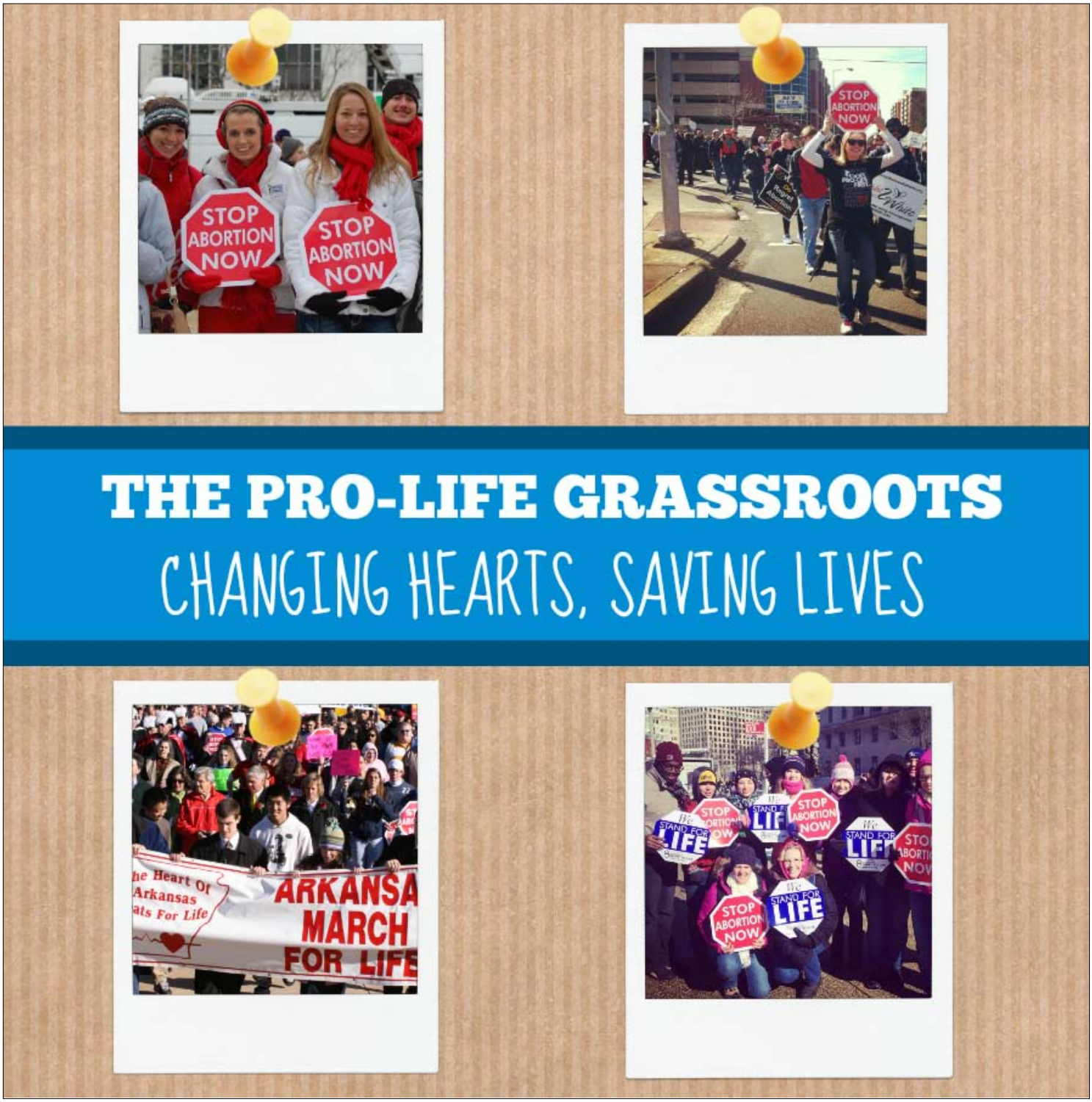
National Right To Life News

December 2014



national RIGHT TO LIFE NEWS

All-out Pro-Life Efforts Overcame Abortion Rhetoric & Deep Pockets in 2014 Elections

By Karen Cross, National Right to Life Political Director

2014. What. A. Year. And **you** made a difference!

While many in the media were in denial, months ago we saw a wave of pro-life successes coming. The first indication was the March 11 special election in Florida. National Right to Life-endorsed David Jolly defeated pro-abortion EMILY's List candidate Alex Sink – despite her vast name-recognition and financial advantage. It truly was a "bellwether" contest – a forecast of what was to come in the November congressional elections. And the results appear to have had far-reaching coattails down-ballot as well, with many state houses flipping to pro-life leadership across the country – even in places like Maine, Minnesota, Nevada, New Mexico, and New York, where Obama won comfortably in 2008 and 2012.

What role did National Right to Life and its political entities, the National Right to Life Political Action Committee and the National Right to Life Victory Fund, play in the 2014 elections?

National Right to Life endorsed 283 federal candidates. A whopping **90%** won their elections. (Four races are yet to be decided.)

See "All-Out" page 20

Dr. David O'Steen, NRL executive director and Senator-elect Joni Ernst (Iowa),

NRLC Chapters primed to take full advantage of awesome off-year election results

2015 theme is "Be a Voice for the Voiceless"

By Dave Andrusko

I'm pretty upbeat (okay, hyper) by nature, but when I need a boost of energy, I always turn to Jacki Ragan, the director of NRLC's State Organizational and Development Department.

That lofty title could just as easily be "Director of Affiliate Services," because that is what Jacki's department was created to do: create, motivate, sustain, and multiply NRLC state and chapter affiliates, which already number well over 3,000.

In preparation for the December digital edition of *National Right to Life News*, I sat down with Jacki to talk about her beloved chapters and drink in her enthusiasm for 2015.

"We will have immense opportunities to pass meaningful state legislation that will save the lives of many babies," she told me flatly. One of many reasons this is so was captured in a one-page graphic which showed in red and blue just how many houses of the 50 state legislatures are controlled by Republicans (69 of 99); how many governorships are held by GOPers (31); and in how many

See "NRLC Chapters" page 33

Editorials

What you will find in the December issue of National Right to Life News and why it will make you a more effective advocate for unborn children

One of the very nicest qualities about shifting to a digital *NRL News*—beyond the distinct pleasure of being able to distribute our publication for free worldwide and to be blessed by having our stories forwarded through countless social media networks—is that we can add posts right up until the time the "pro-life newspaper of record" goes online.

For over 30 years when we printed the newspaper, some of our coverage would be dated, since *NRL News* was mailed using the least expensive category in order to keep costs manageable. Now, when stories crop up at the last minute (or two), we can add them to our repertoire. That includes the subject of our second editorial. (More about that below.)

As you would anticipate, we devoted enormous attention to the November elections in last month's issue, followed up by additional substantive content in this, the December digital edition. In between *NRL News Today*, our Monday through Saturday news feed, carried story after story. (If you are not receiving *NRL News Today*, it'll take no more than 30 seconds to sign up to have it sent to your email inbox. Just go to www.nrlc.org/mailinglist.)

As you will read in the second editorial, pro-abortion Virginia Gov. Terry McAuliffe is systematically stacking the state Board of Health with people who think just like him, in order to hollow out regulations intended to safeguard women by upgrading abortion clinics. In 2013, he defeated a pro-life challenger, who vigorously defended those necessarily regulations, by a narrow margin. Lesson? Elections matter.

But there's much more that has occurred just in the last couple of days that we wrote about for this edition or for *NRL News Today*. Some of it is very touching.

See "What You Will Find" page 28

Elections have consequences

There are few words more telling, or more chilling, than that **elections have consequences.** On the affirmative side, pro-lifers made huge gains on November 4, gains that we have written about in this month's and last month's *NRL News* and on a continuous basis at *National Right to Life News Today*. (You are receiving *NRL News Today*, correct?!)

On the negative side, last year pro-abortion Democrat Terry McAuliffe, bolstered by a heavy advantage in campaign funding, edged pro-life Republican Ken Cuccinelli to become the governor of the Commonwealth of Virginia.

Everyone knew—because McAuliffe made it clear—that, if elected, he would advance the abortion agenda in every way he could. One prominent example would be his promised all-out assault on attempts to upgrade safety standards at abortion clinic facilities.

To make an incredibly complicated story relatively straightforward, the specifics of implementing (formulating the rules) for the 2011 law passed by the legislature were left to the state Board of Health. Pro-abortionists successful prevented the rules from taking effect until McAuliffe was elected.

He has been systematically paving the way to gut the rules ever since. In May McAuliffe called for an expedited review of the rules. He wasn't kidding.

On Thursday, McAuliffe's allies on the newly-constituted Board of Health (he has already replaced six of the 15 members of the board with appointees more to his liking) decided to move ahead with a review of rules for abortion clinics, which prompted McAuliffe to "praise the board for advancing the process," according to Jenna Portnoy of the *Richmond Times-Dispatch.*

The board's actions, agreed to on an overwhelming 13-2 vote, are "the latest step in a lengthy process that could roll back controversial, hospital-style regulations of providers that went into effect last year."

To her credit, Portnoy noted that while the requirement that abortion clinics be treated like outpatient surgical centers, if they provide five or more first-trimester abortions a month, has received almost all the attention, "the state also identified five other areas for review, including parental consent, medical testing and lab services, anesthesia services and emergency services as well as the administration, storage and dispensing of drugs."

See "Consequences" page 31

From the President
Carol Tobias

2015: Ready for the Challenge

Even those who have not read William Shakespeare's "The Tempest" will likely have heard the phrase, "What's past is prologue..." Visitors to the National Archives Building in Washington, DC, may have noticed that quote carved into the building. The rest of the sentence reads, "…what to come, in yours and my discharge." In other words, the past has set the stage for the present and we will do our best to mold the future.

As we get into, and hopefully enjoy, the hustle and bustle of the Christmas season, we often take a look back at the previous year to see what we've learned and how we've grown. I hope you'll take a few minutes to look back at 2014 with me.

As we do every year, pro-lifers started out 2014 with activities to commemorate the barbaric *Roe v Wade* decision—marches, rallies, educational projects, and Sanctity of Human Life activities. We shook our heads in disbelief that our beloved country had sanctioned the death of over 56 million of its precious children by abortion.

We were in the early months of enrollment for Obamacare. *PolitiFact* had just named President Obama's statement, "If you like your health care plan, you can keep it," the "Lie of the Year" for 2013.

Of course this came as no surprise to National Right to Life. NRLC had argued from the beginning that Obamacare would subsidize abortion coverage in its plans. That was confirmed later in the year when the Government Accountability Office found that more than one thousand federally subsidized exchange plans currently cover elective abortion.

On the legislative front, in January the U.S. House of Representatives passed the No Taxpayer Funding for Abortion Act. H.R. 7 would permanently prohibit subsidies for abortion and health insurance coverage of abortion in federal programs – both within longstanding federal programs and within Obamacare.

In 2013 the House had passed the Pain-Capable Unborn Child Protection Act, based on model legislation developed by National Right to Life and enacted by ten states. The legislation protects unborn children from abortion beginning at 20 weeks fetal age, based on scientific evidence that by this stage of development the child would experience excruciating pain.

Both bills stalled in the Senate because Majority Leader Harry Reid (D-Nev.) would not allow the bills come to the floor for a vote.

In late June, speaking at our annual convention in Louisville, Senate Minority Leader Mitch McConnell (R-Ky.) made news when he criticized Reid for not bringing the bill to the floor for a vote. McConnell said, "It's long past time for us to join the ranks of most other civilized nations to protect children past 20 weeks in the womb."

Last February, pro-lifers received the most wonderful news we could have. According to Guttmacher (no friend of unborn babies), the number of abortions performed in 2011 was 550,000 fewer than in 1990, when we hit an all-time high of 1.6 million abortions. The abortion rate, the number of abortions per 1,000 women aged 15-44, had reached a low of 16.9, the lowest it has been since 1973. Pregnant women were more likely to choose life for their unborn children than at any time since abortion was legalized in 1973. This analysis was confirmed just this past week by encouraging data from the federal Centers for Disease Control. We are saving babies!!

But despite the encouraging news, abortion still remains legal. Over a million unborn lives are lost each year. Far too many women who want their babies are being killed or injured by boyfriends determined to kill their babies. Judges are striking down commonsense laws intended to protect babies and their mothers.

In addition, *National Right to Life News* and *NRL News Today* consistently carry stories about the onward march of advocates for doctor-assisted suicide, both in the U.S. and abroad. One quite scary article, "Lethal drugs should be given patients regardless of family wishes, Belgian doctors say," reinforces the crucial need to promote the value and dignity of every human life, regardless of "dependency" or "quality of life." We are all vulnerable when treatment decisions are based upon our "quality" of life and whether or not we are able to "contribute" to society. While still few in number, more states are considering allowing doctor-assisted suicide within their borders. We must remain diligent.

But we also have encouraging and positive counter-moves, such as when pro-life Senator Pat Roberts (R-Ks.) introduced the "Repeal Rationing in Support of Life Act" which targets key rationing components of Obamacare.

Advancements in technology are bolstering our case for protecting unborn children. We heard Dr. Bill Fifer, a professor of psychiatry at Columbia University and a leading expert on fetal and newborn learning, tell *The Today Show* that everything a newborn baby does, "a fetus has pretty much done already" and that unborn babies are "able to sense information over all parts of their body."

A study at the University of Florida found that, while in the womb, babies can learn to recognize a nursery rhyme. Others find that these little ones enjoy listening to music.

We saw several manifestations of our ongoing outreach to young people -- the National Right to Life Teen convention, our Academy and Intern programs for college students, the oratory, essay, and video contests, and a growing number of youth camps operated by NRLC state affiliates. This energy and enthusiasm among young people gives our long-time members great joy and causes our opponents great distress.

And, of course, we end the year on a high note, rejoicing in our successes in the elections. To overturn *Roe v Wade*, we need elected officials who will appoint and confirm judges who don't believe in legislating from the bench, as the *Roe* court did. And we need legislators who will pass legislation to protect the most vulnerable among us. The elections were a giant step forward toward that goal.

The pro-life movement, as does any civil rights movement, has its up and downs. But we know that we are making strides in the right direction. The past is prologue, the beginning. What is to come is not ours alone to decide, of course, but as the last year illustrates so beautifully, your efforts can mold and shape a more beautiful picture.

Like you, I look forward to what 2015 will bring, knowing we are ready for the challenge.

May God bless you and your loved ones during this most holy and wondrous season of Christmas.

I. Love. Adoption.

By Joleigh Little

Editor's note. November was National Adoption Month. National Right to Life News Today ran a number of stories to commemorate this life-affirming alternative. The following post ran on the author's wordpress account, "See Joleigh Adopt."

Adoption is hard. Adoption is messy. Adoption takes work. Adoption is expensive. Adoption will bring you pain. Adoption will take the life you once knew, turn it upside down, chew it up and spit it out in pieces that are barely recognizable.

Now… please go back and substitute "parenting" everywhere I wrote "adoption."

Huh. Still accurate, isn't it?

But that's just one side of the coin. Adoption is also rewarding. Adoption brings joy. Adoption gives children families. Adoption will take the life you once knew, shave off a whole lot of the selfish, destroy a giant dose of the pride and bring you repeatedly to your knees, which is where you should have been in the first place. (Again, an awful lot like parenting!)

I have heard time and again that every adoption begins with brokenness. This is true. We live in a broken world. There are broken things. There are broken people. Evil exists. Terrible things happen. If you carry it back far enough, and I'm talking Garden of Eden far, our existence as a race began with brokenness. Disobedience. Arrogance. And ever since that time, the voice of the serpent is still hissing in the affairs of man. If you doubt this, turn on the evening news.

But. And there's always that "but" isn't there?

It's totally up to us to decide what to do with that brokenness. Wallow in it? Rage against it? Stomp our feet and talk about how unfair it is? Give up and shut ourselves away from it?

Or… fix it. Where we can, how we can, with what we have.

Adoption is the result of brokenness, yes. But it is NOT the cause. It is, in fact, the solution. That solution doesn't come easily. As an adoptive family you are absorbing into your midst someone who has been hurt. Sometimes brutally. Sometimes in ways that are subtle.

It's okay, though, because you have been hurt, too. Everyone has. And because of that hurt, because you have lived for so long in a broken world, you have a gift that you can give to other broken people. It's called empathy. You might also call it compassion. In short, it is love. The greatest gift we can give another human being.

And that's why I love adoption.

I love adoption because adoption is the solution to often terrible problems. Adoption takes a child who has been abandoned, or hurt, or broken and makes that child a son or a daughter.

I love adoption because it gives those of us who are mere mortals a very real sense of how God feels about us.

