



national  
**RIGHT TO LIFE**  
NEWS

December 2015



WISHING YOU A MERRY

**CHRISTMAS!**

From

 national  
**RIGHT TO LIFE**





# national RIGHT TO LIFE NEWS

*President Obama vows veto*

## Pro-life forces score major win in U.S. Senate with approval of bill to defund Planned Parenthood, repeal major elements of Obamacare

WASHINGTON (December 14, 2015) – In a major victory for the pro-life movement and for the Republican congressional leadership, the U.S. Senate has for the first time passed a bill that would block most federal funding to Planned Parenthood.

The same bill would repeal major components of Obamacare, including the provision that provides federal tax subsidies to health plans that cover elective abortion.



*Senate Majority Leader Mitch McConnell (R-Ky.) and NRLC President Carol Tobias.*

Following months of intense activity by National Right to Life, the Senate on December 3 approved H.R. 3762, known as the “budget reconciliation bill,” by a close vote of 52-47. The roll call on final passage was largely along party lines, with all but two Republicans voting to pass the bill, and every Democrat voting against passage. (See roll call table, pages 40-42.)

*See “Forces,” page 38*

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## Kansas Court of Appeals hears dispute over dismemberment ban injunction

By Kathy Ostrowski, Legislative Director, Kansans for Life

While last Wednesday’s full court hearing of the Kansas Court of Appeals was characterized by one of the 14 judges as “merely a whistle stop on the destination to justice,” it would be a mistake to underestimate the significance of the 90-minute hearing.

At issue is Attorney General Derek Schmidt’s appeal of a temporary injunction granted June 25 by a state court which blocked Senate Bill 95, the “Unborn Child Protection from Dismemberment Abortion Act,” from going into effect.



*Kansas State Solicitor General, Steve McAllister*

The lawsuit was filed by father-daughter abortionists at the Center for Women’s Health, Herb Hodes and Traci Nausier, who attended the hearing along with a raft of attorneys, reporters, representatives of the other two Kansas abortion businesses and members of Kansans for Life. Court staff had added extra chairs and a “cheat” sheet with the judges’ photos and names. No electronic devices are allowed, so notes had to be taken with old fashioned paper and pen.

This hearing was focused

on the process of awarding an injunction, and not the content of the law enjoined. So it was not too surprising that not one word was uttered describing the horrific dismemberment abortion method that uses sharp metal clamps and scissors to tear apart, piece by piece, a well-formed, living unborn child.

Rather, the focus of the oral argument (45 minutes each, pro and con) was on pretty heavy-duty legal language—for example, how federal

*See “Truth,” page 37*

# Editorials

## Reflections as Christmas approaches

As I write this editorial, we are eleven days from Christmas. This is important because whether times be good for our cause or tougher for those who defend the little ones, many of us in the Movement are sustained through good times and bad by the assurance we are doing what He has appointed us to do.

Paul Stark once wrote a brief but poignantly tender and observant story about “Three things Christmas tells us about human life and dignity,” including this paragraph. Christmas tells us

**The weak and vulnerable matter just as much as the strong and independent. God himself chose to enter the world in the most vulnerable condition possible: as a tiny embryo, and then a fetus, and then a newborn baby lying in a manger. This turned ancient “might makes right” morality on its head. It suggests that human dignity is not determined by age, size, power or independence.**

Talk about counter-cultural! Talk about a contrast to the worldview of the current occupant of 1600 Pennsylvania Avenue.

Speaking of contrasts, on May 14, 2004, then-president George W. Bush delivered a powerful commencement address to Concordia University graduates. (Concordia, located near Milwaukee, is the largest Lutheran university in America.)

These are my two favorite passages:

*“A person shows his or her character in kindness and charity, and what is true in our lives is also true in the life of our Nation. You can fairly judge the character of society by how it treats the weak, the vulnerable, the most easily forgotten. Our own country, at its best, strives to be compassionate, and this isn’t easy. Compassion is not merely a vague feeling of empathy; it is a demanding virtue. It involves action and effort and deep conviction, a conviction as old as Scripture and present at the founding of our country. We believe that everyone has a place and a purpose in this world, that every life matters, that no insignificant person was ever born. ...*

*America needs your good heart in meeting a basic responsibility, to protect and honor life in all its seasons. A compassionate society*



*shows a special concern for those at the beginning of life, those at the end of life, and those who struggle in life with disabilities. Most of you, at some point, will be called to care for a dying relative or a frail and aging parent or someone close to you with a terrible sickness. Often, in their pain and loneliness, they will feel they are nothing but a burden and worthless to the world, and you will need to show them that’s not true. Our worth as human beings does not depend on our health or productivity or independence or any other shifting value the world might apply. Our worth comes from bearing the image of our Maker. And the hardest times of your life may be the most important, when you bear witness to this truth by your sacrifice and loving kindness to another soul.*

*See “Reflections,” page 23*

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## Many reasons for joy as we approach the end of 2015

This is the final digital edition of the monthly *National Right to Life News*, “the pro-life newspaper of record,” for 2015. For me, as editor in his 34<sup>th</sup> year at the helm, it has been a particularly rewarding 12 months.

I am not a Pollyanna; we’ll look at what did not go well—in some cases horribly so—momentarily. But I would like to use the contents of the December issue, with references to other stories you can find at *National Right to Life News Today*, to illustrate the upward arc of our Movement.

Dr. Randall K. O’Bannon offers the absolutely most in-depth analysis of the latest abortion numbers from the Centers for Disease Control (CDC). After reading NRLC’s director of education’s story on page 7, you’ll be delighted to be reminded that the steady drop in the annual number of abortions is continuing. This has taken place for so long, we might easily miss that the 4.2% decline from

2011 to 2012 is not some dry statistic but represents the survival of real, live, flesh-and-blood babies.

Moreover, taking the abortion rate (the number of abortions for every 1,000 women aged 15-44 years) and the abortion ratio (number of abortions per 1,000 live births) together, it shows that the lower numbers reflect not merely, say, population shifts but actual changes in attitudes and actions towards abortion in the wider culture. Abortion is becoming a less common occurrence in our society and a less common choice among pregnant women.

Also less common is the unchallenged myth of Planned Parenthood as just a stellar provider of “women’s health services.” More people than ever know that PPFA is the largest “provider” of abortions in the U.S. and have a sense that members of its

*See “Joy,” page 31*



## From the President Carol Tobias

# Peace on Earth? Right Will Prevail

The world seems to have gone crazy. When we consider the recent bombings in Paris, and the shootings in Colorado Springs and San Bernardino, we ask, “Does human life have no value? How could all this craziness exist?”

Of course, pro-lifers have been asking these questions for more than 40 years. We see the deaths of approximately 58 million unborn children who lost their lives because the courts in our land determined these lives have no value. We see the lives of the elderly and those with disabilities devalued as they are pushed out of the way, encouraged to seek a doctor’s help to end their lives, or their lives are taken as a result of starvation and dehydration or denial of life-saving medical treatment. It’s easy to shake our heads and wonder if all is lost. But we’re not alone, and we’re not the first to wonder.

Shortly after the American civil war started in 1861, Henry Wadsworth Longfellow, one of America’s most famous poets, lost his wife from severe burns suffered when her dress caught on fire, reportedly from wax that had dripped onto the dress. Longfellow was devastated and is said to have never recovered from her death. The Longfellows had six children, one of whom died in infancy. Henry was now responsible for five children; the oldest, Charley, was 17.

In early 1863, Charley ran away to join the Union army in Washington, DC. In December of 1863, Longfellow received a telegram that Charley had been seriously injured. He rushed from Massachusetts down to Washington, where he was informed that his son would be paralyzed.

Other doctors said he wouldn’t be paralyzed but would need an extensive period of time to recover.

That Christmas, Longfellow faced a personal crisis. His wife was dead, his son was severely injured, his country torn apart by war. The injustice and violence all around him did not match with the church bells he heard pealing through the air, or the Christmas message he heard in the Gospel of Luke as angels proclaimed, “Peace on earth, good will toward men.”

He sat down and penned a poem, part of which was turned into one of my favorite Christmas hymns:

*I heard the bells on Christmas Day  
Their old, familiar carols play,  
and wild and sweet the words repeat  
Of peace on earth, good-will to men!*

*And thought how, as the day had come,  
The belfries of all Christendom  
Had rolled along the unbroken song  
Of peace on earth, good-will to men!*

*And in despair I bowed my head;  
“There is no peace on earth,” I said;  
“For hate is strong, And mocks the song  
Of peace on earth, good-will to men!”*

*Then pealed the bells more loud and deep:  
“God is not dead, nor doth He sleep;  
The Wrong shall fail, The Right prevail,  
With peace on earth, good-will to men.”*

Longfellow didn’t know that his words that day, the sharing of his despair and finally his confidence that, in the end, all will be well, would be encouraging to right-lifers 150 years later.

As Christmas draws near, Christians celebrate the coming of the Prince of Peace, and yet we see violence and injustice all around us. We bow our heads in despair, wondering how our country can allow the

killing of innocent human life through abortion and euthanasia.

We don’t always understand what happens or why but we know, as Longfellow did, that God is not dead and He is not sleeping. The Wrong shall fail, the Right will prevail. This knowledge gives us the courage and the confidence to keep fighting to re-establish respect and legal protection for our most vulnerable brothers and sisters.

I am grateful for all the wonderful grassroots activists in the right-to-life movement who give of their time, talent, and treasure to make a difference. Your efforts are changing hearts and minds, and saving lives. Our movement is growing exponentially as new people are educated to the atrocities that are abortion and euthanasia. These new recruits are then motivated to become foot soldiers in the battle for life.

I am grateful for all those who take extra time to teach and train young people about the importance of speaking up for life and becoming voices for the voiceless.

I am grateful for all those who work with pregnant women, offering hope and support as they work through a difficult time in their lives.

I am grateful for our elected officials who stand with us, working to change laws to the extent possible, working for that day when every innocent human life is valued and protected by law.

And I am grateful that we have a God who loves us so much He sent His only begotten Son into this world to save us. A God who is not dead and is not sleeping. A God who is with us in our efforts to see Wrong fail and Right prevail.

In the midst of the madness and mayhem that is our world, may you know Peace this Christmas. Merry Christmas to one and all.

# Parents refuse abortion for baby given no hope

By Nancy Flanders

At 23 weeks gestation, Angela Bakker and her husband Michael were devastated to learn that their baby girl was not going to live. A routine ultrasound revealed that she was measuring much smaller than she should be, and she was diagnosed with intrauterine growth restriction. The

condition. Unfortunately, those doctors confirmed the diagnosis, and they told the Bakkers that there was the option to terminate.

The Bakkers refused abortion, saying that if their daughter was going to die, they were going to let her die on her time, safe in the womb. Then Mrs. Bakker

was 23 weeks and 6 days pregnant. “But they told us that in cases like ours they make exceptions. They said, ‘The law doesn’t even apply to you. That’s how bad your case is.’ She started kicking, and I thought, that’s her little voice. That’s all she can say.”

Mrs. Bakker assured the

die in the next 24 hours. In addition, the preeclampsia had become worse. Mrs. Bakker was sent to the hospital for an emergency C-section. No one believed Naomi would survive, but they agreed to try to help the baby with a breathing tube, despite the fact that it likely wouldn’t fit down her tiny throat.

On July 1st, baby Naomi Joy was born, and miraculously she was breathing on her own, something the doctor said he had never seen happen with a baby that tiny. And despite thinking the breathing tube would never fit down her small throat, it did, and Naomi was able to receive help for her little lungs to breathe.

She was so tiny, her eyes were still fused shut, and though she was born at 25 weeks, she was only the size of a 19 week preborn child. She weighed just 364 grams. According to the doctors, babies need to weigh at least 450 grams to survive.

Though two miracles had already occurred, the Bakkers and the doctors were not optimistic about Naomi’s chances of survival. And if she did survive, there was still a great deal of concern for her health. She was at risk for brain bleeds, cerebral palsy, asthma, blindness, and deafness. But what they didn’t know was what a fighter she is.

In the first few weeks of her life she had a procedure done to her bowels to repair a hole, twice. Rarely does the point of incision heal on its own, but in Naomi’s case, it did. Naomi has



Angela Bakker and baby Naomi. The Kangaroo hold is a common way to help preemies and newborns thrive. (Photo by Emily Loftus)

placenta had not grown into the uterus properly and the little girl was not receiving adequate nutrition. The doctor told the heartbroken parents that their daughter would likely die in the womb.

Concerned for their daughter, the couple decided to get a second opinion, and they left their home in Reno, Nevada, to head to the University of California at San Francisco to meet with experts in their baby’s

was diagnosed with slight preeclampsia, which put her health at risk. Again, she was offered abortion, and was told that to not abort at this point meant that you had to “really, really want your kid.”

It was at that moment when the baby girl, usually very inactive, began kicking inside the womb.

“There were four hours left until the abortion cut off,” explained Mrs. Bakker, who

doctor that despite the risk to her own health and the risk of her daughter dying before or at birth, or surviving and being blind and deaf, she really did love and want her daughter. And she had faith.

Because of the preeclampsia, doctors placed Mrs. Bakker on bed rest. But after just one week, the baby was not doing well and her heartbeat kept dropping. The doctor told them that the baby girl likely would

# 10 reasons not to have an abortion

By Kristi Burton Brown

**Note:** If you are a father trying to stop an abortion, see this article: <http://liveactionnews.org/abortion-and-men-whats-a-father-to-do/> If you are a woman who is being pressured into an abortion, go to <http://liveactionnews.org/what-to-do-if-your-boyfriend-wants-you-to-get-an-abortion/>

Parenting website Mommyish recently published an article advocating ten reasons (well, actually nine) to have an abortion. In response, I wrote a piece debunking the author's arguments. Today, I will discuss ten reasons not to have an abortion.

