national RIGHT TO LIFE NEWS

April 2021

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Post-Recess Senate to focus on legislation with major pro-abortion implications

By Jennifer Popik, NRLC Federal Legislative Director

Congress returned to work from its Spring recess on Monday April 12 with the Senate on notice that it will give full attention to radical legislation with pro-abortion implications.

In late March, Senate Majority Leader Schumer (D-N.Y.) released a "Dear Colleague" letter. In his letter, Sen. Schumer indicated, among other things, that he expects to consider the "For the People Act" (S. 1, H.R. 1) and the "Equality Act" (H.R. 5). Sen. Schumer wrote, "Each of these bills will receive full consideration in committee and eventually on the Senate floor."

Each of these troubling bills has serious implications for pro-lifers.

Despite being billed as legislation dealing with sexual orientation and gender discrimination, the "Equality Act" contains language amending the Civil Rights Act of 1964 that could be construed to create a right to demand abortion from health care providers, and likely would place at risk the authority of

See "Funding," page 28

The 50th National Right to Life Convention in Virginia is ON!

By Jacki Ragan, Convention Director

I remember as a new activist in Arkansas, talking with my mentor, Father Joseph Neilson, a Carmelite Priest and telling him, I thought we should have a March for Life in Little Rock to mark the *Roe v. Wade* anniversary. The year was 1975, and I will never forget his response.

He said, "Well, first we must agree that we will March regardless of how many people come to March with us. If it is just you and I, we will proceed and March, and bring awareness to the tragedy of abortion on demand and *Roe v Wade*."

I recalled this conversation and the lesson I took away from it vividly in a recent discussion about NRLC's annual convention.

Because of COVID, no one knows how many people will attend, or feel comfortable boarding a plane and flying into Dulles Airport in Herndon, Virginia.

However, when I spoke with the hotel and meeting planners, they advised us to make up our mind now and proceed with

See "Convention," page 23

Editorials

When the tragedy of abortion is seen from a larger perspective, the loss is even more enormous

I remember the first time (it was a long time ago) that I attended a workshop in which the presenter talked about the impact of abortion on the victim's siblings. Like most of you, I had already made sure to include in my discussions the emotional and psychological jolt to men who had fought unsuccessfully to save their children. But siblings?!

I subsequently read a powerful piece written by Theresa Bonopartis who probed an aspect of that dimension I would otherwise never had considered: how surviving children who had learned about a lost sibling may seek to "protect" their parents who did not know that their children knew!

Surviving children feel a responsibility to keep the secret and support their parents for a variety of reasons. One may be to protect the parent from harm and hurt, another may be the fear of being rejected by someone you knew to protect you, but then found out participated in the death of another sibling. It is all very confusing, and they are often fearful to allow their feelings to be known.

That's why when I read abortion leaders brag that it was "no big deal" when their children learn there are lost family members, I just shake my head.

See "Tragedy," page 26

Have you opened the April edition of National Right to Life News?

This latest edition of the "pro-life newspaper of record," which arrived in your email in-boxes today, comes just after Congress returned from its Spring recess. With control in the hand of the likes of Sen. Chuck Schumer and Speaker Nancy Pelosi, pro-abortion mischief –and far worse--will abound.

Page one has the best of times and the worst of times stories. Jennifer Popik, J.D., Director of Federal Legislation, fills in the details about the latter with a story headlined, "Post-Recess Senate to focus on legislation with major pro-abortion implications." You'll have an excellent overview of such terribly dishonest pro-abortion legislation as the "For the People Act" and the "Equality Act."

But the other page one story provides the light to the darkness. Jacki Ragan writes about NRLC 2021—National Right to Life's 50th Convention—which will take place in Herndon, Virginia, close to Dulles Airport, June 25-26.

For details about the 54 workshops, three General Sessions, a Dinner Theater presentation, a Prayer Breakfast, a closing Banquet, a full-on Teens for Life program, wonderful Exhibitors and most of all, the chance to meet and talk with other pro-lifers, go to www.nrlconvention.com. You can also learn how to register.

Even more than usual, this monthly edition is filled with story after story about pro-life successes in the state legislatures. Our affiliates have really been active in securing laws to protect mothers and their unborn children.

You will for sure want to read about Kentucky's success at placing a pro-life amendment on the ballot next year to amend the state constitution to ensure that no future abortion-driven court decides all of a sudden there is a right to abortion that no one had seen previously in documents, many of which were written well over a hundred years ago.

Likewise, we have a batch of stories related to the United States Supreme Court. For example, the justices did not rule on a Kentucky law that bars the dismemberment of living unborn children but did agree (contra a lower court) that pro-life Attorney General Daniel Cameron could join in the defense of his state's law which passed both houses of the legislature by overwhelming margins.

And, of course the April edition of **NRL News** provides stories of parents resisting dismal prenatal diagnoses to give their children life. For instance, Noah Wall, now nine years old, was born with just 2% of his brain!

Be sure to read the issue in its entirety and pass it along to your pro-life family and friends. This is one issue you truly will want to share.

The Abortion Industry's Chemical Warfare on Unborn Children

In 2000, as pro-abortion President Bill Clinton's time in office was coming to a close, the Food and Drug Administration (FDA) approved the distribution and use of RU-486 in the United States. RU-486, also known as mifepristone, is one of the two drugs used in early-pregnancy chemical abortions. Because of the risks to women associated with its use--including serious complications and even death--rules were put in place as to how it was to be administered.

In 2007, the FDA was given authority to place "REMS" on certain drugs. As the FDA website reads, "A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks… **While all medications have labeling that informs health care stakeholders about medication risks, only a few medications require a REMS."** [Emphasis added.]

To the chagrin of Planned Parenthood, Mifepristone was placed on that REMS list because of the potential danger it poses to pregnant women.

In 2016, during the last year of pro-abortion President Barack Obama's second administration, under pressure from the abortion industry, the FDA loosened its rules to allow greater and wider access to the drug.

Now, with President Joe Biden's appointment of Xavier Becerra as director of the Health and Human Services department, we are likely to see increased pressure to lift the REMS entirely from mifepristone, removing even the few but important limits that do exist.

As former California Attorney General, Becerra was a leader among pro-abortion Attorneys General requesting the FDA to lift the restrictions.

Chemical abortions, or "medication" abortions as the abortion industry calls them, account for approximately 40% of all abortions in the U.S. If the current restrictions are lifted, we are likely to see that percent greatly increase.

There is one critical new development that goes hand in hand with the growing use of "medication" abortions: the increased promotion and performance of telemedicine or "Do-It-Yourself" abortions.

Over the years, abortion facilities began to meet with abortion-minded women via the internet ("telemedicine"), meaning the abortionist and the woman were never in the same room. NRLC and its state affiliates responded by passing legislation in several states to require the abortionist to examine the patient in-person before the abortion drug is prescribed.

As the number of abortionists decreased, due to retirement (because of age, scandal, lack of business, etc.) and lack of interest among newer doctors, the abortion industry began to push harder for reduced standards of care for pregnant women.

Their efforts now are geared toward making it as easy as possible for pregnant women to obtain the abortion pills by sending them to her through the mail so she may perform what is largely a do-it-yourself abortion at home.

As Randall K. O'Bannon, PHD, NRLC's Director of Education & Research has so clearly stated, **"This proves once again how that 'women's health' was never the aim of these ardent abortion activists. They continue to advertise these chemical abortions as safe and simple, ignoring the two dozen or so patients who have died after taking these drugs and the thousands who have been hospitalized with hemorrhages, infections, and ruptures from undetected ectopic pregnancies, countless failed or incomplete abortions.**

"And that doesn't even address the hours of terror and agony that nearly every woman who uses these drugs goes through, even if they ultimately prove 'successful' in aborting their child. For abortion advocates, it is perfectly fine if those women go through this torture, or even encounter their aborted child, all alone, or maybe just have access to some stranger on a telephone hotline, maybe in another state."

Even the *Washington Post*, in a 2000 story, admitted, "taking it [RU-486] isn't the trivial, pop-a-pill medical procedure its enthusiasts have sometimes imagined. ... The full procedure requires a few trips to a doctor; side effects include cramping and bleeding; one in a hundred women will have bleeding severe enough to require surgery."

In short, chemical abortions are dangerous—babies die and mothers can suffer serious harm, even death. However, it is very possible that, in just a few short years, the number of brick-and-mortar abortion "clinics" will seriously diminish as chemical abortion usage increases.

I assure you, NRLC and its affiliates will meet these challenges head on.

We will continue to work with legislatures on two effective pieces of model legislation. I mentioned the first earlier--requiring the prescribing "doctor" to meet with the pregnant women in person--to ascertain the state of the mother's health, and to be sure an ectopic pregnancy is not involved.

The second piece of legislation regards informing women about "Abortion Pill Reversal."

The chemical/medication abortion is, as noted above, a two-step process. The first drug, mifepristone, is meant to kill the baby. A second drug causes cramping in an effort to expel the dead baby.

The legislation would require that a woman obtaining the chemical drug be informed that, should she change her mind after taking the first drug and before taking the second drug, she may be able to reverse the abortion process, generally about a 72-hour window.

More than 2,000 babies have survived because their mothers changed their minds and sought abortion reversal treatment.

Along with legislation and other initiatives, we will also continue our efforts to educate; to reach more and more people with the undisputable fact that these children, no matter how young or how small, are members of the human family, deserving of respect, dignity, and legal protection.

The abortion industry may change tactics in an effort to kill even more babies. But the truth doesn't change-- every abortion kills an innocent human being.

You can count of NRLC to be on the battlefield every step of the way.

Tell Congress: We want to keep the Hyde Amendment!

This just may be the most important thing you do today. Please go to prolifepetition.com and read the message, then sign the petition and get as many others to do the same. Thank you for being a part of saving lives.

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Following the Actual Science leads to respect for unborn babies

By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

While the celestial heavens and the deepest pockets of the ocean remain mysterious to us on many levels, modern technology has made them less so, providing new and fascinating insights that we once lacked.

The same is true of another once baffling frontier: the womb.

Although it is the origination point of every human being who has ever walked this earth, for the greater part of history we've known little about our first home and how we came to be residents.

It was only in the late 1800's, for example, that scientists understood that the union of male and female sex cells creates another separate, unique human being. But beyond that, much remained a mystery.

Without any means to glimpse into the gestational cosmos, scientists could only speculate as to what occurs during pregnancy. Even well into the 20th Century, we possessed surprisingly little information about prenatal development.

As late as the 1969 edition of the *Cumulative Index Medicus*, a massive book listing every article published in every medical journal in the world, had just *five* articles under the heading of "fetus, physiology and anatomy of."

The void of facts made the product of abortion-on-demand easier to market. After all, *it* (not he or she) was just *a clump of cells*.

The late Dr. Bernard Nathanson addressed this lack of empirical data on human development in his

autobiography, *The Hand of God*. And he discussed the technological lightning bolt that struck him in the late 1970's which led him to abandon his lucrative abortion practice and leadership role in the pro-abortion movement and become a staunch pro-life advocate.

The transformative tool was ultrasound which provided a window that revealed the miraculous process of human development. Nathanson credits ultrasound with helping us "to learn more about the fetus since its advent than in almost all the history of medicine before that time."

He wrote, "As recently as [1969], we knew almost nothing of the fetus; when abortion on demand was unleashed in the United States, fetology essentially did not exist."

By 1979, Nathanson wrote, there were 2,800 articles on fetology in the *Index Medicus*, and by 1994 close to five thousand.

This scientific advancement, along with those arising from the study of genetics, sparked an abundance of research into life in utero.

How little we knew then; how much more we know now.

Indeed, almost 30 years later, how much more research has been done and articles written on human life in its earliest stages?

It might be easier to understand someone's support of abortion back in the "Dark Ages" when so little of fetology was known.

But how can anyone today, especially those who seemingly espouse science as their barometer of all things true, justify abortion?

They would have to be blind to facts.

Deaf to a heartbeat.

Indifferent to an innocent life moving right before their eyes.

Numb to dismemberment.

Desensitized to a violent death.

Callous to the crude disposal of human life.

They would be and, in fact, are the ultimate science-deniers.

So let us be relentless messengers of the beautiful biological truths we have learned and continue to learn.

Let us incessantly proclaim the fact that every human life begins at the moment of fertilization.

Let us truly follow the science to build a culture of life.

Ensuring that a prenatal diagnosis of Down syndrome is not a death sentence in Pennsylvania

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

Undaunted by the Governor's previous veto, a Pennsylvania lawmaker is re-introducing a bill designed to guarantee the protection of disability rights in the womb.

State Rep. Kate Klunk (R-Hanover) is resurrecting Down syndrome protection legislation. Klunk, who gave birth to her second child during the pandemic, continues her campaign to ensure that a prenatal diagnosis of Down syndrome is not a death sentence in Pennsylvania.

During the last session, Klunk successfully guided the Down Syndrome Protection Act through both chambers of the Pennsylvania legislature. The bill would have banned abortions for the sole reason of a diagnosis of Down syndrome in utero.

But progress on the disability rights front came to a halt when Democratic Governor Tom Wolf vetoed the measure. Wolf, a former Planned Parenthood clinic escort, has vowed to veto any legislation which protects preborn children from abortion.

Pennsylvania State Rep. Kate Klunk

At the time of the veto, Rep. Klunk stated she was "incredibly disheartened" by the Governor's veto. Wolf defended the veto, claiming that there was "no evidence that this bill is needed in Pennsylvania."

But Klunk countered, "When I looked at all the people with Down syndrome who advocated for this bill, I saw the evidence of why this bill should be law in our Commonwealth. I saw the love and value they add to their families and to the fabric of our communities. And I saw the need to protect these individuals from needless death simply because they have an extra chromosome."