I love adoption because it takes children from situations in which no child should EVER live and brings them to a place of safety. It pulls children out of an existence that is often very difficult and places them in a life that, while perhaps still difficult, will at least allow them to heal.

Closer to home, and by that I mean domestically, I love adoption because I have friends who, for whatever reason, cannot create biological children. Adoption has made them parents. Really great parents, in fact.

I love adoption because it gives scared women and girls, who are unprepared to parent, a very real and viable alternative to ending the lives of the tiny people growing inside of them.

I love adoption because it is the absolute best solution in a situation where parents cannot raise their biological offspring to adulthood.

That doesn't mean I love the poverty, the drug or alcohol abuse, the death or the other horrible circumstances that make adoption necessary. But I sure as holy horse radish love the solution! I love that there IS a solution and I love that it's a good solution.

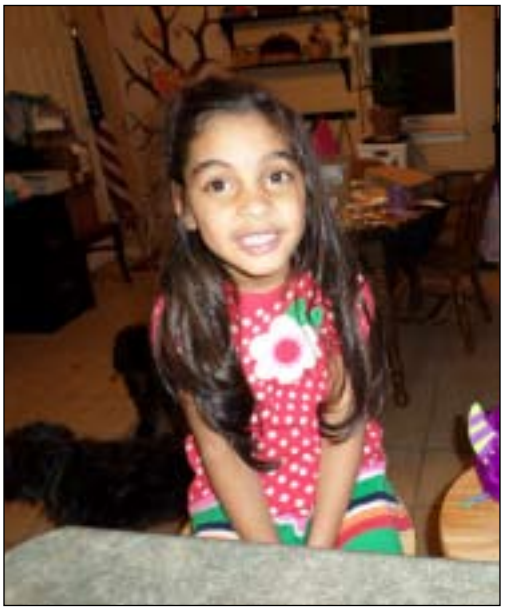
I agree that the hard side of adoption needs to be discussed. It's not all purple unicorns, shiny hearts and fuzzy kittens. But, then, neither is life. People are hard to love sometimes. YOU are hard to love sometimes. I know I am.

I will even go so far as to say that I love adoption because it is hard. I think that sometimes we have things a little too easy here in our comfortable American lives. We eat our fast food, drive our fast cars, scurry through our days from one thing to the next, giving our kids 16 different extracurricular activities and, let's admit it, as often as is humanly possible, we choose to do things the easy way.

But "easy" doesn't always equal "right." For me, "easy" would have been to continue living my life, throwing myself into a job I love, passing my evenings and weekends knitting and spending my extra cash on beautiful, expensive yarn and not ever stepping out to make a stranger my own.

I can't even write that without crying because while my now sometimes upside down life is very different from my carefully ordered world of four years ago, and most definitely a lot harder, it is so much better. Richer. Fuller. Happier. Funnier. Whole.

And this is the reason.



Her story begins with brokenness. Abandonment. Having to fight for limited attention from too few caregivers for too many children.

Our story together is not without its rough spots. She's very strong-willed. (So am I.) She's a little bossy and controlling. (So am I.) She has excellent verbal skills and needs to learn to use them for good and not for evil. (So do I.) In the beginning, I had to choose to love her. Actively choose. Because she wasn't familiar those first few weeks and months, and she really did very suddenly change my nirvana into a nightmare on a few levels. (Think split lips, a loose tooth and constant bruises across my thighs while she fought her way into my heart.)

But, somewhere along the way, after choosing to love her, something beautiful happened.

She became mine.

So, I love adoption for all of the reasons I outlined above, and more. But the biggest reason I love adoption is that Clara has a mom. And I love that God chose me to be that mom.

So yes, adoption is hard. But it is also so amazingly and achingly beautiful. As a wise friend of mine, who has also chosen to love a child she didn't make, recently said, "God calls us to do hard things. God equips us to do hard things."

In closing? Please. Go do hard things. And remember that "hate" is a very strong word — especially for something that brings such incredible beauty out of brokenness.

Adoption: A loving, life-saving, realistic option

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

November was National Adoption Month, and I hope that you had a chance to read some of the compelling personal stories that were published in **National Right to Life News Today.** They provided great insights into the joys – and challenges – that await adoptive parents.

To get a good idea of the broader picture, to understand why pro-lifers feel adoption is such a loving realistic, life-saving alternative to abortion, let's flesh out those personal accounts with some basic information and statistics about adoption in the U.S.

Surveys and studies on adoption aren't as frequent as research in some fields. However a few government statistics and a comprehensive national survey of adoptive parents in 2007 found out a number of important things.

According to figures from the 2007 National Survey of Children's Health (NSCH), the 1.8 million adopted children in the U.S. comprise about 2% of America's child population. About a quarter of these represent international adoptions, with nearly equal amounts representing private domestic adoptions (38%) or adoptions from foster care (37%).

About a quarter are adopted by relatives, and close to a third (32%) are adopted at birth or at least placed for adoption at one month or less.

Infant adoption has become rarer since 1973. According to the U.S. Department of Health and Human Services Adoption USA Chartbook, prior to 1973, about 8.7% of never married women who gave birth made a plan for adoption. However that dramatically dropped to 1% in the 1990s.

While the HHS Chartbook mentions the role of reproductive technology such as in vitro fertilization giving childless couples the chance to conceive on their own, the abortion deaths of millions of babies who could have been available for adoption also surely played a role.

There is great openness to adoption in the American public. A 2002 survey of women aged 18-44 found 33.1% considering abortion with 23.2% of those actually taking steps to adopt a child. An adoption activist writing in 2008 said that there were more women seeking to adopt unrelated children than there were foster children awaiting adoption (Katz, Washington Post, 11/8/08).

A surprisingly high percentage, 39%, of adoptions involve children with special health needs. Race or ethnicity does not appear to be a significant barrier either, with 40% of parents adopting children of a different race, ethnicity, or culture.

People interested in adoption may be intimidated by potential costs, but this does not have to be prohibitive. Though some adopting parents do indeed face costs of $10,000 or more, at least half pay less than $5,000, with 29% paying nothing at all, according to the Chartbook.

While many of those paying little or nothing to adopt are relatives, this does not necessarily represent all those paying lower fees. Twenty-two percent of those parents adopting children who are not related did not pay anything either.

About 80% of parents adopting children after 1997 filed for federal adoption tax credits that went into place that year, and about 13% of adopted children had a parent who reported receiving some financial assistance from their employer.

With pre-planned infant adoptions, typically adopting parents cover necessary medical and legal fees.

Private agencies, some of them religious, can be helpful in facilitating adoptions, guiding would be parents through the process. They can not only help with legal paperwork but assist in making the match and working out the transition.

See "Adoption" page 31

Lauren Hill enters hospice, continues to fight inoperable brain cancer with courage and dignity

By Dave Andrusko

The family of Lauren Hill, the courageous freshman at Mt. St. Joseph, announced this week that Lauren has entered hospice care. Lauren, battling inoperable brain cancer, was a profile in courage as she refused to allow her disease to stop her from achieving a life-time goal: playing in a college basketball game.

We've reported on Lauren, a counterpart to fatalism and despair, a number of times. The response of our readers has been what you would expect: awesome.

The family's Facebook post [www.facebook.com/laurensfightforcure?hc_location=timeline] reads, in part, as follows:

> **Monday we signed on with Hospice. Originally this was planned to be done at the end of October or Early November but got side barred due to the big game. We are excited to have additional resources coming to our home. We have already been able to get supplies to help make things easier here at home. We have had another step down from steroids. She went from 5 mg in am and 5 mg in afternoon to 4 mg / 3 mg and now we are currently on 3 mg/3 mg. There has been now major changes in symptoms. Her headaches have flared up a little more than usual and balance issues just depend on the day and how tired she is."**

Just a little over a month ago, Lauren attracted world-wide attention by playing in a college basketball game. Weakened by a very deadly form of brain cancer– Diffuse Intrinsic Pontine Glioma (DIPG)–Lauren refused to let go of her goal: playing in a college basketball game.

As you can imagine there was hardly a dry eye in the house when moments into the game against Hiram, Hill drove in for a layup. She used her off-hand because of the impact of the cancer on her right side. Lauren was mobbed by teammates.

What a remarkable young woman, what a remarkable family. Lauren drove with her family the entire four-hours it took to see Mt. St. Joseph play its second game of the season. "The team is part of her family," her mom told ESPN's Lynn Olszowy. "We knew we were coming. It was whether or not she would play or be in a wheelchair. It just depends on the day."

Then a couple of weeks later, Lauren played briefly in the game against Bethany College and scored a basket. Olszowy wrote

> **The fact the layup was with Hill's right hand is remarkable. The play is designed to go to the left because Hill has lost strength on the right side of her body due to the effects of inoperable brain cancer.**
>
> **But, as her mom, Lisa, said in the stands after her daughter scored: "She's a bold girl."**

On that night Olszowy explained, "Hill came not only to cheer on her teammates, but to make a statement by adding two more points to her career scoring total. 'It was good to see her out there one more time,' said her father, Brent."

Lauren Hill

After Hill's first game Joe Kay of the *Associated Press* wrote

> **The school has received calls from people around the world who are touched by her courage and inspiration. A Layup4Lauren challenge raised money for research into the type of cancer that will shorten her life. Hill hopes that research will lead to treatments that give others a better chance of beating the odds.**
>
> **Xavier University donated $58,776 on Tuesday, money raised from tickets and merchandise as the school offered its arena for the game. The NCAA allowed the schools to move the game up by two weeks because of Hill's condition.**

Coach Dan Benjamin told Kay that Hill's teammates are rallying behind her as her energy wanes.

"Watching her go through her journey has been very tough, knowing she's getting weaker at times, knowing she needs us even more now," Benjamin said. "She's not going to be able to get out as much as she has done in the past, so now I will have to become her voice and her teammates will have to become her voice as well."

The family completed its Facebook post about entering hospice care with a manifestation of the spirit that brought fans to their feet.

> **Overall she has been in good spirits this week and staying busy with special projects. In a funny, goofy mood tonight.**

CDC report confirms there has been a big drop in the number of abortions

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

Editor's note. The CDC report was released November 28. Dr. O'Bannon divided his analysis into two National Right to Life News Today stories which ran December 1 and December 2. We have reproduced them here with some updates. "Demographic Data Adds Detail to CDC's Abortion Drop" appears on page 8.

The government's latest report confirms the good news reported by Guttmacher earlier this year. That not only the number of abortions in the U.S. have dropped to lows not seen since the earliest days of legal abortion in America, so, too, have abortion rates and abortion ratios.

The 730,322 abortions reported to the federal Centers for Disease Control (CDC) in 2011 do not include any from California, Maryland, or New Hampshire, which did not make them available. Guttmacher reported 1,058,470 for the same year. (As we explain fully below, Guttmacher's numbers will always be higher because it directly surveys abortion "providers.")

But it is significant that this is the lowest figure the CDC has reported since dropping California, New Hampshire, and at least one other state in 1998.

Long term drops in abortion rates and ratios make it clear that we are in the midst of a historic trend. The 13.9 abortion rate (the number of abortions per thousand women ages 15-44) is lower than any rate recorded by the CDC since abortion became legal in the U.S. in 1973.

Granted, abortions from California or other states missing since 1998 might have given us somewhat higher rates. When numbers from California were available, the abortion rates for the U.S. were about 2 to 3 points higher than those calculated without them. But that does not change that the 2011 abortion rate of 13.9 has dropped by nearly half (44.4%) from what it was at its high point in 1980: 25 abortions per thousand women of reproductive age.

Likewise, the abortion ratio (the number of abortions for every 1,000 live births) is at a historic low, with 219 abortions for every thousand births. [1] The same caveat mentioned above about missing California numbers applies here. But the enormous drop from 359.2 abortion for every 1,000 births in 1980 to the 219 for every 1,000 for 2011 cannot simply be explained by missing states with high abortion proclivities.

CDC versus Guttmacher

Around Thanksgiving every year, the CDC publishes its annual report of national abortion data. This year's report "Abortion Surveillance – United States, 2011″ issued November 28, 2014 (it takes the government a few years to collect and process the state data), shows the number and rate of abortions dropping by 5% over the previous year. The ratio of abortion to live births declining by nearly as much, 4%.

The Guttmacher Institute's report, issued in February, showed similar significant drops in the number of abortions, though starting from higher numbers. As we have explained, Guttmacher surveys abortion clinics directly while the CDC relies on state health reports, meaning Guttmacher's numbers will always be higher than CDC's.

With respect to CDC, some state data is better than others, and not every state reports data to the CDC; abortion numbers from the nation's most populous state, California is missing from this latest report, along with data from Maryland and New Hampshire.

For all of these reasons, Guttmacher's totals are considered to be more accurate. The offset, however, is Guttmacher only reports every few years or so.

By contrast, the CDC reports its data every year. And because it generally tracks the same variables from year to year, the CDC report is a very useful tool for studying abortion demographics and confirming trends.

The CDC suggests that economics could have played a part in the decline in the number of abortions, which may be so. But with the long term drop in abortions and abortion rates and abortion ratios being seen in times of both economic booms and busts, the correlation is hard to nail down.

"Increasing acceptance of non-marital childbearing" is offered as one more possible explanation for the reduced incidence of abortion, but data point to something more. The statistics indeed show us that more children who would have been aborted are now being born. However there has not been a measurable increase in U.S. birth rates that matches up well with decreasing abortion rates.

Though the CDC does not seem to put a lot of weight on factors such as pro-life legislation such as parental involvement, waiting period laws, state regulations on clinics, and does not appear to consider that the lower numbers may reflect changing public attitudes towards abortion, these developments do seem to offer an explanation coherent with the data.

Americans are obviously tiring of a "solution" to an unplanned pregnancy that it has discovered to be no solution at all. Faced with the grisly reality of abortion, the gruesome truth about America's abortionists, and, thanks to right to know laws and selfless pro-life volunteers reaching out to young women in crisis, the knowledge that there are practical, realistic alternatives to abortion that are better for both them and their babies, more women are choosing life.

We will provide more details on demographic data from the CDC report tomorrow.

[1] This does not include miscarriages or stillbirths, so cannot be easily turned into an abortion percentage. Other CDC sources attempting to count these have put the percentage of pregnant women aborting their babies at 18%.

Demographic Data Adds Detail to CDC's Abortion Drop

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

Editor's note. As explained in the story on page 7, unlike Guttmacher, the CDC does not directly survey abortion providers, thus its totals will always be substantially lower than Guttmacher's. But its data is very helpful as well, as Dr. O'Bannon explains. If one examines demographic data on method, gestation, race, marital status, previous abortions, etc., they tell us more about how and why these changes are happening – and where there may be more work to do.

Age

Not surprisingly younger women, those 29 and younger, have most abortions. This group accounted for 71.7% of abortions reported by the CDC in its 2011 report. Almost exactly a third (32.9%) involved women between the ages of 20-24.

It may be surprising, though, to those who have not followed recent trends, that teens accounted for just 13.9% of all abortions. Thirty years ago, in 1980, teens represented 29.2% of the total.

In raw numbers, the drop is even more dramatic. The 29.2% share of the nearly 1.3 million abortions the CDC reported in 1980 represented some 378,900 abortions. Though some teen abortions from California, Maryland, and New Hampshire are missing from current totals, the 13.9% of the CDC's 2011 total equals less than a hundred thousand (89,613)!

While changing public attitudes towards abortion, the outreach of pro-life pregnancy care centers, and legislation like waiting periods, ultrasound, and right to know laws have impacted abortion totals across the board, the influence of parental involvement laws on this particular group should never be minimized.

At the same time, women over 30 were responsible for 28.3% of abortions. Abortion rates among this group, unfortunately, have not shown the same kinds of massive drops seen in the younger groups and in some cases went up.

Thus while the abortion rate for women 30-34 did drop in the past ten years (2002-2011) by 7.9%, this was against drops of 33% or more for teens, or drops of at least 16% for women in their 20s for the same time period.

But abortion rates for women 35-39 went up 1.4%, and women over 40 experienced a 7.7% increase in their abortion rate.

Explanation? This could be part of a generational attitude difference, reflecting more pro-life attitudes among the younger population. Or it could be the result of increased pre-natal genetic testing, with couples aborting upon receiving a negative diagnosis.

Gestation and Method

An increasing percentage of abortions now occur at 8 weeks or less gestation. [1] While just over a third of abortions (36.1%) of abortions were performed at 8 weeks or less in 1973, nearly two thirds (64.5%) were performed at this stage in 2011.

Over a third (36.1%) are now performed at 6 weeks gestation or less. A large part of this is likely the vast increase in the use of chemical abortion methods.