## 1) It compounds tragedy.

Sometimes the circumstances surrounding a pregnancy are tragic. Perhaps the woman was raped. Maybe the baby has been diagnosed with a defect. Or the woman's health might be at risk. However, one tragedy is not answered with another. We do not erase a rape by killing a child. We do not cure a baby by taking his life. And we do not avoid all health issues by avoiding the reality of another human being.

Women who have been raped must be compassionately cared for. But compassionate care does not include executing a woman's child. Parents facing a difficult prenatal diagnosis must be given real facts and directed to others with helpful experiences. They must not be forced into a quick choice for abortion or urged to take the life of their child instead of giving her a chance to defy the odds. Women with high-risk pregnancies must be treated by real medical professionals.

But treatment does not include intentionally killing a child. (If a child dies during the course of treating the woman – i.e., during chemotherapy for cancer, removal of an ectopic pregnancy, etc. – this is not an abortion.)

## 2) It takes innocent lives.

Science could not be more clear. Unborn human beings are living, separate, and unique. From the moment of fertilization – better known as conception –



a new human life is in existence. Ending this life is not ending "potential." It is ending a life. We would do well to understand the modern science that reveals the humanity of the unborn. (Here is a scientific report, quotes from textbooks, photos, and a video.)

## 3) It violates civil rights.

Civil rights are violated when people are deprived of their basic rights in a discriminatory fashion. Unborn children are

deprived of life – the most basic right of all – simply based on their location (their mother's womb) and their developmental status. This is discriminatory, inhuman, and cruel.

## 4) It punishes innocent people.

A child does not deserve to die for the crimes of his father. A five-year-old cannot be killed because his father is a rapist. A five-month-old unborn child should not be allowed to be killed for the same reason.

## 5) It can harm women.

Real-life stories demonstrate again and again that abortion harms women. Harm comes in a variety of forms – mental, emotional, relational, and physical – and in some

cases, women's lives are lost through abortion. They can also experience the loss of their fertility or an increase in miscarriages after an abortion. To find out more, check out this study, this paper, this compilation of stories, these experiences, and these stories.

## 6) It is damaging to relationships and families.

Any time a family member dies, the rest of the family is affected. And this is true of abortion. A real, living, irreplaceable child has been killed, and the parents and siblings are damaged. Fathers attempting to stop abortions should read this article. Siblings who need a place to express their pain should go here. And for more information on how abortion damages relationships, read this and this. Many women who abort just to convince their guy to stay with them find that they are left alone anyway, shortly after the abortion. Abortion is never the answer to a successful and loving relationship.

## 7) It never goes away.

No matter how hard we try, we can never erase what abortion does. Abortion takes – it kills – an innocent human being. Time does not erase murder or ease the reality of what it is. Abortion is a cruel tragedy, but it is also a choice that should never be made. Such a choice stays with us forever.

For anyone who has already participated in abortion, while there is no way to change your

*See "10 Reasons," page 43*

# Heartbeat of Miami Converting Second Ex-Abortion Mill into Pro-Life Help Clinic

By Jay Hobbs

At 1 p.m. this Halloween, “Top Gyn Ladies Center” near Little Havana in Miami made its last dollar from abortion.

An hour later, Martha Avila signed a lease on the building, paving the way for Heartbeat of Miami’s fourth location—including their second shuttered abortion facility in the past three years.

Just days later, with occupancy permits in hand, Avila and Jeanne Pernia—both part of the founding team in

already left for the day, and I must tell you, it was such a sad feeling to see the instruments there and to know what had gone on for so long in this building,” Avila said.

## The Provision to Fuel the Vision

When Heartbeat of Miami first opened its doors, it was the first known pregnancy center in Miami-Dade County, compared to 37 abortion clinics. Since the organization arrived, however,

made a call to John Ensor, now president of Passion Life Ministries who recruited Avila and Pernia to spear-head Heartbeat’s launch when he was on staff with Heartbeat International.

The two prayed together, asking God to give them clarity as to whether or not to pursue the opportunity. The budget was tight enough already—particularly since Heartbeat of Miami serves in areas of financial need—but Avila knew

By the end of the night, a young businessman in the crowd volunteered to cover the rent, at \$2,000 per month, for the first year.

“Talk about being led by the Holy Spirit, that was definitely what we needed to do,” Avila said.

## Gaining Ground on Abortion

While Heartbeat’s move into their second shuttered abortion clinic makes them the first known pregnancy center to take over two ex-abortion businesses, a growing list of pro-life pregnancy help organizations have taken over closed abortion facilities.

Earlier in November, Hope Pregnancy Centers of Brazos Valley (TX) moved into a former flagship of Planned Parenthood in Bryan, Texas. Similarly, the building at 72 Ransom Ave. in Grand Rapids, Mich., that once housed an abortion facility is now home to LIFE International. The National Memorial for the Unborn in Chattanooga, Tenn., is also a converted abortion facility.

Set to open its doors in December, the new clinic follows just a matter of months on the heels of Heartbeat’s third location, which opened in September. After a long road dealing with the red tape involved in opening the third location, a new outpost wasn’t in the immediate plans of Avila and the rest of her staff and board.



Jeanne Pernia (left) and Martha Avila hang their sign on the wall of an ex-abortion facility that is now home of Heartbeat of Miami’s fourth location.

2007—hung a banner with their pregnancy helpline number (888-981-7770) on the side of their new digs.

They are already receiving calls from women calling for abortions as a result of the sign hanging from the side of a building that, for so long, had stood as the neighborhood’s only choice in the midst of an unexpected pregnancy.

“We went in when they had

they have watched three abortion clinics go out of business.

Four months ago, a Planned Parenthood directly across the street from Heartbeat’s North Miami location closed its doors after trying—and failing—to compete with the nonprofit since they established their second location there in 2008.

When the chance came to move into the former abortion facility this October, Avila

if God was leading them to move into the former abortion facility, He would provide a way for it to happen.

Leading up to their annual banquet Oct. 22, Avila told keynote speaker Sol Pitchon—president of New Life Solutions in Tampa Bay—about the opportunity. If he felt led by the Lord to mention the situation in his talk, she encouraged him to do so.

See “Heartbeat,” page 43

# CDC Report Shows Abortions Drop 4.2% in 2012

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

Figures released the Wednesday before Thanksgiving by the U.S. Centers for Disease Control (CDC) show that the number of abortions are continuing to drop—by 4.2% in 2012. That means more than 31,000 fewer abortions in just one year's time.

Abortion rates and ratios, which are very helpful for understanding the background, also continued to show declines. Conclusion? More and more

for the three states missing from the CDC's totals.

Gutmacher's more aggressive search obtained a figure 1.06 million abortion for 2011. The CDC's 2012 data is an indication that the national figure has dropped further, but it is difficult to say precisely how much.

In the states that the CDC did survey, it found an abortion rate of 13.2 abortions for every

in 38 out of the 47 reporting states, some significant.

While abortions dropped 4.2% across the board, declines of 12.2%, 13%, 16.2%, and 39.6% were seen in Virginia, New Jersey, New Mexico, and Maine respectively.

There is no single cause that can explain every drop. During the time frame involved, Virginia debated safety regulations for clinics, New Jersey and Maine both had budget cuts that caused clinics to close, and New Mexico finally saw its high abortion totals, which lagged behind the rest of the country, begin to fall. Long-term educational, legislative and outreach efforts have surely played a role in many states.

Most of the increases in the few states that did see higher numbers were minimal. For example there was an increase of 9 abortions in Nevada, 37 in Delaware, 39 in Wyoming, and 70 in North Dakota.

However even in states where there were larger increases, such as Massachusetts (1,036) and Illinois (1,944), earlier trends or later data indicate these are temporary fluctuations in what are in fact longer-term declines.

## Down in All Age Groups

In other encouraging news, abortion rates appear to be down across all age groups, but especially among younger women. The latest CDC figures show declining rates for every age group between 2011 and 2012. Teenagers 15-19 led the way. That demographic experienced a 12.3% drop in just one year, from 10.6 abortions per thousand to 9.3 per thousand.

Women with the highest abortion rate—those ages 20-24—had their rates drop from 25.2 to 23.6 in just a year's time.

All told, teens 15-19 saw their rates drop 40.4% over the past 10 years measured (2003-2012). The abortion rate for women 20-24 dropped 24.4% and rates for women 25-29 fell 10.1% over the same time period.

And even while women over 40 saw their rates increase 7.7% from 2003 to 2012 (due to the increased prevalence of prenatal testing for conditions like Down syndrome?), even that group saw a decline of 3.4% from 2011 to 2012.

## Abortion ratios

Abortion ratios—the number of abortions for every 1,000 live births—was down in all age groups, too. This is very important because it indicates that women who become pregnant are more likely to choose life for their babies than any in the past four decades.

In the past ten years (2003-2012), abortion ratios fell for all groups. The greatest decline was among 15-19 year olds, dropping from 378 abortions for every thousand live births in 2003 to 310 per thousand in 2012.

Those under 15 years old (which have accounted for just half of one percent of the total abortions or less in the U.S. since 2006) still had a high ratio of 817 abortions for every



Photo Credit: March for Life

women are rejecting abortion as a solution to unexpected pregnancy.

Relying on reports from 47 state health departments, the CDC reported 699,202 abortions for 2012, the lowest figure the agency has recorded since 1973, the year the Supreme Court first legalized abortion on demand. This figure, however, does not include abortions from California, the nation's most populous state, or from New Hampshire or Maryland.

By contrast The Guttmacher Institute surveys clinics directly and does have data from all fifty states. Their last report showed more than 219,000 abortions

1,000 women aged 15-44 years. As for the abortion ratio, the CDC found that there were 210 abortions for every thousand live births.

To illustrate how large the drops are consider this. The CDC's abortion rate was 25 per thousand women in 1980 (almost twice as high as 2012) and the abortion ratio it reported was 364 abortions per thousand live births in 1984.

## Down Across the Country

A look at the state-by-state totals confirms not just the depth but the breadth of the decline. Declines were seen



# What is the “Unborn Child Protection from Dismemberment Abortion Act” and why do pro-abortionists so fear it?

## Q: What is a dismemberment abortion?

**A:** “DISMEMBERMENT ABORTION” means, with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush, and/or grasp a portion of the unborn child’s body to cut or rip it off. This definition does not include an abortion which uses suction to dismember the body of the developing unborn child by sucking fetal parts into a collection container.

## Q: Aren’t dismemberment abortions rare?

**A:** NO. Dismemberment abortions are a common and brutal type of D&E abortion which involves dismembering a living unborn child piece by piece. According to the National Abortion Federation Abortion Training Textbook – “D&E remains the most prevalent method of second-trimester pregnancy termination in the USA, accounting for 96% of all second trimester abortions”. [1] There are approximately 1 million abortions performed annually in this county. [2] Data from the CDC report published in November

2014 indicates that almost 9% percent of abortions are performed on these very developed babies. [3] These two numbers taken together show that roughly 100,000 unborn babies die each year after the first trimester.

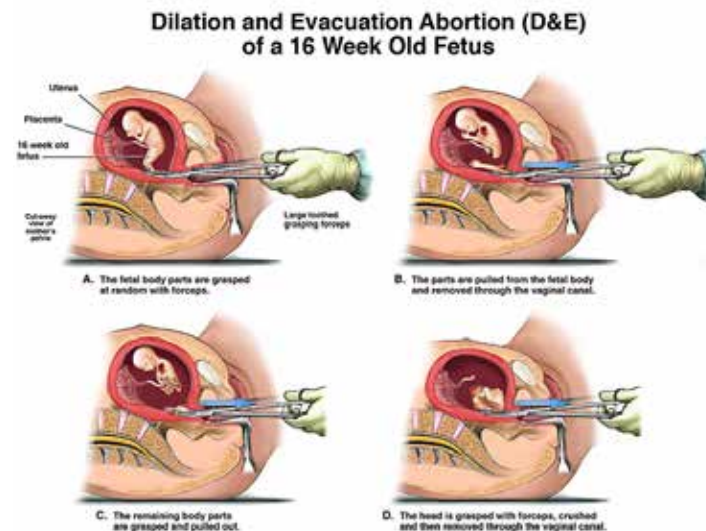
## Q: Dismemberment abortions are used to kill relatively undeveloped fetuses, aren’t they?

**A:** NO. By three weeks and 1 day following

abortions occur after the baby has met these milestones. Any unborn child aborted using the Dismemberment Abortion procedure after 20 weeks would feel the pain of being ripped apart during the abortion. [5]

## Q: Isn’t this really just a routine abortion procedure?

**A:** NO. Dismemberment abortion is the barbaric killing of a human being. The gruesome nature



fertilization, the unborn child has a beating heart and is making her own blood, often a different blood type than her mother’s. At six weeks, she has brain waves, legs, arms, eyelids, toes, and fingerprints. By eight weeks, every organ (kidneys, liver, brain, etc.) is in place, and even teeth and fingernails have developed. The unborn child can turn her head and even frown. She can kick, swim, and grasp objects placed in her hand. [4] Dismemberment

of dismemberment abortions was described by the Supreme Court in *Gonzales v. Carhart*: “[F]riction causes the fetus to tear apart. For example, a leg might be ripped off the fetus . . .” [6]

Contrasting the partial-birth or “intact D&E” abortion, the Court said, “In an intact D&E procedure the doctor extracts the fetus in a way conducive to pulling out its entire body, instead of ripping it apart.” [7] “No one would dispute,” it wrote, “that, for many, D & E is a procedure

itself laden with the power to devalue human life.” [8]

The author of the *Gonzales* opinion, Justice Anthony Kennedy, used an even more graphic description in his dissent in *Stenberg v. Carhart*, [9] stating, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb.”