Klunk has said she views the veto as a badge of honor, as she continues to work to defend the rights of people with Down syndrome.

In her response to the veto, Klunk offered powerful imagery for why advocating for people with Down syndrome is so important.

"I'm sure almost everyone knows someone who is living a life with Down syndrome. Imagine a family picture if that person with Down syndrome wasn't there. There would be a blank space. Imagine family dinners where one (fewer) person is around the table. There would be one (fewer) place setting, an empty seat."

Klunk went on to say, "Allowing babies to be aborted solely because they have a diagnosis of Down syndrome is a return to a dark hour of human history. We must stand with these perfectly imperfect individuals and support their right to live, their right to love and to spread happiness in this world.

"I will continue to fight for the voiceless and ensure they are afforded the same chance at life as everyone else."

Redistricting to have major impact on the pro-life movement ahead of 2022 and 2024 elections

By Karen Cross, National Right to Life Political Director

Every ten years following the U.S. Census, new Congressional district lines are drawn and electors to the Electoral College are reapportioned for presidential elections. The COVID pandemic has delayed the process for the 2020 Census. The U.S. Census Bureau announced that it would deliver redistricting data to the states by September 30, 2021, requiring states to postpone their redistricting efforts. Redistricting will have a huge impact on the outlook for the U.S. House and future presidential elections.

The following is a look ahead; the actual results will reflect the 2020 Census and legislative action or direction of the nonpartisan commissions that determine congressional district lines.

The U.S. House

In 2020, despite predictions that Democrats would pick up at least 10 more seats in the House, Republicans flipped 15 seats, narrowing the Democratic majority to just a few seats. In fact, the majority held by Democrat, all of whom are pro-abortion, is the most narrow a party has held in over 100 years.

In 2022, with newly redrawn Congressional districts, Republicans , who are almost all pro-life, have a solid opportunity to retake the majority.

Texas alone, which some predict could gain as many as three House seats when new congressional lines are drawn, could put Republicans well on their way to retaking the majority. Texas Republicans control both the legislature and the governorship giving them a huge advantage in drawing the new district lines.

Many are also predicting Florida could pick up two seats, another state where Republicans control the legislature and governorship.

While Arizona and Montana, which are each expected to pick up a seat, have Republican-controlled legislatures and Republican governors, their district lines are drawn through nonpartisan commissions.

In North Carolina, another state expected to pick up a seat in the House of Representatives, the state legislature has the power to draw up the maps and the governor does not have veto power. Republicans control the North Carolina House and Senate while pro-abortion Governor Roy Cooper is a Democrat.

A previously drawn redistricting plan was rejected by the courts, which resulted in Democrats winning two additional seats in 2018.

Similar to the situation in North Carolina, Democrats in Pennsylvania gained an additional seat after the courts rejected the initial redistricting plan. The Keystone State is expected to lose a seat heading into the 2022 elections. While the General Assembly has the authority to draw the district lines, the map is subject to the governor's veto. Republicans hold the House and Senate majorities but pro-abortion Democrat Tom Wolf is currently the state's governor.

West Virginia, a state that shifted heavily Republican over the last two decades, is expected to lose a seat. This would inevitably mean the loss of a Republican seat as currently all three Congressional districts in the state are held by Republicans. There is the reverse situation in Rhode Island, which is set to lose a seat, and a Democrat would definitely lose a seat since both Members of the House are Democrats.

Another state to watch is New York, which could lose two seats. Democrats control the legislature and governorship and could draw the map to make districts harder for Republicans. The same could happen in Illinois, which is expected to lose one seat.

Regardless of the district lines, it's important to be involved. Remember, in 2020, we won a pro-life seat in Iowa's second congressional district by just six votes!

Second Chances at Life Act passes West Virginia Senate 27-6, Now Awaits Governor's Signature

By Mary Anne Buchanan, West Virginians for Life Communications Director

The Second Chances at Life Act (HB 2982/SB 609) successfully passed the West Virginia Senate Saturday, the final day of the legislative session, by a bipartisan 27-6 vote. Passage followed an 83-15 vote in the House of Delegates on March 24.

The bill will require that a woman be informed that the effects of the chemical abortion pill can be reversed to save her baby if she changes her mind after taking mifepristone, the first drug of the two-drug abortion technique, but not the second.

With the expected signature of Gov. Jim Justice, West Virginia will become either the 11th or 12th state to pass the law, depending on when Indiana's governor signs their bill.

They will join Arizona, Arkansas, Idaho, Kentucky, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, and Utah in passing legislation informing women about abortion pill reversal.

Delegate Kayla Kessinger was the lead sponsor. Co-sponsors included Delegates Trent Barnhart, Jordan Bridges, Adam Burkhammer, Josh Holstein, Laura Kimble, Todd Longanacre, Margitta Mazzocchi, Jeff Pack, Jonathan Pinson, and Terri Sypolt. The lead sponsor of the Senate companion bill, S.B. 609, was Senator Patricia Rucker.

More than 40% **of all** abortions in West Virginia are chemical abortions.

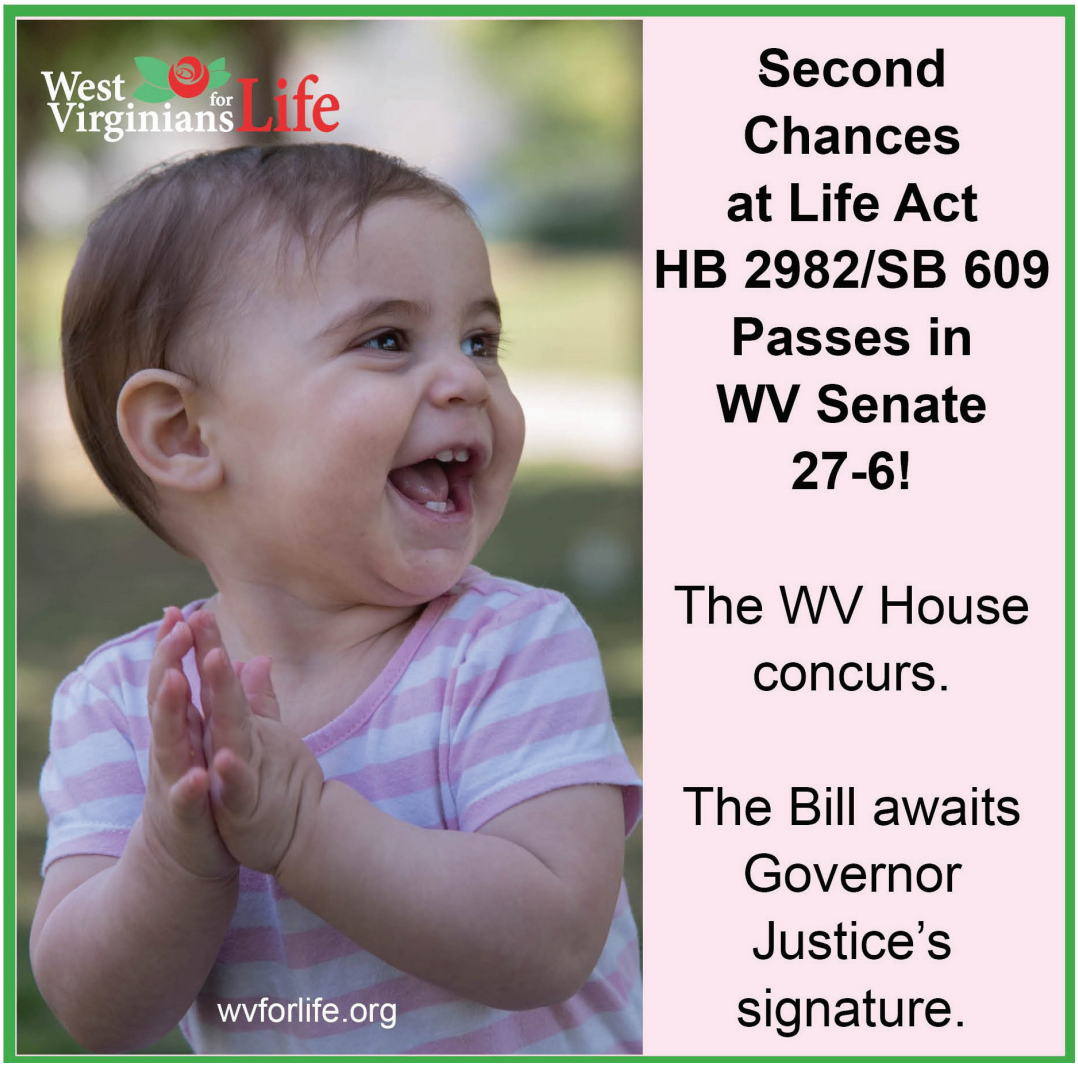
"The bill will do two things," said West Virginians for Life Political Liaison Karen Cross. "It will inform the girl/woman that if she changes her mind, she may be able to save her baby with the help of medical professionals. And it provides her the ability to act on that information by including a list of medical professionals versed in abortion pill reversal protocol on the existing Department of Health and Human Resources' Women's Right to Know website."

Cross added, "Women deserve full information when making this life-changing decision."

After the victory, National Right to Life (NRLC) State Legislative Director Ingrid Duran said, "NRLC applauds West Virginians for Life and all of the pro-life legislators who worked tirelessly to ensure that women have a right to be informed about the possibility of counteracting the effects of chemical abortions. These laws provide hope and a second chance at life should she choose it, but she must first know that this protocol exists, and that this protocol has already saved over 2,000 babies and hers could be next."

The American Association of Pro-life Obstetricians and Gynecologists, a 2,500-member OB-GYN medical group, supports offering the Abortion Pill Reversal (APR) protocol (by knowledgeable health care providers) to women who regret initiating the abortion pill process, after appropriate informed consent. The APR involves use of progesterone to reverse the effects of the Mifepristone.

Progesterone has routinely been given to women during pregnancy for over 50 years and is, in fact, standard of care to prevent miscarriages. Also, progesterone has not been shown to cause any type of harm to women or their pre-born children.



6th Circuit grants Tennessee's petition for the entire court to hear state's appeal of injunction against 48 hour waiting period

By Dave Andrusko

Back in late February a split panel of the 6th U.S. Circuit Court of Appeals rejected Tennessee's request to issue a stay so the state could revive its 48-hour waiting period while the state Attorney General appealed U.S. District Judge Bernard A. Friedman's decision striking down the law to the Sixth Circuit. But on Friday, the 6th Circuit granted the state's petition for the entire court ("en banc") to hear the merits of their appeal of the panel's 2-1 decision. The court "announced that the majority of its judges decided to grant the appeal," is how the *Chattanoogan* reported the decision.

Operating on dual tracks, Attorney General Herbert Slattery had "also petitioned for an emergency stay from the injunction from the U.S. Supreme Court and is currently awaiting the U.S. Supreme Court's decision."

As *National Right to Life News Today* reported, Slattery characterized the waiting period as 'materially indistinguishable' from one the Supreme Court upheld nearly 30 years ago in *Planned Parenthood of Southeastern Pennsylvania v. Casey*.

Tennessee told the judges that although 14 other states have similar laws, it is 'the only State in the Nation that cannot enforce its law because of a federal judicial decree."

Very much worth noting is until Judge Friedman enjoined the law after a four-day bench trial, the 48-hour waiting period had remained in effect during the court challenge from 2015 to October 14, 2020.

The three-judge panel split 2-1, with Judge Helene White joining Judge Karen Nelson Moore, who described the 2015 law as "another unnecessary, unjustified and unduly burdensome state law that stands between women and their right to an abortion."

Judge Amul Thapar offered a thoughtful dissent.

"Since [the 1992 case of] Casey, no federal appellate court has successfully struck down an abortion waiting period," Judge Thapar begins. "Why? Because the Supreme Court says that waiting periods are constitutional. *Planned Parenthood of Se. Pa. v. Casey*. Indeed, both the Supreme Court and our court have upheld such laws. But here the majority, like the district court before it, decides to chart its own course. In doing so, the majority ignores Supreme Court and Sixth Circuit precedent, as well as the correct legal standard. Given the weighty interests involved in this case, the majority's failure to issue a stay merits immediate correction either by our court or a higher one."

Judge Thapar argued

Tennessee is likely to prevail on the merits for three reasons. First, the district court impermissibly balanced the benefits and burdens of the law in violation of controlling precedent. Second, the district court failed to apply rational basis review to the State's basis for enacting the law. And third, the district court improperly held that the law substantially burdens abortion in Tennessee. Each of these errors will require us to reverse the district court's judgment and injunction, so Tennessee is entitled to a stay pending appeal.

Judge Thapar's allusion in the first reason he says the law will prevail is something *NRL News Today* has reported about on numerous occasions: the impact of Chief Justice John Roberts' concurring opinion in *June Medical Services LLC v. Russo.*

As the 8th Circuit Court of Appeals explained in a decision handed down last August,

> **"According to Chief Justice Roberts, the appropriate inquiry under Casey is whether the law poses 'a substantial obstacle' or 'substantial burden, not whether benefits outweighed burdens" ["cost-benefit standard"].**

Not only is the majority' conclusion wrong under decisions rendered by the U.S. Supreme Court, Judge Thapar adds

> **"Under the law of our circuit, a woman faces a substantial obstacle when she is 'deterred from procuring an abortion as surely as if the [government] has outlawed abortion in all cases.'" Here, the plaintiffs failed to show that Tennessee's law imposes such a burden."**

Judge Thapar's final point is particularly powerful.

> **The effects of today's ruling will extend far beyond this case. The majority functionally overrules Casey. In doing so, it calls into question waiting-period laws in fourteen states. It also suggests that district courts (and appellate panels) have free rein to disregard controlling precedent and to substitute their preferences for the judgment of the Supreme Court.**

Abortion pill reversal (APR) backed by science, offers women authentic choice, OB-GYN says

By Lisa Bourne

Dr. Christina Francis loves that the phrase "follow the science" has become popularized lately.