The precise drugs involved are not specified in the CDC report; other sources indicate most involve the abortion pill RU-486 and prostaglandin misoprostol, though use of misoprostol alone is increasing. But there were 107,804 "medical" abortions at 8 weeks of less gestation representing 19.1% of abortions among the states listing this category on their forms in 2011.

Though there is some use of chemical abortifacients at later gestations, these abortion techniques were initially developed to be used early on in pregnancy. High use of these methods has obviously had an impact. To get some perspective, only 11,384 (1.7%) of these were in the CDC's "medical" or "other" category in 2000, the first year RU-486 went on the market.

Most (79.4%) abortions still employed what the CDC calls "curettage," a broad category which includes manual vacuum aspiration, suction aspiration, D&E (dilation and evacuation) and other surgical methods. About 71.9% of the abortions the CDC counted involved curettage employed at 13 weeks or less gestation, while another 8.6% used curettage for second or third trimester abortions.

Roughly one in 11 (8.7%) of abortions the CDC tracked were performed at 14 weeks gestation or more. The CDC does not identify which of these were third trimester, but about 1.4% (7,325) of those were performed at 21 weeks or more.

Race and Ethnicity

Different states track and report race and ethnicity differently; some do not appear to have reported such data at all. As a result it is difficult to pin these factors down precisely. The CDC has several different charts reporting this data with various numbers of states and definitions so that there are not any singly definitive percentages.

Analysis is also complicated by the fact that minority population is not evenly distributed in the U.S. Several states with large minority populations (e.g., California) are not included in CDC totals.

The CDC chart with data on ethnicity from the most states or "reporting areas" (30) found Hispanics with an abortion rate (abortions per 1,000 women of reproductive age in that category) of 16.1, a couple of points above the national average.

However their abortion ratio (the number of abortions for every 100 live births) is 201, below the national ratio of 219. This means that while there were slightly more abortions among this population than the national average, Hispanic pregnant women as group were more likely to give birth than abort.

A different CDC chart covering fewer states but looking at ethnicity over the past 10 years, shows a piece of encouraging news: abortion rates and ratios for Hispanics dropped more than those for non-Hispanic.

The CDC does not give a number here for 2011 for what percentage of the population African Americans represent. But in "Black or African American Populations" (www.cdc.gov/minorityhealth/populations/REMP/black.html), the CDC estimated that in 2012, African Americans made up 14.2% of the U.S. population. In 2011, African Americans accounted for between 36% and 38% of all abortions in America.

Abortion rates and ratios for African Americans did also go down over the last ten years (-16.8% and -17.6%, respectively), although they are still much higher than those reported for other groups.

Still, the black abortion rate remains more than three times what the white rate is (25.8 for blacks versus 7.8 for the whites in the chart covering the most states). Likewise the black abortion ratio–381 abortions for every 1000 live births for black Americans versus 126 abortions for every 1,000 live births for white Americans.

See "Demographic" page 11

Mom refuses to give up hope on unborn child said to have less than 5% chance of surviving; little girl now thriving

By Dave Andrusko

When Graceanne Payne came home from the hospital, just before Christmas 2013, she joined her mom and dad and older sister one day before her actual due date. Almost a year later, she "crawls enthusiastically and has already taken her first steps," according to Scott Rogers of the *Gainesville Times*.

So, Graceanne had come a little early? Actually she arrived September 8, 2013, weighing 1 pound, 12 ounces. She was so premature doctors had given her less than a 5% to survive.

Graceanne experienced a 97-day stay in the Neonatal Intensive Care Unit at Northeast Georgia Medical Center and spent almost six weeks on a ventilator.

"Definitely the hand of God was involved in her survival," her mom, Melissa Payne, said.

Graceanne's remarkable story began when the Payne family was visiting relatives in Maine. Rogers explained

"Only in her second trimester and more than 1,300 miles away from home, Payne woke to discover her water had broken. She was taken to the nearest emergency room, where doctors said her unborn daughter Graceanne would need to be delivered in the next 24 to 72 hours. 'At that point, we weren't quite 19 weeks, so she wouldn't have been able to survive,' Payne said."

They visited a specialist in a nearby town who "pretty much told me this was the hand of cards we were dealt, and we would have to fold them and start over," Payne told Rogers. Meaning the prediction of a less than 5% for survival and the likelihood that, if she did survive, "he would have a very low quality of life and be a burden on their family."

But Payne had no interest in giving up on their baby and was determined to return to their home in Georgia.

Rogers explained that several of her friends "orchestrated her return to Georgia and set up her appointment with the obstetrician-gynocologist who approved her for continuing the pregnancy." And

When Payne's doctor performed an ultrasound and found a heartbeat, she was given the cautious — though not optimistic — OK to do what her heart told her to do. Payne wanted to continue her pregnancy, come what may.

"I believe that all babies are conceived for a reason," Melissa Payne said. "It is our job to try to protect them and support what they need. Even when it's difficult or very trying, what some could see as a burden to your family is still a gift from God."

Payne was, of course, put on immediate bed rest. She told Rogers of feeling Graceanne kicking and moving and then going to the doctor "and they'd just frown and nod." To keep strong for her baby, she Payne said she "relied on her family, friends, prayer and visits from church deacons to get her through the next seven weeks."

Graceanne with her older sister Allie Claire

Graceanne was born via an emergency C-section at 26 weeks and 2 days, weighing 1 pound, 12 ounces and measured 12 inches long. She had many health hazards—starting with having sufficient lung capacity to breathe on her own or be put on a ventilator.

"I woke up in recovery and asked where the baby was," Payne said. "They said she was down in the NICU, and had enough lung tissue to ventilate."

Of course, there were more hurdles to overcome, but as Graceanne's health improved, so did her doctors' optimism. Graceanne went home just in time for Christmas, 2013. Far from having medical issues, she is right on schedule, developmentally.

Carolanne Owenby, who was instrumental is helping Melissa find the right kind of help back in Georgia, calls Graceanne "the greatest miracle I've known in my life." But according to Rogers, she credits another source for her survival.

"(Graceanne) was told over and over again that she had no business being here, that she wouldn't be here, and she's not only here but she's thriving," Owenby said. "A huge part of that is a testament to her mother. Melissa is one of the strongest people I know. She fought tirelessly for (Graceanne) and refused to take no for an answer at every corner. And that's why she's here and that's why she's thriving."

What do the numbers tell us about how the faithful voted in 2014?

By Dave Andrusko

Although we are now a month past the elections, there is still plenty to ruminate on, especially when you take second and third looks at national exit polling.

Chris Cillizza is a political reporter for the *Washington Post* whose pieces are often fluff for President Obama, although of late he has come down hard on Mr. Obama. On November 24, he wrote a piece, "The 7 most fascinating numbers in the 2014 national exit poll," which, particularly as updated, is worth posting about. Here are a couple of numbers of interest to us.

■ "4," which is **the margin that Democrats beat Republicans by among women in the national House vote. That's a significant decline from President Obama's winning margins among females (+11 in 2012, +13 in 2008) although it's an improvement from the 2010 midterms when Democrats actually lost the women's vote by a point. Still, the massive focus by Democratic candidates across the country on the supposed "war on women" being conducted by the GOP quite clearly didn't convince large numbers of female voters to abandon the GOP."**

Cillizza is convinced that if Hillary Clinton is the 2016 Democrats' presidential nominee, 2014 will prove to be an aberration and women will flock to vote for another woman. To put it mildly, this is a huge leap of faith.

■ "62," which is **the percentage of the vote for Democrats among those who said they "never" attend any sort of religious services; Republicans won just 36 percent among that same group. Compare that to the 18-point edge Republicans enjoyed over Democrats among those who go to some sort of religious service weekly and you see that one's religiosity continues to be one of the most reliable predictors of how you'll vote. Consider yourself a religious person or, at least, someone who attends religious services regularly?**

There's a strong likelihood you are voting Republican. Not a church-goer? You are voting Democratic.

This wasn't in the hyperlink to the Post story, so I assume it's the Pew Research Center results. Cillizza is correct as far as he goes, but note the graphic from Pew which we have reproduced.

2014 National House Vote by Religion

% of each religious group who reported voting Democratic or Republican in the race for the U.S. House of Representatives in their district

	2006		2010		2014	
	Dem	Rep	Dem	Rep	Dem	Rep
Protestant/other Christian	44	54	38	59	37	61
White Prot./other Christian	37	61	28	69	26	72
Catholic	55	44	44	54	45	54
White Catholic	50	49	39	59	38	60
Jewish	87	12	n/a	n/a	66	33
Something else	71	25	74	24	67	31
None	74	22	68	30	69	29
White evangelical/born-again	28	70	19	77	20	78
All others	60	38	55	42	55	43

Note: Throughout this report, "Protestant" refers to people who described themselves as "Protestant," "Mormon" or "other Christian" in exit polls; this categorization most closely approximates the exit poll data reported immediately after the elections by media sources. In this report, some estimates for previous years might differ slightly from previous Pew Research Center analyses due to differences in data coding. Data on Jewish voters in 2010 are not included due to insufficient sample size.

Source: National Election Pool national exit polls. 2014 data from NBC News.

PEW RESEARCH CENTER

In 2006 the breakdown among those who "never" attended religious services was 67% voting for Democrat to 30% Republican. In 2014, it was 62% to 36%.

The 37 point advantage for Democrats was now 26.

A couple of numbers Cillizza didn't highlight.

In the 2014 electorate, 61% of married men and 54% of married women voted Republican. Conversely, 60% of single women voted for Democrats. Among single men, the breakdown was almost exactly even: 49% voted for Democrats, 48% for Republicans.

How about Obama's influence? Exactly a third said the "one reason for your vote for the U.S. House today" was "to express opposition to Barack Obama." Another 19% said it was "to express support for Barack Obama." (As you would expect, almost all of the former were Republicans, almost all of the latter were Democrats.)

He had an impact in 2014. And no matter who his party's nominee is in 2016, Mr. Obama's "legacy" will play a role in two years.

Diverse field of Republicans win in state legislative races; almost all are pro-life

By Dave Andrusko

We've written a great deal about the massive pro-life gains in the United States Congress (including, in all likelihood, nine Senate seats), but less about gains in the state legislatures. Here is the opening paragraph of a story by Shaila Dewan that ran in the *New York Times*, "G.O.P. Gains by Tapping Democrats' Base for State Candidates":

> **WASHINGTON — As Republicans took control of an unprecedented 69 of 99 statehouse chambers in the midterm elections, they did not rely solely on a bench of older white men. Key races hinged on the strategic recruitment of women and minorities, many of them first-time candidates who are now learning the ropes and joining the pool of prospects for higher office.**

Just to be clear, not all Republicans will be pro-life, although, conversely, there are very few pro-life Democrats remaining in state legislatures. But clearly the prospects for passing (and defending current law) are greatly enhanced when state houses are controlled by Republicans.

The story nicely combines personal profiles of female, latino/latina, and African-Americans who won running as Republicans with enough "inside baseball" to appreciate that these victories were not accidents. They are the fruit of years of careful planning and recruitment.

For our purposes today, it is enough to say two things. First, that Dewan could have profiled more candidate of the kind that the headline alludes to—those who traditionally have run as Democrats but won as Republicans, in some cases against overwhelmingly odds.

Second, Dewan was too busy ending her story with the suggestion that not all these winners have the same position on the "social issues" to note that almost every one of them is pro-life.

Shaila Dewan

Demographic Data Adds Detail to CDC's Abortion Drop

from page 8

It is hugely encouraging that the numbers of abortions, the abortion rate and abortion ratio are declining across the board. Yet given the disproportionate number of abortions among African Americans and Hispanic, there clearly needs to be a larger pro-life outreach to minority communities.

Marital and Maternal Status

Overwhelmingly, most abortions (85.5%) continue to involve unmarried women. That percentage has always been above 70% since the earliest days of *Roe*, but has crept up and has been consistently above 80% since 1996.

A high number of abortions are repeat abortions. We learn that 46.4% of aborting women in states reporting this data in 2011 had at least one previous abortion. Most (25.5%) had only had one previous abortion, but 11.6% of women had had two abortions, while 9.3% reported having three or more.

Six in ten (60%) aborting women reported having had at least one previous live birth. About two in ten (19.6%) had given birth to at least two children, nearly one of seven (13.9%) had given birth to three or more.

Taken together with the drop in the number of teen abortions, this data serves as an indicator that we may need to invest the same level of effort to reach the young, single mom struggling to make ends meet as we did the high school teenager afraid to tell mom or dad she might be pregnant.

Lack of Safety

The abortion industry has assured us for years that abortion is safe and getting safer every year, but CDC numbers do not reflect that.

Despite huge drops in the number of abortions over the past twenty years, women are still dying from abortion in America. Ten women are known to have died in 2010 (CDC abortion mortality figures are always an extra year behind). This makes the eleventh year in a row that at least six women have died from abortions.

Whether these numbers reflect the women who died at the hands of licensed butchers like Gosnell or from yet another "safe" chemical abortion gone awry, the numbers do not say. However it should be noted that risk of death from abortion figures reported by the CDC for the past decade are actually higher than it was for the previous one.

The numbers show that we've made great progress, but also show that a lot of significant opportunities to save unborn babies and their mothers remain.

[1] Some states reporting to the CDC specified that this was based on a clinician's estimate or calculated from a woman's last menstrual period, others did not.

"Autos for Life" needs 10 more to finish 2014 strong!

By David N. O'Steen, Jr.

With the Christmas season upon us, it brings to mind that the end of the year is almost in sight.

As we approach the end of 2014 arrives, we hope you are thinking about how you might be able to help the educational efforts of National Right to Life through our "Autos for Life" program.

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

Please, keep them coming! We only need 10 more vehicles between now and the end of the year to finish strong!

This season is very important to the pro-life movement, and your generosity can make a big difference in our life-affirming work! By donating your vehicle to Autos for Life, you can help save the lives of unborn babies and receive a tax deduction for the full sale amount.

Thanks to dedicated pro-lifers like you, Recent donations to Autos for Life include a 1999 Oldsmobile "88" from a pro-life supporter in Illinois, a 1998 Buick LeSabre from a priest in North Dakota, and a 1998 Chrysler Sebring convertible that the pro-life donor sold privately and split the proceeds evenly between National Right to Life and another charity that she strongly believes in. As always, 100% of the proceeds from these vehicles went to further the life-saving educational work of National Right to Life.

Your donated vehicle can be of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better), and we'll take care of the rest. Digital photos are preferred, but other formats work as well.

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

You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! All vehicle information can be emailed to us directly at dojr@nrlc.org or sent by regular mail to:

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

"Autos for Life" needs your help in making the rest of the year great for the pro-life movement! Please join us in helping to defend the most defenseless in our society. Have a Blessed Christmas and a Joyous New Year!!!

Disappointing government report shows declining health care spending; Obamacare partly to blame

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

The resources being devoted to life-saving and health-preserving health care in the United States are at a near-record low, according to a newly issued annual spending report from the federal government's Center for Medicare and Medicaid Services (CMS).

The period from 2009 to 2013 saw the slowest health care spending growth since 1960, with 2013 earning the dubious title of having the lowest single year rate of health care growth since 1960.

While it is typically true that in a recession, many people are forced to spend less on health care, the reduction in spending has lingered far longer than is typical.

Many mainstream media and commentators are unwisely hailing this slowdown. Lost in the praise is that this historic slowdown in spending means those who need life-saving and health-preserving treatments are getting fewer of them, especially the cutting-edge innovations that make healthy survival more probable now and which increase the prospects for improvements in health care in the future.

Obamacare-imposed rationing is now being openly cited as among the reasons for the slowdown. The CMS report cites several limits set by the Obama Health Care law as contributing to the spending decline. The actuary report lists the law's cuts to the private Medicare option for seniors in the Medicare Advance plan, as well as limits that were set on insurer profits.

When the government limits what can be charged for health insurance, it restricts what people are allowed to pay for medical treatment.

But while everyone would prefer to pay less–or nothing–for health care (or anything else), government price controls prevent access to lifesaving medical treatment that costs more than the limits set by the government.

If these dangerous Obamacare provisions continue to take hold, Americans can expect to spend less on health care – yes – but can also expect that access to life-saving medical treatment will also dwindle. It is important to continue to educate friends and family about various ways that the government can limit what resources Americans will be permitted to devote to saving the lives of themselves and their family members (documentation at www.nrlc.org/HealthCareRationing).

For evidence that, contrary to conventional wisdom, America could continue to devote more resources to life-saving health care, see http://www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf .

Baby Angela continues to defy odds: turns eight months!

By Dave Andrusko

Back in September we reprinted a lovely story by Jessica A. Botelho, a staff reporter for the *Rhode Island Catholic*, "Baby Angela defies odds, turns 6 months old." The "odds" that Angela defined were and are imposing: almost all babies born with anencephaly die within a few hours or weeks.