Indeed, the *Ginsberg* dissent in *Gonzales* and *Stenberg* stated: [10]

**Nonintact D&E could equally be characterized as “brutal,” . . . , involving as it does “tear[ing] [a fetus] apart” and “ripp[ing] off” its limbs, . . . [11] “[T]he notion that either of these two equally gruesome procedures . . . is more akin to infanticide than the other, or that the State furthers any legitimate interest by banning one but not the other, is simply irrational.” [12] Stevens, concurring with Ginsburg in *Stenberg*.**

## Q: Is “dismemberment” too harsh a description?

**A:** NO. Dismemberment abortion is an accurate description of this brutal procedure. As Leroy Carhart, the abortionist who challenged the partial-birth abortion ban, said in testimony leading up to *Stenberg v. Carhart*, “[W]hen you rupture the membranes, an arm will spontaneously fall out through the vaginal opening . . . My normal course would

# Remind Everyone: Abortion Costs Lives!

January 22<sup>nd</sup> is the tragic anniversary of the Supreme Court decision that made abortion-on-demand legal nationwide. Since that day in 1973, abortion has taken about 58 million lives. Take this opportunity to educate your community, your Church, your friends and family about the tragedy of abortion.

This winter, National Right to Life will offer these glossy 8.5" x 5.5" flyers with important facts and figures about abortion in this country in a clear and easy-to-read format. These flyers are suitable for any audience, and are great for gatherings, fairs, or Church services.

**They cost only \$8 per set of 50 flyers!**



Ordering is easy! Choose from these three options:

- 1.) Order online at [righttolifestore.com](http://righttolifestore.com)
- 2.) Call in your order at 202-378-8843
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# New book exposes the incoherence of the pro-abortion position with wit and verve

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

At a time when a top-rated television show has one of the main characters undergo an abortion to the strains of “Silent Night,” you might be tempted to think when it comes to the life-or-death issue of abortion, pop culture is totally devoid of sanity.

Then along comes a work which makes you smile as you realize the pro-life message is getting through.

Author Greg Gutfeld’s recently-released book, *How to be Right: the Art of Being Persuasively Correct*, humorously identifies ways that serious topics can be best articulated in today’s rabid media environment.

For me, the most effective portion of the book was a passage labeled, “Four Persuasive Points: The Planned Parenthood Videos.” Gutfeld, who hosts the *Greg Gutfeld Show* on the *Fox News Channel*, is referring to the alarming undercover videos produced by the Center for Medical Progress, in which high-ranking Planned Parenthood officials callously and unmercifully discuss the harvesting of the body parts of unborn babies. In spite of congressional investigations, the mainstream media have largely ignored the controversy, a state of affairs that would have to be attributed to pro-abortion bias.

In his first point, Gutfeld shrewdly notes that the contention of Planned

Parenthood—that “it’s a shame to let it (baby body parts) go to waste”—actually “destroys the moral case for abortion.” The

view that dismemberment of an unborn child is a woman’s right: “If dismemberment of a fetus is a right, then so is a right

Thirdly, Gutfeld asks if this “butchery is perfectly normal activity, why the need for euphemism?” Gutfeld adroitly points out such “fetal research” is an evil which can only exist under “the protective umbrellas of euphemism.”

Finally, he takes the media to task for claiming that the undercover videos were selectively edited. After all, the videographers made the entire, unedited videos available online. “When the media is more upset about the splicing of film than the splicing of babies, it reveals that their reservoir of compassion is as empty as their platitudes about choice.

“I’d tell them to go to hell,” Gutfeld writes, “but they’re already in it.”

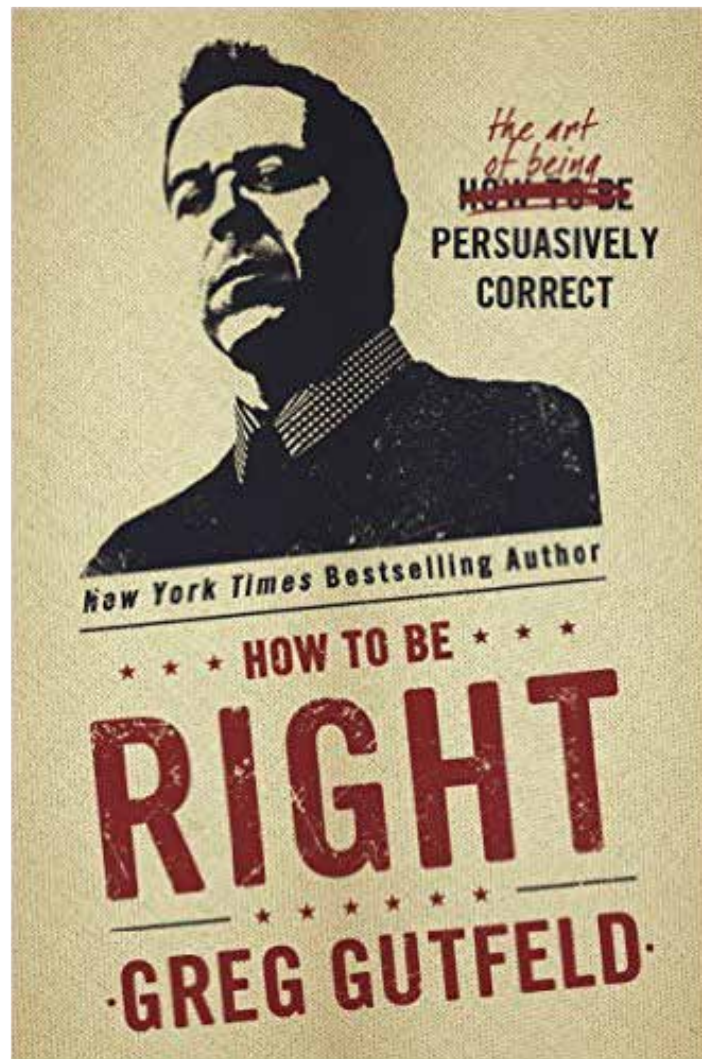
The business of abortion is brutal, nightmarish, hellish—as former abortionists who are now pro-life have readily admitted. For them to deny someone’s very humanity—especially a helpless unborn child’s—is to lose part of your own humanity in the process.

The pro-life movement is on the right side of history. We can take some lessons from Greg Gutfeld on how to be persuasively correct when talking about our message and our mission.

reason? Gutfeld points out that such an admission “suggests strongly that you believe that child is/was of value.”

In his second point, Gutfeld discusses Planned Parenthood’s

that I possess, allowing me to dissect my uncle after he passed away, too.” (Another important consideration, obviously, is that we haven’t taken our uncle’s life.)



# Truth is always greater than the illusion of truth

By Jean Garton

Christmas is in the air ... and in shop windows ... and in hotel lobbies. Wreaths decorate doors, Santa posters are everywhere, life size wooden reindeer grace front yards filled with cotton snow, and familiar Christmas hymns play in shops and restaurants.

That probably sounds like the same old, same old, that we see in American neighborhoods every year ... except it isn't.

All of this is happening in Ho Chi Minh City (Saigon), Vietnam, a Communist and Buddhist country. Such decorations began to appear only four or five years ago, and they grow bigger and better each holiday season.

Of course, there is something missing from the decorations: there are no mangers, no creches, no Baby. The Birthday Boy is not part of the celebration.

As I have observed here first hand (and in the U.S.) the growing acceptance of Christmas without the Christ Child, I couldn't help but be reminded of the acceptance of abortion in the U.S. In the nearly 43 year discussion about abortion, too often the human being with the most at stake - the innocent, defenseless baby - is left out of the picture.

Unborn babies are missing in slogans, such as the one that says, "Black Lives Matter." The truth is, to the abortion industry, "Only *Some* Black Lives Matter." The Black population is targeted by the abortion movement so that,

for instance, in New York City more black babies are aborted than are born. Countrywide the percentage of abortions in the Black Community far outweighs the percentage of Blacks in the general population.



Unborn babies are missing in ads, such as the one that played worldwide at the time of the Conference on Climate Change that says: "The most important number you've *never* heard about is - 2 degrees." (That is the aim of some for reducing the planet's temperature by "2 degrees.") The most important number most Americans have never heard about is that the population of the U.S. has been reduced by the abortion of more than 57 million unborn children since abortion was made legal in all 50 States in 1973.

Unborn babies are missing in common sense appeals to Americans that say, "If you see something, say something."

That is a wise reminder after the current terrorist attacks in Paris and San Bernadino. However, if pro-lifers "say something" about the humanity of the unborn child, they are accused of racism, sexism, and, of denying women

their constitutional right.

Unborn babies are missing in rhetoric, such as the so-called "War on Women." It claims that any pro-life attempt to protect unborn children places an "undue burden" on women's freedom and women's choice. Yet, increasingly sex-selection abortions are performed with females chosen for destruction more often than are males.

Despite all of this, the Pro-Life movement has, indeed, "moved mountains."

\* The Centers for Disease Control (CDC) tell us that the number of abortions are continuing to drop—by 4.2% in 2012.

\* The Supreme Court has agreed to hear a major abortion case -- *Whole Women's Health v Cole*.

\* The abortion rate has halved since 1974 according to the Centers for Disease Control.

\* Pro-life legislators in the Congress have become more vocal and active in seeking change relating to abortions.

\* Individual states have enacted over 200 regulations in the past four years alone which protect the well-being of women and recognize the ability of unborn children to experience pain.

\* A large number of Republican presidential candidates are well-informed and outspoken on the life issues.

\* Even our well-financed opposition concedes that younger Americans are more pro-life than ever before.

After nearly 43 years of legalized abortion, while the numbers have changed, the victims have changed, the procedures have changed, so, too, have millions of minds been changed by the work, witness and education of pro-life citizens in every state of the Union.

The evidence is in: Truth is always greater than the illusion of truth.

**Editor's note.** Jean Garton is author of the pro-life classic, *Who Broke the Baby?*

# Study does not demonstrate self-abortions in Texas suddenly increased after passage of pro-life law

## *Numbers may actually have gone down*

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

Even before the state of Texas passed the omnibus pro-life H.B. 2 bill in 2013, the abortion establishment was up in arms, loudly declaring this would require the closure of clinic and would drive women to turn to self-abort with pills picked up at border town flea markets.

Then, lo and behold, a new study from the Texas Policy Evaluation Project (TxPEP), a relatively new research group formed in 2011 to “document and analyze the impact of the measures affecting reproductive health” passed by the Texas legislature has materialized, appearing to support just that conclusion. And funding the whole enterprise is one of the world’s richest men, Warren Buffett, notorious backer of Planned Parenthood, RU-486, and whatever the latest abortion technology might be, to the tune of more than \$4.5 million.

Looking at the study more carefully, however, shows that while significant numbers of women may be chemically self-aborting in Texas (and elsewhere), the cause is not likely the new law. In fact, if anything, the increase is more likely the product of the promotion by activist researchers, such as those at TxPEP and abortion backers like Buffett. This, not H.B. 2, has made these a real and present danger

### Claims of the Study

The “research brief” published on line 11/17/15 by the researchers from TxPEP was titled “Knowledge, opinion and experience related to abortion self-induction in Texas.” It was based on survey results from 779 Texas women ages 18-49, conducted between December 2014 and January 2015.

Who is TxPEP? A group of pro-abortion researchers from the University of Texas, Ibis Reproductive Health, the University of Alabama-Birmingham, and notorious abortion academy, University of California San Francisco (UCSF).

The claim that grabbed the headlines is that between 100,000 and 240,000 women have self-aborted in Texas. TxPEP strongly implies (but

18-49 in Texas the low (the 1.7% reporting attempts to self-abort) and the high (4.1%, combining the percentages of best friends women said they either knew or suspected had self-aborted) percentages).

(Curiously TxPEP did not explain why they used only the two percentages about known or suspected best friend’s self abortions for the high figure, but chose not add the percentage of women reporting their own self

HB2, the Texas law imposing safety standards on clinics and requiring that abortionists have hospital admission privileges (as well as other provisions not before the High Court), we can expect more women to try to self-abort as a consequence.

But does the data really show this? And if the number does increase in years to come, will it be a reflection of pro-life laws like H.B. 2 or the ceaseless promotion by the abortion industry?

does not directly declare) that this is a result of H.B. 2 and that we can expect a lot more if Texas’ new pro-life law, parts of which are currently before the Supreme Court, is allowed to stand.

How did they arrive at their conclusions? Researchers say the survey found that 1.7% of the women reported they had at some point tried to self-abort. (More about what is meant by that below.) They also asked women whether their best friend had ever done so, and 1.8% of the women said they were sure their best friend had. Another 2.3% said they suspected their best friend had.

Researchers then extrapolated to the overall population of nearly six million women aged

abortions to that estimate.)

TxPEP stated

**... there are two recent changes that may be leading the incidence of self-induction to increase. The first is the advent of onerous legislation imposing restrictions on legal abortion access [the 2013 Texas law]. The second is the increasing preference for medication abortion, as well as the possibility of women accessing abortion-causing drugs on their own.**

One clear implication of this is a contention by TxPEP that if the Supreme Court upholds

### No evidence the law the cause

TxPEP’s research brief spends so much time complaining about the Texas law and implying a connection to H.B. 2 that *Reuters* mistakenly stated, “The study estimated that between 100,000 and 240,000 women aged 18 to 49 in Texas have tried to self-induce abortion *since* the law went into effect” (emphasis added).