"I always tell people, yes, please follow the science," she said, "because I know exactly where it's going to lead you. It's going to lead you to the side of life, and it's going to lead you to the fact that abortion isn't good for women. It harms them."

Francis is a board-certified OB-GYN practicing in Fort Wayne, Indiana. As an OB hospitalist managing inpatients, mostly obstetrics, she cares for a lot of high-risk pregnancies, and gets to see a lot of different types of pregnancies from the perfectly routine to the very complex.

"It's the best job in the world, I think," she said.

Francis grew up in Indiana. After her residency she lived and worked in Kenya doing medical missions for about three years. Francis then decided to come back to the States to practice and to do pro-life work with the American Association of Pro-life OB-GYNs (AAPLOG), the largest professional medical organization for pro-life healthcare providers in the world.

"I was challenged by a dear friend that as a pro-life female OB-GYN, I should be doing more for women and preborn children," Francis told Pregnancy Help News.

"And so began my journey to deepen my pro-life position," she said. "After a somewhat long struggle with God – I had told everyone I was doing medical missions for the rest of my life – I realized that I had been uniquely gifted to have a voice in this fight, and that it literally is a life and death fight."

Abortion Pill Rescue

Currently chair of the Board for AAPLOG and board member of Indiana Right to Life, Francis is also a provider for the Abortion Pill Rescue® Network (APRN).

The APRN includes about 1,000 rescue providers and pregnancy help centers who offer abortion pill reversal (APR).

Dr. Christina Francis speaks at a rally for the oral arguments of the June Medical v. Gee case
Photo: Christina Francis

When successful, APR reverses the chemical process

Chemical, medical or medication abortion is a two-drug process. The first drug, mifepristone, destabilizes pregnancy. The second drug, misoprostol, taken a day or so after the first, causes the mother to go into labor and deliver her deceased child.

APR is a newer application of a treatment used for decades to prevent miscarriage.

It involves prescribing progesterone, the natural hormone in a woman's body that sustains pregnancy, to counter the mifepristone. If a pregnant mom regrets starting a chemical abortion and acts soon enough after taking the first abortion drug, she may be able to save her unborn child.

The APR protocol has a 64-68% effectiveness rate.

A 2018 peer-reviewed study also showed there was no increase in birth defects with the treatment, and that women who had undergone APR had a lower preterm delivery rate than the general population.

Statistics show that more than 2,000 lives have been saved from APR and counting.

"It just made sense from a medical standpoint"

Francis became affiliated with the APRN after attending an AAPLOG conference where Dr. George Delgado, one of the founders of abortion pill reversal also an AAPLOG board member and APRN provider, was giving a talk on abortion pill reversal.

"It was the first time I'd ever heard about it," Francis said. "And it just made sense, from a medical standpoint, from a scientific standpoint, knowing basic science and how different chemical compounds work, it just made sense."

"I remember my first one," Francis said, describing her inaugural encounter with serving an APR mom.

"I had just finished a speaking event and I was walking back to my car when I got the phone call, and I had like a two-and-a-half-hour drive ahead of me to get home," said Francis.

The APRN nurse called her, and because it had been about a year since she'd first heard about the protocol and had not done one before, Francis asked the nurse to catch her up on the dosage specifics.

"And they were able to email me everything," Francis said, "so I had it right at my fingertips. They just make the process really smooth."

"I think for busy physicians, that's especially important to know that we're not going to be placing a huge demand on you from a time standpoint," she said.

Francis is also involved in AAPLOG's priority of helping to educate, not just the medical profession, but also the public and policy makers on the science that exists to support abortion pill reversal.

"And the science really is overwhelming at this point that abortion pill reversal works," said Francis.

While a successful reversal is not always guaranteed, Francis

See "APR," page 34

SHOCK: Just 3% of women of reproductive age in the U.S. go to Planned Parenthood

By Carole Novielli

If you have based your opinion of Planned Parenthood primarily on the mainstream media's narrative about the corporation — a narrative crafted from Planned Parenthood's own talking points — you likely believe that a vast number of people depend upon it for their health care, especially women. But the truth is that while Planned Parenthood commits 41% of the abortions in the United States every year (over 350,000), it actually only serves around 3% of the female population of reproductive age.

Despite increasing taxpayer funding, Planned Parenthood's own reports reveal that many of its services have been in decline while abortions continue to increase. Meanwhile, Federally Qualified Health Centers (FQHCs) offer multiple services for both men and women while remaining free of the controversy of abortion.

Planned Parenthood serves just 3.3% of US female population of reproductive age

For years, Planned Parenthood has masqueraded as a "women's health" organization, yet it serves a very small percentage of female clients annually. Planned Parenthood's latest annual report for 2019-2020 revealed that out of the 2.4 million clients it recorded, nearly 2.1 million were female, while 321,001 were male, which is a growing demographic.

According to population estimates in 2019, there were 165 million females in the United States with 64 million females of reproductive age (15–44). This means that Planned Parenthood's female clientele represents just 3.3 percent of the U.S. female population of reproductive age.

FQHC clients and locations have increased while Planned Parenthood's are either down or unchanged

For the past several years (2015, 2016 , 2017 2018, and again in 2019), Planned Parenthood's clientele has remained at 2.4 million clients annually. But a closer look at previous patients' numbers reveals that clients at Planned Parenthood have actually declined 20% from the 3 million it claimed to serve in 2009 and over 27% percent since its 1996-1997 annual report (3.3 million clients).

In contrast, federally qualified health centers (FQHCs) serve tens of millions of men and women annually and have increased their patient load by nearly 23% in recent years.

- 2015: FQHCs served 24,295,946
- 2017: FQHCs served 27,174,372
- 2019: FQHCs served 29,836,613

The number of Planned Parenthood facilities has remained around 600 nationwide for the past several years, a decrease of nearly 29% percent since 2009, and a drop of over 33% from a high of 900 in 1996-1997.

In contrast, FQHC sites have increased to around 12,000:

- 2015: More than 9,800 clinics and mobile medical vans.
- 2017: More than 10,400 clinics mobile medical vans.
- 2019: Approximately 12,000 sites and mobile medical vans.

Planned Parenthood provides less than 1% of prenatal services

According to a 2016 analysis published by the National Center of Health Statistics, women had 22.5 million prenatal visits with providers in the U.S. That same year, Planned Parenthood reported just 7,762 prenatal services; in 2019, PP reported 8,626 prenatal services.

This means that Planned Parenthood likely provides less than one percent(.0004%) of prenatal services in the United States. Undercover investigations conducted by Live Action have revealed that prenatal care is not just difficult to find at Planned Parenthood facilities, but practically nonexistent. Even the workers themselves seemed baffled that anyone would call asking for prenatal services, which were advertised at the time on Planned Parenthood's own website and later scrubbed.

There is no comparison: FQHCs are the ones providing real health care

In the mid-to-late 1990s, Planned Parenthood suggested in an annual report that prenatal care was its "fastest-growing area." Today, the tune has drastically changed. Prenatal care at Planned Parenthood has been on the decline even as its abortion numbers continue to increase year after year. Over

See "SHOCK," page 12

SHOCK: Just 3% of women of reproductive age in the U.S. go to Planned Parenthood

From page 11

the span of about two decades — based on its own 2000-2001 annual report through its most recent 2019-2020 report — Planned Parenthood provided a total of 294,493 prenatal services. At the same time, they committed nearly six million abortions.

FQHCs provide almost twice the number of prenatal services annually as Planned Parenthood reported over the span of 20 years. For example, in 2015, Planned Parenthood reported 9,419 prenatal services while FQHCs served 552,150 prenatal patients. In 2019, Planned Parenthood recorded 8,626 prenatal services while FQHC's served583,328 prenatal patients. The years between followed this pattern as well.

FQHCs vs. Planned Parenthood on Pap tests

According to the Centers for Disease Control and Prevention, 66% of women aged 18 and over had a Pap test within the past three years. This means that, despite federal funding from several agencies, Planned Parenthood only provides less than one percent of US pap tests.

- 125,321,000 (est. females 18 and older) x 66% (82,711,860/ by three years = (27,570,620)
- PP's 2019 share is 272,990/27,570,620 = .0099 x 100= .99% — less than 1%

Planned Parenthood's latest report shows that its Pap tests increased nearly 7% from 255,682 in 2018-2019 to 272,990 in 2019-2020, but those tests have actually dropped nearly 70% from reported numbers in 2009 and nearly 77% from a reported record high of 1,183,692 in 2004.

Today, FQHCs provide over six times the number of Pap tests that Planned Parenthood reports, an average of nearly two million Pap tests each year. See the contrast below:

- 2015: While PP recorded 293,799 Pap tests, FQHCs performed 1,863,957.
- 2017: While PP recorded 274,145 Pap tests, FQHCs performed 1,853,912.
- 2019: While PP recorded 272,990 Pap tests, FQHCs performed 1,809,082.
- FQHCs vs. Planned Parenthood on breast exams/mammograms

Planned Parenthood does not perform mammograms — they only provide manual breast exams. According to the CDC, 66.7% of women aged 40 and over had a mammogram within the past two years, an estimated 27 million in 2019 (81,487,000 est. females 40 and older x 66.7%= 54,351,829/by two years = 27,175,914). Planned Parenthood did zero of these.

In the past decade, the manual breast exams at Planned Parenthood declined 68% from 2009 and 75% from its 2000-2001 report.

- 2015: While PP recorded 321,700 manual breast exams, FQHCs performed 521,568 mammograms.
- 2017: While PP recorded 296,310 manual breast exams, FQHCs performed 724,187 mammograms.
- 2019: While PP recorded 269,669 manual breast exams, FQHCs performed 823,312 mammograms.

So what can Planned Parenthood do that FQHCs don't? Abortion

According to Planned Parenthood's most recent report (2019-2020), it committed more than 354,871 abortions, the highest on record. Despite national declines, Planned Parenthood's market share of abortions is expanding and has now reached 41% of all abortions nationwide when comparing Planned Parenthood's 2019-2020 reported abortions with Guttmacher's most recent 2017 data.

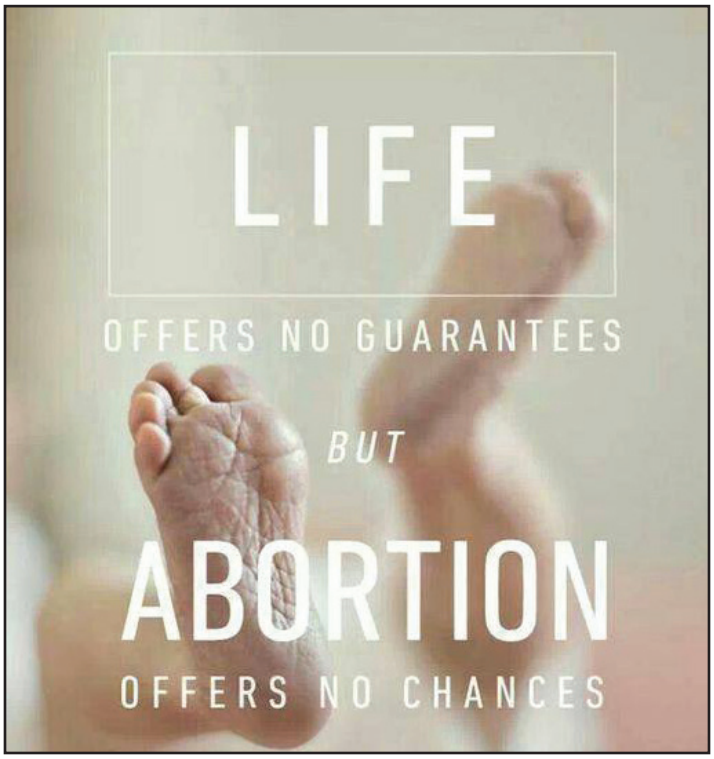
Abortions nationwide have dropped nearly 57% from the peak recorded in 1990, according to CDC data from 2018. The U.S. abortion rate hit its lowest point since *Roe v. Wade*, according to (2017) Guttmacher data. Abortions have been declining nationally after topping more than 20 million since 2000.

But they have not been declining at Planned Parenthood.

Planned Parenthood is an abortion corporation, and in just the past reported year (2019-2020), abortions increased nearly 3% there from the previous year and 7% from 2009. Between October 2018 and October 2019, nearly one out of every six female clients that visited Planned Parenthood had an abortion.

U.S. tax dollars would be better spent on FQHCs than Planned Parenthood, which now commits 41 abortions for every one prenatal care service and 133 abortions for every adoption referral, ending the lives of 972 preborn children daily — one killed every 89 seconds.

Editor's note. This appeared at Live Action News and is reposted with permission.



Mum performs CPR on baby born before abortion limit to save his life

By Right to Life UK

A baby who was born below the abortion limit and given CPR by his mother to save his life is now a healthy two year old.

Baby Logan was born in Gloucestershire in June 2018, at 23 weeks and 4 days' gestation, weighing only 550g. His mum, Anna Beard, had a difficult pregnancy from early on with frequent heavy bleeding from when she was around 13 weeks pregnant.

Anna said: "At 23 weeks I had a scan. I was asked if I wanted to continue the pregnancy as chance of survival was thought to be none".

"There I was told I had no waters, I said I would carry on and I went home".

"I was in my mind expecting to miscarry".

A few days after the scan Anna started experiencing pain which got so bad she called an ambulance but before the ambulance could even arrive, her son Logan was born.

"The next second I had a baby in my hands"

"I was just at the front door getting ready to go. Then the pains were overwhelming. The bathroom is next to the front door. Stepped into the bathroom quickly and I had this feeling like painful wind. The next second I had a baby in my hands", she said.