Doctors had advised an abortion but that was never an "option" for Sonia Morales and her husband, Rony.

"You don't have to choose abortion for these cases," she told NBC 10 News reporter Tony Gugliotta who provided an update on Angela last week. "No. For any reason, you don't have to terminate the pregnancy. There is a life there. So we never, not even for a second, thought about abortion – no!"

As Ms. Botelho explained in her story, in May

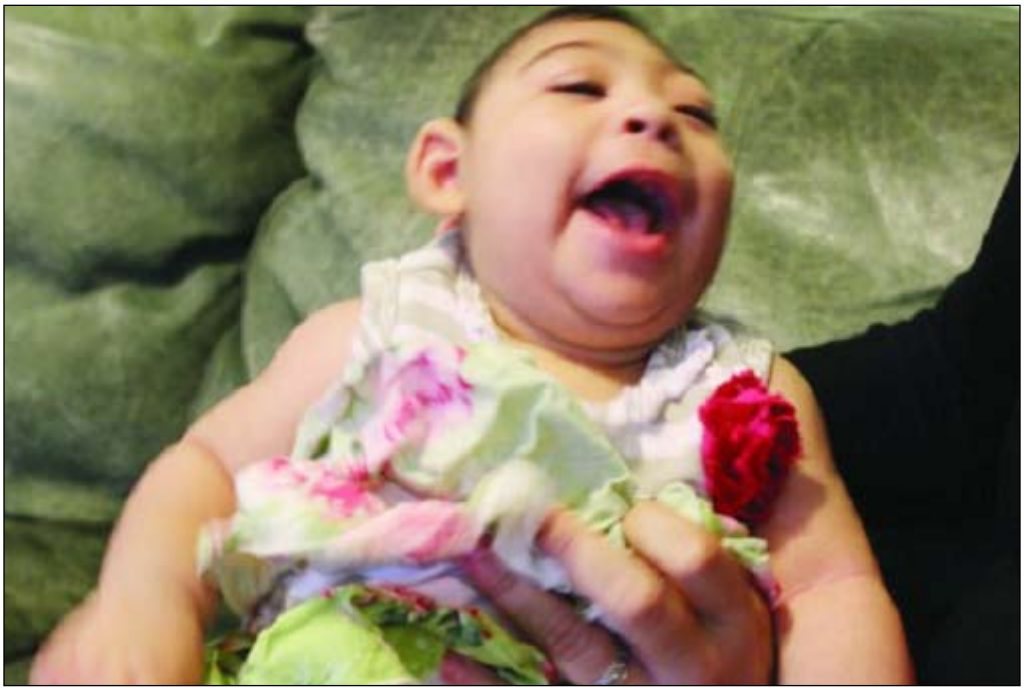
> **Angela underwent a three-hour surgery to close an opening at the top of her head, as she has anencephaly, a neural tube defect in which portions of the brain, skull and scalp do not form in whole or in part during embryonic development.**

At that point in time, Angela was "doing great," according to her mother. "She's almost 14 pounds, and she's growing well."

In explaining how Angela was able to celebrate her 8-month-birthday, Gugliotta wrote that doctors had now changed their diagnosis from anencephaly to encephalocele. Both are fatal neural defects, but with encephalocele there is more brain matter that protrudes out of the skull which fails to knit closed during pregnancy.

"God is so good and he's using Angela just to prove that these babies can live," Sonia said. "Let them live."

Back in September, Morales told the *Rhode Island Catholic*, "Everything she's doing they said she wouldn't be able to do," adding, "She smiles when we talk to her, and she's responding to our voices and our love. She's starting to crawl, and she can scoot three feet. She cries when she's hungry, and lets us know what she doesn't like. She loves to be touched, and she loves kisses. We were prepared for the worst, but God had other plans."



Baby Angela

The back story is fascinating. Morales started a Facebook account while she was carrying Angela to raise awareness about anencephaly and to defend human life. Botelho wrote

> **Morales often receives messages of support, noting that many women who have poor-prenatal diagnoses tell her that baby Angela gives them hope. One woman, said Morales, refused to tell anyone that her fetus was diagnosed with anencephaly, as she was ashamed and afraid.**
>
> **"But by seeing Angela, she told her family that her baby has this condition and she started raising awareness," Morales said. "She was hiding, but now she's talking about her baby."**

Gugliotta ended his update with an optimistic look at Angela and her family:

> **Sonia looks through a memory box she was given at the hospital when Angela was born. Inside is a dress the baby wore that day. Now it's much too small, it's a symbol of Angela's growth and health.**

And because of that, he wrote, "it's an extra happy Thanksgiving for this family."

Young woman chooses life after sidewalk counselor and crisis pregnancy center intervene

By Sarah Terzo

Editor's note. This first appeared last week at clinicquotes.com.

On this Thanksgiving, I would like to tell a story of pro-life victory, a story of life.

A young woman named Diana told the following story on the "Stories from the Sidewalk" series.

I'll never forget the day I found out I was pregnant. It was October 7, 2012. I had just returned from a retreat when I took a pregnancy test. I couldn't believe it. I was active at Texas State's Catholic Center and was a member of the Catholic sorority. I couldn't let anyone find out I was pregnant – what would they say?

The baby's father didn't want a child and said he would pay for an abortion. Without his support, afraid of what others would say, and since I was expecting to graduate in just a few months, I scheduled an abortion.

I was the only person in the waiting room. I was really scared. The doctor had me sign some papers that he went through quickly. The examining room was dim and cold. There weren't any pictures or posters like most doctor's offices. He couldn't confirm the pregnancy, so he asked me to reschedule. The next few days, I tried to live life as usual, but kept thinking of that little person inside me. Fortunately, one of my sorority sisters told me about [The John Paul II Life Center]. I didn't want to go, but eventually, I did.

The JPII Life Center was very different from the abortion facility. It was warm… welcoming. Instead of doing the sonogram to determine how much they would charge me, they gave me one for free. I'll never forget that sonogram. The doctor told me to lay very still. Then, he showed me the most breathtaking sight I had ever seen – a tiny pulse of red and blue. My baby's heartbeat! I was only about 5 weeks pregnant, but my baby's heart was already beating. I knew I couldn't abort my child.

But later, reality hit. My mom made it very clear that she wanted nothing to do with me or my baby. If I didn't have an abortion, I would lose my cell phone, my car, my tuition, my apartment. Without the help of my parents, there was no way I could finish school or support myself. How could I take care of a baby?

I choked back tears as I made an appointment at another abortion clinic. Thankfully, God placed the right person at exactly the right time in exactly the right place. As I drove up to [the abortion clinic], I saw a familiar face praying outside the clinic. Then, I heard my name.

"Diana, what are you doing here?" It was Judy [a Sidewalk Counselor and also a counselor] from The JPII Life Center. I ran up to her and was greeted with a warm embrace. I told her my situation and she welcomed me into her home. Within a few hours, she, her husband and The JPII Life Center found me a place to stay and help with tuition.

I didn't know it at the time, but while this was going on, Drew Mariani and the listeners at Relevant Radio were also praying the Chaplet of Divine Mercy for me and my parents.

When I finally worked up the courage to tell my father, he reacted completely different from what I expected. He said he would stand behind my decision. And, he insisted that my mother do the same.

After that day, I knew everything would be ok. Since then, I have graduated from Texas State and gave birth to Enrique, who is loved by me and his grandparents. Without The JPII Life Center, [Relevant Radio and the Coalition for Life], I would not have my baby's life – or even my own. You see, if I'd gone through with that abortion, not only would it have ended my son's life, I would have taken my own life. [They] saved us both… and I am forever grateful."

Diana's story shows how even a religious person can have an abortion when the stress of an unplanned pregnancy becomes overwhelming. Her story is a good reason why priests and pastors should talk about abortion and educate their congregations not just about abortion facts but also about places then can go if they become pregnant. Religious pregnant women often have the added stress of fearing what their congregation will think if they have a baby. This leads many frightened Christians to have abortions. With abortion such an easy option, always available, people panic.

Always support mothers, whether or not they are married. They have made a brave choice.

Voiceless in life, Robert Gensiak's mourners determined his voice will be heard

Mr. Gensiak weighed 69 pounds when he died at age 32

By Dave Andrusko

The unfortunate truth is that while we run many uplifting, soul-nourishing stories on *NRL News Today*, the anti-life cancer, which has long since metastasized, continues to claim additional victims beyond 1.1 million unborn babies who lives are taken each year.

We've written three times about Robert Gensiak, who died an unspeakably brutal death, starved to the point where his bones showed through by his mother and sisters. His "crime"? To be defenseless. He had Down syndrome.

He weighed 69 pounds at his death; the local newspaper chose not to print photos "as a matter of taste." Mr. Gensiak's shriveled remains were cremated.

As the prosecutors made abundantly clear at trial, he was nothing more than a meal ticket to his sisters and mother.

They told the police the day after he died (in response to how his health had so badly deteriorated) they were "concern[ed] that if they placed Mr. Gensiak in a personal care facility, the financial support they received from his Social Security benefits would dry up." According to Joseph Kohut of the *Times-Tribune* of Scranton, "Before the end of the interview, investigators said Mr. Gensiak's mother asked if she would still receive her son's Social Security check even though he died."

In June 2013, Lackawanna County District Attorney Andy Jarbola described Mr. Gensiak's death as "the worst case of neglect I've seen the last 26 years. …This family, the mother and two sisters, basically let this young man rot to death."

A columnist for the *Times-Tribune* has written several times about Mr. Gensiak, with equal parts eloquence and anger. Chris Kelly is determined that neither Mr. Gensiak himself nor the inhumanity his kin displayed toward him will be forgotten.

Kelly began his November 29 column with a quote from the Old Testament:

> **"Learn to do right; seek justice. Defend the oppressed…"** — Isaiah 1:17

On November 28 the Arc of Northeast Pennsylvania dedicated a plaque to Mr. Gensiak. It reads simply

> **"Robert Gensiak, 2013, Every voice shall be heard."**

"We felt so bad for Robert," Arc Executive Director Don Broderick said, Kelly reported. "He didn't have a voice in life, and we wanted to give him one in death. He suffered tremendously at the hands of his family."

Kelly writes,

> **Robert's plaque is about the size of a shoebox, set in stone. Someone at the ceremony lamented that it looked like a grave marker. I said that was fitting, because Robert doesn't have one. He never even had an obituary.**

His mother, Susan Gensiak, is serving 10 to 20 years. Sister Joan "got five to 10 years for a neglect charge and one to five years for endangering the welfare of a child," Kelly explained. [Like Robert Gensiak, "Her daughter, Robert's niece, was also infested with scabies."]

The youngest sister, Rebekah, testified against her mother and sister. Her sentence was six to 23 months.

Kelly concluded this column, which I strongly suspect it will not be his last about Mr. Gensiak and the cruelty of his family, with this:

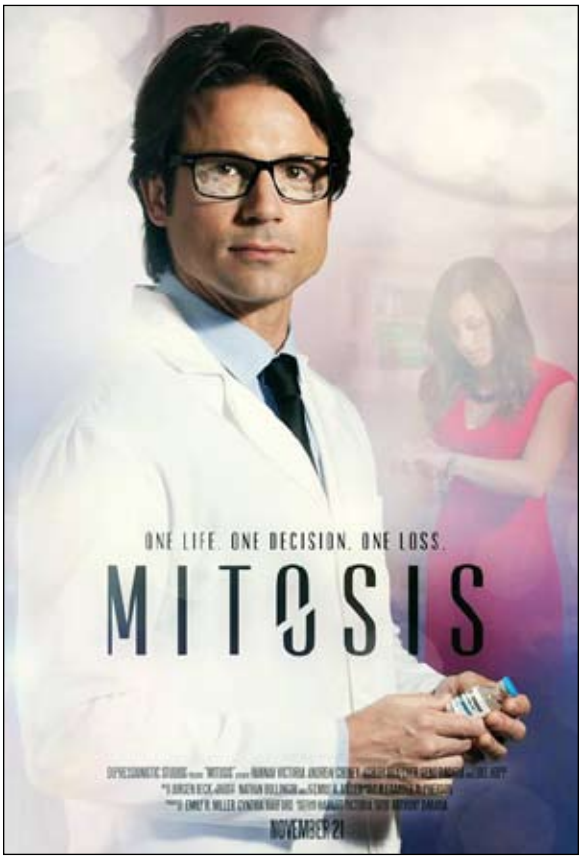
> **We don't know what Robert liked, what made him happy, what he dreamed about or even what he looked like. The only pictures of him appear to be autopsy photos. All they tell about Robert is how much he suffered.**
>
> **A small ceremony of remembrance was held Tuesday at the Arc of Northeastern Pennsylvania in Scranton. No family attended. None of the small crowd who gathered around Robert's memorial ever knew him.**
>
> **All wish they had.**

"Mitosis": a powerful pro-life film that can be viewed on YouTube

By Dave Andrusko

Writing at liveactionnews.org, Nancy Flanders provided a wonderful review of a new pro-life film that came out Thanksgiving week. Though *Mitosis* is short in length, the film is very much worth your viewing and us talking about it a second time. Since Ms. Flanders provides much of the background, we will not repeat it here. And, like Flanders [see http://nrlc.cc/1I1MXUF], we will not give away the punch line.

Director Hannah Victoria is barely older in years (18) than the film is in minutes (14). She used the increasingly popular Kickstarter campaign technique to raise enough money to release *Mitosis* for free on YouTube.



It is this combination of youthful enthusiasm, pro-life commitment, and clever fundraising that makes us oldsters more and more confident the future of the Movement is in good hands.

Here are three quick thoughts. First, when I looked on the film's Facebook page earlier this week, it read

Every life matters. In the past 48 hours #MitosisMovie has gotten almost 10,000 new views, but have you seen it yet?

That is strikingly good news. The more pro-life outlets remind people that *Mitosis*" can be viewed at www.youtube.com/watch?v=mHRKu21suYc, the more pro-lifers will be uplifted by the film and pass the news along using their social networks.

Second, the divide that separates pro-lifers and pro-abortionists is wide and deep. But for us, the most encouraging truth is that if you actually ask ordinary people what abortions they would condone/allow/accept, a majority opposes the reasons for which over 90% of all abortions are performed.

So while there is a chasm between NRLC and our members and NARAL/PPFA and its members, most people who do not necessarily affiliate with either are much closer to us than they are to the Abortion Establishment. Which means….what?

That there exists potentially a huge swathe of citizens who can be brought over to our side to actively work on behalf of unborn children. Which brings us back to *Mitosis* and

Three. Sure, *Mitosis* tugs on heartstrings. But all of us operate using both our head and our heart and there is nothing in the film that plays unfairly in either sphere.

What the film does is remind us of the fundamental grounding of the pro-life position, one that transcends differences in religion (or lack thereof), race, socio-economic status, or whether we are married or single. To us, every…single…life….matters.

Pro-abortionists apply that to women but exclude unborn babies, over 50% of whom, by the way, are female.

Mitosis beautifully combines a recognition of the sacredness of every human life with an appreciation of how interrelated our lives are.

Almost everyone can recall John Donne's phrase "no man is an island." But let's look at the language that surrounds these five famous words:

> **"And when she [the Church] buries a man, that action concerns me. All mankind is of one author, and is one volume; when one man dies, one chapter is not torn out of the book, but**

Hannah Victoria

> **translated into a better language. … No man is an island, entire of itself... any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee."**

To the pro-abortionist, the death of each "unwanted" child enhances a woman's prospects. To those who see the bigger picture, we know that each child's death diminishes not only the mother but also you…and me… and all of us.

Director Hannah Victoria is teaching us about the potential that is squandered in the death of each and every child, what could happen if they had been allowed to be born. A revolutionary insight? Of course not, but neither are most of the "givens" that fortify and build up a culture.

Thanks to the work of her very capable hands, the viewer is assured that each life is of infinite value and encouraged to pass that enduring truth along each and every day.

The abortionist as hero: Part Two

By Dave Andrusko

Editor's note. On November 25 and November 26, we wrote a two-part series under the heading of "The abortionist as hero." In Part One, we talked about Carol Ball, the medical director for Planned Parenthood of Minnesota, North Dakota, South Dakota, who splits her time among Planned Parenthood's headquarters in St. Paul, Minnesota, Duluth, Minnesota, and the Sioux Falls, South Dakota abortion clinic.

In the fluff piece written by The Los Angeles Times' Maria L. LaGanga, Ball is a hard-worker, impatiently chafing under pointless pro-life requirements foisted on her and her soul mates by a know-nothing South Dakota legislature and governor. A closer look easily undercuts the abortionist-as-hero profile.

In Part Two, I critiqued an equally adoring profile, this one from the British newspaper The Guardian. The subjects of criticism-free story was the husband and wife team of Curtis Boyd and Glenna Halvorson-Boyd.