For *Reuters* to assume that this meant attempts at self-abortion *since* H.B. 2 is understandable. TxPEP made constant reference to the law, issued the study right on the heels of the Supreme Court’s agreement to hear the case challenging the law, and stated directly in the study’s introduction that “this research provides important information about the potential public health impact of laws that restrict access to clinic-based abortion care.”

But what the study actually looked at was something different.

We do not have the direct question TxPEP asked, but their research brief says that

*See “Study,” page 48*

# WOW! ‘The Good Wife’ Powerfully Reenacts Planned Parenthood Video Scandal in the BEST Possible Way!

By Alexa Moutevelis Coombs

On November 22 CBS aired an episode of *The Good Wife* that brought the undercover videos exposing how Planned Parenthood sells baby parts to a whole new audience of millions – but whether the audience even knew the storyline was based on real videos is unknown.

moving the baby into breach position to better preserve its organs for harvest is the same, and talk of “squashing” or “smushing” is pretty much the same.

**– Abortionist on video: God, I love frozen**



There has been a near media blackout on showing the videos, although CBS has aired the most coverage of the big three networks.

*The Good Wife* episode “Restraint” was remarkable in how closely it mirrors the real Planned Parenthood videos, although they don’t mention them by name. In the video below, you’ll note the similarities; an abortionist cavalierly discusses selling baby parts while eating frozen yogurt – in the Planned Parenthood videos, it’s over salad. The fictional company that produced the videos is called Citizens for Ethical Medicine, the real one is Center for Medical Progress. The price – \$100 per specimen – is about the same, discussion of hearts and livers is the same, talk of

yogurt. My conscious mind tells me it’s not healthy, but my unconscious mind... It’s an easy product to harvest, so I think \$100 per specimen would be preferable.

**– Woman: And what if we need to buy tissue intact?**

**– Abortionist: Not a problem. We mostly work under ultrasound, so we know where to put the forceps. But we can also always keep track of what you need– a heart or a liver.**

**– Woman: You can extract them intact?**

**– Abortionist: Yes. We know where not to grab. Then we don’t squash the part of the specimen you need.**

**– Woman: And you can change its position?**

**– Abortionist: If we need to. Again, ultrasound helps. With the added dilation, we can change it to a breach.**

**– Diane: So?**

**– Ethan: So?**

**– Diane: So you have to tell me what you’re thinking. I can’t guess.**

**– Ethan: I think you can.**

**– Diane: Well, you’re against abortion, so my guess is you’re repul...**

**– Ethan: I’m a human being. And yes, I am appalled by a doctor calmly eating yogurt while talking about selling...**

**– Diane: No, not selling.**

**– Ethan: \$100 a specimen.**

**– Diane: To preserve, package and deliver. That is legal.**

**– Ethan: Oh, God, do you hear yourself?**

**Parts of babies. Preserving, packaging and delivering parts of babies.**

**– Diane: Parts of fetuses.**

**– Ethan: So you think there’s anything wrong with that video?**

**– Diane: I think it’s shop talk. I think if you listen to any two doctors...**

**– Ethan: Or abortionists.**

**– Diane:...Talking over drinks or yogurt about an appendix removal, it would sound just as bad.**

**– Ethan: So you know it’s bad?**

**– Diane: No, I know it’s an effective piece of propaganda. That’s all.**

**– Ethan: And why is it so effective? Because the majority of Americans only support abortion if they don’t have to face the fact of it, if they don’t have to hear the talk about where to squash...**

*See “Good Wife,” page 45*

# Quebec's assisted dying law in conflict with Criminal Code: judge

By Hugh Scher, Legal Counsel – Euthanasia Prevention Coalition

*Editor's note: This article was published by Advocate Daily on December 3.*

A Quebec Superior Court justice has rightly found that a provincial law allowing medically assisted suicide in certain circumstances



Hugh Scher

contradicts provisions in Canada's Criminal Code and therefore cannot take effect as planned, says Toronto health, human rights and constitutional lawyer Hugh Scher.

Justice Michel Pinsonnault ruled that key pieces of the Quebec law, which was adopted in June 2014 and set to come into force Dec. 10, conflict with existing federal criminal laws against homicide, reports the *National Post*.

The judge noted that last February's Supreme Court of Canada decision carving out exceptions to the Criminal Code prohibitions that ban physician-assisted suicide — *Carter v. Canada* (Attorney General)— gave Parliament one year to legislate new rules to give effect to the ruling.

The deadline for Parliament to respond to the ruling was Feb. 6, 2016, but a six-month extension has been requested.

Pinsonnault found that as long as those provisions are in place, a Quebec physician administering euthanasia under the provincial law would be committing a crime, says the *Post*.

The judge ordered the suspension of the articles of the Quebec law concerning euthanasia until the Criminal Code is changed, the report continues.

"In essence, the ruling states that the present situation around palliative care in Canada renders informed decision-making impossible in Quebec," says Scher, who has argued against the Quebec law while representing the Euthanasia Prevention Coalition.

**"Our position is that this law is clearly in conflict with existing federal laws and that health care and medical**

**treatment do not include the intentional killing of patients by doctors. This is a matter that falls under federal criminal law — it is not a provincial issue."**

Pinsonnault's ruling came in response to a request by two individuals — the head of the Quebec Coalition of Physicians for Social Justice and a woman living with life-threatening disabilities — for an injunction to contest the provincial law.

The judge did not grant the injunction, reports the *Post*, but instead ruled that the provincial law must be in line with federal laws, which take precedence, and since those have not yet been changed to reflect the Supreme Court ruling on assisted-suicide, the Quebec law cannot take effect.

"The notion that a provincial government should be able to trample on what has historically been federal jurisdiction and in effect unilaterally declare that the intentional killing of patients by doctors is health care is extremely problematic," says Scher, a well-known voice in the end-of-life care debate. [1]

"The federal government has been called to action by the Supreme Court of Canada in order to regulate these matters

and impose a level of national standards and safeguards aimed at preventing abuse and risk to vulnerable Canadians that would inevitably ensue in the event of legalization," says Scher. "As such, Quebec's attempt to take over the entire area of jurisdiction under the health-care rubric is problematic and contrary to Canadian constitutional principles."

It is imperative, says Scher, that the provincial legislation be put on hold until the federal government has an opportunity to respond to the Supreme Court decision in *Carter*.

[1] Scher has acted as counsel to the Euthanasia Prevention Coalition in a myriad of high-profile cases including *Rasouli v. Sunnybrook Health Sciences Centre*, 2011 ONCA 482 (CanLII); *Cuthbertson v. Rasouli*, 2013 SCC 53, [2013] 3 S.C.R. 341; *Bentley v. Maplewood Seniors Care Society*, 2014 BCSC 165 (CanLII); *Bentley v. Maplewood Seniors Care Society* 2015 BCCA 91; *Carter v. Canada (Attorney General)*, 2012 BCSC 886 (CanLII); *Carter v. Canada (Attorney General)* 2013 BCCA 435 (CanLII); and *Carter v. Canada (Attorney General)*, 2015 SCC 5.

# Autos for Life needs your help to finish strong in 2015

By David N. O'Steen, Jr.

With Christmas just around the corner, and the start of a New Year almost upon us, it brings to mind that the end of the year is almost in sight.

Before the end of 2015 arrives we hope you are thinking about how you might be able to help the National Right to Life Foundation "Autos For Life" program.

these challenging times.

Please, keep them coming!

Recent donations to Autos for Life include a 1997 Toyota RAV4 from a pro-life supporter in California, a 1995 Ford Explorer from a pro-life gentleman in Texas, and a 1996 Toyota Tercel from a pro-life family in Washington state.

As always, 100% of the sale

in helping to save the lives of unborn babies! 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.

Your donated vehicle can be of any age, and can be located anywhere in the country! All that we need from you is

are preferred, but other formats work as well. We can also get your non-running vehicle donation picked up from your location as well.

To donate a vehicle, or for more information, call David at (202) 626-8823 or e-mail [dojr@nrlc.org](mailto: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](mailto: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 safe and happy Holiday Season, and remember that we are so thankful for your ongoing partnership and support!



Thanks to dedicated pro-lifers like you, 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 life-saving work in

amount for these vehicles went to further the life-saving educational work of National Right to Life.

This season is very important to the pro-life movement, and you can make a big difference

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



# National Right to Life Hails Bill Providing Equal Treatment for Pro-Life Advance Directives

**WASHINGTON** – The National Right to Life Committee applauded the introduction November, in both the Senate and House, of the “Medicare Choices Empowerment and Protection Act.”

The companion bills would give Medicare beneficiaries and others online access to model advance directives that choose life-saving treatment, food and fluids equally with those that reject them. The bills would require they be told, “You should not feel pressured to violate your own values and preferences, and you are entitled to implement them without discrimination based on age or degree of disability.”

The bills would help offset widespread efforts to “nudge” patients to agree to forego life-saving treatment documented in National Right to Life’s March 2015 report “The Bias Against

Life-Preserving Treatment in Advance Care Planning.”

“The pro-life movement has been concerned that advance care planning is too often used,



in an effort both to cut health care spending and advance the ‘quality of life ethic,’ to ‘nudge’ people to agree to reject life-saving measures (including assisted feeding)

using unbalanced, distorted, and even false data,” stated Burke Balch, J.D., Director of the Robert Powell Center for Medical Ethics.

“By contrast, the legislation National Right to Life is endorsing would create and promote a government website that gives a choice of alternative advance directive

forms, including those that direct treatment and assisted feeding, like our group’s ‘Will to Live,’” Balch said. “It would ensure that the online providers of advance directives to be promoted by Medicare must ensure their documents comply with State laws, including statutes that contain important informed consent safeguards.”

The Senate bill is sponsored by Senators Bill Cassidy, M.D. (R-LA) and Chris Coons (D-DE). The House Bill is sponsored by Representatives Diane Black, R.N. (R-TN), Chris Collins (R-NY), Mike Thompson (D-CA), and Peter Welch (D-VT).

Further information is available from the National Right to Life Committee’s PowellCenterforMedicalEthics at [www.nrlc.org/medethics/advancecareplanning/](http://www.nrlc.org/medethics/advancecareplanning/)

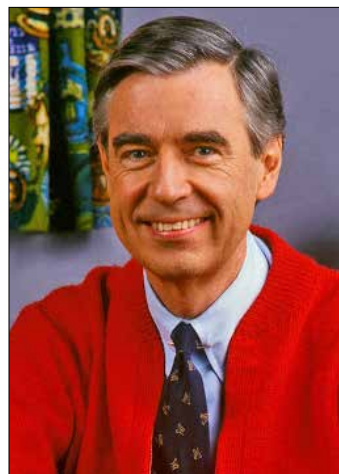
## Mr. Rogers’ timeless message: choose to spend your time cherishing Life

By Texas Right to Life

Fred “Mr.” Rogers, whose beloved television show taught children the many ways to love one’s neighbor as oneself, delivered a message in a 1999 award acceptance speech that is as relevant today as ever. When he was inducted into the Television Hall of Fame, he underscored the impact television has on children, noting that what children see on TV will influence the choices they make, and even their perception of Life.

“Life isn’t cheap,” he told the audience. “It’s the greatest mystery of any millennium. And television needs to do all it can to broadcast that, to show

and tell what the good in life is all about. But how do we make goodness attractive? By



Fred “Mr.” Rogers

doing whatever we can to bring courage to those whose lives move near our own.” Rogers concluded by noting that television offers individuals “the choice of encouraging others to demean this life or to cherish it in creative and imaginative ways.”

Mr. Rogers dedicated his life and work to child development, and his guiding principle was, “Children are to be respected.” This simple belief shaped the way Rogers approached his time teaching and interacting with both children and parents.

A devout Christian, Mr. Rogers shared his deep faith through his actions. And that

integrity of Life is what he sought to teach everyone he encountered, encouraging others to treat “our neighbor at least as well as we treat ourselves, and allowing that to inform everything that we produce.”

Fred Rogers died in 2003, but his legacy is cherished by many. Read about his life and work at [www.fredrogers.org/fred-rogers/bio](http://www.fredrogers.org/fred-rogers/bio).

*Editor’s note. This appeared at [www.texasrighttolife.com/a/1889/Mr-Rogers-timeless-message-choose-to-spend-your-time-cherishing-Life#.VmhrItrJko](http://www.texasrighttolife.com/a/1889/Mr-Rogers-timeless-message-choose-to-spend-your-time-cherishing-Life#.VmhrItrJko)*

# A fighter, preemie Naomi Bakker beats the odds and is now home with her parents and big brother

By Dave Andrusko

When a child is born 15 weeks early; when she weighs less than 13 ounces; when she can fit in the palm of your hand; and when Naomi Joy Bakker's hands were the size of her dad's thumbs, it's easy to understand why some doctors told her parents "Naomi's chances of survival without health complications were less than one percent." Or at all!

But in the less than five months she spent in the Renown Regional Medical Center Neonatal Intensive Care Unit Naomi has met so many milestones, "Naomi is healthy and ready to graduate from the NICU with few complications," according to Fox 28 reporter Elizabeth Faugl.

That's a long ways from the moment they learned of Naomi's situation before she was born. "We got on our knees, and we begged," Mrs. Bakker told Faugl. "And we said we would take her however he gave it. If she was blind, or whatever, we just wanted our baby."