Babies born as early as Logan are often called micro-preemies. Amazingly, Anna performed CPR on her own newborn son to help him breathe and then watched him take his first breath.

After the paramedics arrived, Logan was sent to Bristol Children's Hospital, which had the specialist equipment needed for such a premature baby.

Logan was in hospital from June to November before he was able to go home.

Anna said: "Logan was in Bristol for around two and a half months. Then we went to Gloucestershire Royal Hospital again".

"He only weighed 550 grams"

Logan's mum said: "I remember when I saw him, because he was so premature, his eyes were still fused shut. His toes and fingers were still almost webbed".

"He only weighed 550 grams and he was quite almost see through. You could see all of his veins".

"He was covered in an almost bubble wrap moisture blanket which almost simulates the womb. We were able to watch him develop almost how he would have if he was still in me growing".

"I was able to give him a cuddle finally when he was three weeks old. Logan was so small and covered in all these wires".

"Logan is now two years old, and yes he is a little bit behind in some ways, but he is a normal little boy".

Born before the abortion limit

It is becoming more and more common for babies born before the abortion limit in Britain to survive. In October last year, an even more premature baby was born in Scotland almost 2 weeks below the abortion limit. Sofia Viktoria Birina weighed only 500g, but by February this year she was healthy enough to be sent home with her parents.

Baby Logan and baby Sofia are not alone in being born so prematurely and going on to survive. A study, published in the *Journal of the American Medical Association* in October 2019, followed 2.56 million babies born in Sweden between 1973 and 1997, around six percent of whom were born prematurely.

Researchers compared the health data of the premature babies to those that had been born at full term. They found that 55% of premature babies had no serious chronic, physical, or mental health issues by early adulthood. This is compared to 63% for babies born at full term.

Additionally, with each passing decade, the odds of survival for a premature baby to adulthood have improved from about 91% of babies born in the 1970s to about 96% of those born in the 1990s.

Right To Life UK spokesperson, Catherine Robinson, said: "These wonderful stories of severely premature babies going on to survive are becoming almost common-place. How long will it take our lawmakers to re-examine our cruel abortion laws that permit abortion even after the point at which babies are able to survive outside of the womb?"

"Of course, babies who cannot survive outside the womb have the same dignity and worth as the babies that can, and their lives should not be ended either. But the fact that more and more premature babies are going on to survive undercuts one of the main reasons given for our current abortion law".

Local judge invalidates Kansas law barring the dismemberment of living unborn babies

Outcome foreshadowed by 2019 Kansas Supreme Court decision

By Dave Andrusko

If ever there were any lingering doubts that Kansans must pass the "Value Them Both Amendment" to the state constitution, they were eliminated last Wednesday.

In the first ruling since the Kansas Supreme Court found a heretofore unknown "fundamental right" to abortion hidden away in the Kansas constitution, Shawnee County District Judge Teresa Watson used the 2019 *Hodes & Nauser v. Schmidt* opinion to strike down the state's ban on the dismemberment of living unborn babies, enacted in 2015.

"The abortion industry wants unlimited and unregulated abortion in our state — even live dismemberment of preborn children," stated Jeanne Gawdun, Kansans for Life's Director of Government Relations. "This is exactly why Kansas voters must approve the Value Them Both Amendment on August 2, 2022. Women and babies in our state deserve better."

The language of the Value Them Both Amendment reads as follows:

> **Because Kansans value both women and children, the constitution of the state of Kansas does not require government funding of abortion and does not create or secure a right to abortion. To the extent permitted by the constitution of the United States, the people, through their elected state representatives and state senators, may pass laws regarding abortion, including, but not limited to, laws that account for circumstances of pregnancy resulting from rape or incest, or circumstances of necessity to save the life of the mother.**

Thanks to a preliminary injunction issued by Judge Larry Hendricks early in the now-six year-long skirmish, the law has never been enforced.

The Kansas Supreme Court's decision, a whopping 199 pages long, is awash in the kind of [mis]reading of history you associate with the founding document of the abortion onslaught: *Roe v. Wade*.

But *Hodes & Nauser v. Schmidt*, handed down April 26, 2019, went even further. At the time of the decision, a friend of mine captured the lecturing, hectoring tone of the decision perfectly: "When a state Supreme Court – in essence – criticizes the U.S. Supreme Court as not being pro-abortion enough, things have turned really, really bad."

Kansas is one of 13 states to bar these gruesome, unbelievably violent abortions. The other twelve are Nebraska, Oklahoma, West Virginia, Mississippi, Alabama, Louisiana, Arkansas, Texas, Kentucky, Ohio, North Dakota, and Indiana.

Lost in the shuffle is just how brutal the dismemberment of a living unborn human being is. Here is NRLC's description. It is

> **a brutal type of abortion with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of 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.**

As *NRL News Today* reported on multiple occasions, the Amendment, which passed overwhelmingly in both houses in 2021, is designed to keep existing pro-life laws in place and ensure that Kansas does not return to the days of being a destination for the most extreme abortion practices. Every one of these protective measures drew bi-partisan support.

MIRACLE: Noah Wall, born with just 2% of his brain, celebrates 9th birthday

By Texas Right to Life

Noah Wall is like many nine-year-old boys. He dreams of scoring a goal on the professional soccer field and becoming an astronaut. As Yahoo reports, Noah's journey to celebrating his ninth birthday, however, has been anything but ordinary.

When Noah was still in the womb, he was diagnosed with spina bifida, a neurological condition in which the baby's spine does not develop properly. Doctors told his parents, Michelle and Rob, who live in Britain, that their son would likely be paralyzed from the chest down.

Ultrasounds also revealed that Noah had a cyst in his brain that was causing damage. Initially, doctors thought he might be born missing a quarter of his brain. As the pregnancy progressed, Noah developed hydrocephalus, a condition in which fluid accumulates in the brain.

Surgery on preborn babies can address some of the potential disabilities associated with spina bifida, but such interventions were not common nine years ago when Noah was born. Additionally, with the developing complications, doctors feared that Noah had a rare genetic condition that could mean his life would be brief.

The doctors caring for Noah and his mother placed a Do Not Resuscitate Order on him. They pressured Noah's parents to end his life in abortion, like so many parents facing an uncertain future with a child who may have a life-limiting condition. Noah's parents were asked if they wanted to end his life in abortion on at least five times.

Noah's parents chose not to violently end their sons' life in the face of unknowns. They understood the gravity of the situation and they even went through the heartbreaking experience of choosing a casket and planning a funeral in case their son did not live past his birth.

Noah's mother explained, "As a parent you don't want to believe what they're saying, but it's reality. But you've got to go home and tell your family that we might have to bury him."

Not knowing what the future held, Noah's family focused on celebrating his life at every stage. His mother said, "We always tried to be positive, always, even though we were given such a horrendous situation."

When he was born, Noah surprised doctors with his lively entrance when he was born on March 6, 2012. "Noah took one life affirming scream when he was born and tears just rolled down my cheeks," Michelle explains. "It was incredible. It was emotional."

After that initial cry, Noah was assessed for brain damage from the cyst. Doctors discovered that he had only 2% of his brain. This led to dire predictions. Michelle explained, "Doctors told us that he would be in a vegetative state, he wouldn't be able to communicate. They told us he might not be able to speak, hear, eat, or anything."

Today, Noah is an imaginative 9-year-old boy. He uses a wheelchair but he has not let that hold him back. His mother says he reads and does math. His love for science has given him an interest in the solar system.

His birthday each year is a reminder for his family of how far he has come. If his parents had succumbed to pressure from anti-Life doctors, he would not be here today. His mother said, "It's been an absolute joy to see him grow up and see him become the unique boy that he is." She added, "It's astonishing to me how smart he is. We've spent a lot of time with him and every single day he does something that impresses me."

In his nine years of life, Noah has undergone 11 operations and he likely faces many more in the years to come. He set a goal of running and playing soccer one day, a goal that his family hopes to help him achieve. His mother said, "I'm so extremely proud of him. He's my son. His goal in life is to run, it's what he wants to do. I will help him all I can and always be there for him."

Texas Right to Life is spearheading the Preborn NonDiscrimination Act (PreNDA) to ensure that children like Noah have a chance at life.

Pro-Abortion Democrat Finally Concedes Iowa House Race

By Karen Cross, National Right to Life Political Director

Pro-abortion Democrat Rita Hart finally dropped her challenge to the election results in Iowa's Second Congressional District. For months, Hart has disputed the election of pro-life Congresswoman Mariannette Miller-Meeks who was certified the winner by the state of Iowa and has been serving in Congress since January.

Hart dropped her challenge on the same day that pro-life Minority Leader Kevin McCarthy made a visit to the district with Miller-Meeks calling for an end to the contest. Rather than plead her case in Iowa's courts, Hart had sought Speaker Pelosi's help in appealing to a House committee to overturn the result.

"You or I — ordinary citizens — if we had a grievance, we'd have to go through court to settle that grievance, we couldn't go to a member of Congress and say, 'You know, I didn't like the results they counted and counted and recounted — it didn't come out the way I want — so can a partisan political process body overturn that result," Miller-Meeks said.

Pro-life Congresswoman Mariannette Miller-Meeks

Miller-Meeks won the Iowa seat by just 6 votes, making it one of the closest Congressional races in US history. She joins the 117th Congress alongside a historic number of pro-life women. The seat had previously been held by pro-abortion Congressman Dave Loebsack who did not seek re-election in 2020.

The National Right to Life Victory Fund was actively involved in the race turning out pro-life voters on Miller-Meeks' behalf. The race underscores the vital importance of every single vote. Winning the race gives unborn babies and their mothers one more champion in the House. It also means one less vote for the radical pro-abortion agenda being pushed by Nancy Pelosi and House Democrats.

Since taking office, Congresswoman Miller-Meeks has maintained a 100% pro-life voting record.

Prior to serving in Congress, Miller-Meeks served in the United States Army and owned a private ophthalmology practice. She also served as the first female president of the Iowa Medical Society. In 2010, Governor Terry Branstad appointed Miller-Meeks director of the Iowa Department of Public Health, a role in which she served for four years.

Pa. hearing on abortion produces eye-opening revelations, need for greater oversight

Four girls age 12 or under underwent abortions

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

A five-hour marathon legislative hearing last week on abortion in Pennsylvania produced a number of eye-opening revelations—among them, the need for greater oversight of abortion facilities to ensure that suspected child abuse cases are reported.

Under Pennsylvania law, abortion center workers must alert the Commonwealth's ChildLine hotline if a girl age 15 or under undergoes an abortion. Statistics from the Department of Health's annual report from 2019, the latest year available, show 187 girls in that age category obtaining abortions in the Commonwealth.

Astoundingly, the report also indicates four girls age 12 or under underwent abortions.

But a high-ranking Health Department official appearing before the committee was unaware of any instances where an abortion center was penalized for failing to report abuse cases to ChildLine.

That's left some state lawmakers to question whether the Commonwealth is doing enough to protect young teens from harm.

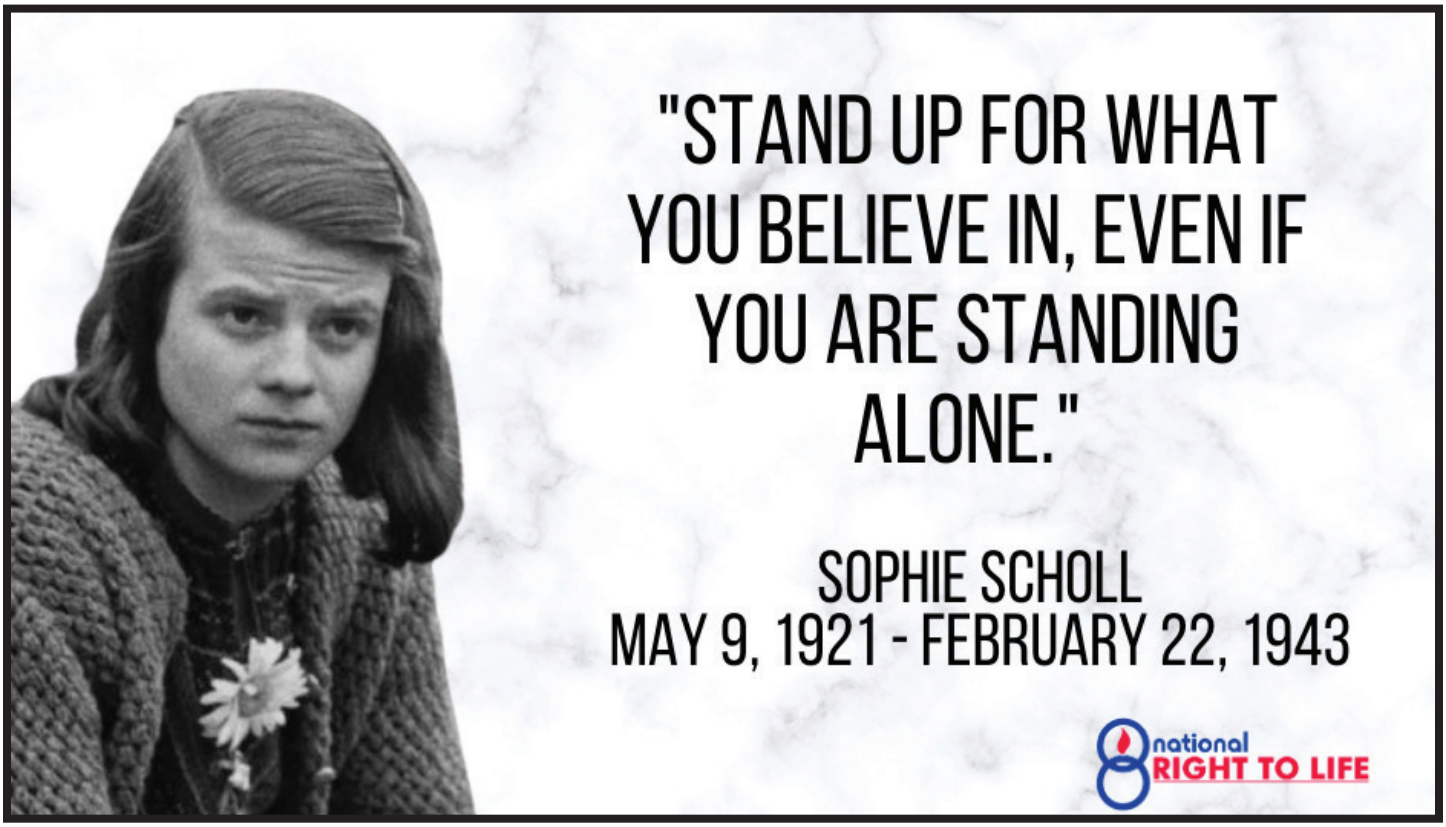
"We need to be working together to protect them (these girls)," said Rep. Kate Klunk (R-Hanover). "They need a voice."

