babies,” explained Jacki Ragan. “This program is already helping to underwrite National Right to Life's work in creating a culture of life.”

And if you are not moving, you might well have a pro-life brother, sister, cousin or friend who is. Just pass the word.

Again that phone number is 877-543-3871 and the webpage is realestateforlife.org.

Pain-Capable Unborn Child Protection Act moves to Senate after Missouri House overwhelmingly passes H.B. 1266

From page 6

1383 “contains exceptions, such as when the other parent has been convicted of a sexual offense or cannot be located.” That bill cruised through on a vote of 113-37.

Although a comparable federal measure received 51 votes, pro-abortionists in the United States Senate were able to thwart passage earlier this year. But it is important for numerous reasons that support continues to grow in the states.

Enactment in nearly a third of all states, for example, tells anyone with ears to hear and eyes to see that when the federal government final passes the bill,

it would be in harmony with a growing number of states.

Moreover, when opinion polls show 60%+ support for a ban on abortion after 20 weeks (often without even mentioning the reality of fetal pain), clearly the public is deeply troubled by later abortions.

An important aside. We are told over and over that “Mid- and late-term abortions are already extremely rare, and a common motivation is concern that fetuses are developing with severe abnormalities,” as the *Washington Post* argued last year in a semi-coherent editorial. This is a talking point

straight out of the pro-abortion handbook, a bogus assertion that NRLC has debunked on numerous occasions.

For example, as NRLC President Carol Tobias said in 2017 when the bill was introduced in the United States Senate,

Abortions past 20 weeks fetal age are not “rare.” We’ve estimated that at least 275 facilities in the U.S. offer them. While statistically reporting on late abortions is notoriously spotty, by very conservative estimates there are

at least 11,000-13,000 abortions performed annually after this point, probably many more. If an epidemic swept neonatal intensive care units and killed 11,000 very premature infants, it would not be dismissed as a “rare” event – it would be headline news on every channel, a first-order public health crisis.

Congratulations are in order for the Missouri House of Representatives.

Federal Judge orders Trump administration to not “interfere” with illegal immigrant teens accessing abortions

By Dave Andrusko

In a 100% predictable move, on April 6 U.S. District Judge Tanya Chutkan issued an order “barring the government from ‘interfering with or obstructing’ pregnant minors’ access to abortion counseling or abortions, among other things, while a lawsuit proceeds,” the *Associated Press* reported. “The order covers pregnant minors being held in federal custody after entering the country illegally.” The lawsuit was brought by the ACLU.

Judge Chutkan, who was the first judge to order the government to allow an illegal unaccompanied minor to have an abortion, also gave the ACLU the go-ahead to go forward with the lawsuit as a class action lawsuit. It is the ACLU’s position that all undocumented girls and women have a constitutional “right” to abortion.

In a statement issued the next day, the Department of Health and Human Services said that it “strongly maintains that taxpayers are not responsible for facilitating the abortion of unaccompanied minors who entered the country illegally and are currently in the government’s care.”

It said it is “working closely with the Justice Department to review the court’s order

and determine next steps,” according to the *AP*.

HHS is responsible for sheltering children, including pregnant minors, who illegally enter the country unaccompanied by a parent.

As *NRL News Today* has reported in numerous stories, it is the Trump administration’s policy not to “facilitate” these abortions. Four pregnant undocumented girls (that we know of) have taken their cases to court and all eventually secured their abortion.

It is the position of the Department of Justice that these teenagers may either go back to their home country of origin or “identify a suitable sponsor” but not simply be released on their own recognizance.

Ken Paxton, the attorney general of Texas, filed an amicus brief on behalf of Texas and a coalition of other states going further, arguing that illegal aliens detained at the border have no constitutional right to an abortion.

There are two related questions the Supreme Court is considering: do undocumented pregnant immigrant teenagers have a right to an abortion?—and/or the second issue which is the Justice Department’s complaint that the ACLU misrepresented when the first girl (“Jane Doe”) would have

her abortion, which the ACLU denies.

In the accounts of Judge Chutkan’s decision, the



U.S. District Judge
Tanya Chutkan

ACLU said it “doesn’t know of any others actively seeking abortions.”

This is not current data, but the *Washington Times* reported that of last October

At least 420 pregnant Unaccompanied Alien Children (UAC) have been caught and put into government care over the last year, and 43 pregnant illegal immigrant girls were still in custody of the Health and Human Services Department as of Oct. 17, Jonathan

White, the department’s director for children’s programs, said in court documents.

Of the 420 girls seen in fiscal year 2017, 18 requested abortions and 11 had them. Another five rescinded their request for an abortion, and two were turned over to sponsors in the U.S. before a final decision was made, Mr. White said, meaning they were outside of government custody.

The *AP* reported that Judge Chutkan

said in the ruling Friday that Scott Lloyd [director of HHS’ Office of Refugee Resettlement] and his office are “certainly entitled to maintain an interest in fetal life” and even to prefer that pregnant minors in their custody “choose one course over the other,” but the government can’t create or implement a policy that strips minors “of their right to make their own reproductive choices.”

Joint Euthanasia of Canadian Elderly Couple: how the culture of death is normalized

By Wesley J. Smith

Canada is fast becoming the Niagara Falls of euthanasia, rushing to join the “infamous

The doctor who first assessed Mr. Brickenden for his

Death-doctor shopping. If one MD won't give you death, just find a different doctor who will.

their immediate family at a bon voyage dinner at their daughter Pamela's apartment.

The evening of their deaths was more intimate, Pamela, Angela and Saxe told me two days later. “It couldn't have been a better way to go. Totally peaceful,” Angela said. “It allowed them to bow out gracefully together, as they lived.”

Present were Pamela, Saxe and Angela, their spouses, the two doctors and Andrew Asbil, the Dean of Toronto's St. James Cathedral, who later told me he had “without hesitation” supported the couple's wish for their funeral to be held at the Anglican church.



three” — the Netherlands, Switzerland, and Belgium — by now permitting the joint euthanasia of elderly couples.

A *Globe and Mail* reporter interviewed the couple before they were put down, and the family was well aware of their plans. There were apparently no efforts at suicide prevention.

The first time the couple asked to be killed, their doctor — a pro-euthanasia advocate — approved both their deaths. But the second-opinion MD refused to certify because the husband did not have a diagnosed condition. So, the couple carried on for another year.

The next time they asked for joint euthanasia, the first doctor made sure that the required second opinion was made by a different doctor. From the *Globe and Mail* story:

eligibility in January, 2017 – the same doctor who would ultimately inject the lethal medications on the evening of his death – said that kind of stoicism and the fact that Mr. Brickenden still looked good at the time of his appointment may have played a role in his being turned down for an assisted death the first time.

More than a year later, after Mr. Brickenden's fainting and heart problems surfaced, a different, second doctor assessed Mr. Brickenden and found him eligible.

I'll bet the second doctor is known as pro-euthanasia too.

This happens in the U.S. too.

There was a time when the joint suicides of elderly people — technically, these were homicides — were deemed to be tragic, and families wracked their hearts wondering what could have been done to save them.

No longer. This joint killing was celebrated and romanticized with a going away party held by the family and supported by the local Anglican dean:

Two nights before their death, the Brickendens went out for one last date at Opus, their favourite restaurant in Toronto's Yorkville neighbourhood.

The next night, they bid farewell to more than 20 members of

This is how the culture of death is normalized.

I have no reason to doubt this family loved their folks and think they were doing right by them. That's part of the problem with euthanasia!

But anyone who doesn't think that elderly euthanasia could also be coerced or arise out of fears of abandonment, doesn't understand human nature or our elder-abuse crisis.

For those with eyes to see, let them see.

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

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Study shows Abortion Pill Reversal safe and very often effective

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

About two thirds of women who had progesterone injections or took progesterone pills to reverse their chemical abortions succeeded, says a new study appearing in an established medical journal.

The study, "A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone," authored by prominent abortion pill reversal developer George Delgado and several other national and international medical researchers, appears in the current issue (Volume 33, Number 1, 2018) of the peer-reviewed journal *Issues in Law & Medicine*.

Chemical abortions ("medication abortions") are typically supposed to involve two drugs: mifepristone, which causes a shutdown of the baby's life support system, generally taken at the abortion clinic, followed 24-48 hours later by misoprostol, a prostaglandin, which triggers powerful contractions to expel the child from the uterus. The Abortion Pill Reversal technique is premised on the woman not taking the second drug and being given large dosages of progesterone in order to counteract the effect of the first pill.

After years of dismissal, the study has given pause to even the most vehement critics of what is known as Abortion Pill Reversal (APR) (Andrusko, NRL News Today 4/5/18). The latest study addresses two of the chief criticisms leveled by abortion advocates: that previous APR case studies have involved no more than a handful

of women, demonstrating a lack of any real demand, and that no more babies were saved than if women had simply not take the second drug (the misoprostol).

Hundreds of Successful Reversals

The study in *Issues in Law & Medicine* deals with the 1,668



Dr. George Delgado

calls abortion pill reversal's international hotline received from women between June 24, 2012 and June 21, 2016 seeking information about reversing the chemical abortions they had initiated.

That more than 1,600 women called the hotline to inquire about reversal is itself an indication that there is some basic level of genuine interest or even demand for such an option. It is not difficult to imagine there would have been even more calls had the service been more widely publicized and had not been so widely dismissed by the medical establishment and the media as bogus.

Of those 1,668 calls, just under half (754) followed through and initiated the progesterone treatment.

Some of these women waited longer than 72 hours after taking mifepristone, while others had already taken the second drug misoprostol, so the progesterone was not expected to work. These 38 women were excluded from the study.

Another 112 were excluded because they disappeared and

was administered affected results, Delgado and his research team also evaluated various delivery routes for the progesterone, trying progesterone pills, injections, and vaginal suppositories. Suppositories had only modest success, with just 32% seeing reversal.

However high doses of the oral pills and intramuscular injections were considerably more successful--68% and 64% successful, respectively.

The team also looked at success rates by gestational age. They found considerably higher percentages of reversals at later gestations. Reversals at 5 weeks gestation were only 25%, but jumped to 46% by week 6. Nearly half (49%) at 7 weeks, reversals reached 61% by 8 weeks and 77% by 9 weeks.

Thus the push of the abortion pill promoters to have the FDA extend the cutoff date for use up through the 10th week that could increase the number of chemical abortions may actually make more of these babies savable.

Success in the face of early dismissals

While the public at large (including most journalists) were not aware, promoters of the abortion pill regimen have known for decades that mifepristone used alone could not be reliably be counted on to produce an abortion with clinical regularity. It simply didn't always work. That's why

researchers lost contact before the women reached their 20th week of gestation. They may have gone on to have had an abortion, a miscarriage, or given birth, but researchers had no data on them to count either way.

Fifty-seven women (about 8%) changed their minds again and decided to complete their abortions.

This left 547 cases for Delgado and his team to evaluate. Of those, 257, or 47% saw their abortions reversed--that is, they had their babies. An additional four women, not counted in the 547, were lost to follow up after 20 weeks. However given that they were still pregnant at the time, researchers counted them as successful reversals, yielding an overall reversal rate of 48%.

To see if the way progesterone

See "Study," page 18

Study shows Abortion Pill Reversal safe and very often effective

From page 18

they eventually mandated that it be used in conjunction with the prostaglandin misoprostol to finish the job and increase the “effectiveness” rate.

In 2012, when Delgado came forward with results from his first six cases, the four successful reversals were dismissed by abortion researchers/advocates and their medical and media allies.

Beyond vague intimations that it was dangerous (though most conceded it wasn't), the charges were usually that few, if any, women had changed their minds about their chemical abortions. The sheer number of calls to the APR hotline showed there was real demand. But there was a potentially more devastating criticism.

In this instance they did not deny that children had been born to patients that Delgado treated. But they charged there was no reason to believe that women receiving the progesterone boost were any more likely to bear a child than were women who simply never took the standard regimen's second drug.

In other words, critics charged the extra progesterone boosts were a waste of time, a lot of extra activity and expense for an outcome that would be the same, good or bad, if nothing at all were done other than not taking misoprostol, the second drug.

But the new study flatly disproves that assertion

Delgado studied early literature on the use of mifepristone, looking at “effectiveness” rates which did not include the companion drug misoprostol. Studies distinguishing between incomplete abortion (where

some tissue remained in the uterus, whether or not the child was dead or gone) and actually continuing pregnancies generally showed embryo survival rates no higher than 25%.

Essentially, this means that, at best, maybe one in four babies could survive if a woman took a low dose of mifepristone but never returned to take the misoprostol.