On July 1 when Joy and Michael Bakker's little one was born at only 25 weeks gestation. "Her eyes were still sealed and her organs underdeveloped," Faugl explained. "Doctors across the country said she had no chance, but she's proven them wrong."

"She's one of the littlest babies around. They told us there was no hope for her," said Angela Bakker. "The first time I held her was so scary. So frightening. She was so tiny."

But her nurses told Faugl **her parents always came in to hold her. Even though Naomi was fragile, the skin-to-skin contact was**

**important. And most of all, Naomi always had a feisty spirit.**

**"Strong, from day one, you could tell she was a fighter and she had it in her," says Carrie Archie, one of Naomi's primary nurses.**

**"We just gave her what she needed, she did all the hard work," adds Nichol Alvaraez, another one of Naomi's primary nurses.**

**It's made all the difference. Naomi will go home to meet her big brother, who has only been able to Facetime with her. He's only two-years-old and cannot go to the NICU.**

Last Thursday, the "baton" was handed off. Naomi is now home from the Reno, Nevada, hospital.

Here's what Michael and Angela wrote today:

**At the hand off, a local channel did a story on Naomi and the NICU. Something happened we never planned on happened. This little blog to update friends and family went a little extra crazy and more people are following Naomi's story. To all you who have just started on this journey with us, we have this to say – Thanks for all the encouraging posts and messages. It's hard to**

**find the time to respond to each and every one – but we have read them. This journey is a work in progress and we never know from one day to the next where it will lead. We hope you find encouragement through this story as we update family and friends on what is going on – with a moment of reflection here and there.**

**Enjoy the ride. I hope it's not nearly as "dramatic" as the first leg.**

**Michael & Angela**

You can share the Bakkers' story on Facebook all the way back to July.



Photo credit: (WSYX/WTTE)

# U.S. Bishops Declare “Intrinsic Evil” of Abortion Must Always Be Opposed

*Editor's note. The following is provided by PNCI—the Parliamentary Network for Critical Issues.*

The U.S. Conference of Catholic Bishops (USCCB) approved revisions to “Forming Consciences for Faithful Citizenship” on political responsibility during their recent meeting in Baltimore. The updates in the document “take account of recent developments in the United States in both domestic and foreign policy” including “the ongoing destruction of over one million innocent human lives each year by abortion” and physician-assisted suicide.

The bishops warn against “intrinsically evil” actions which must always “be rejected and opposed and must never be supported or condoned.” Abortion and euthanasia are listed as prime examples because they “have become preeminent threats to human dignity because they directly attack life itself, the most fundamental human good and the condition for all others”. Human cloning and destructive research on human embryos, and “other acts that directly violate the sanctity and dignity of human life”, are also intrinsically evil and “must always be opposed”.

The bishops warn that it “is a mistake with grave moral consequences to treat the destruction of innocent human life merely as a matter of individual choice. A legal system that violates the basic right to life on the grounds of choice is fundamentally flawed.”

Catholics are called “to make practical judgments regarding good and evil choices in the political arena” and the bishops warn that the taking of innocent life in abortion cannot be equated as “just one issue among many” and must always be opposed.

They advise that when voting, “It is essential for Catholics to be guided by a well-formed conscience that recognizes that all issues do not carry the same moral weight and that the moral obligation to oppose policies promoting intrinsically evil acts has a special claim on our consciences and our actions. These decisions

pursuit of the virtues, especially courage, justice, temperance, and prudence. The culmination of these virtues is the strong public promotion of the dignity of every human person as made in the image of God in accord with the teachings of the Church, even when it conflicts with current public opinion. Catholic politicians and

the common good and to act in solidarity with those in need.”

Faithful Citizenship explains the USCCB’s position that it “supports laws and policies to protect human life to the maximum degree possible, including constitutional protection for the unborn and legislative efforts to end abortion, assisted suicide, and euthanasia. We also promote a culture of life by supporting laws and programs that encourage childbirth and adoption over abortion and by addressing poverty, providing health care, and offering other assistance to pregnant women, children, and families.”

The bishops call for greater assistance for the sick and dying stating, “The end of life is a holy moment, a moment that marks a preparation for life with God, and it is to be treated with reverence and accompaniment. The end of life is as sacred as the beginning of life and requires treatment that honors the true dignity of the human person as created in the image of the living God. We recognize that addressing this complex issue effectively will require collaborative efforts between the public and private sectors and across party lines.”

The document ends with the section, Goals for Political Life: Challenges for Citizens, Candidates, and Public Officials, and a list of ten policy goals which the bishops offer in the hope that it will “guide Catholics as they form their consciences and reflect on the moral dimensions of their public choices.”

The ten issues “address matters of different moral weight and urgency”, some involve intrinsically evil acts, which can never be approved while others “involve affirmative obligations to seek the common good.”

## Forming Consciences



## for Faithful Citizenship

should take into account a candidate’s commitments, character, integrity, and ability to influence a given issue. In the end, this is a decision to be made by each Catholic guided by a conscience formed by Catholic moral teaching.”

Catholics serving in elected office are called to have “a heroic commitment” and “must commit themselves to the

legislators must recognize their grave responsibility in society to support laws shaped by these fundamental human values and oppose laws and policies that violate life and dignity at any stage from conception to natural death.”

Opposing evil should also “open our eyes to the good we must do, that is, to our positive duty to contribute to

# National Right to Life Praises Senate Approval of Bill to Defund Planned Parenthood

**WASHINGTON** – National Right to Life, the nation’s largest pro-life organization, applauded the U.S. Senate for its December 3 approval of H.R. 3762, a bill that will block approximately 89% of all federal funding to Planned Parenthood – about \$400 million in the next year.

In letters sent to the Senate in advance of the vote, National Right to Life advised that it would include votes on the Planned Parenthood issue and on final passage of the broader “reconciliation bill” in its scorecard of key pro-life votes of the 114th Congress, a move seen by many as key to securing the bill’s success.

“Thanks to many weeks of hard skillful work by Senate Majority Leader Mitch McConnell (R-Ky.), and the Senate Republican Leadership to execute a filibuster-proof strategy, and an outpouring of support from the grassroots pro-life movement, the Senate has for the first time passed legislation that will defund

Planned Parenthood,” said Carol Tobias, National Right to Life President. “Planned Parenthood now commands over one-third of the total abortion ‘market’ and pays its chief executive over a half-million dollars annually — it’s past time to cut off the taxpayer goodies.”



National Right to Life praised Republican presidential contenders Marco Rubio (Fla.), Rand Paul (Ky.), Lindsey Graham (S.C.), and Ted Cruz (Texas) for voting for passage of the bill.

“On final passage, the bill had the support of all but two

Republicans—including support from all of those seeking the presidency — but not a single Democrat,” said Douglas Johnson, legislative director for National Right to Life. “While this bill faces the implacable opposition of President Barack Obama, it blazes a trail that can be followed to victory in the

future — once we have a pro-life president.”

The bill would close the largest pipeline for federal funding of Planned Parenthood, Medicaid, and apply as well to the Children’s Health Insurance Program (CHIP) and the Title

V and Title XX block grant programs. These sources account for roughly 89% of all federal funds that currently flow to Planned Parenthood.

Under the bill, the amounts denied to Planned Parenthood are reallocated to community health centers.

Planned Parenthood is the nation’s largest provider of abortions — at least one-third of all abortions in the U.S. are performed at Planned Parenthood-affiliated facilities. According to their most recent annual report, Planned Parenthood received at least \$528 million annually from the federal government or state and local governments.

Based on data from their own annual report from 2013-2014, nearly one in eight women walking through the door of a Planned Parenthood clinic has an abortion. A background memo from National Right to Life is available at <http://www.nrlc.org/communications/ppfamediabackground/>.

# Abortion and self-starvation advocate Diane Rehm to retire from NPR in 2016

By Dave Andrusko

My first encounter (once removed) with *NPR's* Diane Rehm was in (yikes!) 1981. I sat outside the studio of the local *NPR* affiliate, *WAMU*, while my wife debated two pro-abortionists and (of course) Rehm. Since there were only three aligned against Lisa, it wasn't a fair fight.

So a story in the *Washington Post* last week that the 79-year-old Rehm will retire next year caught my eye, for this and many other reasons.

I had already heard Rehm's laughable pretense at objectivity before Lisa calmly debunked the usual malarkey about pro-lifers. Since that time I have listened to Rehm, but infrequently because her show airs locally when I am at work.

Suffice it to say it is true that she is a big shot around here—a “*NPR* Talk-Show Legend,” as the *Post* headline puts it. But to pretend that Rehm maintains “a nonpartisan orientation,” as Paul Fahri does, is simply Fahri's own biases showing through.

As *NRL News Today* readers may remember, Rehm got in a teeny, tiny bit of trouble earlier this year. Her advocacy of assisted suicide was so blatant Rehm was (sort of) forced to scale back.

Which is one of the reasons she will leaving next year (but—surprise, surprise, not likely until after the presidential election). Fahri writes

**“Among other things, she wants to advocate on behalf of aid in dying for the terminally ill, a cause she has been obliged**

**to avoid espousing on the air. John [her late husband] so wanted to die on his own terms,” she said. “It made me feel like I had to speak out for the right to die.”**

Let's look a little closer at what happened in March. It's



*Diane Rehm*

of ongoing importance because the full-throated support of celebrities such as Rehm is instrumental to the physician-assisted suicide movement's strategy.

John Rehm had Parkinson's and he died in 2014 by self-starvation— with his wife's help. Thus it came as no surprise that Diane Rehm would be working closely with *Compassion & Choices*, formerly (and more accurately) known as the Hemlock Society.

As Wesley Smith has pointed out many times, *Compassion and Choices* “promotes VSED

[Voluntary Stop Eating and Drinking] on its website. It has even published a booklet about suicide by starvation for those who are not terminally ill.”

It all came to a preliminary head for Rehm after a glowing, one-sided story appeared in the *Washington Post* written by Michael Rosenwald.

**of small fundraising dinners with wealthy donors financing the right-to-die campaign.**

**If asked, she said she would testify before Congress.**

Writing over at *Newsbusters*, Tim Graham asked

**How many hosts on taxpayer-funded talk shows will be testifying on a hot-button issue like euthanasia before Congress? How can anyone expect her to offer fairness when this issue comes to her own program? No one can imagine an *NPR* star testifying against abortion or against assisted suicide.**

**They're far too “progressive” for that.**

**Rehm told the *Post* she knows that as a journalist, she must be careful. “As strongly as I feel, I don't want to use the program to proselytize my feelings,” she said. “But I do want to have more and more discussion about it because I feel it's so important.”**

Which appears to have caught the attention of the *NPR* Ombudsman. After Elizabeth Jensen questioned Rehm's very public involvement, we read the following headline in the *Post* in another story written by Rosenwald: “Following

The key paragraphs in Rosenwald's story were

**Now 78 and pondering how to manage her own death, Rehm is working with *Compassion & Choices*, an end-of-life organization run by Barbara Coombs Lee, a key figure in Oregon's passage of an assisted-suicide law and a previous guest on the show. Rehm will appear on the cover of the group's magazine this month, and she is telling John's story at a series**

## “The One-Child Policy does not need to be changed, it needs to be eliminated entirely”

*Editor's note. The following is the statement of Senator Marco Rubio (R-Fl.), Cochairman of the Congressional Executive Commission on China, at a December 4 hearing on “China's New ‘Two Child Policy’ & the Continuation of Massive Crimes Against Women and Children.” The hearing webcast can be watched at [www.youtube.com/channel/UCRAT\\_7MizUoIORlJhYBTzHA](http://www.youtube.com/channel/UCRAT_7MizUoIORlJhYBTzHA)*

For over three decades, China's barbaric One-Child Policy condemned millions of unwanted or “surplus” Chinese girls to abortion, infanticide, abandonment and human trafficking.

Following China's recent announcement that it is adopting a universal two-child policy, media reports profiled individual Chinese families and the trauma they've experienced at the hands of their own government: women still grieving the child they were robbed of, parents adrift after losing the only child the government allowed them to have, families who are too old to take advantage of this policy change. Sadly, these types of stories will continue under the new policy.

Ultimately, China's new two-child policy is as indefensible and inhumane as the one child policy it replaces. In fact, China's new policy should be known as the “forced abortion of child #3” policy. China needs to recognize that its problem isn't that it has too many innocent children; it's that they have too many repressive communist adults with blood all over their clenched iron fists.

It would be a mistake to assume this change in any way

reflects a newfound respect for human rights by Beijing. It is still a population control policy and still, at its heart, repressive. When couples conceive a third child, the Chinese government will force them to eliminate him or her, by any means necessary. There are also doubts about those second children conceived in the months between the policy announcement and its



Senator Marco Rubio

ultimate implementation at the provincial level. China's vast population control apparatus will continue to exist. Birth permits will still be required. And second children, already born in violation of the previous policy will continue to face tremendous challenges—denied the most basic rights of Chinese citizenship.

A government that possesses such little regard for its own people – parents and children alike – cannot be relied upon to adhere to other international norms.

This is China's shameful legacy. According to the latest census, men outnumber women by at least 33 million. Estimates suggest that there will

be a surplus of 40-50 million bachelors in China through the mid-to late 21st century.

Couples who have violated the one-child policy have historically faced a variety of punishments, from fines and the loss of employment to forced abortions and sterilizations. The Annual Report of the Congressional-Executive Commission on China (CECC),

motivated by the fact that every year approximately 51 million children under the age of five are not registered at birth, most of whom are girls, leaving them susceptible to marginalization and exploitation. This law directs current U.S. foreign assistance programming to support the rights of women and girls in developing countries by working to establish birth registries in their countries. There is a massive problem regarding children for whom no official records exist because they were not registered at birth—this is, of course, especially true in China. The legislation also prioritizes a variety of rule of law programs intended to raise the legal and financial status of girls in order to help address the cultural and financial rationale for sex selective abortions. Again, this component has particular relevance to China.