Abortion center oversight has been a critical issue in Pennsylvania ever since the tragic Kermit Gosnell case came to light. Gosnell was a West Philadelphia abortionist who operated in what prosecutors described as a "House of Horrors." He was

ultimately convicted of three counts of first degree murder in the deaths of three newborn babies and involuntary manslaughter in connection with the death of female immigrant patient Karnamaya Mongar.

"The unconscionable, soul-claiming tragedy that occurred at the Gosnell abortion facility in Philadelphia must never be repeated," said state Rep. Kathy Rapp, the House Health Committee's Majority Chair, in advance of the committee hearing.

"Post-Gosnell, the general public needs to know that abortion providers are still largely self-reporting and not aggressively monitored by the PA Department of Health or any other government agency," Rep. Rapp added.



Meet the 3-year-old who got discriminatory abortions banned in Mississippi

Hudson Hartman is tenderly referred to as Senator Hudson by those in the Mississippi State Senate.

By John-Henry Weston

Hudson Hartman and his mom Mika captured the hearts of Mississippi Senators and representatives while testifying in support of a bill to ban abortions based on race, sex, disability, or genetic make-up. Hudson is a three-year-old vivacious boy with Down syndrome.

On the April 1st episode of The John-Henry Westen Show, Hudson's mom, Mika Hartman, joins me to share heartwarming story behind Hudson's law. I even got to meet sweet Hudson.

From Hudson's conception to the passing of the pro-life law, Mika shares how she saw the hand of God guiding them. Mika and her husband have two other children.

Hudson's pregnancy came as a beautiful surprise to Mika and her husband, even though early on, the doctors noted abnormal markers. At one of Hudson's initial ultrasounds, the doctors noted Hudson's heart didn't have any chambers and he had a few other abnormalities. The amniocentesis confirmed that Hudson had trisomy 21, or Down syndrome.

After a difficult pregnancy, Hudson was born with heart failure and transient leukemia. He was a fighter and within 4 weeks he was cancer free.

Due to Hudson's heart, the Hartman family moved from Colorado to Mississippi. Mika shares how God's hand guided them through their journey. After selling their own home in just 48 hours, they made offers on a few other homes before finding their current home.

Unbeknownst to them, their neighbor was running for the state senate. He asked them to testify at the Mississippi capitol.

When Mika testified before the Mississippi Senate for the Human Life Equality Act in 2020 which outlawed abortions based on race, sex, disability, or genetic make-up, everyone fell in love with Hudson. He tenderly became known as Senator Hudson after a photo of him in Senator England's chair went viral.

Two weeks ago, before National Down syndrome Day, the Mississippi Governor Tate Reeves signed another piece of pro-life legislation into force called Hudson's Law, which mandates the sharing of helpful information to parents about children with Down syndrome.

I hope this heartwarming story will help those on the fence see the humanity of the pro-life cause and put an adorable face to the movement to stop the millions of babies being brutally killed every year.

Editor's note. This appeared at LifeSiteNews and is reposted with permission. The John-Henry Westen Show is available by video on the show's YouTube channel and right here on LifeSite blog.

British musician: Daughter with Down syndrome has 'changed me for the better'

By Bridget Sielicki

British musician Corey Bell has said that he has found his purpose in life after his daughter was born with Down syndrome. In an interview with the Sunderland Echo, Bell said of his daughter Harper Rose, "She's absolutely perfect and is always smiling; it's given me a bigger purpose in life and it's changed me for the better."

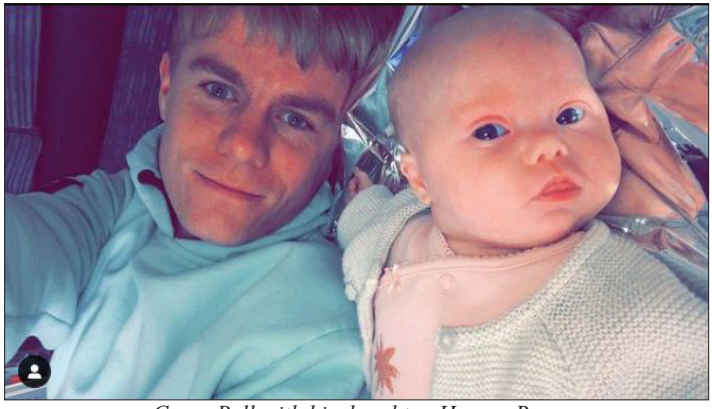
According to Bell, Harper was born on July 11, 2020, and was kept in the neonatal intensive care unit (NICU) for two weeks after a difficult birth. After that time, he and Harper's mother were told that their little girl had Down syndrome, a diagnosis which he said "changed his outlook on life."

"We were told by the hospital that they were sorry but Harper Rose had been diagnosed with Down's syndrome and I didn't like the way they said it at the time because they said they were sorry but it didn't matter to us because we still love her the same," Bell said.

Bell, a rapper who performs under the name Tuckage, is now using his music to raise funds for the Down's Syndrome Association charity. He also intentionally released his latest album during Down Syndrome Awareness Week.

"I've been writing music and rapping for 10 years and after Harper was born, the world just fell in place – a lot of my music is about her," he said. "I used to be selfish and I struggled to talk about what I was dealing with but my life has completely changed, I have a wider perspective on things now."

He echoed these sentiments speaking with *Narc Magazine*, saying, "My inspiration for this new release has definitely been my baby daughter; she's really given me that purpose again."



Corey Bell with his daughter, Harper Rose

Bell's message is especially important given that 90% of preborn children diagnosed with Down syndrome in the U.K. are aborted. As Bell demonstrates, children like Harper can have a lasting positive impact on those around them. Every preborn child, regardless of diagnosis or disability, deserves a chance at life.

Editor's note. This appeared at Live Action News and is reposted with permission.

Pro-life amendment to Kentucky Constitution will be on the ballot

By Dave Andrusko

Kentucky Right to Life put it perfectly

THANK YOU—THANK YOU—THANK YOU!!!

THANK YOU proactive pro-lifers! HB 91 passed the Senate around 6:30 PM.

Thanks to the patient, diligent work of pro-lifers, in November 2022, voters in the Bluegrass state will vote on a proposed amendment to the state constitution which reads "To protect human life, nothing in this Constitution shall be construed to secure or protect a right to abortion or require the funding of abortion."

The beauty of the approach is that it avoids pro-abortion Gov. Andrew Beshear who has no authority to veto proposed constitutional amendments. Earlier, Kentucky Right to Life explained

> **In numerous states, abortion advocates have sued to overturn pro-life laws, and their respective Supreme Courts have "found" a right to abortion in their state constitution. This technique is how Roe v. Wade became our nation's case law.**
>
> **A number of states have passed constitutional amendments to protect their pro-life laws from such court decisions. Rep. Joe Fischer testified during a Senate committee hearing that HB 91 assures, "No Kentucky court will be able to fashion an implicit right to abortion from the language in our state constitution: there will be no Roe v. Wade decision in Kentucky. The regulation or elimination of abortion will be vested in the Kentucky General Assembly, not in the courts." HB 91 ensures that it is the lawmakers of Kentucky who make the laws, not rogue judges.**

Previously, on February 25, House Bill 91, the "Yes for Life" amendment, passed on a staggering 76-20 vote, a margin even larger than last year.

Kentucky pro-lifers have been very busy and very productive this session. There is the "Born Alive" bill, Senate Bill 9. Said the bill's sponsor, Sen. Whitney Westerfield, R-Crofton

> **"Whether it's an abortion that didn't work, or a premature birth, or whatever the circumstance might be, if a child is born alive, it must be given medical care consistent with whatever its needs are. … "This doesn't change the standard of care, it doesn't establish what that care must be, because medical professionals need to make that decision where they are at that moment, under the circumstances."**

Knowing the votes were there to override his veto, Gov. Beshear allowed SB 9 to become law without his signature.

Gov. Beshear vetoed House Bill 2, but was easily overridden. HB2 gives Attorney General Daniel Cameron "the power to seek civil and criminal penalties for any violation of Kentucky's abortion laws," as the *Associated Press* reported.

A fuller explanation came from Kentucky Right to Life which explained that HB2 "adds additional health and safety assurances and protection for women seeking to terminate their pregnancy by allowing the Attorney General oversight and to act unencumbered to investigate abortion facilities and take action if violations of the law have occurred."

And because HB 2 "contained an emergency clause, it took effect immediately following the override votes," *Kentucky Today's* Tom Latek reported.

Canada's new euthanasia law is a matter of life and death for people with disabilities

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Bill C-7 passed into law on March 17, expanded Canada's euthanasia (MAiD) law to include people with disabilities or chronic conditions who are not dying, and people with mental illness alone.

It's important to remind people of how Bill C-7 undermines Canada's global human rights commitments.

Dulcie McCallum is a human rights lawyer and was special adviser to Canada's Delegation to the UN Ad Hoc Committee to negotiate the Convention on the Rights of Persons with Disabilities (CRPD). Steve Estey is a longtime human rights advocate and activist and was a member of Canada's delegation to the United Nations Ad Hoc Committee which drafted the CRPD between 2002 and 2006.

They explain in an article published by iPolitics how Bill C-7 is counter to Canada's Human Rights commitments.

McCallum and Estey wrote:

> **The value of Canada's stock on the global human rights market is about to plummet. In what could be considered a perverse sense of timing, the House moved for closure on Bill C-7 – which proposes fundamental changes to criteria for medical aid in dying (MAiD) – on the very week that marks the eleven-year anniversary of Canada ratifying the Convention on the Rights of Persons with Disabilities.**
>
> **As the special advisers to, and members of, Canada's delegation to the United Nations when negotiating the Convention on the Rights of Persons with Disabilities, we feel compelled to speak out because Canada is on the threshold of committing a serious legal breach.**

They then explain why Bill C-7 represented a human rights violation:

> **Bill C-7 will, if passed, make it entirely legal to end a person's life simply because they have a disability. The fact that Parliamentarians cannot see that Bill C-7 turns the right to equality and non-discrimination on its head is of grave concern.**
>
> **This legislative initiative reinforces negative stereotypes and perceptions about people who live with a disability or who are aging, giving us a law that is predicated on discriminatory and harmful ableist and ageist criteria. The legislative drafters have penned a cruel twist into the Criminal Code by deeming ease of access to medical assistance for people with a disability as a benefit.**

McCallum and Estey go on to explain that others have warned the government about the violation.

> **We are not the first to warn the Prime Minister that this legislation is in direct contravention with international law. A cohort of UN Special Rapporteurs and experts have issued a global expression of alarm. Their statement, issued early this year, said in part; "Disability should never be a ground or justification to end someone's life directly or indirectly."**
>
> **The international experts went on to make the specific point that if the law allows this differential treatment, it would "institutionalize and legally authorize ableism" in direct contravention of the Convention.**

McCallum and Estey point out that Prime Minister Justin Trudeau considers himself a staunch supporter of human rights and yet his euthanasia (MAiD—Medical Assistance in Dying) law is in direct contravention of the Convention on the Rights of Persons with Disabilities.

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

696 Babies Saved!

Abortion Drops 9% in 2020!
Teens, Attend PULSE in Covington!

When we are faced day in and day out with legal abortion, it's often tough to find good news. But today we have some!

Louisiana just released abortion stats for 2020, and 696 fewer babies were aborted in 2020 than in 2019! That's a 9% decrease! On top of that, abortion has decreased by 27% since 2014!

Don't get me wrong. The 7,448 abortions in 2020 were 7,448 too many. We grieve for these little lives that will never get to have their own birthdays. We must bring an end to the unjust destruction of these babies.

But every life saved is a reason to celebrate. Every life is a blessing. As we celebrate Easter, let us give thanks for the lives saved and pray that our nation turns toward life once and for all.

For a Pro-Life Louisiana,
Benjamin Clapper

Pro-life Arkansas Gov. Hutchinson signs bill strengthening state's ultrasound law

By Dave Andrusko

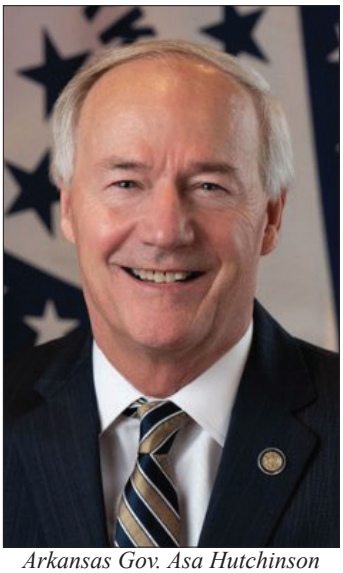
Continuing a banner year for pro-lifers in Arkansas. Gov. Asa Hutchinson has signed Senate Bill 85 which bolsters the state's current ultrasound law.