Delgado's overall success rate in this case series was almost exactly twice (48%) the figure when no second drug is taken (25%). The success rate of other techniques were as high as 64% and 68%.

Clearly the APR technique is far better at saving babies than just not taking the second drug.

What about the health of the babies born?

Progesterone is a natural hormone whose use has not been thought to pose danger to mothers or their unborn babies. But to be sure Delgado tracked congenital anomalies to see whether there was any reason to think reversal might be associated with developmental problems discovered at birth.

There were seven cases of births with anomalies, none fatal, few serious. These included a child with a birthmark, one with a missing toe, one missing a couple of missing fingers, another with deafness on one side. Other cases included a heart murmur, and cysts found on a kidney or a choroid plexus (a group of cells in the brain producing cerebrospinal fluid), situations that often resolve themselves with time and end up having little practical effect.

The rate of congenital

anomalies in the general population is about 3%, meaning that the rate found here (2.7%) reveals no additional risk connected to progesterone treatment.

The same 2.7% of patients delivered their babies pre-term (that is at less than 37 weeks gestation). But this is actually significantly better than the 10% national pre-term birth rate.

Nine women gave birth to twins, meaning there were more babies saved (270) than there were reversals (261)!

Time for critics to eat crow?

In 2015, the august American College of Obstetricians and Gynecologist took it upon themselves to publicly disparage Delgado's method, saying “Doing nothing and waiting to see what happens is just as effective as intervening with a course of progesterone” (*Slate*, 4/5/18). In 2016, go-to reversal critic Daniel Grossman told reporter Ruth Graham “There's no evidence that any kind of treatment is better than doing nothing.”

Today, critics are singing a different tune, if doing so quietly. ACOG hasn't updated its website since Delgado's study came out, but its most recent statement (8/17) no longer makes those same bold claims about his method's supposed ineffectiveness.

Grossman has spoken out since Delgado's most recent study appeared, now admitting the reversal method “makes some biological sense” though he still wants to say that it is too soon to draw any conclusions from the paper (*Washington Post*, 4/4/18).

Grossman tells the *Post* that while just a small fraction of women change their minds about their chemical abortions each year, repeating one of the early charges against the method, he admitted the number is “not zero, and I do think that women who change their minds should be given the best available information about what they should do.”

Furthermore, he now grants that the question of whether or not these abortions can be stopped or reversed is something that should be studied, though he still wants to make clear that he doesn't want states mandating that doctors [abortionists] tell women about a treatment he still labels “experimental.”

Delgado clearly believes his latest case series and his literature review establish that the abortion pill reversal method does indeed work better than the “do nothing” alternative. More research is needed, he agrees, but on progesterone dosages and the best routes of administration to get the highest possible reversal rates.

Given its demonstrated safety, convincing evidence that it works, and tangible proof that this is something many women clearly want, Delgado feels that rather than wait for years of more testing, “the science is good enough that... we should go with it” (*Washington Post*, 4/4/18)

There are at least 261 mothers and 270 babies that are glad he did.

“Just the Facts” of fetal development makes a powerful case for life

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

As a journalism student, I was taught never assume. Yet, as a radio reporter, when covering the issue of abortion, I assumed that my listeners knew the basics about abortion.

The huge irony here is that I myself did not have a fundamental knowledge of abortion—in other words, what it did to an unborn child, and what it could do to a mother, in terms of emotional and psychological after-effects.

By that I mean that, for a long time, I did not know that abortion stops a beating heart. I had no clue that, at just 24 days after conception, the baby’s heart is beating.

I wonder right now, in newsrooms across America, how many reporters know that important fact about a preborn child’s development.

Nor did I know that, a mere

30 days after conception, a child has regular blood flow within his or her vascular system. I was clueless that, at 42 days after conception, the baby’s skeleton is complete. And I had no inkling that, 43

days following conception, a little boy or girl’s brain waves can be detected.

News stories do not include the amazing—I would say miraculous—course of fetal development. I suppose there

are a number of reasons for this: it’s not considered news, it could be construed as favoring the pro-life side, or it represents too much biology for a news piece.

But the fact is, an unborn child’s development is great news to many, many people. If merely explaining the facts biases an article to the pro-life side, then the pro-abortion side lacks credibility. And news reporters routinely include gory details in their reports, so a little biology wouldn’t hurt. The truth is that, on mere science alone, the pro-life argument can and should prevail. We have the facts on our side, and it is up to us to share that vitally important information with everyone—including the news media.

We owe it to preborn children and their mothers to do nothing less.



Tennessee House Joins Senate, Passes Bill to Defund Planned Parenthood Abortion Facilities

Permanently Redirects Family Planning Funds to Local Health Departments

NASHVILLE, March 23, 2018 – Tennessee Right to Life applauds final passage of legislation which codifies existing policy established in 2011 by the Haslam administration which prioritizes public health departments to receive Title X family planning funds rather than Planned Parenthood abortion facilities in the state.

Prior to 2009, Planned Parenthood facilities received preferential treatment in the awarding of more than \$1 million tax dollars annually. For decades the funds were automatically directed to Planned Parenthood without any bidding process or request for proposals from other entities.

If signed by Gov. Bill Haslam, SB 2494 /HB 2262 will permanently establish that



Tennessee Gov. Bill Haslam

first priority for distribution of the funds will be given to public health departments, the policy of the Haslam Administration since 2011.

The House overwhelmingly passed the legislation on Thursday by a lop-sided vote of 74-15-1. The Senate passed the legislation on March 5 by a vote of 25-1-1.

“Tennessee Right to Life is grateful to pro-life members of the General Assembly who are committed to protecting women, girls and unborn children by prioritizing public health departments to receive Title X funds,” said Brian Harris, president of the state’s oldest and largest Right to Life organization. “Voters will reward these legislators in

November for their support of Right to Life priorities,” said Harris.

Prime sponsors of the measure were Senator Jack Johnson (R-Franklin) and Representative Bill Dunn (R-Knoxville.) “This pro-life bill was passed overwhelmingly in large part due to the vigilant care with which sponsors Johnson and Dunn shepherded the measure. Tennessee Right to Life expresses our appreciation for their work and wisdom,” said Lorene Steffes, board member of the organization. “We look forward to continuing to work with the Legislature to restore full protection to the vulnerable unborn in our state,” said Steffes.

Kentucky Senate joins House in approving ban on dismemberment abortions

By Dave Andrusko

Kentucky is on the brink of becoming the ninth state to approved a ban on the vicious and gruesome practice of dismemberment abortions.

By an overwhelming vote of 31-5, the Kentucky Senate approved House Bill 454. On March 12 the House signed off on a slightly different version of HB 454 by an equally lop-sided vote of 71-11. The two bodies are ironing out their minor differences. Kentucky pro-life Gov. Matt Bevin is expected to sign the bill.

The two bodies will iron out their minor differences when the legislature reconvenes March 27. Kentucky's very pro-life Gov. Matt Bevin is expected to sign the bill.

Eight states have already passed bans on dismemberment abortions: Kansas (2015); Oklahoma (2015); West Virginia (2016); Mississippi (2016); Alabama (2016); Louisiana (2016); Arkansas (2017); and Texas (2017).

During discussion in the Senate Judiciary Committee, the "ACLU of Kentucky and other people who testified against the proposal this year say the bill will significantly

reduce women's access to safe abortions," according to Morgan Watkins of the *Louisville Courier Journal*



Kentucky State Rep. Addia Wuchner

whose story did not make a pretense at balance. In addition, they complained that the bill would be challenged in court and cost the state money.

Reuter's Steve Bittenbender reported that "Addia Wuchner, a Republican, tweeted after a state Senate Judiciary Committee hearing, that her bill protects 'unborn children

in Kentucky from intentional bodily dismemberment.'"

In a dismemberment abortion, a living baby is pulled out, a

11 weeks. Bittenbender quoted the Guttmacher Institute, the abortion industry's in-house think tank to tell readers that most abortions are done in the first trimester:

While dilation and evacuation is used in most second-trimester abortions, nearly 90 percent of all abortions are performed in the first trimester, according to the Guttmacher Institute, a research group that supports abortion rights.

Neither addressed what South Carolina state Sen. Katrina Shea said during debate in that state's Senate Medical Affairs Committee over its ban on dismemberment abortions:

"If this was a bill about puppies" Sen. Shealy add, "we would have people lined so far down that hall to save a dog that we couldn't get them in the building. I cannot even understand why we are having an argument here."

piece at a time. The abortionist uses clamps, grasping forceps, tongs, scissors or similar instruments that, "through the convergence of two rigid levers, slice, crush, and /or grasp a portion of the unborn child's body to cut or rip it off."

Watkins' attempt to minimize the brutally was to tell readers that the baby is small and weighs only a few ounces at

Hospital to return to court today to establish final timeline to withdraw Alfie Evans' ventilator

From page 1

Parliament, supported her conclusion, adding that

he had attended a meeting with officials at the Liverpool hospital, where Alfie's father Tom Evans presented what he believed was fresh evidence.

His understanding was that a decision on ending life support was on hold for the hospital to review the case and consider "alternative options", including taking Alfie to Italy for treatment.

But as we wrote at the time, Alder Hey, which has been adamant that Alfie's ventilator be disconnected and that he not be allowed to be flown to a hospital in Rome for further evaluation and possible treatment, referred only to its previous statement about finding "the most appropriate palliative care plan."

Sure enough, late on Thursday, the hospital issued a statement saying that "[W]e must return to the High Court, as we are legally required to do, for guidance about a date on which to withdraw treatment from Alfie." They reiterated that they had unsuccessfully tried "to reach agreement with parents about the most appropriate palliative care plan for their child" and were going back to court a date certain to remove his ventilator, according to Connor Dunn of the *Liverpool Echo*.

Kate James was furious. She wrote on Facebook

"After the meeting today with Alder Hey that we have fresh

evidence and fresh material, including a second opinion from another air ambulance company agreeing that Alfie is fit to fly, and if Alder Hey were to liaise with them, they would fly Alfie.

"They have gone behind our backs

Hey were listening to us and in reality, they went behind our backs and disregarded everything that went down in the meeting." The evidence Mr. Evans was alluding to was posted on Alfie's Army Instagram page which said that Alfie

that has baffled physicians and specialists.

Tom and Kate lost at all three levels of the British judiciary—the trial court, the Court of Appeal, and the Supreme Court. All backed the hospital's conclusion. Their last ditch appeal to the European Court of Human Rights was rebuffed.

That is why when the hospital returned to court—rather than listen to the medical evidence which is what the parents thought Alder Hey had agreed to—was such a bitter pill.

In his Tuesday Facebook post, Mr. Evans wrote, "Alfie's was having okay couple days u till last night he was having frequent seizures so we sent of sputum tests and urine and he had a urine infection. Part of his right lung had collapsed and his left lung had consolidation on it. Antibiotics and lots of physio."

But his plea that Alfie be transported to Bambino Gesu hospital was as strong as ever:

His features haven't changed, he hasn't stopped growing, he responds to as much as he can, he fights through seizures without any effect taking to him. ...

HE SHOULD BE IN ITALY WHERE THEY WANT TO KEEP HIM ALIVE AND TREAT HIM AND AT LEAST PREPARE US TO TAKE HIM HOME



As I have said all along our son is not dying why should this have to happen to him?????



via Alfie's Army Facebook page

and at 4pm sent the application back to justice Hayden to remove Alfie's life support as soon as tomorrow, even though in the meeting they agreed to view the evidence and have a meeting over it."

Alder Hey countered, "At no point has a date for withdrawal of treatment for Alfie been agreed with his family."

Mr. Evans added more detail on Instagram, charging that the hospital had "agreed to view the evidence and have a meeting over it."

"We walked out of that meeting with confidence that Alder

has been " s t r e t c h i n g , coughing, swallowing, making breathes on his own, yawning, sucking his dummy" [candy]

and reacting to being tickled.

The hospital's position is that Alfie's condition is terminal, that the Bambino Gesu pediatric hospital can do nothing more than Alder Hey already has, and that maintaining Alfie on a ventilator would compromise his "future dignity," in the words of Justice Hayden.

Alfie, who was born May 9, 2016, has been a patient at the hospital since December 2016. He suffers from a devastating degenerative brain disorder

Supreme Court appears skeptical of California law impinging on pregnancy help centers' free speech rights

From page 2

The 2015 law has particularly onerous provisions for two different kinds of women-helping centers. Locally funded pro-life medical clinics are compelled to advertise taxpayer-funded abortions. Specifically

The notice, which the law specifies must either be posted as a public notice in “22-point type,” “distributed to all clients in no less than 14-point font” or distributed digitally “at the time of check-in or arrival,” applies to all pregnancy help medical clinics licensed by the state.