As a father of four, I believe it is vital that the U.S. continues advocating for the complete elimination of government-forced population planning as well as the fundamental rights of all Chinese citizens, including the unborn, to live up to their God-given potential. The One-Child Policy does not need to be changed, it needs to be eliminated entirely. Ultimately, I believe the unborn children we are fighting for will form a new generation of Chinese children who will lead its transition to a peaceful and democratic nation. China's children – all of them – represent the country's best hopes for the future, not the fading crony communists fighting to eliminate them.

Today, I joined with CECC Chairman, Representative Chris Smith in urging Secretary of State John Kerry to provide an update on the administration's implementation of the “Girls Count Act”, which was signed into law on June 12. As this law's chief sponsor in the Senate, I was

# A withering dissent demonstrates why an admitting-privilege requirement is sound law

By Dave Andrusko

In late November *NRL News Today* wrote about a split 7th Circuit Court of Appeals panel decision that overturned Wisconsin's law requiring abortionists to have admitting privileges at a hospital within 30 miles of the abortion clinic.

I'd like to revisit the 2-1 decision for two important reasons.

Such a requirement is part of the Texas law the Supreme Court has agreed to hear. Thus the decision will be one the justices will carefully read.

In addition, the 7th Circuit majority opinion written by Judge Richard Posner, is being heralded as some sort of definitive, last-word pronouncement that is so astonishingly brilliant proponents ought to just beat their legal swords into plowshares and retire to their homes.

In fact, Posner's argument is extremely weak as the withering dissent by Judge Daniel Manion makes abundantly clear. The 25-page dissent, which starts on page 30, should be read in its entirety; it's that good.

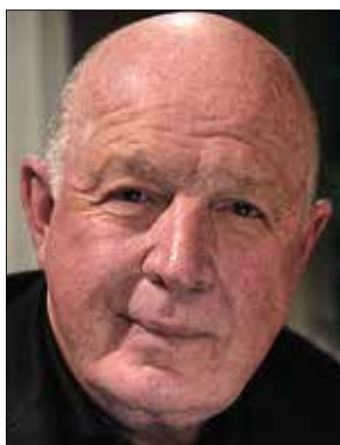
In lieu of that, let me highlight some of the many crucial distinctions Judge Manion makes which the Supreme Court should heed as it considers Texas' H.B. 2.

First, as Judge Manion highlights repeatedly, Judge Posner misreads the legal standard by which Wisconsin's Act 37 ought to be judged.

**Under well-established Supreme Court precedent, the state may constitutionally regu-**

**late abortion so long as it has a rational basis to act and does not impose an undue burden. ...**

**Rather than shift the burden to the state to provide reasons it was justified to enact the law at issue, we are**



*Judge Daniel Manion*

**obligated to uphold a law that regulates abortion where there is a rational basis to act so long as the law does not have the effect of imposing an undue burden on a woman's ability to make the decision to chose abortion. Here, the court [majority] sets this burden of proof exactly backwards. ... Under rational basis review, courts must presume that the law in question is valid and uphold it so long as the law is rationally related to a legitimate state interest.**

There is a rational basis for the admitting-privileges

requirement, as Judge Manion patiently explains in great detail, and by no means does Act 37 impose an undue burden.

Manion begins by observing that at least 19 women who'd sought abortions at Planned Parenthood clinics in Wisconsin "subsequently received hospital treatment for abortion-related complications" between 2009 and 2013. "Safety is not a negligible concern in any field of healthcare," Manion writes. "Abortion—which is subject to less regulatory oversight than almost any other area of medicine—bears no exception."

He goes on to cite Supreme Court decision after Supreme Court decision in which the justices recognize that a state has a "legitimate interest in seeing to it that abortion, like any other medical procedure, is performed under circumstances that insure maximum safety for the patient."

Manion then systematically illustrates why the admitting privileges requirement furthers Wisconsin's interest in patient (women's) safety. He starts by hoisting the opposition of various medical authorities to Act 37 on their own petard.

In 2003, The American College of Surgeons (joined by the American Medical Association and the American College of Obstetricians and Gynecologists) issued a statement listing several "core principles." One of those was admitting privileges at a nearby hospital for physicians performing office-based surgery.

Manion keenly observes

**Perplexingly, in this case, the AMA**

**and ACOG have joined a joint amicus brief arguing that Wisconsin's admitting-privileges law is unconstitutional. Yet their brief makes no mention of their 2003 statement or their sudden, yet convenient, disavowal of one of their 'core principles' related to patient safety. It appears from the trial testimony that plaintiff-doctors have simply decided that admitting privileges are only desirable insofar as they do not cause members of their guild to become ineligible to perform abortions.**

He offers many other reasons why the admitting-privilege requirement bolsters women's safety, including continuity of care (which pro-abortionists airily dismiss) and (quoting another circuit panel's decision) "credentialing of physicians beyond initial licensing and periodic license renewal."

But does Act 37 constitute an "undue burden"? Here Manion is absolutely devastating. Most abortionists plying their trade in Wisconsin's PPFA were able to secure admitting privileges.

So what is the "undue burden"? That two abortionists at another abortion clinic, which performs late abortions, were not able to. Thus a greater

*See "Withering," page 36*

## Reflections as Christmas approaches

*From page 2*

Collectively, what are Mr. Stark and President Bush reminding us of? Dozens of important truths, but in light of the Christmas season, here are three.

#1. The more powerful we are, the greater is our obligation to the powerless, **particularly** to those who are at our mercy. What a fundamental difference it makes whether you believe that your more powerful position obliges you to look after those in your care, **or** whether you have persuaded yourself this frees you to do what you want to because... you can.

We make a million excuses, chase down a trillion rabbit holes. But hiding behind self-delusionary, debasing rhetoric to pretend the unborn is not truly “one of us” doesn’t change that we are simply saying might makes right.

#2. The unborn, the child born with disabilities, the elderly woman who has clearly (but falsely) learned the lesson that she is a “burden” are “the most easily forgotten.” Are they invisible? No. We choose to look aside.

And if, morally speaking, our peripheral vision is blurry, or virtually non-existent, it is easy to forget they have claims on us that are independent of “health or productivity or independence or any other shifting value.” Each and every one of them is of infinite value simply because they are. For Christians, as Mr. Bush noted, “Our worth comes from bearing the image of our Maker.”

#3. Pro-lifers do not live in a world that is hermetically sealed off from pain and difficult times and immense

challenges.

We understand that an unplanned or untimely pregnancy can present extraordinary challenges. Many-to-most of us also have experiences with caring for aging parents. Contrary to what our anti-life opponents insist, we are fully in touch with the “real world.”

But as President Bush said of “the hardest times of your life,” they “may be the most important, when you bear witness to this truth [that we are made in His image] by your sacrifice and loving kindness to another soul.”

Of course not only pro-lifers “bear witness,” by their sacrifice and loving kindness to others. That is in the genes of the American culture as evidenced by our generosity to the Red Cross and the Salvation Army and churches and the legion of voluntary organizations that step up in crises small and large.

But for many people, that “gene” of self-sacrifice and loving kindness is not “expressed”—or turned on, to borrow from biology. For pro-lifers, it is who we are.

With that in mind, let me close with something I wrote many years ago which is more relevant today than it was then. I have substituted dismemberment abortions in the passage for partial-birth abortions.

While it is not my intention to idealize pro-lifers, it would be false modesty to ignore that they demonstrate a tremendous capacity to truly “see” what others either cannot, or choose not to, see. It is no accident that pro-lifers defend unborn babies.

Love and concern for the downtrodden, the dispossessed, and the marginalized is what gives their lives a rich unity of purpose.

The great hope of the pro-life movement is that despite our nation’s descent into inhumanity and indifference, the self-image of Americans is deservedly of a good people, blessed in a unique way. And it is because Americans are fundamentally decent people that when the debate over dismemberment abortions is truly joined, it will be almost impossible to exaggerate the importance.

People needn’t be anywhere near where we are to be virtually sent reeling. Viewing a graphic of this abomination can turn opinions upside down. A pseudo-serious support for “choice” in the abstract cannot coexist for very long with the concrete reality of this brutal assassination of helpless children. For many, many people, head knowledge will become heart knowledge and ambivalence will be transformed into empathy.

Our culture has chosen to willfully suppress what it

always knew—that unborn children are children yet to be born, a classic example of what historian Russell Jacoby once called “social amnesia.” But the monstrous evil that is dismemberment abortion has the potential to shear away the excuse people have used from the time immemorial to explain away their complicity in evil: “I didn’t know.”

And because eyes are being opened, ears unstopped, and hearts unshackled, what William McKenna once called our “unforced revulsion” at abortion is finding a wider audience. These telltale signs suggest we are cutting through the static of lies and distortions, establishing a clear channel to convey our message of love and hope for mother and unborn child.

We pray that one day soon, the ethos of discrimination and brutality toward the unborn will prove itself to have been an aberration, a loathsome interim ethic. And when that glorious day arrives, it will come because you have proven yourselves to be the antidote to the poison of inhumanity, indifference, and injustice.





# The hateful language pro-abortionists use to denounce “hateful language”

By Dave Andrusko

Pro-abortionists aren't big on looking in the mirror, or on noticing that they are often guilty of exactly what they falsely accuse pro-lifers of.

So, for example, there was/is no reason to believe Robert Dear had any association with the pro-life movement, let alone pro-life presidential candidates or members of Congress. But that didn't stop the Abortion Industry and its media acolytes from irresponsibly “linking” the man accused of killing three people and wounding nine others at a Planned Parenthood clinic to the mainstream pro-life movement and “Republicans.”

The cause-and-effect, according to those so eager to politicize the murder of innocent people? The “inflammatory” language which, we were told, “they” (the “they” varies and expands depending on whom they wish to silence) knew would lead to violence.

As Vicki Saporta of the National Abortion Federation told the *Washington Post* last week

**“They have ignited a firestorm of hate. They knew there could be these types of consequences, and yet they ratcheted up the rhetoric and ratcheted it up and ratcheted it up,” Saporta said. “It’s not a huge surprise that somebody would take this type of action.”**

After a fire and brimstone attack on pro-lifers in the

*Guardian*, Jessica Valenti, acting as judge and jury, intoned in her best brook-no-disagreement tone

**We can all tell the truth about this attack; we don’t need a police press conference to confirm the shooter’s motive.**

Really? Verdict first, then the “evidence”?

So, should you or National Right to Life or pro-life Republicans demand that Saporta and Valenti put down their poison pens, or insist they

rein in their false aspersions?

Of course not. That is what free speech is all about.

I haven't read pro-abortion *Boston Globe* columnist Joan Vennochi for a long time. I ran across a column she'd just penned on December 6 that had plenty of chaff but a couple of very important blades of wheat.

Vennochi understands something so many others in her camp don't. We have a First Amendment and we have it for a reason.

She begins with a good summary of the one-step-

follows-another “logic” familiar to the Saportas and Valentis, the end result of which is (as Vennochi puts it) “you can't decouple that horrific rampage from the heated rhetoric used by abortion opponents.”

Then she quotes a local PPFA type:

**As a result, “This isn’t about free speech,” said Tricia Wajda, director of public affairs for the Planned Parenthood League of Massachusetts. “This is asking people to recognize that words**

**confront descriptions like “baby killer” and images like “baby parts.”**

To be clear, Vennochi believes a lot (probably all) of what pro-lifers say is wrong, inaccurate, and misleading.

We would respond that it is absolutely accurate and fair to call an unborn child a baby rather than a “fetus”; describe what PPFA officials were talking about on the undercover videos as “intact body parts”; and label as dehumanizing the ha-ha-ha language they used in talking about their search for lungs and livers and tracheas and brains.

For 40+ years, we have been eager to debate the issue in the public square, not something our opposition is big on.

But the point for us is something Vennochi quotes from a pro-life attorney:

**“The First Amendment doctrine is clear,” said Mark L. Rienzi. “You can’t simply silence speech you don’t like. The right response is to prosecute the bad guys, to attack the people who do the actual wrong thing.”**

One last thought. What do you think the response would have been had pro-abortion Democrats controlled both houses of Congress as well as the presidency?

A scary thought well worth pondering.

**“There never has been, is, or will ever be any qualification to NRLC’s denunciation of violence, never any hesitancy.”**

**matter. Accuracy matters.”**

Vennochi, to her credit, disagrees:

**But it is about free speech — and specifically about speech those of us who support abortion rights don’t like to hear. The language of abortion opponents is deliberately brutal. It is designed to strip away euphemisms like “choice.” It forces us to**

# High Court in London rejects pro-lifer's request to review decision not to prosecute sex-selective abortion

By Dave Andrusko

That the decision was not unexpected doesn't make the sting any the less painful.

On December 1, the High Court in London refused permission for pro-lifer Aisling Hubert to seek a judicial review of the Crown

Two reporters posed as women seeking abortions because they were expecting girls.

A probe was launched by the police and the General Medical Council. Rajmohan had originally faced a criminal charge, but the legal system

public interest" to take action.

The director of public prosecutions (DPP) decided it was "more appropriate for the doctors to be dealt with through professional disciplinary hearings," the BBC reported. By that was meant the Medical Practitioners Tribunal Service.

But faced with a private prosecution by Aisling Hubert against Rajmohan and Sivaraman, the CPS jumped back in, took the case over, and used its power to quash the case.