SB 85 received overwhelming support, first in the Senate (29-6) and then the House (74-14).

Sponsored by Sen. Cecile Bledsoe, Senate Bill 85 requires abortion facilities to "display the ultrasound images so that the pregnant woman may view them," describe the unborn baby's development, including the dimensions of the unborn child, as well as tell the woman the number of unborn children seen in the ultrasound.

Sen. Bledsoe told the *Arkansas Democrat-Gazette*, "This is for her edification, for her knowledge, because there are so many myths and misnomers out there about abortion." Before the vote was taken in the Senate, she added, "It is important for the mother to see the ultrasound image before the abortion rather than after, when it is too late."

The Arkansas law is an example of what are called Ultrasound Right to View laws. "These laws mainly require abortion facilities to offer a pregnant mother the opportunity to view an ultrasound of her unborn child before an abortion is performed," Ingrid Duran, Director, Department of State Legislation, told *NRL News Today*.



Arkansas Gov. Asa Hutchinson

"With the governor's signature, five states now require that the ultrasound screen be displayed within her line of sight so she may view her ultrasound if she wants to look. This is different than the other state laws that require that the mother be offered a chance to see the ultrasound image."

The 50th National Right to Life Convention in Virginia is ON!

From page 1

NRLC's two-day convention even if the turnout is not as large as we would want.

All I could think about was that conversation some 45 years ago with Father Joseph.

With all that in mind, National Right to Life **has** decided to move forward with the National Right to Life Convention --NRLC 2021! We want you there to help us celebrate NRLC's 50th Convention

With the decision made, we are pulling out all the stops to make NRLC 2021 one for the books! We have most of the speakers lined up, a fabulous group of exhibits for you to visit, childcare, and a separate Teens for Life program.

We are hoping and praying that we will also have **you**.

The convention will open on Thursday evening, June 24, 2021, at the Dulles Hilton Airport Hotel with a Dinner Theater, showing the One Act Play of "Viable." If you have not yet seen the play, I hope you will gather friends and family and make a point of being there the evening before the convention formally begins. I know it will go down as one of your favorite evenings ever.

Friday morning, we will have a Prayer Breakfast featuring Reverend Dr. Gregory P. Seltz who is the first Executive Director of the Lutheran Center for Religious Liberty in Washington, D.C.

Prior to assuming his new position, Rev. Seltz served as the featured speaker on Lutheran Hour Ministries' flagship Christian outreach radio program, with over 1 million listeners, airing on more than 1,800 stations across North America as well as on the American Forces Network. We could not be more excited to welcome him as our Prayer Breakfast speaker!

There will be workshops throughout the day and Friday evening, we will gather for another General Session featuring Patricia Sandoval, global speaker, author, and *EWTN* host. Her personal testimony of having an abortion and then being hired by the infamous Planned Parenthood is as powerful and as raw as it gets.

Her terror at what see saw behind the scenes led her to drugs and homelessness. But her story does not end there and is filled with hope!

Saturday morning opens with Wesley J. Smith, J.D., who is among the best received speakers year in and year out. Wesley will bring us up to speed on the latest challenges to traditional medical ethics and what assisted suicide is doing not only to our beloved nation but around the world.

All total, we are looking at 54 workshops, three General Sessions, a Dinner Theater presentation, a Prayer Breakfast, a closing Banquet, a full-on Teens for Life program, wonderful Exhibitors and most of all, the chance to meet and talk with other pro-lifers.

Make your plans now to be there June 25-26. To keep up to date on the addition of new speakers and to register, just visit www.nrlconvention.com. We will work our hardest to make sure it is everything you want and everything you think you need as a pro-lifer. We will do our best to give you what you need to go back out there and do what you do – saving lives – for the coming year.

Come and gather with us. Come and reunite and enjoy the convention. As the late Dr. Jean Garton once said, "The National Right to Life Convention is the family reunion for the pro-life movement."

Come and join us! We need all of us together again.

"The Hiring Chain" and the Circle of Inclusion

By Eileen Haupt

Editor's note. Eileen Haupt is the mother of a lovely 22-year-old daughter with Down syndrome and co-founder of Keep Infants with Down Syndrome (KIDS)

A powerful video, The Hiring Chain, produced for 2021 World Down Syndrome Day (March 21), features a wonderful song that describes a life-affirming chain reaction kicked off when a baker hires a young woman with Down syndrome.

The Hiring Chain, written by the team at CoorDown, an Italian advocacy organization that promotes acceptance and inclusion of people with Down syndrome, is performed by the world renowned rock star, Sting.

Employees with Down syndrome are shown in the video being hired, all as a consequence of the initial job offer from the Baker. We hear these lyrics, sung by Sting to a catchy tune:

The Baker hired Simone
And everybody saw
That she could do the job.
The Lawyer went to the Baker
And saw Simone at work.
The Lawyer hired John
Because the Baker hired
Simone…

And so on, until it comes full circle.

This scenario is a perfect example of how vital it is for people with Down syndrome to be seen and encountered in our world. The more they are known, the more we benefit from their presence and the more we appreciate their unique gifts. And the more they are known, the more they are accepted and the more they benefit from our understanding. You might call it the Circle of Acceptance.

But to be known, they must first be born!

Tragically, abortion takes the lives of thousands of unborn babies with Down syndrome each year. A 2012 study estimates that about 74 percent of babies prenatally diagnosed with Down syndrome in the U.S. are aborted. In Europe, the abortion rate is even higher– 90 percent in the U.K., 98 percent in Denmark, and for all practical purposes 100 percent in Iceland.

We must understand, however, that the positive chain reaction, unleashed by our increased exposure to individuals with Down syndrome, beautifully demonstrated in the CoorDown video, can be set off in the opposite direction when our exposure is decreased.

In other words, the fewer of us who know someone with Down syndrome, the fewer of us will be touched by their unique gifts, and the fewer of us who will understand and appreciate them. The fewer of us that understand and appreciate them, the worse off it will be for those who have Down syndrome. In fact, this lack of understanding can, and has led to intolerance toward people with Down syndrome, lethally so when they are at their most vulnerable—in the womb.

Unfortunately, for a myriad of reasons, too many of us may harbor preconceived notions about Down syndrome.

Perhaps, it is because individuals with Down syndrome share common physical features that make their appearance a bit different than those of us who lack that extra 21st chromosome. Or maybe because there is always some level of intellectual disability, we assume that it means they cannot understand or learn or perform a job.

But when we are fortunate enough to have someone with Down syndrome in our families, friend circles, and/or communities, prejudices and biases and stereotypes are challenged. We come to learn there is more to them than meets the eye. We come to appreciate their oftentimes delightful humor, love of people, and ability to perform their jobs well.

Ask any parent of a child born with Down syndrome, and most will tell you that, yes, they initially experienced sadness and fear. However, overwhelmingly, most of those parents will also tell you that their children transformed their sadness into joy and changed their lives for the better.

Emily, a family friend of ours beautifully expressed this reality some years ago when writing about our daughter in a school essay. "With Sadie, I learned first-hand that oftentimes disabled children have the sweetest souls. It is impossible to explain exactly how I learned this. It is a type of knowledge that cannot be passed on by any amount of words, you must learn through experience to fully understand."

Emily hit the nail on the head!

On CoorDown's YouTube channel, they write, "By hiring someone with Down syndrome, you start a virtuous chain: the more that people with Down Syndrome are seen at work, the more they'll be recognized as valuable employees, and the more they'll be hired. Do your part, start the Hiring Chain today."

Of course, and more importantly, the same could also be said for bringing a baby with Down syndrome into this world. By one mother choosing Life for her baby, another will also choose Life. And the more babies with Down syndrome born, the more we all benefit from their lives, and the more individuals with Down syndrome will benefit as well. It is a win-win. Start the Hiring Chain!

Do yourself a favor and watch the delightful The Hiring Chain video at www.youtube.com/watch?v=SKku4RAWa4M

Supreme Court agrees it will decide whether Attorney General can intervene to defend Kentucky's law banning the dismemberment of living unborn babies

By Dave Andrusko

The Supreme Court has agreed to consider whether or not to allow pro-life Kentucky Attorney General Daniel Cameron to intervene to defend HB 454, the state's 2018 law outlawing the barbaric practice of dismembering living unborn children. This was very important because the administration of pro-abortion Democratic Governor Andy Beshear dropped the case following a split Sixth Circuit panel's decision to uphold an injunction against HB 454.

Here are some important highlights from the High Court's decision to hear the appeal filed by the Kentucky Attorney General in *Cameron v. EMW Women's Surgical Center*.

#1. An important distinction: What was at issue was whether or not AG Cameron would be allowed to join in the defense of a law that the legislature had passed overwhelmingly and which had been signed into law by then-Gov. Matt Bevin. **That** issue—not whether HB 454 is constitutional—"will be scheduled for oral argument sometime in the fall," as Amy

Pro-life Kentucky Attorney General Daniel Cameron

Howe wrote. Whether the Supreme Court subsequently takes up the 6th Circuit's conclusion that HB 454 is unconstitutional is yet to be determined.

#2. Why did Cameron take his case to the Supreme Court? Just a little history about HB 454 about which we have reported before. On June 3, 2020, a split three-judge panel of the 6th U.S. Circuit Court of Appeals upheld the trial judge's conclusion that the law was unconstitutional. Judge John Bush, appointed by President Donald Trump, offered a brilliant 10-page dissent in which he systematically dismantled the majority opinion.

When Beshear's new health secretary, Eric Friedlander, declined to appeal, Cameron asked the 6th Circuit to allow him to intervene. However the appeals court turned him down, saying he was too late. Cameron then took his case to the Supreme Court.

#3. What arguments were offered for and against allowing AG Cameron to participate? *NBC News'* Pete Williams wrote

Cameron urged the Supreme Court to take the case, saying the appeals court's refusal to let him defend the law blocked him from doing what state law requires. He said the 9th U.S. Circuit Court of Appeals, based in California, allowed state attorneys general to intervene during the later stages of litigation.

The American Civil Liberties Union, representing the surgical center, urged the justices to stay out of the dispute. It said the 6th Circuit's ruling was "merely the routine application of the rules." The law at issue "would effectively prohibit abortion in Kentucky after the first weeks of the second trimester," the group said.

When the tragedy of abortion is seen from a larger perspective, the loss is even more enormous

From page 2

Over this most recent Easter weekend, all three of our grandkids came to the house to visit. (We fortunately see them all a great deal). As we settle into our roles as grandparent, I realize that the impact of abortion on grandparents rarely—**rarely**—gets discussed.

Imagine yourself in this unimaginably painful situation. Your grandchild is about to be obliterated by the very child you'd hoped and prayed you'd raised to honor life, even—especially—in the tough times. To be frank, I honestly cannot imagine the horror and the utter sense of helplessness.

I've written twice about an unnamed grandmother who told her story to Amanda Cable of the *Daily Mail.* We called her "Gladys."

The loss of the unborn child's life is the ultimate tragedy. What it did to the mother is not spelled out, although we learn "she was never the same." However, what the death of a huge unborn baby—23 weeks—did to the grandmother **is**.

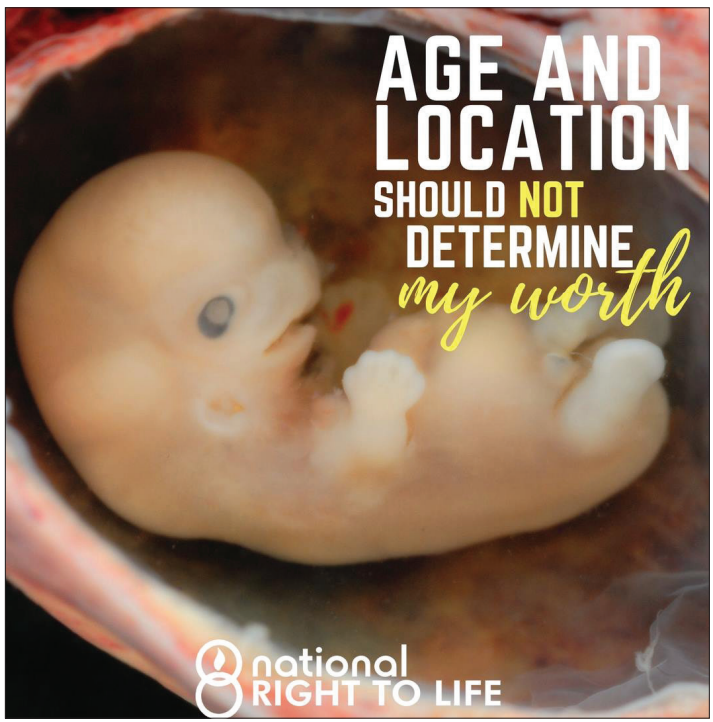
Gladys becomes persuaded that in spite of everything she has done and said (including the willingness of her husband and herself to raise the child), her daughter will have an abortion—by herself, at an abortion clinic, if necessary.

With a sad and heavy heart, she reluctantly accompanied her daughter. Young, very, **very** frightened girls huddled around Gladys like chicks around a mother hen. (She refused to leave her daughter.)

Afterwards, her daughter was never the same. The memory of that baby never left her or her parents. That awful day came crashing back when Gladys' daughter in law went into premature labor at 26 weeks.