Guardian reporter Karen McVeigh has her work cut out for her. The Boyds specialize in late, late abortions. On the webpage of their Southwestern Women's Options abortion clinic, it states flatly:

Elective Abortion through 28 weeks
Later Abortions for Maternal Indications
Later Abortion for Fetal Indications

(To her credit, McVeigh eventually concedes support for these late, late abortions does not have a constituency outside the fringes of the Abortion Movement.)

There is the usual explanation/justification/rationalization, but Curtis Boyd goes a step further. When such abortions –late second and third trimester abortions—are performed

"they are always done – always – for very compelling reasons."

That, of course, isn't remotely true, as we have discussed in many posts. Indeed, in the documentary "After Tiller," a tribute to four other abortionists who perform third-trimester abortions, several contrary facts are clear whenever one of the four (Susan Robinson) gave interviews.

For example Robinson routinely undercuts the rationales and rationalizations that are presented as justifications to abort babies who have long since passed the point of viability. As we explained in a 2013 post, Robinson offered a bevy of extenuating circumstances—excuses—to get around the simple truth that she will abort some unspecified percentage of huge, mature babies for reasons most people would not believe are commensurate with the gravity of killing a viable unborn baby.

Then in early October 2013, in another interview, we learned that Robinson did not know about the long list of parents ready to adopt children with Down syndrome and that "I think that the public perceives first of all that late abortion could be completely eliminated

Late-term abortionists Curtis Boyd and Glenna Halvorson-Boyd

if people would only get their act together and have their abortions earlier, which is completely untrue."

Moreover the criteria for which babies she will abort is hazy, to put it mildly. As Caitriona Palmer, an ultra-sympathetic interviewer put it, "Many others who come to Robinson are carrying fetuses destined to be too ill or disabled to live productive lives outside of the womb." By "productive lives," you know Robinson is talking about babies with Down syndrome and babies with maladies that are not fatal.

Back to the Boyds.

Pro-abortionists have the same four or five sound bites. Legislation that gives women a moment to breathe before making a life and death decision is to treat them as "idiots," an inability of opponents "to accept women as fully responsible citizens," to quote Glenna Halvorson-Boyd.

And, of course, there is no such thing—**ever**—as a negative aftermath of an abortion. Check that: on those rare, rare, **rare** occasions that there are, it's because of preexisting conditions in the woman—aka, blaming the victim. Boyds are fond of such nonsensical non-sequiturs.

In a very revealing exchange, Boyd takes the opportunity to…clarify….what he had said previously, which has been quoted back at him countless times.

Sure, he said, when asked, "Am I killing? Yes. I know that." But that was taken out of context, he told McVeigh.

"They [the interviewer] said murder. Murder is a legal definition. I said yes, it's killing, but it is not murder."

Oh.

One other point of many that could be made. Naturally anyone who peacefully protests outside their abortion clinic is to be dismissed. But notice what one woman, whose baby is "post 22 weeks," says:

"They yelled at me. They said, 'We'll help you find somebody to adopt your baby.' They had signs and pictures up at that gestational age. It was pretty nasty."

It was "pretty nasty" to offer to help to find a couple to adopt her baby, or to show a representative photo of a baby the same age as the baby she was about to abort?

The headline to the story is, "'I can't think of a time when it was worse': US abortion doctors speak out." It's "worse" not just because of the many pro-life laws passed in the past two years, but because it—meaning us—was supposed to go away. Here is the conclusion:

When Roe v Wade made abortion legal, [Curtis Boyd] was jubilant. "We thought we had won, it was over. At that time, the media mocked these crazy anti-abortion groups. They were not taken seriously."

The Boyds never believed they would still be in the abortion business 43 years later. "We thought [by now] it would be available in every family practice, that there would be no resistance Every medical school would be teaching it." Now, Curtis says, "We wake up and think, 'My God what has happened?'"

Maybe what's happened is that the American people are waking up to the ghastliness of not just what the Boyds are doing to huge unborn babies, but to the savagery which is abortion at any stage.

Message in a Movie: Open before Christmas

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

When I was attending graduate school in Chicago, I marveled at the electric blue beauty of Lake Michigan. My dorm sat on Lake Shore Drive, right across from this marvelous body of water. I thought about lounging by the lake for a series of days, writing about my impressions of the waterway daily, thinking that I could capture a different element each day. I wanted to be like a painter who revisits a scene again and again, drawing new inspiration each time.

In that spirit, I am returning this Christmas season to the topic of "It's a Wonderful Life." The movie, which became a hit only in retrospect, after years of being re-run on television, poses the existential question: What if the main character had never been born?

We see a sweet town turn into sin city...the cantankerous Mr. Potter without a protagonist to stem the tide of his greed... a maiden named Mary who never has an opportunity for marriage and motherhood. And we learn of the tombstone of a 9-year-old boy whose brother was not around to save him. Remember this discussion between the angel Clarence and good old George Bailey?

Clarence: *Your brother, Harry Bailey, broke through the ice and was drowned at the age of nine.*

George Bailey: *That's a lie! Harry Bailey went to war! He got the Congressional Medal of Honor! He saved the lives of every man on that transport!*

Clarence: *Every man on that transport died. Harry wasn't there to save them, because you weren't there to save Harry.*

I think of desperate women walking into abortion facilities, and I wish they could hear an angel, talking about their babies, telling them that their lives can be wonderful, too. And I reflect on people on the verge of assisted suicide, and I think, if only they could remember this line from the film:

Clarence: *You see, George, you've really had a wonderful life. Don't you see what a mistake it would be to throw it away?*

It is a wonderful life...despite dreams that can crumble like Zuzu's petals...despite sickness and sacrifice...pain and poverty. For where there is life, there is hope -- and joy that can come from knowing you're on the right path, the path of helping people, as George Bailey did.

So, this Christmas, I am looking at "It's a Wonderful Life," not only with nostalgia, but with fresh eyes. Because this year, and every year, we need to remember Clarence's message. It is always a mistake to throw a life away.

All-out Pro-Life Efforts Overcame Abortion Rhetoric & Deep Pockets in 2014 Elections

from page 1

We were actively focused on 74 of the most competitive federal races: 18 for seats in the U.S. Senate, and 56 for seats in the U.S. House of Representatives. Of the 72 races that have been decided, National Right to Life-supported candidates won **75%** of their elections.

What about the abortion lobby? National Right to Life was involved in 26 head-to-head races against the major pro-abortion PAC, EMILY's List. Of those, 19 (73%) of the NRL-endorsed candidates won their elections, despite a substantial financial disparity.

EMILY's List boasts that it has finally surpassed the $400 million fundraising mark for their candidates (since its founding in 1985). More than a third of that was raised since 2010. Mind-boggling.

The U.S. Senate

Against tremendous odds, National Right to Life won five of six Senate contests against EMILY's List – 83%.

In June, EMILY's List announced its plan to spend $3 million statewide in North Carolina supporting pro-abortion Senator Kay Hagan's re-election and opposing Hagan's challenger, pro-life Speaker of the House Thom Tillis.

The political arm of Planned Parenthood, the nation's largest abortion provider, also pledged to spend $3 million dollars in North Carolina. Cecile Richards, president of the Planned Parenthood Federation of America, referred to the North Carolina U.S. Senate race as nothing less than "the most important race in the country."

Meanwhile, National Right to Life, its political action committees, and its state affiliates, were working hard to expose the extreme pro-abortion positions of the candidates supported by EMILY's List and Planned Parenthood.

National Right to Life and its political action committees spent more in the North Carolina Senate race than any other senate race since its inception.

National Right to Life PACs contacted more than 795,000 identified pro-life households, hand-distributed an additional 300,000 pieces of literature, called nearly 300,000 pro-life households, and aired 5,647 radio ads on 187 stations statewide, including ads on Spanish-language radio stations. The extra effort in North Carolina paid off.

NRL-endorsed Thom Tillis defeated EMILY's List's Kay Hagan 48.82%-47.26%, or approximately 45,000 votes out of nearly 3 million cast.

In Colorado, pro-life Rep. Cory Gardner challenged NARAL Pro-Choice America-supported Senator Mark Udall.

The rhetoric coming from the Udall campaign was so far beyond reality that a reporter from the pro-abortion *Denver Post* referred to Senator Udall as Mark "Uterus."

Denver's Fox 31 wrote:

> **"It's hard to pinpoint the exact moment the Democrats' battle-tested 'War on Women' strategy morphed from political genius into farce, but a last-minute TV ad released Wednesday by NARAL Pro-Choice Colorado that suggests Cory Gardner's election would lead to a condom shortage is yet another example of how the Democratic messaging has seemingly jumped the shark."**

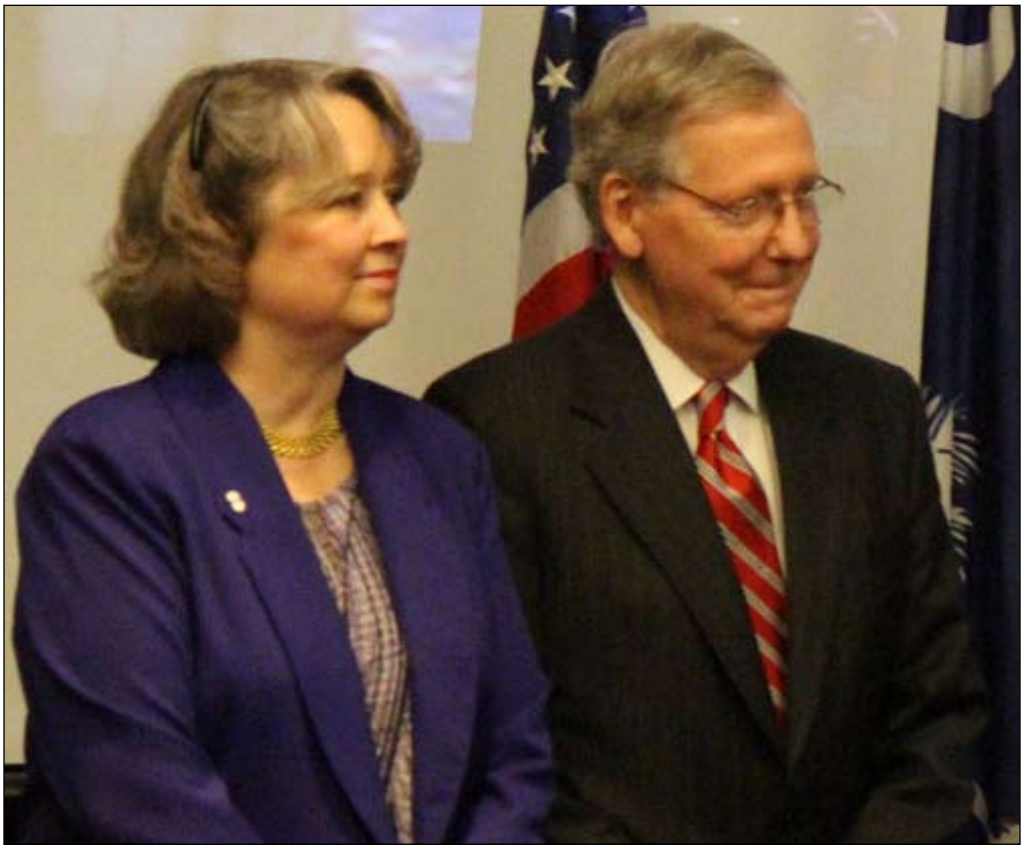
Meanwhile, National Right to Life exposed the stark differences between the candidates on life issues, including candidates' positions on the Pain-Capable Unborn Child Protection Act, the use of tax dollars to pay for abortion, and the pro-abortion, pro-rationing Obamacare law. For instance, Sen. Udall, after 80 votes in Congress, has never once voted pro-life –– not even to ban partial-birth abortions.

Gardner narrowly defeated Udall, 48.21%-46.26%, some 40,000 votes out of more than 2 million votes cast.

More Senate pro-abortion incumbents lost their elections. For example Alaska Senator Mark Begich lost to pro-life NRL-endorsed Dan Sullivan, 45.83%-47.96% (6,014 votes out of nearly 300,000 cast). In Arkansas, Senator Mark Pryor, who voted against pro-life interests on 26 separate occasions, lost to NRL-endorsed Rep. Tom Cotton, who has a 100% record scored by National Right to Life. The margin of victory: 56.5%-39.5%.

In open seats, NRL-endorsed businessman David Perdue defeated pro-abortion Michelle Nunn in Georgia, NRL-endorsed Rep. Steve Daines easily defeated pro-abortion state Rep. Amanda Curtis in Montana, NRL-endorsed Rep. Shelley Moore Capito soundly defeated pro-abortion Secretary of State Natalie Tennant, and NRL-endorsed state Sen. Joni Ernst defeated pro-abortion Rep. Bruce Braley, a co-sponsor of H.R. 3471, a bill that, if enacted, would invalidate nearly all state and federal limits on abortion.

Pro-life incumbent senators were able to stave off pro-abortion challengers, netting the



NRL President Carol Tobias with Senator Mitch McConnell (Kentucky)

See "All-Out" page 25

Abortionist: showing abortion diagrams is effective because abortion isn't "pleasant"

By Sarah Terzo

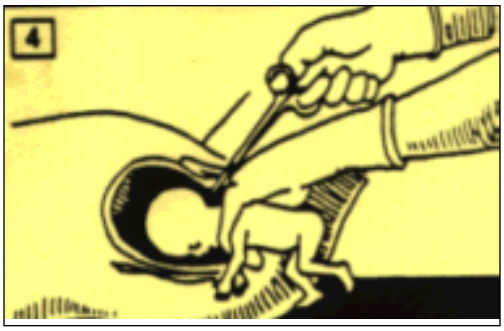
Dr. Suzanne Poppema, abortionist and author of the book *Why I Am an Abortion Doctor* said the following:

> **Abortion procedures are not aesthetically pleasant…There's no question about that. You think these pictures the anti-abortion forces show in Congress are bad? I think if you started showing pictures of `normal' [abortion] procedures, with forceps, those would be equally effective.**

Stephen Chapman, "Is Partial Birth Abortion Really so Awful?," Chicago Tribune March 23, 1997 p 23.

She is referring to the diagrams of a partial-birth abortion that pro-lifers circulated in order to convince legislators and the public to oppose this method of abortion. To the right you can see part of the five panel diagram. As you can see, these abortions were done by pulling the baby partway out of the womb, then sticking scissors into the back of the neck of the 3/4ths delivered baby, suctioning out the brain and crushing the skull. The dead baby was then removed and disposed of.

These horrific abortions were finally banned in 2003 when then-President Bush signed the Partial-Birth Abortion Ban Act into law. The Supreme Court upheld the ban in 2007. And, in fact, the majority of Americans opposed partial birth abortion. The diagrams did a good job of convincing the public.