“California has public programs that provide immediate free or low-cost access to comprehensive family planning services (including all FDA-approved methods of contraception), prenatal care, and abortion for eligible women. To determine whether you qualify, contact the county social services office at [insert the telephone number].”

What if the pregnancy help center does not offer medical services? Under the Act, they have an obligation to all-but-scream to pregnant women that they aren't licensed medical facilities. Jay Hobbs has explained they

will be required to post the following signage in two “clear and conspicuous” places—“in the entrance of the facility and at least one additional area where clients wait to receive services,” as well as in “any print and digital advertising materials including Internet Web sites.”

The font required is to be “in no less than 48-point type” and will read as follows:

“This facility is not licensed as a medical facility by the State of California and has no licensed medical provider who provides or directly supervises the provision of services.”

The absurdity of the law, particularly its reach, was captured in a back and forth between Justice Anthony Kennedy and a lawyer for the state. *NPR's* Nina Totenberg,

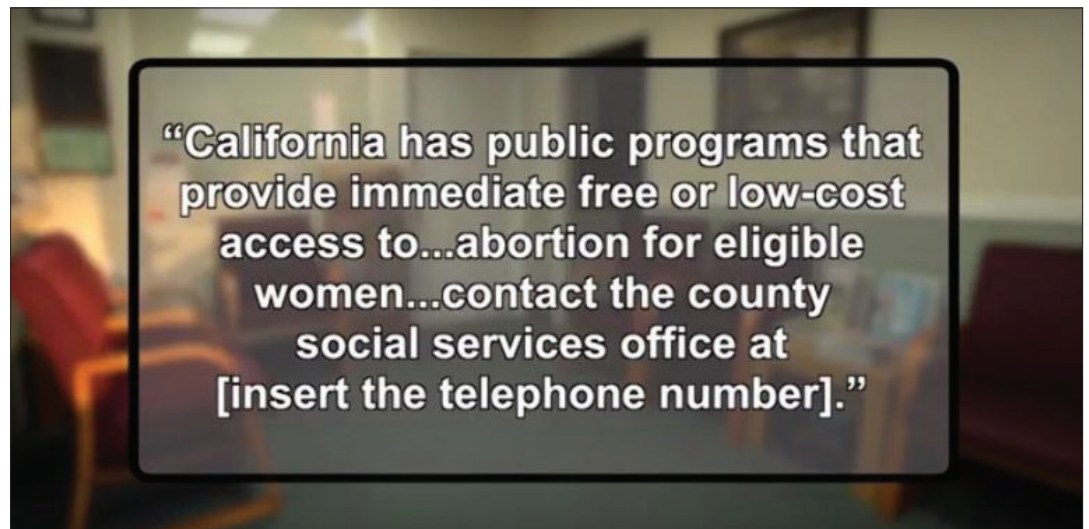
to provide the required state disclosures in all the languages that were spoken. Joshua Klein, a deputy solicitor general, said the clinics are required to provide the notices in 13 languages.”

Kristen Waggoner, who represented the pregnancy-help centers, said there was no need for unlicensed medical centers to disclose their status. “They're not doing anything that requires a license,” she said, “so why would they need to say that?”

The same kinds of anti-pregnancy help centers arguments have undergirded

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

In a related story, elsewhere in this edition of *NRL News*, we report that attorneys for the city of Baltimore have asked the Supreme Court to review a unanimous decision handed down in January by the 4th U.S. Circuit Court of Appeals which crushed the



pro-abortion to the core, nonetheless noted that Kennedy **cited a hypothetical example of a billboard in Los Angeles with the words ‘Choose Life.’ He asked the lawyer for the state if it was paid for by an unlicensed facility if it would have to say so in large font and in multiple languages.**

The lawyer for the state said that it would. For Kennedy, that seemed to be too much.

David Savage of the *Los Angeles Times* wrote that Justice Samuel Alito “asked how clinics in Los Angeles County could be expected

similar laws which by and large have been stricken. As Liptak observed, “Other federal appeals courts have struck down similar laws, saying that the government could find other ways to inform women about their options.”

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

“The State can deliver its message without infringing upon anyone's liberty,” Trask wrote. **“It may purchase television advertisements**

city's ham-handed attack on the Greater Baltimore Center for Pregnancy Concerns, a pregnancy help center. According to *Baltimore Sun* reporter Andrea K. McDaniels, “The city filed a petition asking the nation's highest court to review its case as well as the California case. If the court declines this request, city officials hope a decision in favor of California's law could help Baltimore reinstate its ordinance.”

If what reporters were saying about oral arguments in front of the Supreme is accurate (and the full transcript fully supports that conclusion), that awful Baltimore ordinance should be toast.

Politifact aborts the facts about abortion being the leading killer of black lives

By Ryan Scott Bomberger

Politifact sounds unbiased and soooooo journalistic. But it's often not—especially when the “fact-checkers” are the same dishonest journalists who daily deliver deception in the form of fake news.

“Politifact is non-partisan” or so it says. Sure. And Hollywood is politically diverse. The self-anointed “fact-check” operation explains its mission is to “sort out the truth in American politics.” There’s obviously a typo in there. I’m pretty sure they meant, “filter out.”

Politifact was created by the *Tampa Bay Times*...which needs some serious fact-checking itself.

In a recent *Politifact* “fact-check,” headlined, “State Representative (R-TX) Jason Isaac makes *Mostly False claim that abortion is the leading killer of black Americans*,” W. Gardner Selby plays a pathetic game of semantics to arrive at a false conclusion about abortion’s impact in the black community.

Abortion is the number one killer of black lives, outnumbering the CDC’s reported top 15 leading causes of deaths among blacks in 2014—combined. The pro-abortion Guttmacher Institute (created by Planned Parenthood) reported 926,200 abortions in 2014, 28% of which were among black women. That’s 259,336 deaths (711 per day) via induced abortions versus 246,122, respectively. (It was 996 abortions per day back in 2008 which Rep. Isaac may have been quoting as archived at <https://bit.ly/2uQn0tY>)

Abortion-induced deaths of the unborn in the black

community are 69 times higher than HIV deaths, 31 times higher than (all other) homicides, 3.6 times higher than cancer-related deaths, and 3.5 times higher than deaths caused by heart disease.

Selby, preferring euphemisms over the literal meaning of words explains: “But it’s worth noting for starters that Isaac’s characterization of abortions as killing babies is disputed.”

Disputed by whom? Those

who unscientifically say unborn children are just clumps of cells? Political activists, like [outgoing] Planned Parenthood President Cecile Richards, who

See “*Politifact*,” page 42

RADIANCEFOUNDATION.ORG/LACKOFACCESS PRESENTS

LACK OF ACCESS

(TO THE TRUTH)

“Reproductive justice” activists (funded by population control orgs) blame high rates of abortion in the black community on poverty, higher uninsured rates, and “lack of access” to “reproductive health facilities”. *There is no lack of access.* There are about 600 Planned Parenthood facilities nationwide. There are over 13,000 other taxpayer-funded federally qualified health facilities that provide far more real healthcare (minus the violence of abortion) for women, men and children (born and unborn)—regardless of ability to pay. See GetYourCare.org.

926,200 ABORTIONS IN 2014

Race/Ethnicity	Percentage
White	39%
Black	28%
Hispanic	25%
Other	8%

*2014 STATS (MOST RECENT) FROM PRO-ABORTION GUTTMACHER W/ QUESTIONABLE SURVEY RESULTS. CDC SHOWS 30% BLACK, 36% WHITE, 18% HISPANIC.

(THIS INCLUDES PRIVATE PHYSICIANS & PRACTICES.)

1101 IN NYC, HOME OF ABORTION GIANT PLANNED PARENTHOOD, THERE ARE MORE BLACK BABIES ABORTED THAN BORN ALIVE.

Race	Abortions per 1,000 Born Alive
Black	557
Hispanic	228
White	228

*2014 stats from www.health.ny.gov/statistics/vital_statistics/2014/table23.htm

U.S. POPULATION BY “RACE”/ETHNICITY

Race/Ethnicity	Percentage
White	62.1%
Black	13.2%
Hispanic	17.4%
Other	7.3%

*2014 POPULATION STATS FROM U.S. CENSUS BUREAU

5x MORE In NYC, black women “access” abortion at a rate **5 times higher** than white women and **twice as high** as Hispanics. Aren't these 100 plus (nearly never inspected) abortion facilities providing the alleged “reproductive health care” like education & contraception to prevent pregnancies?

79%

OF ALL PLANNED PARENTHOOD ABORTION FACILITIES ARE LOCATED WITHIN WALKING DISTANCE OF BLACK & HISPANIC NEIGHBORHOODS.

www.protectingblacklife.org/pdf/PP-Targets-10-2012.pdf

2014 NYC POVERTY RATES

www.nyc.gov/html/ceo/html/poverty/lookup.shtml

Race	Poverty Rate
Hispanic	24%
Black	21.5%
White	14.4%

2014 NYC UNINSURED RATES

(EVEN AFTER FULL IMPLEMENTATION OF OBAMACARE)

www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/acs/insur_2014acs1yr_nyc.pdf

Race	Uninsured Rate
Hispanic	17%
Black	10.5%
White	6.4%

There's No Going to Disneyland After Abortion

There is no 'Happily Ever After' to be found there for anyone

By Melissa Ohden

Editor's note. This appeared on Melissa's blog. Melissa is the survivor of a "failed" saline abortion in 1977. She speaks all over the world including at many National Right to Life Conventions. She has often written for NRL News. She is the author of "You Carried Me."

With the recent tweet by a Planned Parenthood affiliate about the "need" for a Disney princess who has had an abortion (and who was "pro-choice"), I was reminded of the following article I wrote six years ago that is still relevant today. (Six years! Our youngest daughter is now almost the same age that our oldest was at that time!) But I digress...

No matter how the abortion industry or media attempt to frame it, abortion affects all of us. It doesn't just end a life (most of the time), it affects the lives of men and women, extended family members. It affects relationships for generations, unless there is healing that occurs. There is no Disney princess who's had an abortion, because there is no going to Disneyland after an abortion. There is no 'Happily Ever After' to be found there for anyone.

Here's the original post from six years ago.

"I'm going to Disneyland!" You won the Super Bowl? You sailed around the world? Now what are you going to do? "Go to Disneyland," that's what. Or so the catchphrase goes.

Maybe it's because I'm the mother of a soon to be four-year-old, who, like so many little girls

her age, is mesmerized by all things Disney—the princesses, the castles, even the mere scrawling of the word, Disney, on merchandise and on the movie screen, invokes a shriek of joy from Olivia. Maybe it's because I've spent far too many visits recently with members

"Look Mom, it's Stitch!" Olivia shouted from her stadium chair as we watched Disney on Ice a couple of weeks ago. As we watched Lilo, Stitch, Nani (Lilo's sister), and others skate gracefully across the ice, depicting for us the meaning of 'ohana' (family), I was reduced

segment changed and Stitch was strumming a ukulele and singing Elvis tunes, I couldn't get my mind off of it. Abortion.

I thought to myself, "I must be the only woman in this place watching a harmless show with her daughter and thinking about abortion." I glanced around the arena filled with happy, joyful families, trying to shake the thought from my consciousness. But as I watched Lilo and Stitch that Saturday with Olivia, I felt the deep pain that comes with experiencing loss and I sensed the powerful love that adoption had brought into Lilo's and Stitch's lives.

"Why can't I just go to a show with Olivia and enjoy myself?" I questioned myself. "Why can't my life just ever be normal?" Why? Because after an abortion, there is no "going to Disneyland," like the old catchphrase goes. As I've been telling students in Hamilton, Ontario, Canada this week, where I am speaking at seven different high schools, abortion changes everything. It not only ends a life, but it transforms others, forever.

And not just a woman's life, but a man's life, grandparents' lives, aunts and uncles, siblings, cousins, friends, communities. Relationships are altered; many are damaged or ended.

For so long now, women have been told not only that it's their "right" to have an abortion, but so, too, they have been told that it is a simple procedure from which they can easily move on



of my biological family that involved an outpouring of tears from them over the abortion that was meant to end my life decades ago.

But for the last couple of months, I have kept thinking over and over again about how my life hasn't been "normal" since I found out that I was an abortion survivor—how I can never turn off the reality in my heart and in my head not only about what happened to me, but about what happens to children in our world everyday and how women, men, families, and entire communities are deeply affected by abortion.

to a sobbing mess.

For those that may not know the back story, Lilo and Nani lost their parents in a car accident. Stitch, a cute, albeit, historically dangerous alien life form, who looks more like a big mouse than an alien, is adopted by Lilo. That's the short version of the story. The long version involves Dr. Jumba trying to recapture this alien life form on Earth and Lilo fighting to save and keep Stitch.