> **"I sat by Megan's incubator alongside my son and family, and I happened to glance at the baby next to us. A tiny, red scrap lay fighting for life, her body a mass of tubes and wires.**
>
> **"'How old was that baby when she was born?' I asked a passing nurse. 'Just 24 weeks but she's a real fighter,' was the reply.**
>
> **"I stared at the baby's chest moving in and out and realised that it was the same age as Susie's baby. I felt physically sick. Outside, in the corridor, I burst into tears.**
>
> **"My family assumed that I was worried about my premature grandchild. Only my husband knew that I was crying for the baby who had not survived."**

After **all** this, Gladys concludes, "If my story persuades just one family to seek counselling – and to be prepared for the



reality of abortion – than I feel I am right to have spoken out." By "counselling" she means what the abortion clinic did not offer: some explanation of what was to come.

But counselling wouldn't change "the reality of abortion." It would still be brutal, unloving, and (in the case of this baby) inflicted on a baby capable of experiencing the excruciating pain of being torn apart.

How horrible for everyone involved, but most of all, that defenseless baby.

S.D. governor signs slate of pro-life laws concerning Down syndrome, APR, more

By Skyler Lee

South Dakota Governor Kristi Noem (R) has signed a long list of pro-life bills into law since she's become governor and she's once again shown that life matters in the state of South Dakota.

It was announced on Friday, March 26, 2021, that Noem signed not one but four pro-life bills into law.

The bills include:

HB 1110: House Bill 1110 bans abortions based on a diagnosis or screening indicating the child may have or does have Down syndrome with the exception of when continuing the pregnancy would constitute a medical emergency and threaten the life of the mother.

Currently, some estimates say two out of three Down syndrome diagnosed pregnancies in the United States end in an abortion. However, the bill should have wide support since a recent poll found 70 percent of Americans oppose abortion based on a Down syndrome diagnosis including over half (56 percent) of those who identify as "pro-choice."

SB 183: Senate Bill 183 is entitled, "An act to declare certain contract provisions regarding abortion as unenforceable and to provide a penalty therefor." This bill will help prevent coerced abortion and prohibit surrogates from being forced to undergo an abortion if the biological parents try to insist on such.

The text states in part:

A provision in a contract is void and unenforceable if it in any way:

1. Coerces, compels, or attempts to compel a pregnant woman to undergo an abortion;
2. Results in a breach of any terms of the contract if a pregnant woman refuses to undergo an abortion; or

Pro-life South Dakota Governor Kristi Noem

3. Results in a pregnant woman assuming any cost, obligation, or responsibility for refusing to undergo an abortion.

HB 1114: House Bill 1114 provides an exact definition of abortion, as well as other related terms, to prevent confusion in any bills. The bill defines abortion as specifically "the intentional termination of the life of a human being in the uterus."

It also defines medical emergency, a common exception to abortion laws in South Dakota as, *"any condition which, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function."*

In its defining of abortion the bill will prevent natural miscarriages or a miscarriage resulting from providing life-saving treatment to the mother, such as chemotherapy, as being counted as abortion under any abortion law.

HB 1130: House Bill 1130 requires a physician to inform women seeking an abortion of several key aspects of the procedure including information about the "discontinuance of a drug-induced abortion" to ensure voluntary and informed consent. The bill states consent to an abortion is not voluntary and informed, unless, in addition to any other information that must be disclosed under the common law doctrine, the physician provides the pregnant woman with a written statement including, but not limited to, the following:

1. Information regarding the fact it's possible to discontinue a drug-induced abortion even after taking Mifepristone by not taking the prescribed Misoprostol;
2. The following verbiage: "If you decide you want to give birth to your child, even after the abortion process has begun, seek the assistance of a physician immediately" as well as the phone number, website, and any other contact information to physicians or entities who have "indicated their ability or willingness to provide assistance, twenty-four hours per day, seven days a week, to a woman seeking to discontinue an abortion.";
3. A statement that abortion will terminate the life of a whole, separate, unique, living human being;
4. The probable gestational age of the child along with scientifically accurate information about the fetal development at such age;
5. A description of all known medical risks of the procedure including statistically significant risk factors of post-abortive women including depression, suicide ideation, and other psychological distress, as well as an accurate rate of deaths caused by abortion;
6. The statistically significant medical risk associated with carrying to term as compared to undergoing an abortion;

See "Slate," page 30

Post-Recess Senate to focus on legislation with major pro-abortion implications

From page 1

state and federal government to prohibit taxpayer-funded abortions.

If enacted, this legislation could not only be used as a powerful tool to challenge any and all state abortion restrictions, it would also dramatically weaken conscience protections for health care providers who opposed to participating in abortions.

The so-called Equality Act would define "sex" to include "pregnancy, childbirth, or a related medical condition." It is well established that abortion will be regarded as a "related medical condition." Laws that protect unborn children or limit abortion funding could constitute discrimination on the basis of sex.

Historically, when Congress has addressed discrimination based on sex, rules of construction have been added to prevent requiring funding of abortion or nullifying conscience laws. Since no rule of construction is included in the Equality Act, National Right to Life and numerous other pro-life groups oppose the bill.

This legislation is expected to receive special priority and a vote can occur at a time of Majority Leader Schumer's choosing. Sen. Schumer has used a special shortcut procedure ("Rule 14") to prevent referral of H.R. 5 to committee, which means that it is available for floor action at any time.

On February 25, 2021, the House of Representatives passed its own version of the Equality Act (H.R. 5) by a vote of 224-206, (House Roll Call No. 39). The bill was supported by 221 Democrats and 3 Republicans. It was opposed by 206 Republicans. 2 Republicans did not vote. The three Republicans voting in favor of the bill were Reps. Brian Fitzpatrick (Pa.), John Katko (NY), and Tom Reed (NY). Two Republicans did not vote.

Another of the radical items expected to be considered in the Senate is the so-called "For the People Act of 2021" which will place severe restrictions on free speech. It has already passed the House.

The bill is intended to make it as difficult as possible for corporations (including nonprofit, issue-oriented corporations such as National Right to Life) to spend money to communicate with the public about the actions of federal officeholders. It does so by applying an array of restrictions on ads, as well as requirements that violate the privacy rights of donors.

On Wednesday March 24, 2021, the Senate Rules Committee held a contentious hearing on S.1 (H.R. 1) in the Rules Committee. Notably, the leaders of both parties, Senate Majority Leader Schumer and Senate Minority Leader Mitch McConnell, spoke before the Committee. The focus was mainly on changes to the state election process, but many spoke on the chilling effect on free speech.

All Senate Democrats, with the exception of Sen. Joe Manchin (WVa.), have co-sponsored the legislation.

When the measure was in the House, the National Right to Life Committee opposed passage of H.R. 1, but it passed 220-210, on March 3, 2021 (House Roll Call No. 62). The bill was supported by 220 Democrats. It was opposed by 209 Republicans and 1 Democrat. Two Republicans did not vote.

Currently, due to the rules surrounding the filibuster, a 60-vote threshold is required. With little public Republican support for these or other Democrat-driven measures, many Democrats are vigorously advocating for eliminating the filibuster in favor of requiring a simple majority for passage.

Action alerts for the legislation above can be found at: https://cqrcengage.com/nrlc/action?0

Iowa Senate passes slightly different version of pro-life amendment to state constitution

By Dave Andrusko

About two months ago, we wrote about the Iowa House passing House Joint Resolution 5, a pro-life amendment to the state Constitution to ensure that activist judges not suddenly discover a "right" to abortion where no one had previously seen one.

On April 6, the fervently pro-abortion Iowa *Des Moines Register* reported that the state Senate had passed a slightly different version, 30-17, following more than two hours of debate.

"If the Senate and House pass the same language, the constitutional amendment would clear its first hurdle to appearing on Iowa voters' ballots in 2024," explained Ian Richardson. The governor, Kim Reynolds, has no formal role in the process.

Here's the difference, according to Richardson, in the two versions:

The House's version of the proposed amendment, House Joint Resolution 5, had stated, "To defend and protect unborn children, we the people of the state of Iowa declare that this Constitution does not recognize, grant or secure a right to abortion or require the public funding of abortion."

The Senate's version changes the wording to say the constitution "shall not be construed" to recognize the right to an abortion and adds that the amendment is "to defend the dignity of all human life, and to protect mothers and unborn children from efforts to expand abortion even to the day of birth."

Sen. Jake Chapman, R-Adel, said during last Tuesday's debate, "We have five unelected judges who used the power of the pen and the gavel to rewrite

Iowa's constitution, adding, "And that is why we are here today, unfortunately, because of the usurpation of power exerted by one branch of government."

Sen. Chapman was alluding to a June 29, 2018, decision by the state Supreme Court in which a 5 member majority found a "right" to abortion in the state Constitution. In so doing it rejected the state's requirement that women wait 72 hours before having an abortion, be given the opportunity to view an ultrasound scan, and be provided with information about alternatives. The 67-page-long decision was written by Chief Justice Mark Cady and overturned the 2017 law which was signed by then governor Terry Branstad.

In so doing, the court also overturned the October 2 decision of Polk County District Court Judge Jeffrey Farrell who ruled that Iowa's three-day waiting period is constitutional.

Two justices—Justice Edward Mansfield and Justice Thomas Waterman—dissented.

Justice Mansfield's dissent was particularly powerful, both for what it said about Justice Cady's attitude and the history of abortion in Iowa. Referring to the 1992 Casey decision,

Unfortunately, the majority opinion lacks this sense of balance and perspective. Forgoing accepted methods of constitutional interpretation, the opinion instead relies at times on an undertone of moral criticism toward abortion opponents. From reading the majority opinion, one would barely know that abortion—with few exceptions—was continuously illegal in Iowa from the time our constitution was adopted until the United Supreme Court overrode our law by deciding Roe v. Wade. From reading the majority opinion, one would scarcely be aware that many women in Iowa are prolife and strongly support the same law the court concludes unconstitutionally discriminates against them.

The challenge had been brought by the massive Planned Parenthood of the Heartland (PPH) affiliate and, as a result, the law was placed on hold, according to Tony Leys and Stephen Gruber-Miller of the *Des Moines Register*.

It is significant that PPH did not challenge the part of the law that forbids almost all abortions performed on unborn children at 20 weeks (or older), a point at which medical science has shown the unborn child can experience pain.

"Often, women are in crisis when facing this decision, and it's a decision that can impact them for the rest of their lives," pro-life Gov. Reynolds said at the time. "I don't think it is unreasonable to require 72 hours for someone to weigh their options and the important decision they are about to make."

The 2018 decision was not a surprise. In 2015 the state Supreme Court justices struck down a rule issued by the Iowa Board of Medicine requiring abortionists to be present and perform a physical examination on a pregnant woman prior to dispensing abortion pills.

S.D. governor signs slate of pro-life laws concerning Down syndrome, APR, more

From page 27

1. A statement that sex-selective abortions are illegal in South Dakota;
2. The phone number of an organization fighting to end sex trafficking and the statement: "If someone is sexually abusing you or causing you to exchange sex for something of value, and you want help, call 911, text, or call the number provided on this notice."

The bill, which can be read in full at https://sdlegislature.gov/Session/Bill/21932/219396, would require the pregnant woman to sign each page of the written disclosure with the certification that she understands and has read the statements before signing a consent form for the procedure.

HB 1130 makes South Dakota one of several states working to inform women of the possibility of reversing a chemical abortion once in progress.

An exception to this bill is if the physician determines obtaining informed consent is impossible due to a medical emergency to prevent delaying saving the life of the mother.

The signing of these four bills comes just after Noem signed HB 1051, which requires physicians to provide medical attention to any child who is born alive during an abortion, just last month.

The bills also follow another list of pro-life legislation she signed in 2019.

Noem said in a press release of the bill banning abortion based a Down syndrome diagnosis and the other accompanying three pro-life bills:

> **"I look forward to the day when the Supreme Court recognizes that all preborn children inherently possess this right to life, too. Until that time comes, I am pleased to sign a ban on the abortion of a preborn child, just because that child is diagnosed with Down syndrome, as well as several other important pro-life bills."**

Editor's note: Heartbeat International manages the Abortion Pill Rescue® Network and Pregnancy Help News where this appeared. Reposted with permission.

Pro-life Pulitzer-prize winner Paul Greenberg passes away at age 84

By Dave Andrusko

"The right to life must come first or all the others can never take root, much less flourish. As in the Declaration of Independence's order of certain unalienable rights, among them 'life, liberty and the pursuit of happiness.' Note which one is mentioned first. And for good, logical reason." — Pulitzer Prize-winning editorial writer Paul Greenberg, who passed away April 6 at age 84.

In 1969, Mr. Greenberg won a Pulitzer Prize for editorial writing for the (Pine Bluff) *Commercial* and was a Pulitzer finalist in 1978 and 1986.

In 1992 he moved to the *Arkansas Democrat-Gazette* to be the editorial page editor of the state's largest and most influential newspaper. Mr. Greenberg was also the beneficiary of many, many other awards for journalistic excellence too numerous to list.

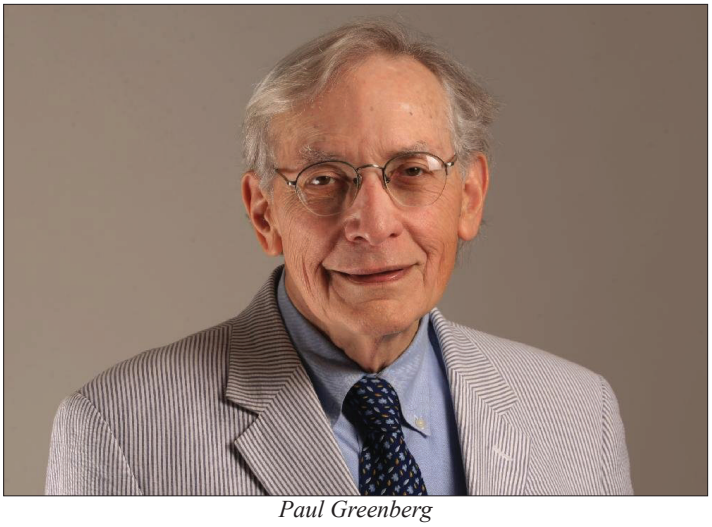
The *Chicago Tribune* once described Mr. Greenberg as "one of the most respected and honored commentators in America" and "An exceptional craftsman, he gives readers an aesthetic as well as political experience and has evoked comparisons to H.L. Mencken and William Allen White."