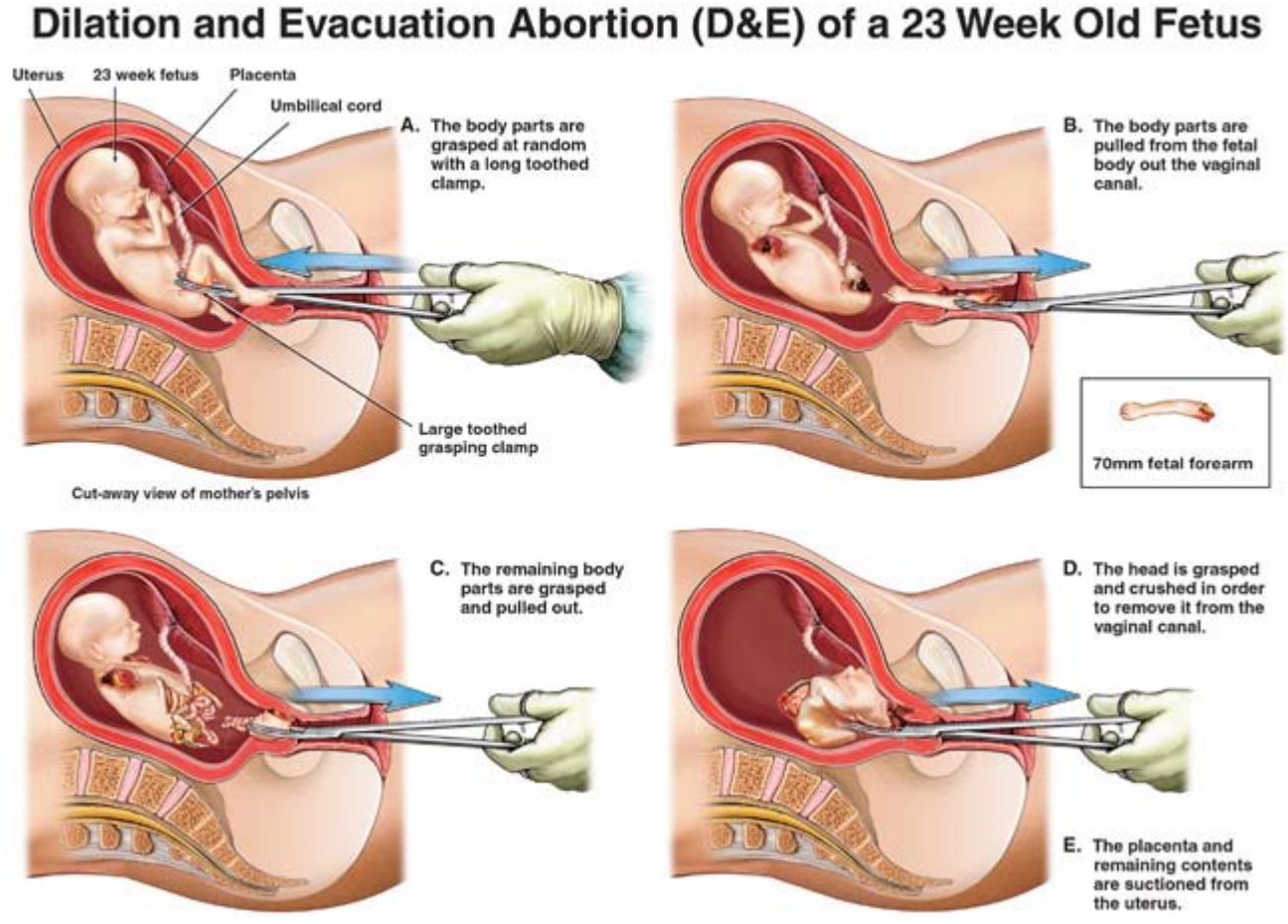
Susan Poppema is making the point that just about ALL abortions are gruesome and difficult to stomach. And she may well be correct spreading diagrams of them will again affect public opinion.

Below is a diagram of an abortion with forceps, or a D&E. It is the most commonly used method of second trimester abortion and is sometimes done even in the third trimester, although by that point the baby is difficult to tear apart. You can read more about this technique here.

You could say that a D&E abortion is even more brutal and painful to the baby than a partial-birth one.

Poppema is an abortionist who is willing to admit that "normal" abortion procedures are just as violent and disturbing as the now-banned partial-birth procedures.

Editor's note. This appeared at http://liveactionnews.org/abortionist-showing-abortion-diagrams-is-effective-because-abortion-isnt-pleasant/



"This Time" is a powerful pro-life, pro-adoption video

By Dave Andrusko

Editor's note. November was National Adoption Month. The following review of an extraordinary video ran last year.

Oh, my goodness, another incredibly powerful pro-life video, this time from John Elefante, the former lead singer of the group "Kansas." I learned about "This Time" from *Charisma News* which explains that the video shares the story of the birth of Sami, Elefante's adopted daughter, whose 13-year-old mother came perilously close to aborting Sami.

"I can't imagine life without my daughter, Sami, and it just breaks my heart that pregnant young women much like her birth mother, instead of choosing life for their babies, are denying them the chance to be born," Elefante tells Abby Carr "If our song can in any way bring attention to this issue and encourage those who are considering abortion to choose life through options such as adoption, then we couldn't be happier."

So, why is "This Time" so effective?

For starters, Elefante does a marvelous job setting a real-life stage: a very frightened (barely) teenage girl who discovers she is pregnant. Scared out of her wits, she slams the door on her mother and races to the "solution": the abortion clinic.

When a girl or woman is at the abortion clinic—let alone in the operating room itself—the pressure to "get this over with" is unfathomable. In this case, the young girl is half-asleep in the waiting room and dreams of being with the little girl she is carrying and about to abort.

It would likely take something as powerful as a "picture" in her mind's eye to convince her that this is desperately wrong. The abortion clinic staff is shown restraining her from leaving, which is not uncommon. They've seen it all before and, to them, this is just routine, last-minute panic.

But Sami's teenage mother does make it to the phone to call for her own mother. The last scene is of her outside, visualizing her baby at three or four, just as her mother arrives to take her home.

The music, as you would expect from a multiple-Grammy-winning songwriter and producer, is just tremendous. The lyrics tell the story of why she ran to the abortion clinic…. and why she chose life. (I will not spoil the delight you will experience by quoting the refrain that makes your heart soar.)

Take four minutes out of your busy day and watch "This Time." Believe me you'll be forwarding this video to all your friends and family.

"Aaron": a pro-life video you will want to share

By Dave Andrusko

I periodically ask our readers for examples of especially powerful pro-life videos. *Aaron*--the video story of a young boy who goes missing--will keep you on the edge of your chair.

"Spoiler alert": I am going to tell you what happens, but in all honesty words cannot do justice to the emotions you will experience seeing the video, which is only 5:17 seconds long.

The story begins with a shot of the house and a little boy's bicycle and baseball bat out front. His mom comes into her son's room with a birthday cake; a rocket ship is the centerpiece. As she approaches his bed, you see a photo of mom and dad and Aaron.

After a breakfast of pancakes [with chocolate chips and whipped cream], it's off to the park. The sheer delight of mother and son as he pretends he is on Jupiter and they jointly fight aliens just grabs you. (He wants to be an astronaut.) "I love you, mom," he says. "I love you Aaron."

She glances at a book [by C.S. Lewis!], and then looks over at him on the swings. Aaron, who smiles a lot, waves back. She turns to her left and sees a mom pushing a stroller with a baby in it.

When she turns back to look at Aaron, he is gone! Every parent on the face of the planet has "lost" their child for a moment and as she frantically looks around and yells his name, my stomach turned.

Ever more frantically, she calls, "Aaron." "Aaron!" Every time she turns her head she sees another mom with another child at the playground. But not her son.

She pulls her cell phone out of her purse and frantically calls her husband.

"I can't find him, he's gone." "Who? What happened?" he asks. She explains, "He was on the swing and I looked away for one second, and when I looked back he was gone."

"Who?" "Aaron, our son!" she answers back, a mixture of anger and impatience and fear.

A slight pause: "Honey, we don't have a son." "What?" He answers, "We decided not to have it."

"That's not possible."

"We have this conversation every year. I'm sorry; I didn't realize it was today."

By this time, if you're like me, you are fighting back tears, just like the mom. As she speaks to her husband, in her mind she imagines Aaron's room and the photo of the three of them suddenly becomes a photo of just her husband and herself.

"His name is Aaron, and he loves rocket ships and he wants to be a astronaut," she says, her voice wracked with pain."He has beautiful blue eyes. He called me mom and he told me he loves me. And today's his birthday."

And then a slight pause, "He's our son."

The video ends with the mom sitting alone on the park bench. She hears Aaron's voice whispering, "I love you, Mom. I forgive you."

You can watch *Aaron* on youtube.com.

1970s Rocker's memoir tells of being haunted by her abortion, regretting her abortion, but defends "right" to abortion anyway

By Dave Andrusko

Back in late April, I ran across a blurb for a forthcoming book, *Clothes, Clothes, Clothes, Music, Music, Music, Boys, Boys, Boys*, the memoir of Viv Albertine.

As I said at the time, I didn't have a clue who she was. Turns out Albertine was the star of the 1970s all-girl punk band, "The Slits," a group that was hugely influential in breaking through in a very much male-dominated industry.

Albertine had an abortion in 1978 "rather than give up her career," as publicity blurb for the book puts it. In the years to come Albertine tried IVF treatments eleven times and "lost two babies before finally becoming mother to a little girl in 1999."

In the book, she writes, "I didn't regret the abortion for 20 years. But eventually I did and I still regret it now. I wish I'd kept the baby, whatever the cost. It's hard to live with."

Well I've wrote across a long excerpt from the book in which she described her abortion. What else do we learn?

To begin with Albertine is remarkably articulate and brutally honest. When she becomes pregnant, she tells us that her "mum" offered to help raise the baby and, if not that, suggested adoption as an alternative. Read the following section and how Albertine (looking back at her much younger self) recalls what she was thinking… the rationalizations she employed

> **Mum suggests adoption, but I think that's crueller than death. That's my opinion. To burden a child with abandonment and rejection right from the start. A living death. All or nothing, that's me. I choose nothing. Nothingness for baby. I think this is a responsible decision. I will not countenance any other option.**

"Nothingness"—a desire for emotional numbness–is the unmistakable theme that runs through her very sad and very revealing account. Before she leaves for the abortion clinic, Albertine calls her boyfriend to tell him

> **that I'm pregnant and I'm off to the hospital to deal with it on my own. He offers to come with me but I don't want him to. I don't want to feel anything. If he's there I might feel something.**

The day after her abortion

> **I can't sleep. I think about the terrifying power that women and mothers have. We don't need to fight in wars. We have nothing to prove. We have the power to kill and lots of us have used it. How many of you boys have ever killed anyone? I have. I've killed a baby. It doesn't get much worse than that. Maybe your mother has secretly used her power to kill in the past and not told you. Maybe she even thought about doing it to you. It's a secret and a burden she carries with her.**

One other particularly telling quote. She meets a guy, Jeannot, who crushes her confidence with a dismissive putdown and then offers her heroin.

> **I laugh it off but inside I'm crushed. I have no confidence. It's been sucked out of me with the baby. Jeannot offers me heroin. I'm tempted. Not because I want to forget what I've done, or because I'm so down, even though both are true, but because I've lost my identity. I haven't a clue who I am. I feel like a nothing. But I know without a doubt, if I take heroin now, I will destroy the tiny morsel of myself that is left, I will be lost forever.**

She will subsequently have plenty of trouble with drugs but this time she says no. She describes looking out her hotel window and considering the tradeoffs:

> **So this is what I've chosen over a baby: the Slits [her band], gigging, hotel rooms, music, self-expression, loneliness. It was the right decision – wasn't it? I wish I was at home with Mum.**

As I wrote back in April, Albertine ends on a semi-defiant note. Having said all of the above (how "I wish I'd kept the baby, whatever the cost. It's hard to live with"), she ends, "I still defend a woman's right to choose. To have control over her own body and life. That cannot and must not ever be taken away from us."

Really? Is that her head speaking? Is that her heart speaking?

I think it is neither.

All-out Pro-Life Efforts Overcame Abortion Rhetoric

from page 20

U.S. Senate eight pro-life votes. If Rep. Bill Cassidy, who has a 100% pro-life voting record in Congress, defeats Sen. Mary Landrieu, who voted against National Right to Life's pro-life position on every scored vote during her current six-year Senate term, in a runoff on Saturday, that gain becomes nine.

Dr. David N. O'Steen, NRL executive director, with Senator-elect Thom Tillis of North Carolina.

The U.S. House of Representatives

National Right to Life was head-to-head against 20 of the pro-abortion EMILY's List candidates who were running for the U.S. House of Representatives. NRL-endorsed candidates won 14 of those 20 races (70%).

Following is a synopsis of some of the races in which the NRL-endorsed candidates were in competitive races with candidates supported by EMILY's List.

- California 21: Pro-life Rep. David Valadao defeated pro-abortion Amanda Renteria in a district which went 55% for Barack Obama in 2012
- Illinois 13: Pro-life Rep. Rodney Davis defeated pro-abortion Judge Ann Callis in a district which went 49% for Barack Obama in 2012
- Iowa 3: Pro-life David Young defeated pro-abortion state Senator Staci Appel, a district which went 51% for Barack Obama in 2012
- Maine 2: Pro-life Bruce Poliquin defeated pro-abortion Emily Cain in a district which went 53% for Barack Obama in 2012
- Nevada 3: Pro-life Rep. Joe Heck defeated pro-abortion community organizer Erin Bilbray in a district which went 50% for Barack Obama in 2012
- New Hampshire 1: Pro-life former Rep. Frank Guinta defeated pro-abortion Rep. Carol Shea-Porter in a district which went 50% for Barack Obama in 2012
- New Jersey 3: Pro-life Thomas MacArthur defeated pro-abortion New Jersey Freeholder Aimee Belgard, a district which went 51% for Barack Obama in 2012
- New York 23: Pro-life Rep. Tom Reed defeated pro-abortion Martha Robertson in a district which went 48% for Barack Obama in 2012
- Virginia 2: Pro-life Rep. Scott Rigell defeated pro-abortion Suzanne Patrick in a district which went 50% for Barack Obama in 2012
- Wisconsin 7: Pro-life Rep. Sean Duffy defeated pro-abortion challenger Kelly Westlund in a district which went 48% for Barack Obama in 2012

Governors' Races

Two of the highly publicized governors' races were NRL-endorsed candidates versus pro-abortion EMILY's List candidates.

In Texas, pro-life Attorney General Greg Abbott soundly defeated pro-abortion state Senator Wendy Davis with 59% of the votes cast. The national news media had raised Davis to celebrity status for her 13-hour filibuster attempt to kill protective pro-life legislation.

In Wisconsin, against tremendous odds, pro-life Governor Scott Walker was victorious against pro-abortion challenger Mary Burke, winning 52% of the vote against her 46%. In 2012, 53% voted for Barack Obama in Wisconsin.

And the abortion issue was—media denials notwithstanding—important. Twenty-three percent of voters across the nation said that the abortion issue affected their vote and voted for candidates who oppose abortion. Just 16% said abortion affected their vote and voted for candidates who favor abortion. This 7% net gain for pro-life candidates made the difference in many races, and those pro-life successes of November 4, 2014, mean that pro-life leadership will preside over both houses in Congress in 2015, when the 114th Congress convenes.

Next up: November 8, 2016. Hold the Senate, hold the House, and take the White House – for life.

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

Senator-elect Dan Sullivan (Alaska) and Karen Cross, NRL Political Director

Prime sponsor of New Jersey bill legalizing doctor-prescribed suicide withdraws sponsorship

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

New Jersey State Senator Joseph Vitale (D-Middlesex), the powerful chairman of the Senate Health Committee who had been the prime sponsor of a doctor-prescribed suicide bill, announced that he has withdrawn his support for the measure.

Vitale told online news source NewJersey.com

> **"I initially supported the idea of the bill and signed on. After a time, I had more questions and concerns than answers. So I thought it was honest to remove my name and continue to think about it."**

State Senate President Stephen Sweeney (D-Gloucester) agreed to sponsor the measure in the upper house after Vitale withdrew. The bill recently passed out of the New Jersey Assembly with the minimum 41 votes needed.

However, New Jersey Governor Chris Christie (R) has gone on record saying he opposes any so-called "death with dignity" assisted suicide bill.

All this is taking place in the aftermath of 29-year old cancer patient Brittany Maynard's highly publicized suicide. Compassion and Choices, a national assisted suicide advocacy group, is hard at work in New Jersey and other states, using Maynard's tragedy to advance its legislative agenda.

However, in state after state, reactions such as Vitale's have been common. Frequently support for legalizing assisting suicide, initially very high, drops when debate and advertising points out the broad effect and likely abuses associated with legalization bills and referenda.

Among the factors that give pause to many when they become better known are that under such legislation, before a doctor prescribes a lethal prescription, there is no requirement for a psychiatric evaluation. Further, despite

New Jersey State Senator Joseph Vitale

the so-called requirement that a patient must be terminally ill, many patients are living far beyond the six months they supposedly have left. In addition, heirs with a financial interest in the suicide victim's death are authorized to serve as witnesses to verify that the victim's request for the lethal prescription was voluntary and competent.

And should any dispute arise, it is difficult to go back and see if the law is even being followed. Doctors not only self-report their participation, the bills actually require that the death certificate be falsified to list a disease, not suicide, as the cause of death.

Documentation on how supposed safeguards are failing can be found at http://www.nrlc.org/uploads/medethics/WhySafeguardsDontWork.pdf.

Over the past 20 years, despite well over one hundred legislative efforts and many ballot initiatives, assisting suicide advocates have only been successful in only a few states.

Three states have statutes that explicitly allow doctors to prescribe lethal doses to terminally ill patients (Oregon, Vermont, and Washington). Montana's highest court ruled that consent is a defense to a charge of homicide, arguably thwarting prosecutions in cases of assisting suicide. In New Mexico, a lower court decision that protective laws violate the state constitution is on appeal. – and two courts permit the practice (Montana courts found there to be no policy against it in the state. A second District court decision striking the state ban on assisting suicide is currently being appealed in New Mexico.)

This year, as in years past in New Jersey, a very broad coalition of organizations ranging from disability rights groups to state medical societies, as well as right to life groups, have mobilized to oppose legalization. They point out that members of vulnerable groups– including the elderly, those with disabilities, and those suffering from mental illness–are not protected from being pressured to agree to commit suicide.