'Ohana.' Family. Grief and loss. Fighting to keep the family that you have. Yep, I was a sobbing mess.

Even when the pace of the

See "Disneyland," page 33

The reality of fetal pain versus pro-abortion mythology

By Dave Andrusko

As reported elsewhere in the April edition of *NRL News*, the Missouri House of Representatives has given initial approval to H.B. 1266. The measure would protect unborn babies from abortion who are 20 weeks and older, a developmental point by which the baby would feel unimaginable pain as she is torn apart. If the bill eventually becomes law, Missouri would join the 16 states which have already enacted the Pain-Capable Unborn Child Protection Act.

As I read some of the news accounts, replete with the customary pro-abortion baloney,

amazingly fanciful. I hadn't notice it at the time but evidently Maggie Fox of *NBC News* had read twitter posts from a "doctor" and decided to interview him after the Senate vote.

Fox can be very perceptive reporter, but less so when she wanders into politics. For example, "the doctor just explained late-term abortion—on Twitter" is the virtually omnipresent Dr. Daniel Grossman.

Grossman is not some ordinary M.D. He is a nearly full-time abortion apologist who composes such convoluted half-truths it takes five times as much space to rebut them as for him to compose them.

done related to this recent bill."

Small problem. Everything—everything—he told Fox is wrong. Demonstrably wrong. Wrong in the sense of being debunked years ago.

For instance, using data from the pro-abortion Guttmacher Institute, we've already posted many times that they understand that the reasons women have "late abortions" are not (as Grossman says)

for many reasons... including a late diagnosis of a severe fetal abnormality that means it would not

and talked a lot about abortion clinic closings in Texas, but never fully disclosed **why** they closed, something our own Dr. Randall K. O'Bannon did in much detail on these pages.

But the principal gaffe—and it is colossal—is his breezy assurance that "Research has shown a fetus does not yet have the capacity to experience pain until at least the third trimester, and unlikely until birth."

Birth?! Yikes. This is so over-the-top, so at odds with research as to be almost laughable. Grossman is presumably relying on the infamous (and nearly 13 year old) study in *JAMA* authored by pro-abortion activists, a canard which NRLC, among others, demolished.

But you kind of understand why Grossman says this nonsense when he adds, "There is some data to suggest that the fetus is kind of in a semi-anesthetized state throughout all of the pregnancy and that all of the perceptions are blunted."

He's probably referring to a 2010 "Fetal Awareness" paper issued by Britain's Royal College of Obstetrics and Gynecologists (RCOG). As one neurologist said of the notion that the unborn child is not fully awake, "This belief has not been a topic on the radar screen of fetal pain discussions in recent years, and appears to come out of left field. It is hard to avoid the impression that the authors view this new proposal as a kind of scientific trump card."

As so it goes. Grossman was and is sloppy and Fox can't be bothered to even alert her readers to Grossman's status as an abortionist and abortion apologist (or even correctly identify Senate Majority Leader Mitch McConnell as a Republican, not a Democrat).

Say this for the likes of Grossman and Fox. They keep us busy correcting their errors and omissions.



I was reminded how "the more things change, the more they stay the same." I thought back to earlier this year when Senate Democrats successfully prevented Republicans from cutting off a filibuster of the federal Pain-Capable Unborn Child Protection Act. (Sixty votes were needed to "invoke cloture" in order that there could be an up or down vote.)

And as is customarily the case, the media coverage was

For example, he tells Fox **"I really feel like it's important for policymakers, legislators, to use the best available scientific evidence when they are making policy related to health. I also think it's important for them to listen to the patients that are affected by this healthcare and neither of those things were**

survive after birth, or be in severe pain.

Women may also need an abortion to save their lives.

"Many reasons," yes, but reasons having to do with relationship problems, having other children, suffering from depression, or denying to themselves they are pregnant/ putting off a decision.

In addition, Grossman wrote

Author of “The Culture of Death” is featured speaker at NRLC 2018 convention

By Dave Andrusko

Editor's note. Before you know it, it will be June 28 and the opening morning of NRLC's three-day convention in Kansas City, Kansas. If you have not already registered for NRLC 2018, please don't wait another day. Go to nrlconvention.com/register.

*One of the many superlative speakers who will address the pro-life educational event of the year is author and bioethicist Wesley J. Smith, an old friend and a favorite of pro-life audiences. The following is Part One of my review of his revised version of **The Culture of Death**.*

I was absolutely stunned when I read the first few chapters of *The Culture of Death: The Age of 'Do Harm' Medicine*, written by the redoubtable and always insightful Wesley J. Smith.

Was it the caliber of his insights? No, I had come to expect superlatives from the author of the “Human Exceptionalism” blog at *National Review Online*, a daily source of insight into the nihilistic mindset of what can only be described as the priesthood of contemporary bioethics.

Was it his style? Only to the extent that Wesley was even more polished than ever, such as the “oozing of bioethics into every nook and cranny of the West's institutions.”

I was stunned by something more mundane: the realization that while I had read, *The War on Humans and Forced Exit: Euthanasia, Assisted Suicide and the New Duty to Die*, I had never read the first edition of *The Culture of Death*! The

good news is that Wesley's revised edition is on my desk where I am devouring a chapter at a time between writing posts for *NRL News Today*.

Kennedy Professor of Christian Ethics at the Kennedy Institute of Ethics. There is this telling quote which comes early in the revised edition. It speaks

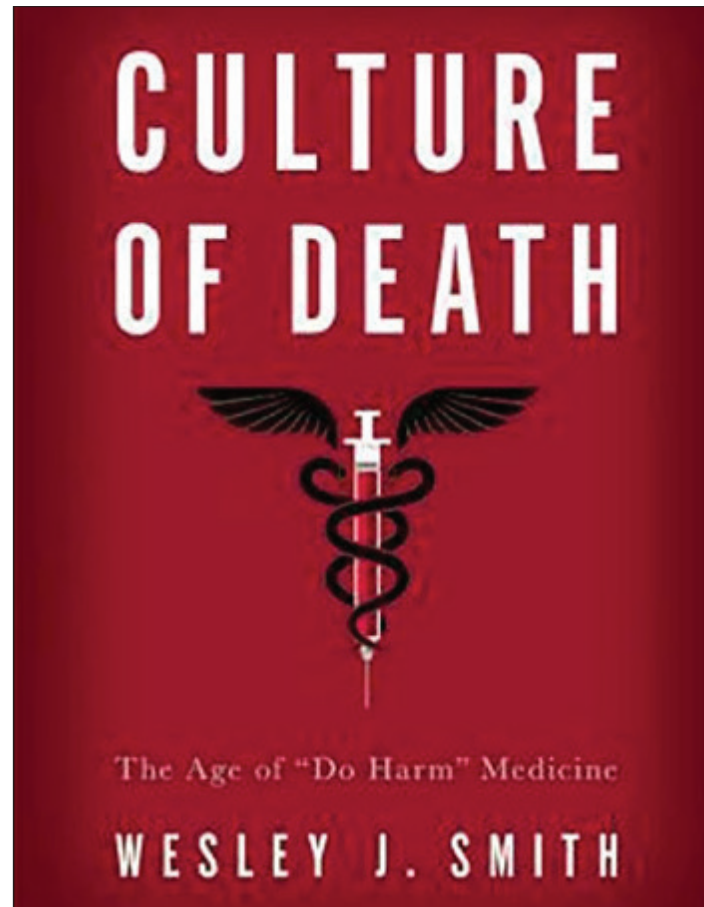
Oath, in Judeo-Christian morality, the prohibition against killing the innocent, and in the common law. ... [But] much of modern bioethics is clearly subversive of this tradition of common morality. Rather than promoting respect for universal human values and rights, it systematically seeks to subvert them. In modern bioethics, nothing is, in itself, either valuable or inviolable, except utility.”¹

The culture of death, whose vanguard is the bioethical establishment ensconced in think tanks, law schools, and as editors of elite medical journals, is quite literally subversive—and proud of it. As Wesley explains, they are convinced that the ideas and philosophies that have undergirded the way we look at human beings (especially vulnerable human beings) are not only outmoded, but dangerously so.

Their goal, their *raison d'être*, is “forging a new ethical consensus in its own self-created image. There's a word for such a breathtaking agenda: ideology.”

I will return to *The Culture of Death* repeatedly over the next month. Please continue to read these posts and to buy copies of this invaluable resource.

[1] In 2015 we re-posted a brilliant critique that Dr. Keown wrote of Physician-Assisted Suicide.



The book is so good that I will write a couple of additional separate posts.

Today's post will be brief, starting with ordering details. You can purchase *The Culture of Death* (as they say) wherever books are sold. If a store doesn't carry, it can be special ordered. It's in stock at Amazon and Barnes and Noble online and is available in Kindle, Nook, Applebooks, etc.

For the first edition of the book, Wesley interviewed the great John Keown, the Rose F.

volumes about what has become the medical culture of death:

“Traditional common morality, as its name suggests, comprises ethical principles common to civilized cultures. The notion that there are objective principles, which society must respect if they are to qualify as civilized, has been expressed in the West in the Hippocratic

“Fake News” long preceded 2016 (see relentless media distortion about fetal pain)

From page 2

What’s a pro-abortionist to do? Skip around the inconvenient, bloody truth about what happens and to whom when a pain-capable baby is aborted and, of course, ignore/obfuscate/obliterate the solid public support for a bill to stop these hideous abortions.

A perfect example of the rhetorical runaround is pro-abortion scribe Amanda Marcotte. She announced recently she’s discovered “How the anti-abortion movement helped invent fake news,” sub-headed, “Anti-abortion activists trained the right to accept and perpetuate lies. Now the problem has metastasized.”

Now to be clear, truth is always the first casualty with Marcotte talks about abortion. This is the same Amanda Marcotte who in referencing singer Nicki Minaj in 2015 urged us to see that pregnancy is like “when you break your leg” and abortion is the “cast.”

Or who in the same year declared that “Actual biologists, for what it’s worth, argue that life is continuous and that a fertilized egg is no more or less alive than a sperm or an unfertilized egg.” Of course, this is the kind of error a ninth grade biology student wouldn’t make.

As Paul Stark astutely observed, this “is to confuse ‘life’ in the sense of all life everywhere on the planet going back to the beginning with the life of an individual human being.”

Or who this year announced that “legitimate scientists say that the earliest possibility that

unborn babies can feel pain is around 29 weeks.”

Twenty-nine **weeks**? Please.

And those are just three of many bizarre examples.

So what did she argue (again) in her *Salon* post? It is almost embarrassing to go through her “argument,” but at its simplest

more complex and even more so today when there is a vast variety of new groups many of which are avowedly secular. Or that the Movement’s leadership has **always** been predominately female.

So with that dismal start, Marcotte rolls out some of the

excruciating pain at 20 weeks.

There are other half-baked allegations from Marcotte, the slipshod kind that blame proliferators collectively for the action of one man who has been ruled legally incompetent, a man who ranted “about doomsday prophecies and claims that he



(and it is all simple), Marcotte is asserting that the pro-life movement is really rooted in the old “Righteous Right” and that opposition to abortion is really cover for “hostility to women’s equality and sexual liberation.”

How original.

Never mind that this is not even marginally true or that the Movement’s origins are far

usual usuals and other ploys so old that even pro-abortionists are reluctant to dust them off.

By definition, we’re told, that there can be no after-effects from abortion, which is absurd on its face. And of course “fetuses” can’t feel pain in the second trimester. In fact there is plenty of direct and indirect evidence that the unborn child is capable of experiencing

was the target of a decades-long conspiracy involving federal law enforcement agents,” and who believed President Obama “was the Anti-Christ,” according to the *Denver Post*.

But if the goal is to smear, who cares? She (and all the others of her ilk) hope that if you throw enough mud, some will stick.

Have Abortion Pill Reversal (APR), Will Travel

How This Mobile Crew Helped a Mother Save Her Baby

By Kate Franklin

It was near midnight one Friday evening in March when Kaitlyn* made a desperate phone call. She had taken the first pill of the two-pill regimen for a chemical abortion, and was looking for a way to undo it.

At just eight weeks into her pregnancy, Kaitlyn had already gone through a range of emotions. Though she was happy about her pregnancy, she was scared. The timing didn't seem right, and her hopes for her future seemed to be falling apart.

Discouraged, she eventually set up an appointment for an abortion. She missed it, but then chose to reschedule. The second time, she went to her appointment and took the abortion pill.