"It is the second time in two years that the CPS has blocked a prosecution against the pair despite acknowledging that the evidence could lead to a successful prosecution," the *Telegraph's* John Bingham reported. That's when Hubert appealed to High Court in London.

Lord Justice Burnett and Mr. Justice Irwin refused Hubert's request for a judicial review of the CPS decision not to press charges. According to the Christian Institute

**Hubert's barrister Paul Diamond told the High Court that the Director of Public Prosecutions (DPP) and the CPS had made an "error of law".**

**But Mr. Justice Irwin said there was never going to be an abortion and the only evidence concerned "preparatory acts" [was] revealed by a newspaper investigation.**

**The judges are to set out their full reasons at a later date.**

Speaking ahead of the High Court decision, Hubert said: "The video evidence is stark and straightforward but for political and ideological reasons, it is being blocked from exposure to the proper scrutiny of justice in court".

What about the Medical Practitioners Tribunal Service? It dropped its investigation into Sivaraman.

Then, in November, the *Daily Mail* reported, the GMC concluded that Rajmohan had acted dishonestly because he agreed to record a false reason. (Actually he came up with the bogus explanation—listing that the abortion was sought because the girl was too young.)

For that the General Medical Council suspended Rajmohan's license for a paltry three months.



*Aisling Hubert*

Prosecution Service's decision not to press charges against two abortionists caught on video agreeing to perform sex-selective abortions.

The two abortionists are Prabha Sivaraman and Palaniappan Rajmohan. As *NRL News Today* reported, both were secretly filmed in 2012 by the *Daily Telegraph*.

wanted little to nothing to do with the results of the newspaper's undercover investigation.

As *NRL News Today* reported, the Crown Prosecution Service (CPS) dropped the case, claiming that although there was "sufficient evidence for a realistic prospect of conviction," it was not "in the

## What is the “Unborn Child Protection from Dismemberment Abortion Act” and why do pro-abortionists so fear it?

From page 8

vaginal opening ...My normal course would be to dismember that appendage and then go back and try to take the fetus out whether foot or skull first, whatever end I can get to first.”

When asked how he performed this “dismemberment,” he replied: “Just pulling and rotation, grasping the portion that you can get hold of which would be usually somewhere up

heartbeat on the ultrasound.”

Justice Kennedy, widely considered the swing vote on abortion cases, has himself described the procedure in a simple and powerful way, when he wrote:

**“The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn from limb from limb. The fetus can be alive at the beginning**

**resistance from the cervix. The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix and out of the woman. The process of evacuating the fetus piece by piece continues until it has been completely removed. A doctor may make 10 to 15 passes with the forceps to evacuate the fetus in its entirety, though sometimes removal is completed with fewer passes. Once the fetus has been evacuated, the placenta and any remaining fetal material are suctioned or scraped out of the uterus. The doctor examines the different parts to ensure the entire fetal body has been removed.” [14]**

**Q: Does dismemberment abortion have wide support in the medical community?**

**A: NO.** The violent and dehumanizing nature of dismemberment abortion undermines the public’s perception of the appropriate role of a physician and confuses the medical, legal, and ethical duties of physicians to preserve and promote life. There are many accounts, even by current abortionists, regarding the brutal nature of the procedure. Dr. Warren Hern, a Boulder, Colorado, abortionist who has performed numerous D&E abortions and has written a textbook on abortion procedures, has stated “there is no

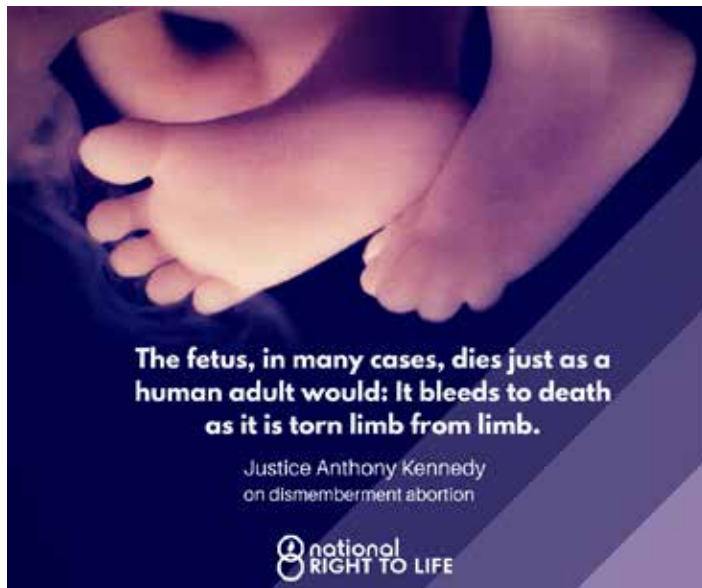
possibility of denial of an act of destruction by the operator [of a D&E abortion]. It is before one’s eyes. The sensations of dismemberment flow through the forceps like an electric current.”[15]

**Q: Are dismemberment abortions ever necessary to preserve the life and health of the mother?**

**A: NO.** Dismemberment abortions are never medically necessary to preserve the life of a mother in acute medical emergencies – dilation of the cervix alone can take at least 36 hours. Additionally, according to the National Abortion Federation Abortion Training Textbook, dismemberment abortions are a preferred method, in part, not because they are necessary, but because they are cheaper than other available methods. [16]

**Q: Isn’t this just another law that will be struck by the courts? ...that it is just another doomed attempt to reverse Roe v. Wade?**

**A: NO.** The states enacting the Unborn Child Protection from D i s m e m b e r m e n t Abortion Act are not asking the Supreme Court to overturn or replace the 1973 Roe v. Wade holding that the state’s interest in unborn human life becomes “compelling” at viability. Rather, the states are applying the interest



the shaft of the exposed portion of the fetus, pulling down on it through the opening, using the internal opening [of the uterus] as your counter-traction and rotating to dismember the shoulder or the hip or whatever it would be.”

Then he explains that “Sometimes you will get one leg and you can’t get the other leg out.” The attorney next asks: “In that situation, when you pull on the arm and remove it, is the fetus still alive?” Carhart answers: “Yes.” He adds: “I know that the fetus is alive during the process most of the time because I can see fetal

**of the dismemberment process and can survive for a time while its limbs are being torn off.” [13]**

and ...

**“The doctor, often guided by ultrasound, inserts grasping forceps through the woman’s cervix and into the uterus to grab the fetus. The doctor grips a fetal part with the forceps and pulls it back through the cervix and vagina, continuing to pull even after meeting**

# What is the “Unborn Child Protection from Dismemberment Abortion Act” and why do pro-abortionists so fear it?

*From page 26*

the Court recognized in the 2007 Gonzales case, that states have a separate and independent compelling interest in fostering respect for life by protecting the unborn child from death by dismemberment abortion. Further, the state is recognizing their compelling interest in protecting the integrity of the medical profession with passage of this law.

## **Q: What about an unborn child with a fetal abnormality, shouldn't there be an exception for this pregnancy?**

**A:** NO. It is a sad truth that some unborn babies start their lives having serious medical conditions. These unborn children have disabilities – not unlike adults. For a society that prides itself on welcoming people with disabilities (we cut our curbs, make our public buildings and transportation accessible, pass laws to protect the rights of the disabled), it should be unacceptable to solve ‘disability’ by killing those who have the ‘disability’ before they are born. Surely we can do better.

Any diagnosis does not negate the fact that a child will feel pain from the abortion procedure at 20 weeks post-fertilization, if not earlier.

Prenatal diagnoses can often be incorrect or inaccurate, unnecessarily putting pressure on a mother to procure an abortion when all she needs is more information and resources

about the diagnosed disability, information about perinatal hospice or other services, or more time to see if the diagnosis is correct.

For those children with profound disabilities or conditions incompatible with life, perinatal hospice offers a positive alternative to the trauma of aborting a child. It honors and respects the dignity of the life of every human being. It offers the mother carrying a child with a diagnosed disability extensive counseling and birth preparation involving the combined efforts of Maternal Fetal Medicine specialists, OB/GYN doctors, neonatologists, anesthesia services, chaplains, pastors, social workers, labor and delivery nurses, and neonatal nurses.

Regardless of any diagnosis received, abortion is an irreversible decision that exacerbates the grieving process and deprives an unborn child of her right to life, which exists no matter what condition a child may have.

1 Paul, Maureen, et al., eds. *Management of unintended and abnormal pregnancy: comprehensive abortion care*. John Wiley & Sons, 2009 at p157.

2 Jones, R. K., & Jerman, J. (2014). Abortion incidence and service availability in the United States, 2011. *Perspectives on sexual and reproductive health*, 46(1), 3-14. <https://guttmacher.org/pubs/journals/psrh.46e0414.pdf> 3

3 Pazol, Karen, Creanga, Andreea, Burley, Kim Jamieson, Denise, and Centers for Disease Control and Prevention (CDC). “Abortion

surveillance—United States, 2011.” *MMWR Surveill Summ* 63, no. 11 (2011): 1-41. [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s\\_cid=ss6311a1\\_w5](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_w5)

4 National Right to Life Education Trust Fund. *The Basics*. A compilation of recent and noteworthy information on the abortion issue. May 2006. Web. December 17 2014. <http://www.nrlc.org/uploads/factsheets/FS02TheBasics.pdf>

5 Doctors on Fetal Pain: *The Basics*. Web. December 18, 2014 <http://www.doctorsonfetalpain.com/>

6 *Gonzales v. Carhart*, 550 U.S. 135 (2007).

7 *Id.* at 137; see also 152.

8 *Id.* at 158.

9 *Stenberg v. Carhart*, 530 U.S. 914 (2000) (Kennedy, J., dissenting)

10 *Gonzales*, 550 U.S. at 182 (Ginsburg, J., dissenting).

11 Internal citations to majority opinion omitted.

12 Quoting *Stenberg v. Carhart*, 530 U.S. 914, 946-947 (2000) (Stevens, J., concurring).

13 *Stenberg v. Carhart*, 530 U.S. 914, 958 (U.S. 2000) (Kennedy, J., dissenting)

14 *Gonzales v. Carhart*, 550 U.S. 124, 136 (U.S. 2007)

15 Warren M. Hern, M.D., and Billie Corrigan, R.N., *What About Us? Staff Reactions to the D & E Procedure*, paper presented at the Annual Meeting of the Association of Planned Parenthood Physicians, San Diego, California, (October 26, 1978).

16 Paul, Maureen, et al., eds. *Management of unintended and abnormal pregnancy: comprehensive abortion care*. John Wiley & Sons, 2009 at p157-159.



# Nitschke tells medical board to go to blazes

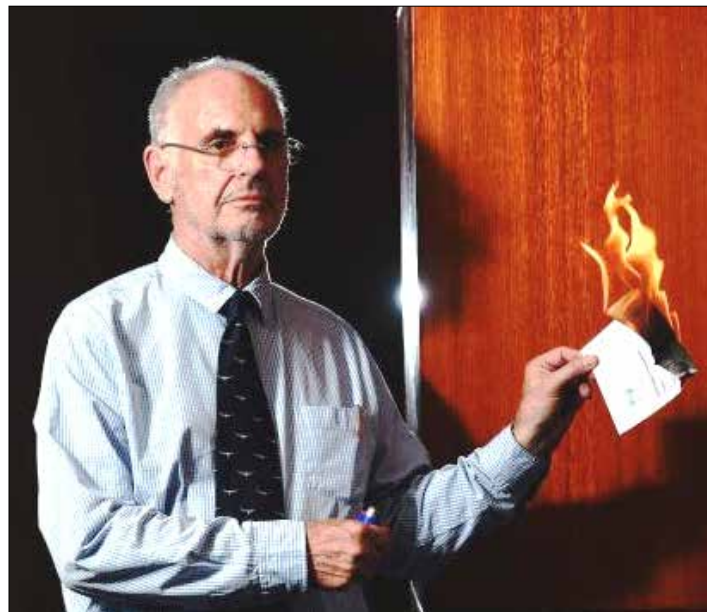
By Michael Cook

*Editor's note. "Exit" is an international organization working to legalize assisted suicide and to "promote methods of committing suicide." Nembutal is a legal barbiturate that Philip Nitschke has promoted since the late 1990s as "a peaceful way to die."*

It took only a month for Australia's leading right-to-die activist to tire of life without being able to

**years later I returned and began my medical career here in this city, in Darwin Hospital. Today, and with considerable sadness, I announce the end of that 25 year medical career. I confirm this decision by burning my medical practicing certificate.....**

However, he also asserted his right to use the title "doctor",



*Philip Nitschke*

teach people how to kill themselves. Philip Nitschke, who retained his medical registration last month only by agreeing not to promote suicide, has reneged.

In a dramatic press conference, he burned his medical practising certificate and announced that he would aggressively promote rational suicide. He said in a press statement:

**30 years ago I left the Territory to study medicine in Sydney, 5**

which medical authorities are likely to contest. He said defiantly:

**I will remain a "Doctor" and will legitimately use that title, and I will continue see patients/Exit members in my euthanasia clinics that I run in Australia, in Darwin and Adelaide, and in other countries. Indeed while in Darwin this visit I will be seeing two terminal patients who have sought my**

**advice.**

Once again, he insisted that suicide is a fundamental right:

**The right of an adult to a peaceful death is a fundamental right. This right is not dependent on degrees of sickness, or medical expertise, or any permission or authority that that the medical profession can give. As such, I reject the authority and role of the Medical Board in the furthering and development of end of life choice in this country.**

Here are his plans in the wake of his decision:

I will continue to provide advice and information to patients and appropriate members of the public who seek it, on the use of the premier end of life drug Nembutal.