The Unborn Child: The most vulnerable human life

By Margaret Somerville

The Preamble to the UN Convention on the Rights of the Child states: " … Bearing in mind that, as indicated in the Declaration of the Rights of the Child, 'the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.'"

Canada is a signatory to this Convention, which imposes obligations on state parties to it to implement its provisions. However, we currently have no law on abortion, that is, no "legal protection (of the child) before … birth."

There is an increasing recognition and, at the least, resulting deep concern that past a certain point in gestation abortion is a cause of severe pain for the fetus. There is quality evidence (U.K. research) suggesting the beginnings of pain perception in the fetus at 16 weeks gestation and most researchers agree that is a reality at 20 weeks. In response to this research, ten American states have prohibited abortion after 20 weeks gestation.

Pro-choice advocates contend that there is "nothing to discuss" in relation to the current total absence of law governing abortion in Canada. But, if they are as clearly correct in this regard as they claim, why are they so afraid of having a discussion about it?

And many of our politicians, including Prime Minister Stephen Harper, do not want to allow even a discussion as to what such "appropriate legal protection" might be.

Legal protection does not require giving rights to an unborn child, or recognizing him or her as a person, or even that the child is human. We use the Criminal Code to protect from cruelty kittens and puppies and baby seals, which have none of these attributes. Surely, we have at least similar obligations to unborn children.

I suggest it's because they know that when we see the unborn child, as we now can with advanced imaging techniques, and even just imagine, let alone see, what abortion involves for it, most of us have an emotional and morally intuitive reaction that this is not an ethically neutral act. That accords with recent research showing that emotions and intuitions are important mechanisms in good ethical decision making.

All abortions raise ethical issues. It's a further question, however, what law should govern abortion, which is the issue we need to discuss.

As to the argument that the unborn child is not a human being, it is a living being and it's human, which indicates that it's a "human being." A process of elimination results in the same conclusion: an unborn child is not any other species, and it's not a fantasy or a hallucination. As the recent sex-selection abortion debate in the media has shown us, once we put a focus on the fetus as the youngest, most vulnerable human amongst us, even many pro-choice supporters see abortion in a very different light.

The law operates not only at the level of individual conduct, but also, at institutional and societal levels. It establishes our most important shared values, and norms and basic presumptions.

At present in Canada, uniquely among comparable nations, the basic presumption is "Yes, you may have an abortion"; there are no restrictions, abortion is legal throughout pregnancy. Contrary to pro-choice rhetoric, there is, however, no consensus that this is an acceptable state of affairs.

Surveys show that around two-thirds of Canadians believe that there should be some restrictions on abortion, at the latest at viability of the unborn child (it has some chance of living if born), which the Canadian Medical Association places at 20 weeks gestation.

We know that a large majority of Canadians do not support the opposite presumption, an absolute "No, you must never have an abortion," being enacted through law.

Which leaves us with a choice for a basic presumption between, "Yes, you may have an abortion, but not if certain factors are present," and, "No, you may not have an abortion, unless certain conditions are fulfilled." In terms of values, the latter is more supportive of respect for life and the former of individual autonomy.

To choose which approach should be adopted, we need to have a full, well-informed, serious and mutually respectful debate. It should include considering the shared values that the present lack of law on abortion reflects and that any proposed law would establish. Let's hope we all, especially our politicians, have the courage and wisdom to engage in this debate.

Margaret Somerville is director of the McGill Centre for Medicine, Ethics and Law. This first appeared in The Ottawa Citizen.

What you will find in the December issue of National Right to Life News

from page 2

The cynic would say that the guy who swiped a donation jar right off a convenience store counter in Fairburn, Georgia, turned himself in because he was caught on the surveillance camera, the footage of which the local Fox channel aired on Tuesday night.

I prefer to think that he was what he said he was—**so embarrassed**—when he discovered that the money he'd snatched was to go to the nearby Pregnancy Care Center. (He might have had a clue. The donation jar was shaped like a blue baby bottle complete with a ribbon.) Or, as someone who knows far more about this than I do, that "The conviction of God must have fallen on this man."

Then there is the story we ran Wednesday of a young woman named Diana. You can read her heart-melting story at http://nrlc.cc/1vS0FTF. The message is two-fold.

When a woman is facing a life-and-death decision seemingly alone—and scared that her parents will disown her if they learn she is pregnant—it often requires just a single voice of encouragement to help her find the inner strength to face the challenges ahead.

And as a father and grandfather myself, I believe most of the time parents will respond far differently than a teenager anticipates. I was encouraged to learn that **"When I finally worked up the courage to tell my father, he reacted completely different from what I expected. He said he would stand behind my decision. And, he insisted that my mother do the same."**

And then there is the short pro-life film *Mitosis* that we wrote about this week. The director used a Kickstarter campaign to raise money which allowed her to put the film on You Tube where the public can watch for free. If ever you needed to be reminded of the ripple effect every life has on countless others, *Mitosis* is it. (See page 17.)

Just one other reminder of what amounts to my attempt to convince you that you are missing an extraordinary pro-life resource if you are not reading *NRL News Today*.

Eloise Victoria Bergum, the newest NRLC office baby, with her mom, Tatiana

Last year, we wrote dozens and dozens and dozens of stories about abortionist Kermit Gosnell, the sadistic proprietor of a "House of Horrors," who was convicted of three counts of first-degree murder in the deaths of three huge babies he deliberated aborted alive and then killed by slitting their spinal cords. Although convicted of killing three, one of Gosnell's employees testified that she saw abortionist Kermit Gosnell slit the spinal cords of "hundreds" of babies who had been "expelled."

We've also written about a documentary that will tell the story of this "convicted serial killer." The "Gosnell Movie" initially raised over $2.2 million on the crowdfunding website Indiegogo. Now, according to Katie Yoder, the film has been selected by Indiegogo "for a new pilot program called 'Forever Funding.' The program permits the most popular campaigns to reopen indefinitely for further funding."

Gosnell producer Ann McElhinney said the reopening will provide a "huge boost." It will also mean "a better movie" with "more shooting days, better actors [and] higher production values." Moreover, "It will also mean we will be able to get Dr. Kermit Gosnell's story out to a wider audience."

This edition of *National Right to Life News* is filled with the kind of information you need to be a more knowledgeable and therefore more effective advocate for the littlest Americans. Please read this issue from page 1 through page 35.

I promise, you will be glad you did. (P.S. Be sure to forward stories to your pro-life family, friends, and colleagues via your social networks.)

Pro-choice researcher admits that aborting imperfect children creates disability rights conflicts

By Sarah Terzo

Years ago, Rayna Rapp discovered that her baby would be afflicted with Down syndrome. She and her partner chose for her to have an abortion. Ever since then, she has been writing about fetal testing and abortion. A supporter of legal abortion who has herself worked in an abortion clinic, the reader can be assured that she writes with no pro-life bias.

In her book, *Testing Women, Testing the Fetus: the Social Impact of Amniocentesis in America*, she interviewed women and couples who were waiting for the results of an amniocentesis to discover whether their babies would have down syndrome or another genetic disability.

Most intended to abort if the test indicated a problem, though Rapp did describe one or two who spared their disabled babies' lives. I have cited Rapp's book before, presenting quotes from some of the men and women who intended to abort a baby with Down syndrome.

Another article I wrote based on Rapp's book described how some genetic counselors had qualms about sex selection abortions. Since the same tests that would detect genetic disabilities could also detect the sex of babies, some couples were aborting girls that they did not want, planning on trying again for the desired son. The genetic counselors all felt that this was not a good reason to have an abortion, but they put their feelings aside and assisted these couples anyway.

It seems that Rapp, despite her strong pro-choice stand, may have some qualms of her own. In the passages below, she discusses how tests aimed at eliminating babies with disabilities are not compatible with promoting rights among "born" disabled people. One obvious conflict is between advocating women's choice to abort disabled children and providing disabled children who are allowed to be born with costly services in the community.

> **Over the years of this study, I learned a great deal about two related and tension fraught issues. The first is the need to champion the reproductive rights of women to carry or refuse to carry to term a pregnancy that would result in a baby with a serious disability. The second is the need to support adequate, non-stigmatizing, integrative services for all the children, including disabled children, that women bear. The intersection of disability rights and reproductive rights as paradoxically linked feminist issues has emerged as central to my political and intellectual work.**

Here Rapp recognizes what pro-lifers have known all along – that there is an inherent "paradox" in allowing "search and destroy missions" against disabled children and at the same time advocating for civil rights and special services for the disabled who survive to be born. Disabled adults advocate for themselves, lobbying for changes in the law, everything from requiring public buildings to have wheelchair ramps to prohibiting employers from firing qualified disabled people.

When society is asked to make concessions that allow disabled people to live independent, constructive lives, they are forced to act against the message that disabled people are expendable. The allocation of funds and manpower to help disabled children (and, ultimately, adults) begins to take on less of a priority as public attitudes shift in subtle ways.

Ultimately, the cheapening of life that claims the unborn extends to already born disabled people in the community. When women are expected to abort disabled unborn children, it becomes that much easier to refuse services to these children after birth – after all, the woman had "a choice"- she should be solely responsible for her baby. Why should society help? She made her bed, and now let her lie in it.

The much easier, cheaper answer of eliminating disabled babies eventually becomes the default position, leading more and more people to decide that parents who choose to give birth to their disabled children should be on their own, and, by extension, when these children grow up, resources shouldn't be wasted on them.

In a second passage, Rapp discusses how the technology that is aimed at destroying disabled unborn babies cannot be "neutral":

> **It is hard to argue for the neutrality of a technology explicitly developed to identify and hence eliminate fetuses with problem causing chromosomes (and, increasingly, genes): the biomedical and public health interests behind the development and routinization of the technology itself evaluate such fetuses as expendable. Ethicists and counselors are surely right to respond that parents of such potentially atypical fetuses have a right to know as well as not to know about the chromosomal status of their fetus, and to use the information however they may wish, whether that means preparing for the birth of a child with special needs or ending the pregnancy. But the very existence and routinization of the technology implies anything but neutrality. It assumes that scientific and medical resources should be placed in the service of prenatal diagnosis and potential elimination of fetuses bearing chromosome problems.**

This ties in with what I said before. A technology specifically aimed at destroying a whole class of people cannot ultimately be considered a neutral tool. The message it gives, both to the pregnant women and their partners and society in general, is going to be negative towards all disabled people, despite what pro-choice advocates may or may not intend.

Rayna Rapp *Testing Women, Testing the Fetus: the Social Impact of Amniocentesis in America* (New York: Routledge, 1999) 8, 59.

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

Abortionist blames pro-lifers for losing medical license, not the fire marshal, the judge, or a state medical disciplinary committee

By Dave Andrusko

In late November *NRL News Today* reported on the decision by the Michigan Board of Medicine Disciplinary Subcommittee to finally suspend (albeit for six months and a day) the license of abortionist Robert Alexander, whose abortion clinic the city of Muskegon shut down in December 2012 after finding deplorable and dangerous conditions. But it wasn't until the next day that (courtesy of Ken Kolker of *WOOD-TV 8*, who has followed Alexander the closest), we had Alexander's truly bizarre reactions.

For those unfamiliar with the latest twists, the Board's decision came less than two months after Administrative Law Judge Shawn Downey issued a devastating nine-page decision in which he found Alexander guilty of both negligence and incompetence.

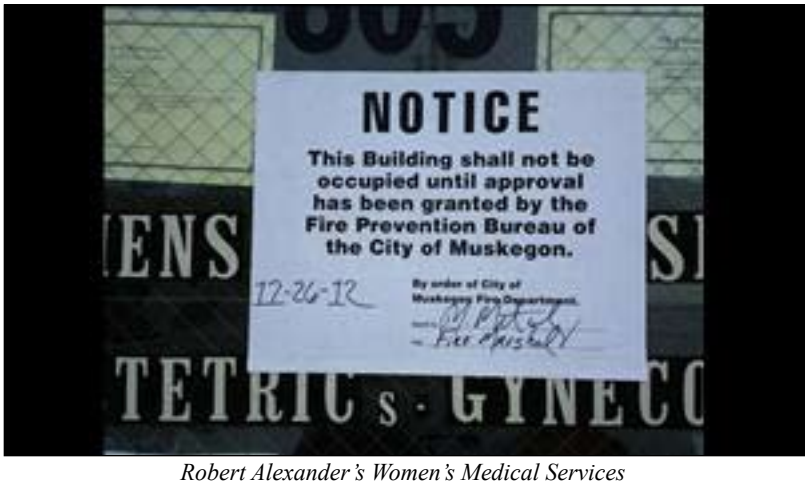
In finding Alexander guilty under Michigan's Public Health Code, Judge Downey concluded, "The evidence is overwhelming that Dr. Alexander failed to adhere to the most minimal standards of cleanliness and sanitary conditions…The ultimate responsibility lies with Robert Alexander and he failed miserly in his obligation of due care."

As he has from the beginning, "Alexander blamed pro-life groups, including Right to Life, for conspiring to shut him down," Kolker reported.

"May I remind you it was the fire marshal that shut the building down," Genevieve Marnon from Right to Life of Michigan told Alexander. "It had nothing to do with the Board of Medicine or the state investigators. The fire marshal shut the building down."

This latest episode with Alexander began the night of December 26, 2012. The landlord called the police saying that someone had broke into the Woman's Medical Services abortion clinic.

What they found was an abortion clinic "in complete disarray." The clinic was shut down a few days later. (You can see 19 photos of the Woman's Medical Services at www.mlive.com/news/muskegon/index.ssf/2013/01/muskegon_city_documents_detail.html)



Robert Alexander's Women's Medical Services

In his findings, Judge Downey wrote that police found "biohazard materials unsecured, unsecured used needles. unsecured and unsanitary medical instruments, blood on the floor and walls, patient records strewn about, uncovered buckets containing unknown fluids, unsecured medications throughout the premises, multiple biohazard bags containing used hypodermic needles, and water leaking into the clinic from the room in several locations."

Alexander was cagey in his answer to Kolker's question about his future plans. While he said he has no plans to return to practice, "he did say he had to 'deal with patients' later in the day."

Alexander also talked about working in a hospice program but wouldn't say where.

Kolker ends his story with this back and forth:

He said he wasn't sure what he would do next.

"My life is going in another direction," he said.

When asked which direction, he replied:

"I don't know at this point. I've got to pray and ask the Lord for directions."

According to Kolker, in addition to suspending Alexander's license for six months and a day, the state Board of Medicine Disciplinary Subcommittee also "told him he would need to pay a $75,000 fine if he wants to get it back. The state said he would have to file a petition with the Board if he wanted to reinstate his license and that it wouldn't be automatic."

There is much more to Alexander's background than deplorable conditions at this abortion clinic which caused authorities to shut it down. Kolker wrote

A Target 8 investigation last year revealed Alexander had been the target of repeated allegations of botched abortions — allegations dismissed without investigation by the then-chairman of the Michigan Board of Medicine, Dr. George Shade. Years before that, Shade had helped Alexander get his license back after a prescription drug conviction.

Elections have consequences

from page 2

Threats to the parental consent component were greatly multiplied on Wednesday when McAuliffe appointed pro-abortion former state Senator Mary Margaret Whipple to the board. It was only to state the obvious when Portnoy wrote that the addition of Whipple, who chaired the Senate Democratic caucus, "strengthens the contingent likely to vote for the overhaul."

In the short term, the most important consideration is that of the state's 18 abortion clinics, 12 of the 13 who sought temporary waivers from the current rules were granted their requests. (One request is still under administrative review.) Five clinics "have said they can comply with the new standards as written," Portnoy reported.

Even though McAuliffe wants the rules hollowed out in a hurry, in theory the process could take up to two years. But given that the new Virginia Health Commissioner Dr. Marissa Levine, a McAuliffe appointee, is already busy handing out waivers, there is no reason to doubt she will continue to do so while the Health Department staff rolls up its sleeves and rewrites the regulations.

Once a draft is ready, the staff will provide it to the board and the public will be given another chance to comment.

NRL News interviewed Olivia Gans Turner, president of the Virginians for Human Life Society, to ask for her reaction.

"Pro-lifers know that it is imperative to try and protect women from unchecked and unscrupulous abortionists," she said, "but also, ultimately, that abortion facilities can never be made safe places as long as babies are dying there."

Gans Turner added, "The regulations are one step of many that would help to shine a light on the despicable practices of the abortion industry which cares little about women and nothing about unborn children."

Adoption: A loving, life-saving, realistic option

from page 5

The 2007 NSCH survey found that adopting parents were likely to be married, to be educated, to live in safe neighborhoods and to have health insurance. The children in those homes were more likely to be read to, to attend church, and to participate in extracurricular activities. Those parents overwhelmingly describe relationships with their children as "very warm" and say that they would make the same decision again.