As she and her boyfriend left the abortion facility, they caught a glimpse of a sign carried by a sidewalk counselor with information regarding Abortion Pill Reversal (APR). The next night, they found information online about the treatment and placed their call to the APR hotline (877-558-0333, AbortionPillReversal.com).

“Let’s get the ultrasound and go.”

Kaitlyn was in tears. After listening to Kaitlyn and her boyfriend’s concerns, the APR phone operator connected them to Courtney Parks, a local nurse from HELP Pregnancy Center near Charlotte, North Carolina. The next morning, Parks and Kaitlyn quickly set up an appointment for an assessment aboard HELP’s ultrasound mobile unit. Before the appointment, Parks enlisted the help of a local sidewalk counselor, Vicky Kaseorg, to counsel Kaitlyn.

In actuality, the plan would prove more complicated than

that. Kaitlyn wouldn’t get off work until much later that evening. Over the course of the day, Parks, Kaseorg and Kaitlyn would go back and forth, trying to devise a new plan to get Kaitlyn the help she needed.



*Volunteers and staff pray to dedicate HELP’s mobile ultrasound unit, which they would use to save Kaitlyn’s baby’s life.
Photo Courtesy: HELP Pregnancy Center*

“We were just like, the longer this goes, the less chance this baby has,” said HELP’s sonographer, Kelly Byrum, who eventually joined Parks and Kaseorg in their quest.

With Abortion Pill Reversal, time is critical for saving babies. Although it is recommended that women begin the protocol within 24 hours of taking the first abortion pill, a number of babies have been saved within as much as 72 hours. That Saturday, Kaitlyn would be coming up on 48.

Byrum quickly determined that if Kaitlyn couldn’t come to them, they would have to go to Kaitlyn.

“And then it dawned on me,” said Byrum. “We had a laptop ultrasound unit on that mobile unit. I said, ‘Let’s get the ultrasound and go.’ So at that point, that decision was made. We were like, ‘Yeah. Let’s do it.’”

“This baby sure wants to live!”

Saturday evening, Byrum, Parks, and Kaseorg scrambled to gather all they needed to make the 45-minute trip to Kaitlyn’s workplace. Byrum

in the little baby’s chest. I wanted to scream with joy, but Courtney the nurse had to make all medical declarations first.” (Emphasis hers.)

And Courtney did:

‘There is the baby’s heart...as you can see... beating,’ said Courtney. ‘Praise God!!!’ I cried. ‘It’s alive?’ the woman asked, tears in her eyes, ‘Oh my. This baby sure wants to live!’

Still Beating

One week after the reversal, Kaitlyn and her boyfriend returned to HELP for another ultrasound to check the status of their baby.

“Almost immediately, we saw the beating heart,” writes Kaseorg in a follow-up post. “Courtney whispered, ‘It’s beating.’ Then she hugged me. We had a LOT of love and emotion and effort invested in this baby. A good strong heartbeat, a week’s worth of growth, and the little baby was moving about.”

To the delight of Kaseorg and her companions, they were able to partake in yet another momentous event in the young couple’s lives: A proclamation of their Christian faith.

“The couple was eager to commit their lives to Jesus at that point,” writes Kaseorg. “They had seen a bona-fide miracle of God in the life of their baby, and they saw no good reason not to proclaim Him as Lord and seek to live for Him from that moment forward.”

APR’s Proven Success

Kaitlyn’s is just one of hundreds of Abortion Pill

called one of HELP’s medical directors, Dr. Matt Harrison, one of the two doctors who pioneered the Abortion Pill Reversal Protocol. He advised her to start the reversal immediately.

Early the next morning, Kaitlyn arrived at HELP once more to have an ultrasound.

Kaseorg, the sidewalk counselor who was present throughout the weekend’s events, recounted the moment on her blog:

“I think we all were holding our breath as Courtney started the ultrasound scan,” writes Kaseorg. “We all stared in breathless silence at the ultrasound screen as the picture of the sac and the baby materialized on the screen. Even I, untrained in sonography, saw the beating heart pulsating

Archbishop Dolan charges Democrats have slammed the door on Catholics

Party once embraced Catholics but no more

By Dave Andrusko

For those of us of a certain age and background, Archbishop Timothy Dolan's recent op-ed in the *Wall Street Journal*, "The Democrats Abandon Catholics," was painfully accurate, in fact excruciatingly so.

The Democratic Party has sold its institutional soul lock, stock, and barrel to the Planned Parenthoods and NARALs and EMILY's Lists of this world. If you grew up, as I did, in a family that was not Catholic or the least bit political but always, **always** voted Democratic, this truth reminds you how far the party has come.

Archbishop Dolan is writing about several issues, including some that apply specifically to the Catholic Church. But his broader point rings true with single-issue pro-lifers of any religious denomination or none: "the right to life of the baby in the womb," he writes, has largely "been rejected by the party of our youth."

He offers several examples, including pro-life Rep. Dan Lipinski of Illinois' third congressional district who narrowly defeated a militant pro-abortionist in the Democratic party primary. In Congress since 2005, Rep.

Lipinski should have been embraced wholly and without the slightest reservation.

What miniscule help the party did afford him came late. Had it not been for pro-lifers, surely he would have lost to Marie



Archbishop Timothy Dolan

Newman, the darling of NARAL, EMILY's List, and Planned Parenthood's political arm.

The decided lack of enthusiasm reminds us—as it did Archbishop Dolan—of how "Last year, Democratic National Committee Chairman Tom Perez insisted that pro-life candidates have no place in the modern Democratic Party."

There are also issues specific to New York which are vivid examples of what a foothold abortion has established.

Archbishop Dolan speaks lovingly of the late Delores Grier who was "named vice chancellor of the archdiocese three decades ago by Cardinal John O'Connor," an African-America who "was the first layperson and first woman to hold the prestigious position."

She fully understood that "abortion was an act of genocide against minorities." Dolan adds

The statistics today confirm her observation: In 2013 there were more black babies aborted in New York City (29,007) than were born here (24,758), according to a report from the New York City Department of Health and Mental Hygiene.

But the assault on unborn babies in New York is unrelenting.

More sobering, what is already the most radical abortion license in the country may soon be even more morbidly expanded. For instance, under the proposed Reproductive Health Act, doctors would not

be required to care for a baby who survives an abortion. The newborn simply would be allowed to die without any legal implications. And abortions would be legal up to the moment of birth.

And who, by the way, is the motivating force between the "Reproductive Health Act?" Abortion extremist Gov. Andrew Cuomo, son of the late Gov. Mario Cuomo who patented the "personally opposed" argument for Catholic politicians.

I can do no better than end with Archbishop Dolan's more in sorrow than anger conclusion:

I'm a pastor, not a politician, and I've certainly had spats and disappointments with politicians from both of America's leading parties. But it saddens me, and weakens the democracy millions of Americans cherish, when the party that once embraced Catholics now slams the door on us.

I went into that abortion clinic as one person and came out quite different

By Sarah Terzo

This post-abortion woman felt relieved when her abortion was over. But then the aftereffects began.

“When I went to be checked out by the doctor [after the abortion], an incredible sense of relief swept over me. It was over, finished. The doctor said I was fine and could look forward to having more children. Everything suddenly seemed okay and I could get on with my life now that the “problem” had been dealt with.

Looking back, I can see that I went into that clinic as one person and came out quite different...

I got back together with my boyfriend. We never talked about what I had done or where I had been; it maintained the denial...

Just 13 months after our wedding day, the marriage broke up. I gave up my career; I could not function properly.

Then I just went haywire. Between drinking and taking “uppers and downers”, I struggled with

suicidal feelings; I was in a twilight zone where I hated myself, men, doctors and I suppose everything and everyone.”

Her second marriage fell apart as well.

With two broken marriages behind me, I got involved with a church group which helped you get



She married again and had a son.

“... When Benjamin was born, I couldn’t relate to him. Certainly I loved him, but I was terrified of being a real mother to him. I always felt I’d damage him or break his little body somehow, or that I would lose him... Meanwhile I suffered from sleep disorders and couldn’t eat. I’d hallucinate and hear children crying, and dream of rows of tiny grey babies in chains.

through the grief over lost relationships. We thought we were dealing specifically with death, divorce and separation, but every time we moved into deeper territory, it was my abortion which caused me pain. In my denial I’d been calling it a “termination”, not abortion, and now my denial was being gently stripped away...

I went to my first SPUC [pro-life] conference. I’d been invited to hear a

woman called Olivia Gans, the founder of American Victims of Abortion [a group for post-abortion women, to help them heal]. As she spoke about her life and the things that had been unearthed in the United States about women who had had abortions, I thought, “She’s talking about my life.”

I wanted to cry and scream with relief. I thought, “I’m not crazy after all!”...

She became involved with a post-abortion support group, British Victims of Abortion.

“Now I knew I wasn’t alone. After an article about BVA appeared in *Bella* magazine, I had dozens and dozens of calls in one week from women like me. Healing came from being with other women, breaking down the isolation and naming the pain.”

Melanie Symonds, Phyllis Bowman: *And Still They Weep: Personal Stories of Abortion* (The SPUC Educational Research Trust, 1996), Pp. 4-7.

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

Personhood, function, and desire: Why the strongest argument in defense of abortion doesn't work at all

From page 12

proposing a “threshold” (a certain degree of the relevant trait) and asserting that everyone above the threshold matters equally. Mere assertion, however, doesn't make it true. If the value-conferring trait comes in varying degrees, then any threshold is arbitrary—and actual equality is still a myth.

Where the argument goes wrong

The function view, then, has awful and false implications. That's because it flows from false assumptions.

The most common versions of the view (those that emphasize self-awareness, sentience, and desire) seem to assume that psychological states are all that matter morally—so killing is only wrong if it thwarts someone's desires or conscious experiences. “In order for a harm to occur,” explain Giubilini and Minerva, “it is necessary that someone is in the condition of experiencing that harm.”

This thinking, however, “confuses the experience of harm with the reality of harm,” as ethicist Scott B. Rae observes. Imagine that a man is secretly robbed of an inheritance he never knew he had coming (to use an example from philosopher Robert N. Wennberg). Has he been wronged—even though he doesn't know it? Of course he has. The same is true when someone is robbed of his life.

The primary injustice of killing an innocent human being is not that it thwarts desires he happens to have (though thwarting desires may be, in general, a wrong thing to do). It's that it deprives him of his life. That life is valuable whether he currently values it or takes an “interest” in it or not.

“[I]t is the loss of the good of life, not the interference with the desire for that good, that constitutes the harm [of killing] and hence the wrong done,” concludes Kaczor.

What we are, not what we can do

The function view is right, however, to think there's something special about the functions typical mature human beings can perform. We can reason, and create, and choose, and love. But the function view is wrong to suppose that having rights requires the *present* ability to do these things. That idea leads to the injustice and inequality described above.

Indeed, the function view, as philosopher Stephen Schwarz explains, falsely equates *functioning* as a person with *being* a person. All human beings have the inherent (or basic) capacity to function in personal ways, whether or not that capacity is developed or currently exercisable. We have this capacity by nature—by virtue of what (i.e., the kind of being) we are.

Actual functioning, then, isn't what matters. We have dignity and a right to life not because

of *what we can do*, but because of *what we are*. There's no test of mental ability we must pass in order to count.

This is why every single member of the human family has human rights. Infants are included, and comatose patients are included, and people with dementia are included.

This is why we are all equal—because the basis for our value is something we share in common. We are equally human, even though we differ with regard to every function.

And this is why the very best arguments for abortion just don't work, and never will. Because if all human beings have an equal right to life, then so do unborn children.

Editor's note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life (MCCL), NRLC's state affiliate.

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City of Baltimore asks Supreme Court to review decision striking down its law targeting pregnancy help centers

By Dave Andrusko

I suppose any port in a storm. Attorneys for the city of Baltimore have asked the Supreme Court to review a unanimous decision handed down in January by the 4th U.S. Circuit Court of Appeals which simply crushed the city's ham-handed attack on the Greater Baltimore Center for Pregnancy Concerns, a pregnancy help center.

The three-judge panel affirmed a 2016 ruling by U.S. District Judge Marvin J. Garbis that a Baltimore ordinance targeting pregnancy care center violates the First Amendment—precisely the position taken by opponents of the ordinance. The Supreme Court heard oral arguments last month in a California case very similar to what happened in Baltimore.