All of that is true, and more.

I have written more than once about Mr. Greenberg, who spoke both at National Right to Life Conventions and the convention of Arkansas Right to Life, NRLC's state affiliate. Typically I would be borrowing from one of many extraordinary insights on his part.

For example, "How to Think," an extraordinary post. I suspect I am only one of innumerable readers whose ability to reason about abortion and to cut through the pro-abortion fog was heightened by his deft ability to reason.

Another illustration. He once wrote a column which carried the headline, "The root of confusion." The heart of this opinion piece was to illustrate the pretzel-like shape defenders of sex-selection abortions are forced into when they justify taking a child's life for one reason and one reason only: she (and it is always a "she") is the "wrong" sex.



Paul Greenberg

He used a fellow columnist who tried to have it both ways –be a good "liberal" concerned for the weak and the powerless– but bow down to Planned Parenthood which always has and always will strongly opposes a ban on sex-selection abortions. The columnist eventually weaseled out, expressing no opinion of his own and asking what his readers thought.

Greenberg let him know what he thought of that:

> **"It's the besetting sin of American opinion writing. I've lost count of the number of opinion pieces I see that have no opinion. Instead they weave all around some controversial question — like abortion, for example — without ever taking a clear stand.**
>
> **"Our conflicted columnist's big problem, his ethical dilemma, was symptomatic of those who don't go back to first principles and think the abortion issue through. They don't make the connection between the right to life and all the others subsidiary to it, like the right to equal treatment under the law."**

Greenberg' works eloquently reinforced that foundational principle: if you "Deprive the most innocent of life"—if you abort them, regardless of reason—"they will never be able to exercise any of the others."

With relentless precision, he drove home what ought to obvious, but is often overlooked–the quote we began this post with:

> **"The right to life must come first or all the others can never take root, much less flourish. As in the Declaration of Independence's order of certain unalienable rights, among them 'life, liberty and the pursuit of happiness.' Note which one is mentioned first. And for good, logical reason."**

Ronald Reagan once said something I will never forget: "There are no easy answers but there are simple answers. We must have the courage to do what we know is morally right."

Greenberg adds his own flourish to this insight in his final paragraph of that post:

> **"Those who think of abortion as an oh-so-complicated question pitting many equal, competing rights against one another don't see — or maybe just don't want to see — that a society that can abrogate the right to life can abrogate any right. For if we don't have a right to life, we have no rights whatsoever."**

Bill to prevent disability-based abortion endorsed by Florida House committee

By Dave Andrusko

Florida is bidding to become the tenth state to ban abortions based on a prenatal diagnosis of disability. These nine states–North Dakota, Indiana, Arkansas, Kentucky, Mississippi, Louisiana, Ohio, Missouri and Tennessee–are already in the fold.

Last Tuesday the state Health and Human Services Committee voted 12-8 in favor of House Bill 1221. HB 1221 now heads to the full House for a vote.

State Rep. Erin Grall, the bill's sponsor, said her legislation tries to give a voice to the voiceless and curtail gene discrimination of the handicapped, Jason Delgado of Florida Politics reported. "The state has a compelling interest to ensure eugenics isn't used as a tool to manipulate our population," she said. "That's what we have seen happen in other countries around genetic testing for fetal abnormalities."

"Grall's proposal would prohibit a physician from performing an abortion if they know or should know that a woman's decision to abort is based on a test result that suggests a disability," Delgado explained.

According to Delgado's account, Republican Rep. Ralph Massullo of Lecanto said

> **"We need to consider the rights of the unborn just as much, I believe, as we consider the rights of the individuals that are walking around in our society."**

Republican Tyler Sirois of Merrit Island highlighted that while the issue is contentious, it does not prohibit abortions if the baby has a fatal condition.

Florida State Rep. Erin Grall

A disability, Sirois said, is "not a disqualifier for life."

> **"This bill acknowledges that these are lives worth living and that they add value and make a contribution," he said. "Whether it's in arts or in music, or just bringing smiles to the people around them, or even if it's just simply feeling the sunshine on their face."**

Democrats, of course, opposed the bill and one offered a candid admission:

> **"I know that many people think that we're out shopping, getting our nails done, and oh, by the way, I'm going to stop in and have an abortion," said Rep. Kelly Skidmore, D-Boca Raton. "We don't do things like that. Women are not making these decisions flippantly. But, even if they are — it's their right."**

The bill has not yet been heard in the state Senate.

Pro-life former Secretary of State Mike Pompeo brilliantly critiques Biden administration for paving the way for PPFA to receive tens of millions of dollars of family planning money

By Dave Andrusko

Mike Pompeo was one of many pro-life champions with whom President Donald Trump filled his administration. As Secretary of State, he was a forceful and articulate champion of the right to life and religious freedoms, two causes the Biden-Harris administration has zero interest in protecting, let alone advancing.

Last week, Mr. Pompeo posted a brilliant critique of the new pro-abortion administration under the headline "Biden's Title X Rule Change To Fund Planned Parenthood Is a Disgrace to the Sanctity of Human Life." Here are some sample insights.

He begins by talking about how "it should come as no surprise that the Biden Administration is reversing the Trump Administration's Title X policies. Our actions ensured that no American taxpayer dollars were put toward the practice of abortion. None. Not ever."

He is, of course, absolutely correct, just as he is when he criticizes the Biden administration for quickly reversing the "Mexico City Policy" that the Trump administration strengthened and expanded with its "Protecting Life in Global Health Assistance program."

But as the headline suggests, the bulk of his essay is about Planned Parenthood and, for example, its utter unwillingness to adhere to the requirements to obtain funding

Pro-life former Secretary of State Mike Pompeo

for genuine Family Planning. Pompeo writes

> **The Trump Administration's "Protect Life" regulation ensured that no federal funding, through the Title X Family Planning Program, was provided to organizations who claimed that abortion services were part of their "family planning" services. It kept intact funding for the good and commendable services that family planning organizations have provided for women since Title X was established in 1970 by President Nixon. Abortion did not fall under that umbrella of services in 1970, and it should not now, or ever. In fact, the Title X statute itself unequivocally states, "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." Abortion violates the sanctity of human life and should never be classified as "family planning." It is family destroying.**

He deftly deflates PPFA's bogus assurances:

> **Planned Parenthood has claimed in the past, and will continue to claim, that its abortion services are paid for using private funds, rather than federal funds. But with an ally of abortion on demand at any time up to and the minute after delivery in President Biden and a pro-abortion, radical Left Congress, they no longer have to maintain this charade. It will have all the resources it needs to perform abortion-on-demand and your tax dollars will pay for them.**

"But this fight is far from over," he writes. And all pro-lifers agree 100%.

Pompeo concludes.

> **From the Trump Administration to the Biden Administration, we have quickly moved from the most pro-life Administration in history to the least in spite of the fact that a clear majority of Americans do not want their tax dollars to fund abortions. This is why elections matter. If you understand that the right to life matters, then we must elect representatives who will champion the sanctity of human life, not disgrace it. After all, life is one of our most important unalienable rights.**

Abortion pill reversal (APR) backed by science, offers women authentic choice; OB-GYN says

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said, "it certainly improves women's chances, significantly, of being able to save their child.'

Part of the APR awareness advocacy is helping to educate on legislation that ensures women in the midst of an abortion decision are informed about the protocol, legislation that Francis says, "thankfully" is being considered in several states.

Informed consent

The Indiana Senate passed HB 1577 on Tuesday, the bill including an informed consent provision for APR.

The bill now heads back to the House for final approval before heading to Gov. Eric Holcomb's desk.

Six states already have similar laws in place, the AP reports, while laws in North Dakota, Oklahoma and Tennessee have been blocked in court.

Francis has testified in support of the Indiana legislation.

"And the reason it's so important that women are informed of that at the time they go in and get their medication abortion is because it's a very time sensitive thing," said Francis. "You know, they need to start that reversal process within 72 hours."

This is especially important for women who might not have internet access and can, like her patient did, do a Google search for how to reverse her chemical abortion.

"It's important for them to be able to know," said Francis, "it's not forcing

One of AAPLOG's biggest things, she said, is for people to understand that they want women to be empowered with information.

"Women are intelligent creatures," said Francis. "They can make informed decisions when they have all of the information in front of them."

"But unfortunately, so often they're not being given that information," she continued. "And so, I do think that these bills that are being considered by states are extremely important."

"Again, this is just about giving women information," stated Francis. "And if we truly care about women having all of their choices, and this should be a choice that is made available to them."

"To deny that is really to deny women a choice," she said.

Today chemical abortion accounts for roughly 40% of all abortions in the U.S., and that number continues to rise.

Given that a significant number of women regret their chemical abortion after beginning the process, Francis explained, establishing and ensuring informed consent through legislation is really about sparing them that regret.

Misinformation about APR

"It's just kind of unreal to me that there's anybody, especially a women's healthcare provider, who would want to deny women opportunity," Francis told Pregnancy Help News. "So, it's extremely important that this information get out there."

Francis said it's also very important to combat the misinformation about APR that is being put out there by the abortion industry.

Christa Brown BSN, RN, director of Medical Impact for Heartbeat International, which manages the APRN, agrees.

"Some would like to promote the lie that women who choose abortion no longer have choices, but that simply isn't true," Brown said. "A well-established, evidence-based treatment exists to reverse mifepristone abortion and this is not new. This treatment has been used by physicians throughout the world since the 1950s to safely sustain pregnancies and treat pregnancy complications."

"Reversal is based on well-established medical science that is safe for women and safe for babies," she said. "No one should deny the choices of a woman who wishes to save the life of a child just because she first chose abortion."

"We hear from women every single day who regret taking mifepristone to end a pregnancy and desire a way to continue their pregnancies and rescue their babies," said Brown. "Abortion Pill Rescue Network listens to their requests and offers women real choices even after starting a chemical abortion."

Discrediting of APR as junk science or somehow dangerous is continually floated by abortion providers and supporters, and that narrative has been picked up and promulgated by a willing media.

"And it's not even just the abortion industry," said Francis, "which is what is so disheartening and discouraging to me."

Major medical organizations like the American College of Obstetrics and Gynecology, considered in the general public and the medical world as the experts on women's healthcare, have been all-in on the negative portrayal of APR.

ACOG has been clear about its support for abortion and its disdain for APR.

In October 2020 ACOG released guidance to physicians that stated in part that medication abortion "is a safe and effective method of providing abortion."

The group also supports removal of the FDA's REMS restrictions for the abortion drug mifepristone, claiming that the governments risk management standards "do not make the care safer," "are not based on medical evidence or need, and create barriers to clinician and patient access to medication abortion."

"I left ACOG several years ago because of their radical abortion agenda," Francis said.

"Abortion pill reversal therapy is, in fact, safe"

ACOG's criticism of abortion pill reversal came directly into play recently for Dr. Francis.

Planned Parenthood of Indiana and Kentucky's Associate Medical Director Dr. Caitlin Bernard wrote in an op-ed in the Feb. 26 *Journal Gazette* that APR was, among other things, insidious, fraudulent, and dangerous. Bernard wrote to criticize APR as HB 1577 was before the Indiana legislature.

Bernard, whose employer is also critical of APR, cited ACOG's claim that APR was not supported by science in her piece for the *Journal Gazette*.

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Abortion pill reversal (APR) backed by science, offers women authentic choice; OB-GYN says

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Francis then offered her hands-on experience with APR in a Mar. 12 column and gave science-based support for the protocol as safe and effective.

ACOG's assertion that APR is not science-based made its way into Francis' op-ed as well, but not because she cited or referenced it, rather because the *Journal-Gazette's* editorial department placed the statement at the end of Francis's column in an editor's note.

The Fort Wayne news outlet did advise Francis prior to publishing that it would be including the ACOG statement at the end of her column, and in response to an inquiry from Pregnancy Help News the Journal-Gazette gave the reasoning behind the decision to include ACOG's take on APR.

The Journal-Gazette said, "The editorial board believed it was important to share with our readers the position of the 60,000-plus member American College of Obstetricians and Gynecologists, the primary professional organization for physicians in the field. That position is in conflict with Dr. Francis's view."

"The science speaks for itself and the evidence is strong"

"You know, they claim to represent 60,000 OB-GYNs, and yet they really don't represent the vast majority of their membership when it comes to abortion," Francis told *Pregnancy Help News*.

AAPLOG provides data on its website showing that the majority of OB-GYNs in the U.S. believe that human life begins at fertilization and that the majority of OB-GYNs in the U.S. do not perform abortions.

Francis said it was important enough for the APR information to get out there that she agreed to allow the ACOG statement to be included.

"Because my piece was heavily reliant on scientific evidence and data," she said. "My only options were either it doesn't get published at all, or it gets published with that disclaimer at the bottom."

"Because I believe so strongly that the science speaks for itself and the evidence is strong," said Francis. "I felt like it's more beneficial for it to be out there for people hopefully to use their own thinking minds, look at the evidence and then make a decision for themselves."

She remains committed to speaking about abortion pill reversal, in hopes of saving lives.

"I want women who are considering abortion to know that medication abortions cause significant harm, and they are not the kind of easy fix that they are purported to be," she said.

"I want them to know that despite what they might hear, abortion pill reversal is backed by science, that it is safe, and it's not experimental," said Francis. "That they can make the right choice to try to save their child – And that's what we're here for them for."

Editor's note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News [where this appeared]. Reposted with permission.