There are challenges and conflicts in any relationship, but adoption appears to offer significant benefits for everyone involved.

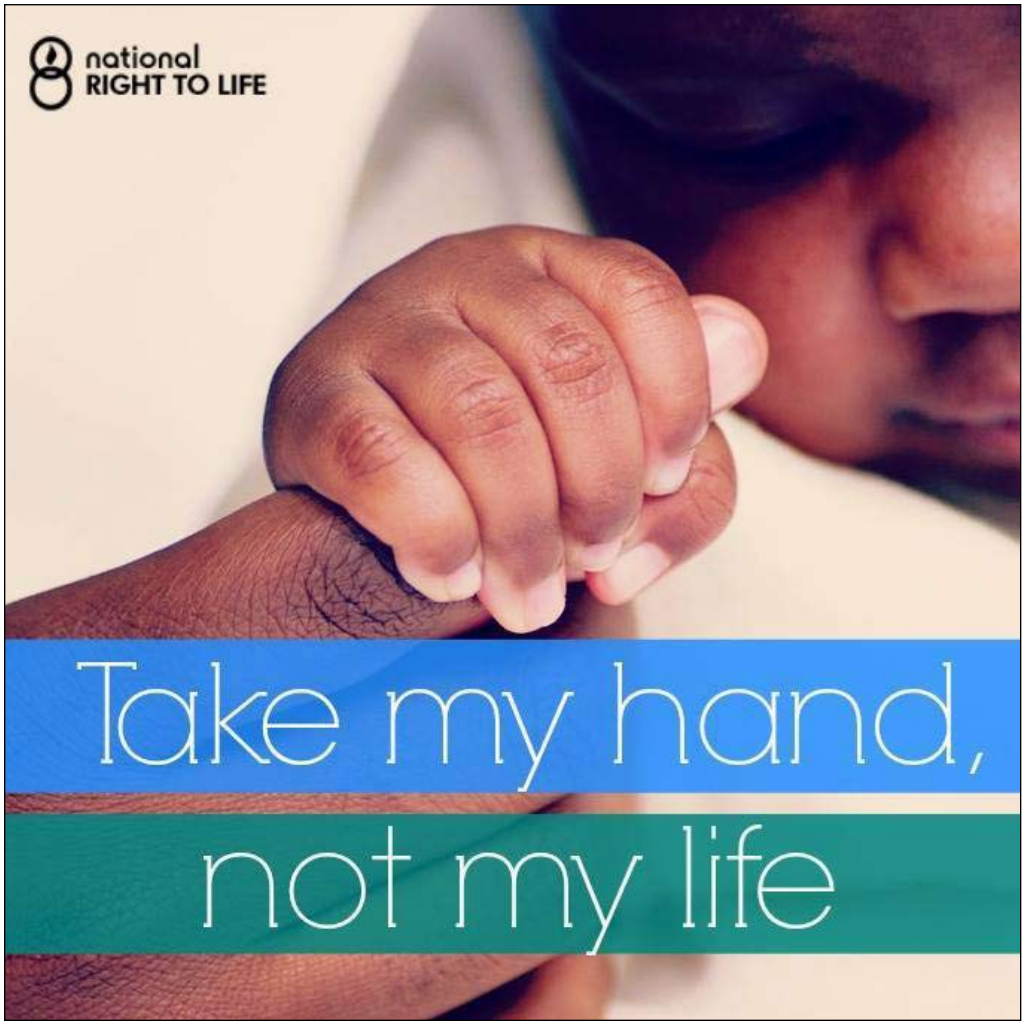
Adopting parents, obviously, have the joy, challenge, expense, and reward of loving and raising a child, watching him or her succeed, stumble, and eventually grow into responsible adulthood.

Adoption can be good for single mothers facing crisis pregnancy situations as well, offering them a viable alternative if they are unable or unwilling to raise their children themselves. Pregnant mothers who allow their child to be adopted are more likely to finish school, obtain a higher level of education, attain better employment, avoid public assistance, and achieve greater financial stability.

Adoption affirms the unborn child's right to life, allowing each baby to enter the world as a blessing for another family. Adopted children do well in school and show high levels of self-esteem, optimism, social competency, feelings of security. They are less likely to be depressed, use alcohol, and engage in vandalism, theft, group fighting, and use weapons. [1]

In this month celebrating adoption, let us honor and thank those many women and men who have stepped forward, opened their hearts, and given these kids a chance.

[1] This material from a literature synthesis by Patrick Fagan, of the Marriage & Religion Research Institute, in an 11/29/10 report "Adoption Works Well."



The self-delusion behind Abortion "speak outs"

By Dave Andrusko

The Abortion Establishment, worried that the "war on women" has reached parody status and fresh out of new ideas, is trying to rehabilitate abortion. I mean by that an attempt to reframe the deaths of unborn children as (alternatively) a positive good or something beyond evaluation (for a host of contradictory reasons).

The common denominator is the centrality of eliminating the "stigma" attached to abortion. How? See above and by insisting the only reason women are haunted by the decision to take their unborn child's life is an oppressive patriarchy determined to control women, etc., etc.

So how to excise abortion "stigma"? Tell your "abortion story." People will began to change their opinion about abortion either because they are worn down by the sheer power of repetition or because they will empathize with the stories. Each is intended to foster a kind of faux familiarity.

The objective is "to disrupt the public shaming that, too often, surrounds the pursuit of what should be a standard medical procedure."

That quote comes from Chanel Dubofsky writing about how "Abortion Speak-Outs Can Combat Our Own Stigma Too."

She begins

> **[November 13's] live-streamed "one in three" speak-out made me realize that even as a staunch reproductive rights advocate, a clinic escort, and a feminist, I still have to battle my own internalized abortion stigma.**

This is worth considering.

Dubofsky tells us she's avoided such settings ("abortion speak outs"), among other reasons, because she feared she would start judging women. Judging them for what? Multiple abortions, for example, aka abortion as birth control.

Of course there are multiple reasons besides multiple abortions that a majority of people oppose at least 90% of all abortion which Dubofsky manages to ignore: "later" abortions, abortions because women simply don't care enough to worry about whether they become pregnant, abortions because the child is the "wrong" sex, abortions performed on babies advanced enough to feel pain, to name a few.

But her point would doubtless be that this **is** the point. There can be no invalid reason for an abortion, in fact, to even talk as if there needed to be a reason is to fall into the trap that any abortion could or ever should be "judged."

A woman wants an abortion, end of discussion. It is a "standard medical procedure" which is no more to be evaluated (judged) by others than having an appendix removed.

For Dubofsky et al., that is one of the principal reasons to speak out: to reemphasize that the reasons a woman have abortion are matters beyond good and evil.

They are hers. Period. End of discussion. End of baby.

5th Circuit will hear challenge to Texas omnibus pro-life bill on January 7

By Dave Andrusko

When we last discussed the latest string of legal challenges to HB 2, Texas' omnibus pro-life bill, we emphasized how complicated the cases were and that the courts were just getting started.

Beginning in the new year—January 7, to be precise—the U.S. Court of Appeals for the Fifth Circuit will hear oral arguments about the constitutionality of the 2013 law. HB 2 catapulted pro-abortion state Senator Wendy Davis to media celebrity. Like Icarus, however, Davis flew too close to the sun: she lost her bid to become governor by nearly a million votes.

One part of the bill has never been challenged in court. The Pain-Capable Unborn Child Protection Act prohibits killing unborn children who have reached the developmental milestone of being able to feel pain which substantial medical evidence places at 20 weeks, if not earlier.

Various courts have addressed other major components. One part of HB 2 requires that all abortion clinics meet the standards of ambulatory surgery centers. The New Orleans-based 5th circuit court has twice reversed lower court orders that found that part of the law unconstitutional. However abortion clinics were cheered when in a brief five sentence order the United States Supreme Court blocked enforcement of that provision.

HB 2 also requires that a clinic have an abortionist with admitting privileges to a local hospital, in case of emergencies. The U.S. Supreme Court exempted clinics in McAllen and El Paso from the admitting privileges requirement until the legal challenge has been settled. The requirement is in effect elsewhere in Texas.

Another provision, largely upheld by an otherwise unsympathetic judge, is that abortionists follow the protocol approved by the FDA for the use of the two-drug chemical abortion technique ("RU-486").

NRLC Chapters primed to take full advantage of awesome off-year election results

from page 1

states Republicans attained a trifecta-control of both houses and the governor's office (23).

To be clear, not all Republicans will be pro-life. But clearly the prospects for passing (and defending current laws) are greatly enhanced when state houses are controlled by Republicans.

"Grassroots pro-life volunteers did everything possible to make November 4 the overwhelming success it was," she said. "They worked very, **very** hard." Using the fingers on her right hand, she ticked off just a partial list of activities by local volunteers.

Everything from passing out literature, to making shrewd use of social media, to door knocking for candidates, to talking with parishioners (churches), to calling countless thousands of pro-lifers to remind them to vote ("it really makes a difference to hear a live voice"). All were intended to educate not just pro-lifers but the wider public about where the candidates stood on the pro-life issue. That enormous effort paid off handsomely.

"Chapters have been, are, and always will be the life-blood of the pro-life movement," Jacki said. "Without active chapters, very little, if anything, can be accomplished."

She reminded me that her department was updating and systematizing a chapter starter kit which includes the "Chapter Starter Brief," a special guide on beginning in social media, and various handouts**.** It's all there, Jacki said proudly, everything a core group needs to start a chapter in their area.

Which reminded her of a recent development: chapters "adopting" nearby areas where a chapter doesn't exist and nurturing one into existence. "We're in this together," she added, "and if one area is having difficulty getting off the ground, that voice of experience from a nearby community can be just the needed kickstart."

I asked Jacki what the theme for 2015 is: "Be a Voice for the Voiceless." This is, after all, "why pro-lifers do what they do. We want to expand the unborn's voice across the country."

As we wrapped up our interview, Jacki said she wanted to emphasize two additional points. First, that some chapters in particular are doing absolutely amazing work.

She cited one, Goshen County Right to Life in Torrington, Wyoming, that has made incredible strides in just a few years. For example, "the local radio program makes regular announcements about NRLC's [summer] Academy and will update listeners about the chapter's monthly activities," Jacki said.

In what may be the ultimate grassroots gesture, the chapter has a red wagon that it fills with baked goodies to sell to raise money.

Second, she encouraged chapters "to send at least two representatives to the National Right to Life convention in New Orleans, July 9-10-11." Where else can you get CDs and DVDs and videos and pamphlets chock-full of information to supplement what they will learn as they attend the dozens and dozens of workshops and general sessions, she asked.

"We accomplished more than anyone (other than pro-lifers) would have believed possible in 2014," Jacki said. "The chapters are already eager—trust me on this—to take full advantage of these gains to pass legislation that will save unborn babies and rescue women from a disastrous decision."

When we see abortion with the moral clarity of history

By Paul Stark

I was thinking the other day about the many adjectives that describe abortion -- about what all of American society will recognize when it comes to see abortion with the moral clarity that too often only history provides.

Abortion is medieval and barbaric. It is the use of surgical and other instruments and/or substances to dismember, disembowel, decapitate, poison and/or burn to death a developing member of the species Homo sapiens. (The medieval period may suffer an unfair reputation, but the connotation is clear, and it clearly applies to abortion.)

Abortion is ignorant and anti-science. It has always been premised on ignorance -- ignorance of the plain scientific facts of human embryology and developmental biology. There are no longer any excuses.

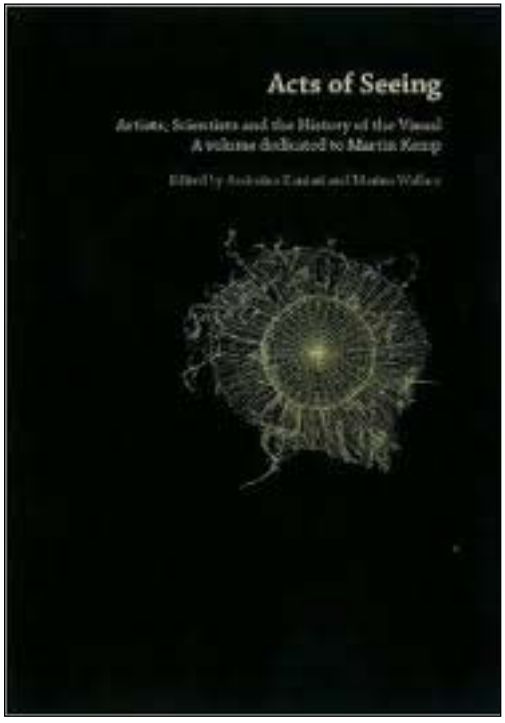
Abortion is childish and morally primitive. It is the use of violence (lethal violence, no less) to get what we want for ourselves.

Abortion is uncivilized. Because decent societies do not solve their problems by eliminating innocent human beings (which doesn't really solve problems anyway). Decent societies solve their problems with an understanding that every human being matters -- that no one may be justly killed or used instrumentally for the convenience or benefit of others. We are all in this together.

Abortion is insulting to the women it tells must kill their offspring in order to succeed and find happiness in their lives and careers. We have come too far for such an attitude.

Abortion is anti-egalitarian. Because it relegates a class of human beings to the status of non-persons who may be killed for any or no reason. Abortion is the exclusion of some from the moral community of those who owe each other respect and protection -- a division of the human family into those who count as bearers of rights and those whose very existence depends on the wants of others.

Abortion is backwards (with due respect to our current president). Because the moral arc



of history points toward inclusion and equality. Abortion is perhaps the last acceptable form of discrimination and bigotry.

Abortion is callous to the needs of women. It offers them the quick fix of death -- not support, comfort, resources and hope.

Abortion is the cowardice of men who shirk their responsibilities. They treat their offspring as obstacles to avoid rather than children to protect -- as barriers keeping them from achieving their own ends rather than ends in themselves.

Abortion is a rejection of the basis of human rights, which are held by human beings simply by virtue of being human (hence the term "human rights"), and thus are held equally by all humans. They are not held by only some humans -- and not others -- by virtue of arbitrarily-chosen properties that come in varying degrees and can be gained or lost over time.

Abortion is a shameful disgrace to the medical profession and the very small number of doctors who make money by killing rather than caring.

Abortion is intellectually bankrupt. Its thoughtful and sophisticated defenders have failed to provide a coherent, plausible, sustainable defense of their denial of the equal fundamental dignity and right to life of human beings at all developmental stages. Its primary defenders -- in the media and the public square -- haven't even tried, relying instead on empty and fallacious rhetoric.

I imagine these things will become more and more clear. I do not think that history is a march of inevitable moral progress. I don't think that at all. But we have overcome deeply-entrenched injustices before, and we can do so again.

Perhaps I am wrong about the future. But our obligations in the present are the same regardless.

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

At 11th hour Planned Parenthood drops challenge to Kansas weblink law

By Kathy Ostrowski,Legislative Director, Kansans for Life

Planned Parenthood of Kansas & Mid-Missouri has withdrawn its challenge in federal court to a Kansas law requiring that its website homepage contain a live link to the Kansas Health Department "informed consent" information.

This concession happened at the eleventh hour, as a hearing was scheduled Monday in the court of Judge Kathryn Vratil. PPKMM technically has until Monday to refile, which is utterly unlikely.

PPKMM had refused to comply with the weblink law even after all other Kansas abortion clinics had complied and after a separate challenge from the Hodes & Nauser abortion clinic collapsed in state district court this spring.

This is the fourth win for the legal team under Kansas Attorney General Derek Schmidt in defending sound pro-life laws promoted by Kansans for Life.

Background

Kansas has required abortion clinics to provide access to state materials on prenatal development, abortion information and assistance for unplanned pregnancies since 1997. The required weblink at issue reads:

> **The Kansas Department of Health and Environment maintains a website containing information about the development of the unborn child, as well as video of sonogram images of the unborn child at various stages of development, the Kansas Department of Health and Environment's website can be accessed here [womansrighttoknow.org]**

The state's defense was rock solid against PPKMM's argument that the weblink was:

1. a free speech infringement of PPKMM's preferred narrative about pregnancy, and
2. didn't belong on the homepage where other non-abortion clients might see it.

The state rebutted that the required link was a form of consumer protection and that the state had a right to alert women before they committed to abortion. From the state's most recent filing (emphasis added)

"In the 1980s and 1990s, public access to the Internet was extremely limited. Few businesses or public institutions had websites. …In the face of these changes in technology and access, and in order to more effectively reach women as they are contemplating the weighty decision of whether to undergo an abortion, the Kansas Legislature enacted a law in 2013…that when ***a company is in the business of performing abortions*** *and that company maintains a website, it must include a link on its homepage."*