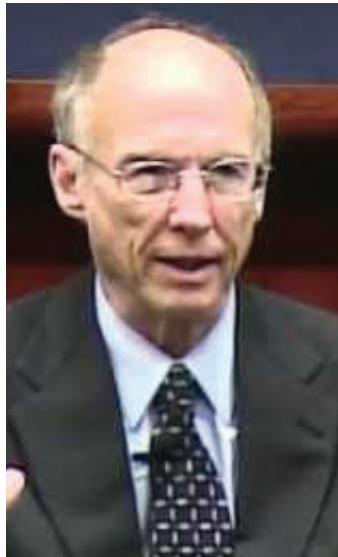
Baltimore Sun reporter Andrea K. McDaniels explained, “The city filed a petition asking the nation’s highest court to review its case as well as the California case. If the court declines this request, city officials hope a decision in favor of California’s law could help Baltimore reinstate its ordinance.”

Suzanne Sangree, an attorney for the city, told the *Baltimore Sun*, “We want the court to be aware of our case and the factual record in our case.”

So what was the 2009 ordinance based on? The assertion that the Greater Baltimore Center for Pregnancy Concerns was “misleading” women. The ordinance (as explained in the opinion written by Judge J. Harvie Wilkinson III, and joined in by Judges Allyson Duncan and G. Steven Agee) “requires any ‘limited service pregnancy center’ to post a disclaimer in its waiting room notifying clients that it ‘does not provide or make referral for abortion or birth-control services.’”

In his 21-page decision, Judge Wilkinson was unsparing in his criticism.

Starting with his most trenchant observation, he wrote, “After seven years of



Judge J. Harvie Wilkinson III

litigation and a 1,295-page record before us, the city **does not identify a single example of a woman who entered the Greater Baltimore Center’s waiting room under the misimpression that she could obtain an abortion there**” (emphasis added).

Wilkinson said of the ordinance, passed December 4, 2009, “The compelled speech at issue here raises particularly troubling First Amendment concerns. At bottom, the disclaimer portrays abortion as one among a menu of morally equivalent choices. While that may be the City’s view, it is not the Center’s. The message conveyed is antithetical to the very moral, religious, and ideological reasons the Center exists. Its avowed mission is to ‘provid[e] alternatives to abortion.’”

There is an extended

discussion of which “level of judicial scrutiny” should be employed which is interesting but takes us away from the hub of the decision. For example, how the ordinance only applies to pro-life centers, not to abortion clinics. Wilkinson observed

Particularly troubling in this regard is that the ordinance applies solely to speakers who talk about pregnancy related services but not to speakers on any other topic; and that the ordinance compels speech from pro-life pregnancy centers, but not other pregnancy clinics that offer or refer for abortion.

Wilkinson addresses a phase of the case other judges have highlighted. That while “The classic First Amendment violation has always been thought to involve an outright prohibition by the state of certain speech,” he wrote, “over time, adjunct First Amendment rights have emerged, which in their own way have become as significant for expressive liberty as the right not to be silenced by a disapproving public entity.”

Among those “adjunct rights,” Wilkinson explained is **the right not to utter political and philosophical beliefs that the state wishes to have said. ... These adjunct rights have become crucial to speech freedoms because, without them, states can bend individuals to their own beliefs and use compelled speech as a weapon to run its**

ideological foes into the ground. Preserving some distance between the state and the message is thus the aim of preventing banned speech and compelled speech alike, and it is what gives the right in this case its fundamental character.

Similar laws forcing pregnancy centers to post such signage have been struck down in New York City and Baltimore, as well as Austin, Texas and Montgomery County, Maryland. The latter was eventually ordered to pay pregnancy centers \$330,000 in attorney’s fees.

What about hope at the Supreme Court? We wrote about the case the day of oral arguments and quoted the lead from the *New York Times*, not exactly a hotbed of pro-life sentiment. *The New York Times*’ Adam Liptak began his story

“A California law that requires ‘crisis pregnancy centers’ to provide information about abortion met a skeptical reception at Supreme Court arguments on Tuesday. Justices across the ideological spectrum said they suspected that the law had singled out centers run by opponents of abortion. Justice Elena Kagan said she feared that the law had been ‘gerrymandered’ to address only some providers, something she said would be a serious First Amendment problem.”

Abortion thrives on discrimination, on the inhumane belief that some lives are better than others

By Jen Taggart

Pushing moms to abort babies diagnosed with Down syndrome isn't about respecting a woman's privacy, it's about lethal discrimination.

That's what *Pregnancy Help News* writer Katie Franklin argued in a letter published this week at *The Columbus Dispatch*.

Franklin wrote the letter following a March 14 decision from U.S. District Court Judge Timothy Black, striking down Ohio's law curbing abortions following a Down syndrome diagnosis, which the state passed in late 2017. Judge Black, a former director and president of a Planned Parenthood location in Cincinnati, struck down the law as an infringement of women's reproductive rights.

Aborting babies because

they've been diagnosed with Down syndrome has far more to do with discrimination and eugenics, Franklin wrote.

Horrifically, studies show that up to 90 percent of babies diagnosed with Down syndrome are aborted. In countries like Iceland, that figure is 100 percent. *Roe v. Wade*, which legalized abortion-on-demand for any reason in 1973, has protected this practice. Planned Parenthood, as one of the abortion outlets suing the state, is protecting this practice, all while receiving half a billion taxpayer dollars a year.

Abortion thrives on discrimination. It thrives on the inhumane belief that some lives are better than others.

When Ohio passed its ban on Down syndrome abortions, it became the third state to do so,

following Indiana and North Dakota. Ohio Attorney General Mike DeWine's office promised

Go to www.dispatch.com/opinion/20180320/letter-abortion-thrives-



to "continue to vigorously defend Ohio law" in light of Judge Black's decision. on-discrimination to read Franklin's full letter.

There's No Going to Disneyland After Abortion

From page 24

with their lives. After an abortion, they can "go to Disneyland," as the adage goes.

In a different way, men, too, have been guided to believe that an abortion meant that they could "go to Disneyland," too, since their responsibility to a child no longer existed, and they could go on with their lives like nothing significant had happened.

Yet the experiences of post-abortive men and women reflect that life doesn't just magically get better or simply and easily go on "as if nothing" had happened. I encourage you to check out the new videos by Silent No More (www.silentnomore.com) for stories that illustrate this first-hand.

What is the allure of Disney and what is the significance of "going to Disneyland?" I've been pondering over the past few weeks. Watching and listening to Olivia, I believe that it's not only the flawless beauty of princesses or the storybook ideologies of love and valor, but the concept of 'Happily Ever After' that most attracts young and old alike.

No matter the depth of evil implored by Snow White's wicked stepmother, the Queen, no matter how many difficulties or obstacles Cinderella faced at the hands of her Stepmother and Stepsisters, in the end, the heroines of Disney live happily ever after. And we love that, don't we?! It warms our hearts to see good triumph over evil, for love to win over hate, for life to triumph

over death. And we desperately want our lives to be the same.

Yes, there are days that I wish I didn't think about abortion the moment that I look at myself in the mirror in the morning as I wipe the sleep out of my eyes. Yes, there are days that I wish that my last thought, my final prayers for the night, didn't involve abortion. Yes, there are days that I wish that I could take Olivia to a show like Disney on Ice and not think about abortion, but the truth is that there is no 'Happily Ever After' when it comes to abortion.

However abortion will always be a part of my life, the lives of my biological family, of my adoptive family, of my husband Ryan's and Olivia's lives, of my friends' lives. We are forever touched and forever changed by that one decision that was made to force an abortion on my birthmother.

No, there is no "going to Disneyland" for me when it comes to abortion. I am forever impacted and forever changed.

But God has blessed me with my own version of Happily Ever After, by allowing me to live, to be loved, to become united with my birthmother, and to be a wife and mother. How about a Disney princess who is alive today because her mother was blessed to live? Who has overcome her own health issues and is now thriving?

Hmmm...I might know of one.

Pro-Life Democrat defeating pro-abortion Democrat totally ignored by networks

By Dave Andrusko

Kudos to Scott Whitlock of *Newsbusters* for a first-rate column headlined, “Media Yawn as Pro-Life Democrat Beats Back Hard-Left Challenger.”

The March 20 contest was very unusual, not that it was pro-life versus pro-abortion, but rather that it was a party primary featuring a pro-life Democrat versus a pro-abortion Democrat. This battle was a very significant test of the Democratic Party’s compulsion to eliminate every pro-life Democrat, in this case Rep. Dan Lipinski.

Let me start with the obvious contrast in media coverage.

Suppose for the sake of discussion, pro-abortion Marie Newman had defeated pro-life incumbent Rep. Lipinski in the Democratic primary for Illinois’ 3rd congressional seat.

All the qualities that made Rep. Lipinski so important to National Right to Life and the pro-life community in general would have turned by *ABC* and *NBC* into evidence explaining why he had lost!

For example, during the current 115th Congress,

Lipinski, who has served in Congress since 2005, cosponsored and voted for the “Pain-Capable Unborn Child Protection Act,” legislation to

Lipinski also cosponsored and voted for the “No Taxpayer Funding for Abortion Act,” a bill that would establish a permanent, government-

those same networks would have told us how decisively it was that NARAL and EMILY’s List, and Planned Parenthood’s political arm poured scads of cash into the primary.

Near the end of his post, Whitlock observed

Despite a combined six hours of available air time on Wednesday, NBC’s Today and ABC’s Good Morning America skipped the story. (The first hour of CBS This Morning was preempted in much of the east coast due to snow coverage. But This Morning did not cover it in the second hour.)

Party primaries often don’t get much coverage, but if a conservative Democrat had lost to a Trump-hating progressive, it seems likelier that journalists would have shown some interest.

“Some interest”? It would have been massive.

Congratulations to Rep. Lipinski



protect unborn children at 20 weeks, a point by which science demonstrates the unborn child is capable of experiencing great pain when being killed by dismemberment or other late abortion methods.

wide policy against funding abortions or health plans that cover abortions.

But because Rep. Lipinski defeated Newman 51% to 49%, not a whisper from *ABC* and *NBC*. Had Newman prevailed,

Kermit Gosnell tricked unwilling teens into having abortions

By Sarah Terzo

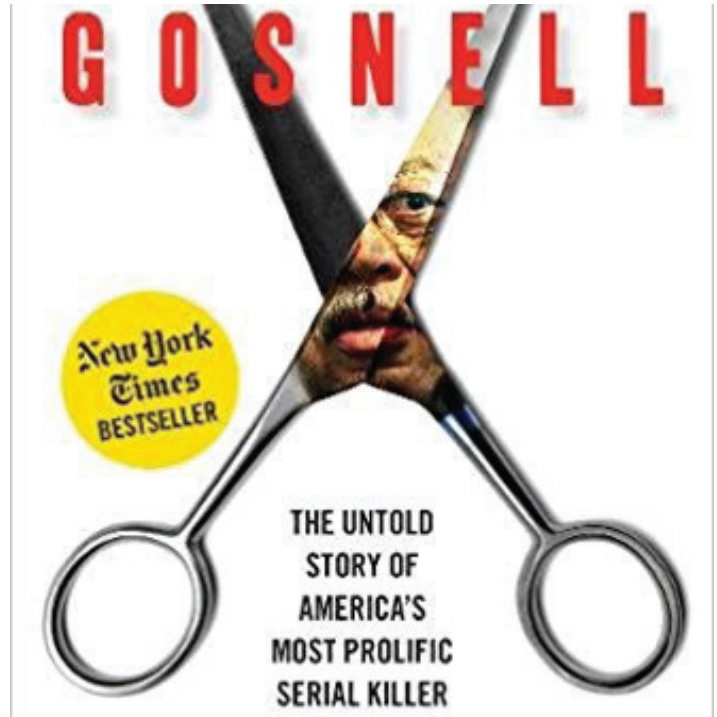
Kermit Gosnell, who was convicted of murdering babies who were born alive after abortions in his filthy clinic, tricked young women into having abortions even when they did not want them. This came from Kareema Cross, who worked with Gosnell.

According to writers Ann McElhinney and Phelim McAleer:

“She told detectives about minors who were brought to the clinic against their will by their mothers. If Gosnell sensed the girls might not want the abortion, he would give them a pill. After they had taken it, he would tell them that it was a poison, and that their child was already dead so there would be no turning back. In fact, Cross said, she saw many babies born alive after these mothers were induced.”

Ann McElhinney and Phelim McAleer, *Gosnell: The Untold Story of America's Most Prolific Serial Killer* (Washington DC: Regnery Publishing, 2017), p. 124.

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



Have Abortion Pill Reversal (APR), Will Travel

From page 28

Reversal success stories. For HELP, which began offering APR one year ago, it's a first. Although women had called the center seeking APR in the past, none had followed through.

Since APR officially began in 2012, the regimen has been credited with saving over 400 babies.

The treatment works by giving women extra progesterone, a natural hormone that is necessary to sustain a healthy pregnancy. The abortion pill, mifepristone (or RU-486), blocks progesterone, essentially starving the pre-born baby of nutrients. Since the 1950s, progesterone has been used as a safe medical intervention to fight miscarriages. Today, it

has the longstanding approval of the FDA.

Dr. Matt Harrison, the North Carolina physician who helped develop the APR protocol beginning in 2007, oversees the center's prenatal clinic and APR program. He has been instrumental in implementing the program at pregnancy centers along the east coast.

“Abortion Pill Reversal offers a second chance to women who change their mind after taking the abortion pill,” Dr. Harrison told Pregnancy Help News. “Our reversal protocol is safe, effective, and over 350 healthy babies have been born with another 100 on the way to moms that have chosen to reverse their abortions. We have over 400 providers

and have reversed abortions in 15 countries. Our overall success rate is 56 percent, but with proper use of our pill or injection protocol, our success rate reaches 68 percent!”

Since the rise of Abortion Pill Reversal, abortion activists and left-wing pro-abortion media outlets have dismissed the treatment as “junk science” and “dangerous.” But for Kaitlyn and hundreds of women like her, the science is very real—and meaningful.

Shortly after seeing her baby for the second time, Kaitlyn texted a video of the ultrasound to her mother who lives in another country, announcing her pregnancy.

“The mom told us that her mother was so excited

and happy,” Kaseorg told Pregnancy Help News. “And then she thanked us again for being there and for helping them. The boyfriend told us that he didn't know people like us existed and it gave him so much hope for humanity. I told him we were all people who love God and knew God's love for the unborn baby and that He is clear in his commandments that we are to help others when it is in our power to do so. I told them it was a privilege to be a part of this incredible miraculous story.”

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

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

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

Editor's note. Part One of Dr. O'Bannon story ran at NRL News Today (<https://bit.ly/2lCtwGU>). He provided an extensive background to the history of chemical abortions and how abortionists have ignored protocols in a ceaseless effort to make more money off of chemical abortions ("RU-486") and pave the way for Do-It-Yourself abortions.

In March of 2016, Beverly Winikoff, who helped bring RU-486 to the United States when she was with the Population Council, announced that her current group, Gynuity, was beginning a pilot study making abortion pills available by overnight mail to women in Hawaii, Oregon, Washington state, and New York. ...

Abortifacients for countries where abortion is illegal

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

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

No abortions were performed, but Gomperts got worldwide publicity for her group and for the abortion pill. She staged similar stunts in Poland in 2003, and Portugal in 2004,

and later in Spain and Ecuador in 2008 and Morocco in 2012. (Gomperts was also the PR genius behind the abortion train, the abortion bus, and the abortion drone.)

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

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

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

In 2017, women connected to Women on Waves joined with one of the academics who penned the aforementioned

2017 NEJM editorial to form a new group Women Help Women. They came with an accompanying website "helping" women who wanted to understand how to obtain and use abortion pills. Their service is geared towards American women who find their "access" threatened by state abortion limits and "hostile" new presidential administration (*NRL News Today*, 4/28/17).

Pharmaceutical makers rush in

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

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

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

Abortifacients on the U.S. black market

When Texas passed a series of laws from 2012 to 2014 regulating clinics and redirecting state family planning funds to organizations that didn't perform abortions, abortion advocates insisted that this led to the closure of several

abortion clinics. (A decline in demand was likely a big part of that.) And this, they said, led to a rash of women taking matters into their own hands, seeking out abortion drugs on the black market.

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

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

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

The plan made plain

The aim of all the activity, the research, the advocacy is becoming clearer. Abortion

See "Chemical," page 41

Former president of local Planned Parenthood, Judge temporarily enjoins Ohio's Down Syndrome Unborn Baby Protection Act

By Dave Andrusko

That a federal judge would issue a preliminary injunction blocking Ohio's Down Syndrome Unborn Baby Protection Act law from taking effect on March 23 is about as surprising as the sun rising in the East.

What is surprising is that everyone missed that Federal District Court Judge Timothy Black (appointed by President Obama) is "a former director and then president of Planned

from Black's biography submitted to the U.S. Senate (reproduced below) in which in addition to being a member of the Cowan Lake Sailing Association, Black lists being Director Planned Parenthood Assn. of Cincinnati (1986-1989) and its President (1988).

Westwood notes that there are times when judges, federal or otherwise, recuse themselves from cases to avoid even the slightest hint of bias – but pro-abortion Judge Black, she points out, chose not do so.

The plaintiffs include Planned Parenthood of Ohio, an abortionist, and three abortion clinics located in Cleveland, Cincinnati, and Dayton.

The *Toledo Blade's* Jim Provance reports that among other things in his decision, Judge Black wrote "the plaintiffs were likely to succeed on the merits of their claim that it would interfere with a woman's right under the law to seek an abortion prior to the viability of the fetus."

Reps Sarah LaTourette and Derek Merrin sponsored HB 214 in the House.

Last year while SB 164 was being debated in the Senate, the *Columbus Dispatch's* Megan Henry quoted Sen. Frank

lethal discrimination against Down syndrome children in the womb.

"I continue to say that this bill is about so much more than abortion," Rep. LaTourette told Provance.

11. Memberships:

- a. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in response to Questions 9 or 10 to which you belong, or to which you have belonged, since graduation from law school. Provide dates of membership or participation, and indicate any office you held. Include clubs, working groups, advisory or editorial boards, panels, committees, conferences, or publications.

Cowan Lake Sailing Association (1980-present)
 Director (2005-present), Commodore (2009)
 Abenakee [Golf and Tennis] Club (2004-present)
 Cincinnati Psychoanalytic Institute (1996-1999)
 Director (1996-1999)
 Summerbridge Cincinnati, Inc. (1992-1994)
 Director and Treasurer (1992-1994)
 Invest in Neighborhoods, Inc. (1982-1993)
 Director (1982-1993), President (1988-1993)
 Adoptive Parents Support Organization (1991-1993)
 Camargo [Golf and Tennis] Club (1980-1990)
 Planned Parenthood Assn. of Cincinnati (1986-1989)
 Director (1986-1989), President (1988)
 Pro-Kids, Inc. (1982-1988)
 Director (1982-1988), Vice President (1984-1986)



Federal District Court Judge
 Timothy Black

Parenthood in Cincinnati," according to Paula Westwood, Executive Director, Right to Life of Greater Cincinnati.

Westwood posted a section

LaRose, the bill's sponsor, who said, "To me, this a matter of medical ethics," adding "It's a matter of what kind of society do we want to have here in the state of Ohio."

As the bill was working its way through the House, Rep. Sarah LaTourette told the *Toledo Blade* the bill ends the

"I truly believe that it's about discriminating against some of our most vulnerable, discriminating against an unborn child simply because they might have a Down syndrome diagnosis. That's something that I find absolutely unacceptable."

Pro-abortionists challenging Missouri's commonsense regulations designed to protect the health and safety of women

By Dave Andrusko

On November 9, when last we visited Planned Parenthood's court challenge to what it called Missouri's "medication [chemical] abortion complication plan," U.S. District Judge Beth Phillips had just denied Planned Parenthood's request for a temporary restraining order. And because it did not win a TRO, the law went into effect the following day. As a result Planned Parenthood's Columbia, Mo., clinic was and is no longer performing chemically-induced abortions.

Judge Phillips is currently hearing testimony in a lawsuit filed by Planned Parenthood Great Plains and Planned Parenthood of the St. Louis Region and Southwest Missouri. They want the court not only to block enforcement of the requirement that abortion providers performing chemical abortions have two Ob-Gyns on call 24/7, but also other components of Missouri's omnibus SB 5 law passed in 2017 in a special session called by the governor.

In a story written by Rudi Keller of the *Columbia Tribune* we learn (not surprisingly) that

Colleen McNicholas, the Washington University obstetrician-gynecologist who now handles surgical abortions in Columbia, testified that major



Judge Beth Phillips

complications are "incredibly rare" and can be handled by an emergency room prepared to deal with a miscarriage.

But these are "commonsense regulations designed to protect the health and safety of women," insisted Attorney General Josh Hawley. "My office will continue to defend

these regulations."

On April 6 Dr. Randall Williams and Dr. Tumulesh Solanky testified for the state.

In his story written last November, Keller said Judge Phillips concluded there was no showing that the requirement "created a burden for women seeking medication abortions."

"There is no evidence regarding the number of women who will be affected, or how they will be affected," Phillips wrote. "In addition, as discussed above there is no current evidence regarding the burden of complying with the regulation. Thus, regardless of the regulation's benefits, Plaintiffs lack of proof on this issue precludes a finding that they are likely to prevail on the merits."

Among the submissions to the court by the Attorney General's office was "State Defendants' Pre-Hearing Brief and Motion to Dismiss for Lack of Jurisdiction."

In the 91-page long submission, there were many arguments explaining why Planned Parenthood's challenge must fail. One key provision was that it did not meet the test established in the 1992 *Planned Parenthood of Southeastern Pa. v. Casey* Supreme Court case.

Under *Casey*, to be unconstitutional, a requirement must present what the High Court called a substantial obstacle to women seeking abortions "in a large fraction of the cases in which [the Regulation] is relevant."

Missouri explained in great detail why in the case of chemical abortions the requirement for two Ob-Gyns is constitutional. That defense began by noting that "while *Casey* recognizes a constitutional right to *abortion*, it does not establish a constitutional right to *medication* abortion in particular. Rather, as the Supreme Court confirmed in *Gonzales v. Carhart*, the State may regulate, or even prohibit, a particular method of abortion, so long as 'a commonly used and generally accepted method of abortion' remains available"—in this instance, surgical abortions.

Bitter pro-abortionist reflects on the anniversary of the confirmation of Justice Gorsuch

By Dave Andrusko

Everyone knew that the elephant in the room in the 2016 presidential election was the Supreme Court—specifically who would replace the late Antonin Scalia and more generally who would fill future vacancies. (And that doesn't even touch on the hundreds of lower court appointments.)

The background was that pro-abortionists and Democrats (but, to quote Chris Plante, I repeat myself) were hopping mad that Senate Majority Leader Mitch McConnell had not held hearings on President Obama's nomination of Judge Merrick Garland to replace Scalia. They went so far as to insist that McConnell had a "constitutional responsibility" not only to hold hearings but also to have a vote.

This was historical revisionism on steroids. Even Glenn Kessler, the *Washington Post* Fact Checker, concluded this was not the case. The Senate Democrats' insistence is "simply telling supporters a politically convenient fairy tale."

So you **knew** that Democrats and their endless stream of minions in the mainstream media would hate President Trump's choice[s]. Besides the shock of not having reliably pro-abortion Hillary Clinton making nominations, what was worse for them was that Neil Gorsuch's hero was Justice Scalia.

So all their bile spews out periodically in just awful, vicious caricatures. The latest (although I'm sure I've probably missed an even more current assault) appeared in *Slate*, by Yuvraj Joshi, ran under

the headline, "Neil Gorsuch's Legacy Is Already Devastating: His nomination fight paved the way for a flood of hyperpartisan lower court judges."



Supreme Court Justice
Neil Gorsuch

What was the immediate spur for his over-the-top Jeremiah? This past Sunday was the anniversary of Justice Gorsuch's confirmation to the Supreme Court.

Of course, what really ticks Joshi off is that President Trump has delivered on his promise to choose jurists who do not believe the Constitution is funny putty to be molded to further whatever legislative goals they may have.

He is angry because Majority Leader McConnell put an end to the ability of Senate Democrats to utilize the filibuster to deny confirmation to Supreme Court nominees of Republican presidents (by employing the

so-called "nuclear option"). As NRLC said at the time the decision "ensured that future nominees to the Supreme Court who command majority support in the Senate will be confirmed."

Joshi is also angry that Republicans are less and less willing to allow Democrats to prevent hearings from being held on capable, talented lower court nominees. He laments

The Senate has confirmed 29 of Trump's judicial nominees, including 14 circuit court nominees. At this stage in their presidencies, Obama had six confirmed circuit court judges, George W. Bush had seven, and Bill Clinton had three.

He wants to blame this on what he euphemistically describes as "the breakdown in the judicial confirmation process that took hold in the Obama years and gained momentum with the Gorsuch fight."

Pray tell, what was the "breakdown" during the Obama years?

In 2013, then-Majority Leader Harry Reid along with fellow Senate Democrats employed the same "nuclear" procedure to eliminate the 60-vote hurdle for all presidential nominations other than Supreme Court.

What about the Supreme Court?

Note that prominent Democrats, including Reid and Sen. Tim Kaine, Clinton's vice presidential nominee, **explicitly** said in 2016 that Democrats would not hesitate to extend the simple-majority principle

to nominations to the Supreme Court, if Republicans ever tried to filibuster the Supreme Court nominee of a Democratic president.

In other words, if Clinton won the election (as almost everyone thought she would), Democrats were already vowing to do what Republicans did in 2017 after they won.

One other thought about Joshi's drenched—in-hypocrisy argument. He writes "that the end of the Supreme Court filibuster removed any remaining incentive to nominate moderate justices." At the end of his post, he charges that Trump is not interested in nominated jurists who are concerned with "bridging social divides."

Does anyone, and I do mean anyone, including Democrats, believe that a President Hillary Clinton would have nominated "moderate justices"? She would have nominated hardcore pro-abortionists to every level of the judiciary, women and men whose goal would be to continue to rewrite the social contract.

And could Joshi possibly believe that the same woman who when she was confident she would win announced that half of Donald Trump's supporters belong in a "basket of deplorables" characterized by "racist, sexist, homophobic, xenophobic, Islamophobic" views would be interested in "bridging social divides"?

Talk about living in a parallel universe.

We are reposting the story we ran after Justice Gorsuch was confirmed to remind you of how sweet was the victory.

Medical myths about Eighth Amendment must be challenged

Campaign of fear and misinformation has been deployed to tarnish reputation of Irish medicine

By Eamon McGuinness

Editor's note. This appeared in the Irish Times.

'The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.'

Those words were inserted into our Constitution by the Irish people in 1983. As a consultant obstetrician, and later as chairman of the Institute of Obstetricians and Gynaecologists, I served Irish women and their children under the auspices of the Eighth Amendment.

It should be a matter of some national pride that Ireland, in that time, has been one of the safest places on earth to be a pregnant woman, and one of the safest places in the world to be an unborn child.

In recent times, a sustained campaign has been waged by some people, including several of my colleagues in obstetrics and gynaecology, to suggest that the words at the beginning of this article put women's lives at risk.

If that were true, I myself would be leading the charge to have them expunged from the Constitution. A constitutional restriction on my ability, or the ability of any of my colleagues, to save the life of a pregnant woman would indeed be intolerable. Let me therefore be clear: no such restriction exists.

The Eighth Amendment

has one medical effect only: it prevents Irish doctors from deliberately, as an elective matter, causing the death of an unborn child. It awards to the

guidelines oblige doctors to act, even if that means the baby's life may be lost. They state that: "During pregnancy, rare complications can arise where

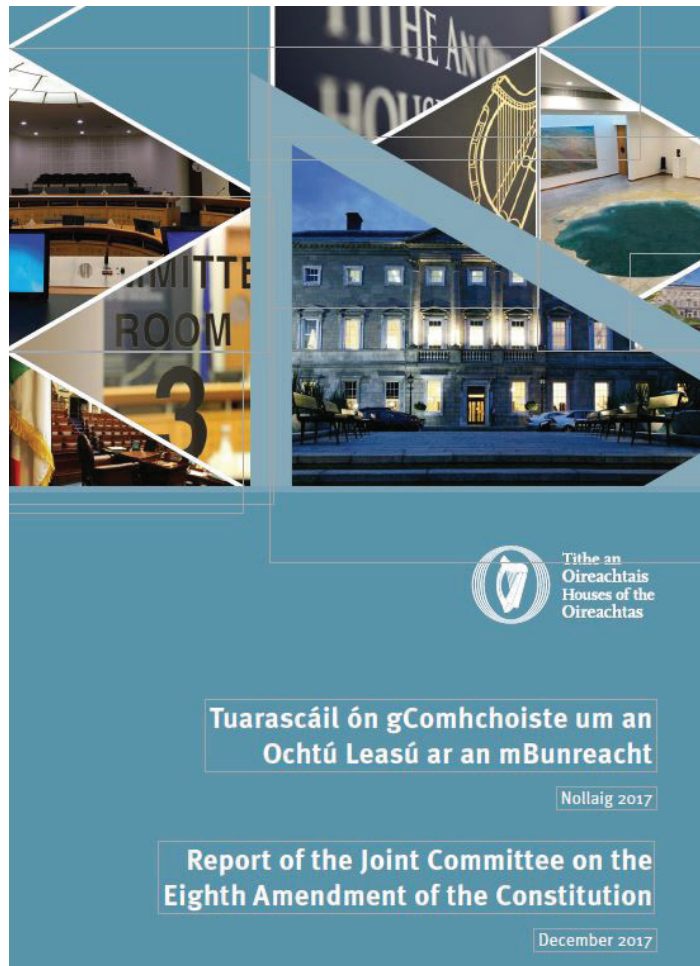
means: If a doctor feels that a pregnancy poses a real threat to a woman's life, even if that threat is not immediate, they may perform a termination, usually by delivering the baby.

Some of my colleagues have a personal view which is supportive of abortion; others, and I include myself in this number, believe the unborn child has a right to legal protection. However, the medical facts around the amendment are undeniable.

As recently as December 12th last, the Maternal Death Enquiry (Ireland) found that maternal deaths in Ireland were "extremely rare." Simply put, if doctors were being prevented by the Eighth Amendment from acting to save women's lives then this could not be the case. The facts support the contention that doctors are not restrained from carrying out life-saving interventions under the amendment.

Stories and claims

In recent weeks I have been made aware of a series of stories and claims being made online and elsewhere that simply do not reflect the reality of Irish medical care. For example, a pro-choice meeting in Kildare was recently told that a woman who has cancer while pregnant cannot avail of chemotherapy in Ireland. This is simply false, and it appalls me that such



child in the womb the right to have their life protected in Irish hospitals, in Irish GP surgeries, and in Irish operating theatres.

That right does not restrict doctors from acting to save the life of a woman where a serious complication arises.

Medical Council guidelines

In fact, Medical Council

a therapeutic intervention is required which may result in there being little or no hope of the baby surviving. In these exceptional circumstances, it may be necessary to terminate the pregnancy to protect the life of the mother while making every effort to preserve the life of the baby."

In plain English, that

See "Amendment," page 41

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

From page 36

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

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

They have their abortions at home and supposedly no one is the wiser. If they have problems, they just show up

at the Emergency Room and tell the doctor they're having a miscarriage.

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

The future

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

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

Measures like National Right

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

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

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

Laws requiring that an actual

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

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

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

Medical myths about Eighth Amendment must be challenged

From page 40

a claim would ever be made about our health service. Let there be no doubt: in such a situation, a woman can indeed be treated, even if the treatment leads to a detrimental outcome for the unborn child.

However, we now also now know that research has shown that chemotherapy and other treatments are usually safe for the unborn child.

Dr. Frédéric Amant has been described by the *Lancet* as "leading the agenda on cancer in pregnancy." His research, published in peer-reviewed medical journals and presented at the European Cancer Congress, showed that cancer treatments for the mother do not harm the unborn child as was previously believed.

Fear of chemotherapy is no reason to terminate a pregnancy, maternal treatment should not be delayed, and chemotherapy can be given, Dr. Amant concluded, adding that there was "no evidence termination improves outcomes for the mother."

My colleagues in Ireland in oncology practice tell me they have always been able to achieve an optimal cancer treatment for the mother without the need to forgo the life of the

child. There is no question of women being denied life-saving cancer treatment because of the amendment.

Other pro-repeal stories have said that women will often be asked if they are pregnant before some tests are administered – this is true, but it is also true that in every jurisdiction, including



those where abortion is fully legal, a doctor will want to know if a woman is pregnant before performing certain tests.

From where I am seated, it has been very disturbing to see what amounts to a campaign of fear and misinformation deployed to tarnish the image of Irish medicine and make Irish women fearful of the treatment they might receive.

The truth is that the Government proposes to legalise terminations through to the sixth month gestation, on the same basis as in Britain, in cases of a risk to the physical or mental health of the woman. In Britain, 98 per cent of all terminations are performed on these grounds.

Of those abortions, only

There is a legitimate moral debate to be had about abortion. As somebody who spent his life delivering and caring for young children and their mothers, I have a very clear view about where I stand on it.

For me, years of experience of sharing moments of joy and tragedy with Irish women has left me certain that a child is as human in the womb as it is when it first sees the light of the world.

Others take a different view, and I believe the debate should be measured and respectful. What is regrettable, however, is the publication of untruths about Irish medicine and the role of the amendment we are debating.

Terminations required to save a woman's life are legal in Ireland. They have been legal since 1983. The amendment does not inhibit our ability to treat a woman. It does one thing only – it bans us from intentionally killing one of our patients. I shall vote to retain it.

Prof. Eamon McGuinness MA FRCPI FRCOG is a consultant obstetrician and gynaecologist and a former chairman of the Institute of Obstetricians and Gynaecologists. He is a medical adviser to the Save the 8th Campaign.

0.2 per cent are performed on the basis of a risk to physical health. The remaining 99.8 per cent of British "health ground" abortions are performed on the basis of a threat to mental health, and in nearly all cases this threat is not specified. This "health" ground, in Britain, is simply a pro-forma statement used to justify any abortion sought by and performed on a woman.

Politifact aborts the facts about abortion being the leading killer of black lives

From page 23

say protesting an abortion is like protesting a man's colonoscopy?

Selby justifies such "dispute" by referring to pro-abortion activists who "refer to unborn fetuses". That changes nothing. Fetus is simply Latin for offspring. The offspring of humans are...humans. Embryology is unambiguous when it comes to this century-long known fact: human life begins at fertilization. Any act that intervenes and terminates that life prior to birth (such as miscarriage or induced abortion) causes the death of that human life.

"We of today know that man is born of sexual union; that he starts life as an embryo within the body of the female; and that the embryo is formed from the fusion of two single cells, the ovum and the sperm. This all seems so simple and evident to us that it is difficult to picture a time when it was not part of the common knowledge."

These were words published in 1933 by Guttmacher founder, OB/GYN and Planned Parenthood President—Alan F. Guttmacher—in his book *Life in the Making*.

Today, the pro-abortion Guttmacher Institute and its media allies ignore this irrefutable scientific fact.

Selby then protests: "The CDC doesn't say abortions kill babies." Does the CDC need to tell us blue is a color, too? His attempt to defend abortion and willfully ignore what it actually is is mind-numbing. But that's the point of today's agenda-driven #fakenews—to numb

the minds of the public to the violent atrocity of abortion.

Sure, in its annual Abortion Surveillance Reports, the CDC offers this clinical definition of abortion: "For the purpose of surveillance, a legal induced abortion is defined as an intervention performed by a licensed clinician that

"The loss of a baby during pregnancy remains a sad reality for many families" explains the CDC on its Pregnancy Loss page and describes a stillbirth as "the death of a baby before or during delivery." Mothers are warned against smoking because it can "separate the placenta from the womb too early, causing

of Extreme Preterm Births, compared with non-black American women." These studies showed preterm births were significantly increased by previous induced abortions. According to the CDC, black women have triple the abortion rates of white women.

The Institute of Medicine (IOM) of the National Academy of Sciences, like many other prestigious medical organizations, hides abortion data...you know... because they trust women. Buried on page 625 of this IOM study is Table B-5 which lists the "Immutable Medical Risk Factors Associated with Preterm Birth."

The third risk factor listed? Prior first trimester induced abortion. This crucial fact is mentioned nowhere else in the entire study. Now, is this science or is this politics?

Yet Guttmacher, which Politifact religiously regurgitates as irrefutable fact, made these false claims about induced abortion's impact on women: "Abortions performed in the first trimester pose virtually no long-term risk of problems such as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little to no risk of preterm or low-birth-weight deliveries."

Politifact (aka Politifiction) simply operates with the same DNA as its creator. Mainstream media needs to stop pretending it exists to inform the public. The Radiance Foundation gives Selby's "fact-check" a Mostly Political rating, which for the rest of us means Liar, Liar, Pants on Fire.

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



is intended to terminate an ongoing pregnancy."

Yet, the Merriam-Webster dictionary, which has been around a lot longer than the CDC, defines abortion this way: *the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus such as the induced expulsion of a fetus.*

The CDC provides such an antiseptic definition when it comes to ending the life of an unborn child via induced abortion. But when discussing prenatal care or pregnancy loss, 'baby' magically adorns every discussion.

bleeding, which is dangerous to the mother and baby." There the CDC goes again conditionally acknowledging the humanity of something Selby likes to pretend is not alive.

Interestingly, Selby mentions short gestation and low birth weight (the result of preterm births) as 22% of the cause of post-birth infant mortality. Preterm births also cause birth defects like cerebral palsy, developmental delays, as well as vision and hearing problems.

This meta-analysis, citing 49 studies, showed that "black American women have triple the risk of Early Preterm Births and quadruple the risk