I will continue to distribute and update my Peaceful Pill Handbook, produce teaching videos and continue to run the Exit on-line end of life forum as the law permits.

**I will continue to run Exit End of Life Workshops in all Australia and other countries. Workshops will run in all Australian cities over the next three weeks, beginning in Darwin this afternoon. This workshop series will be billed – "Workshops where you receive the end of life information doctors can not provide".**

**I will continue to provide appropriate**

**and accurate information on suicide to patients and members of the public who request it. In particular detailed information on the lawful use of Nitrogen and other inert gases to achieve a peaceful reliable death will continue.**

**I will continue to develop and market test kits to enable patients and members of the public to test the purity of Nembutal they acquire. Making available reliable Nembutal test kits is consistent with the principal of harm minimisation.**

**I will not remove my name from the Peaceful Pill Handbook which I co-authored with Dr Fiona Stewart. This book is now the world's most popular guide that advises on end of life methods, and serves the growing demand by the elderly for information on the means to control the manner and timing of one's death.**

The December update of the Handbook is due for release next week and contains new information on a number of new overseas sites where one can lawfully purchase Nembutal.

Michael Cook is editor of MercatorNet.

*Editor's note. This appeared at [www.mercatornet.com](http://www.mercatornet.com) and is reprinted with permission.*

# Judge extends TRO keeping state from revoking the license of one of Missouri's two abortion clinic

By Dave Andrusko

U.S. District Judge Nanette Laughrey extended a temporary restraining order set to expire December 2, meaning the Columbia Planned Parenthood will keep its license to perform abortions until at least December 30.



U.S. District Judge  
Nanette K. Laughrey

However, because the clinic—one of two abortion clinics in Ohio—has not hired an abortionist with admitting privileges at a local hospital, as required by state law, it cannot provide abortions.

The Columbia clinic performs only chemical, not surgical, abortions. The state's other abortion clinic, in St. Louis, performs both surgical and chemical abortions.

“State Solicitor General James Layton argued Wednesday that there's no harm in allowing the

state to immediately revoke the license because no abortions are being performed there anyway, a fact that Laughrey instead cited in her ruling in Planned Parenthood's favor,” The *Associated Press* reported.

The judge wrote, according to the *Columbia Missourian*,

**“The facts as presented today suggest the plaintiff has received its fair treatment, and that other ASCs (ambulatory surgical centers) in PPKM's (Planned Parenthood of Kansas and Mid-Missouri) position would not have had their licenses revoked until the next annual inspection, at the earliest. ...Neither patient nor public welfare is at risk by plaintiff maintaining its license.”**

Prior to last September, abortionist Colleen McNicholas enjoyed “refer and follow” privileges with University of Missouri Health Care. Under such an arrangement, the abortionist could refer a patient to the hospital's doctors for follow up care, typically in an emergency.

That changed, according to Rudi Keller of the *Columbia*

*Tribune*, when the Center for Medical Progress began publicizing its undercover



Missouri Solicitor General  
James Layton

videos featuring high-ranking Planned Parenthood officials:

**A legislative investigation into the disposition of fetal tissue in Missouri also dug into the new license and put a spotlight on the relationship between the university and Planned Parenthood.**

Former Chancellor R. Bowen Loftin initiated the reviews and the executive committee of the medical staff of MU Health Care voted to discontinue the “refer and follow” privileges on Dec. 1.

In a press release, Laura McQuade, president and CEO of Planned Parenthood of Kansas and Mid-Missouri which brought the lawsuit, said the Columbia clinic has tried unsuccessfully to find other abortionists with local hospital admitting privileges.

“Obtaining privileges at a hospital is a tedious, not to mention, medically unnecessary requirement that can take six months, or even more, to fulfill,” McQuade said in the news release. “MU Health Care imposed an impossible timeline for our physician when it terminated Dr. McNicholas' privileges just more than two months ago.”

PPFA and supporters had hoped to pressure interim University of Missouri Chancellor Hank Foley to reverse the school's decision. But in a statement issued that same Monday as McQuade's press release was distributed, Foley said the university had not changed its position.

“The issue of abortion invokes much depth of emotion and passion; I understand this,” Foley said. “However, as a state and federally funded university with a health system, we are required to follow applicable state and federal laws.”

# Another context-free, promotional poll for Planned Parenthood, courtesy of *USA Today*

By Dave Andrusko

Talk about cause and effect.

On December 3, the United States Senate approved H.R. 3762, a bill that will block approximately 89% of all federal funding to Planned Parenthood – about \$400 million in the next year.

For those who may have forgotten, last October the U.S. House voted 240-189 in favor of the Restoring Americans' Healthcare Freedom Reconciliation Act.

So with PPFA batting oh for two in Congress, what could you **know** was coming?

How about a *USA TODAY*/Suffolk University Poll that appeared December 7, the intent of which is to “prove” that the House and Senate are completely out of whack with the public.

The story's second sentence reads

**By 58%-33%, those surveyed Wednesday through Sunday said the group's funding shouldn't be eliminated.**

So, let's take a moment to dissect the poll which, by the

way, the *USA Today* story does not link to.

First and foremost, as we wrote back in October, “If you want to get the ‘right’ answers about PPFA, ask loaded questions.” That applies again.

What was asked? “Should federal funding for Planned Parenthood be eliminated?”

Not “Should federal funding for the largest abortion provider be reallocated to community health centers.” Or even something in between.

So what? Even after multiple undercover videos, an awful lot of Americans do not know that PPFA aborts 320,000+ babies each and every year. They don't know that government funding make up 41% of PPFA's \$1.3 billion (that's billion with a “b”) in revenues. And most don't know that the PPFA people the Center for Medical Progress spoke with are so utterly devoid of basic human empathy, they made statements so cavalier it makes your jaw drop.

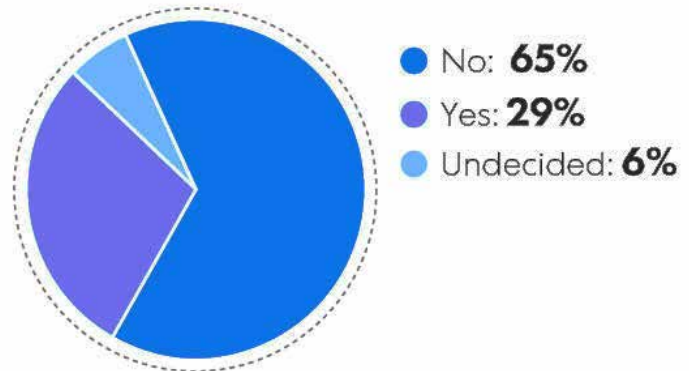
Moreover, a great many people hear only one side—the PPFA side—in any discussion of health care services for women. They can be forgiven if they

think that if money does not go to PPFA, women lose out. They don't. The federal funding goes to community health centers

favorable impression of Planned Parenthood. A September 2015, poll found **47% of Americans had a favorable opinion and**

## BUDGET BATTLE

Should all federal funding for Planned Parenthood be cut off?



Source: USA TODAY/Suffolk University Poll of 1,000 likely voters, taken Thursday through Monday. Margin of error +/-3 percentage points.

Jim Sergent, USA TODAY



that don't get involved in abortion.

We won't rehash here what we've written about on many occasions. And that is simply that PPFA's popularity has greatly diminished.

When Gallup polled in 1989, 82% of Americans had a

**31% an unfavorable opinion of PPFA. In July the numbers were 45%-30%.**

When I get the actual polling wording, we'll take a second look at the latest *USA TODAY*/Suffolk University Poll.

## Many reasons for joy as we approach the end of 2015

*From page 3*

leadership treat the babies they abort in a jocular, morally debased fashion.

If the major media gave more prominence to what was revealed in the undercover videos shown by the Center for Medical Progress, the public would know, not merely intuit, that PPFA is a bastion of desensitized people who are the ultimate source for intact body parts “researchers” use for research fodder. And that they are not some mom-and-pop corner store, but a \$1.3 billion “non-profit” whose president makes over a half million dollars a year.

*NRL News Today* has discussed at length the fall in PPFA’s public approval ratings, particularly as it relates to federal funding. I’ve asked more than once what would happen if an accurate question was asked of people, not one designed to secure the “right” conclusion?

Lo and behold, Robert Morris University (RMU) did just that. Typically the question is framed, “Do you think all federal funding for Planned Parenthood should be cut off?” which is misleading on multiple fronts.

RMU asked instead: “Congressional Republicans favor shifting Planned Parenthood federal funds to community clinics that perform the same services, but do not perform abortions. Would you say you support or oppose this plan?”

Instead of a majority who would not “cut off” “all federal funding to Planned Parenthood,” 53.3 % were in favor of shifting Planned Parenthood funds to community

clinics which do not perform abortions while 31.5% opposed it.

Difference? The latter question tells the individual being polled the money is not going away, it is being rerouted. Much more honest and fair.

And the story on page one helps us understand how and why both the United States House and Senate have passed a bill that will block approximately 89% of all federal funding to Planned Parenthood—about \$400 million in the next year. Because of the changes that the Senate made to the reconciliation bill, it must still receive final approval in the House, which is expected to occur when Congress returns

from its holiday recess in early January. As for President Obama—well we know his response. But these votes have set down a marker and that is a huge first step.

In addition, we have a powerful array of stories that document parents who were unwilling to abort their children when advised that the baby’s chance of survival was very low. To name just two, pages 17 and 19.

In the very first issue of *National Right to Life News*, NRLC made it clear we were just as committed to stemming the drive for euthanasia and, more recently, physician-assisted suicide, as we are to saving unborn babies. The stories on

pages 14, 20, 28, and 32 outline the many permutations of physician-assisted suicide and the (alas) enduring legacy of Jack Kevorkian, “Dr. Death.”

And I promise you will be delighted by “Ten Reasons not to have an abortion” (page 5) and the latest example of an abortion clinic being converted into a crisis pregnancy center (page 6).

I know you are swamped, but please take a couple of hours out of the next day or two and read the December digital edition of *National Right to Life News*. And in the process, please be sure to share it using all your social media contacts.

Merry Christmas to you and your family from the Andruskos.





# In the works: a live-stage treatment on the little-known “human side” of Dr. Death, Jack Kevorkian

By Dave Andrusko

Earlier this year, January to be specific, pro-life bioethicist Wesley J. Smith wrote a column, spurred by a student who wrote to tell Wesley that he was writing a paper about the historical significance of Jack Kevorkian.

The column was quite brilliant and ended on this note:

**I really hope K goes down badly in history—or better yet, is forgotten altogether. Because if tomorrow’s history books lionize him as a visionary leader of freedom, the culture of the West will be as dead as Kevorkian’s 130 “patients.”**

Later in 2015, Wesley was far less optimistic—and understandably so. In March TIME wrote a piece titled, “Why Dr. Death Wanted to be Tried for Murder,” by Jennifer Latson:

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

Zany? A man whose morbid curiosity in death and the dying process was sick.

I don’t know who it was but someone once wrote to the effect that we will be cursed with the legacy of Kevorkian—“Dr. Death”—for the foreseeable future, and probably a long time after that.

Why do I mention all this? Because Kevorkian has a



(Photo: Carlos Osorio/AP and G. Weaver/Getty Images)

perverse—I chose the word carefully—appeal for certain artists who for reasons best known to their psychologists find meaning in Kevorkian’s efforts at “art” and his pose as a rebel.

Take the art exhibit in 2014 where eleven of Kevorkian’s paintings were up for sale in Los Angeles at upward of \$45,000 per canvas. What were they of? According to Sabrina Bachai, writing for *Medical Daily*,

**“The exhibition of the Michigan-based doctor has paintings ranging from pictures depicting CAT scan machines to paintings of a suicide machine. Among the series of**

**paintings depicting human suffering is one called ‘Paralysis.’ The piece shows a naked man crouched in a claustrophobic prison, half his body turned to stone, his arms and legs useless, and his brain**

**treatment on the little-known “human side” of assisted-suicide advocate Jack Kevorkian, who between 1990 and 1998 was involved in more than 130 deaths. Don’t expect an evening of song and dance, but the tentatively titled “Dr. Death: Jack of All Trades” will include an “entertaining” view of the late Kevorkian’s art, music, and writings.**

But that’s only part of the story. Jones also plans a TV miniseries on John Z. DeLorean, the late auto industry maverick, and already the subject of several films and books. But to Jones, they “never got his story right.”

What in the world is the connection between the creator of “the ill-fated DeLorean gull-winged door sports car” and the builder of the Thanatron?

“Both men were visionaries.” “Both of these men led incredible lives,” Jones told the *Detroit News*’ Mike Martindale.

Kinda weak. Then...

**Acting as consultant, on both projects, is well-known Birmingham attorney Mayer Morganroth, who more than a decade ago successfully defended DeLorean in 40 civil and criminal cases seeking in excess of \$1 billion from DeLorean.**

**removed. Another series included, the ‘Thanatron,’ which is a medical contraption that helped to inject drugs into terminally ill and incapacitated patients who wanted to end their lives. It’s going for \$25,000.**

And most *NRL News Today* readers remember the grotesque HBO glorification of Kevorkian, played by Al Pacino, which earned Pacino an Emmy and Golden Globe.

Well...and I am not kidding—the same man who brought you “You don’t know Jack”—Steve Jones, CEO of Bee Holder Productions—

**plans a live stage**

See “Kevorkian,” page 46

# The fragility of life: a mesmerizing account of a baby lost to miscarriage

By Dave Andrusko

*As happens so often, courtesy of the Internet, a reader ran across a story I posted a while back and commented. The topic struck home with her in such a compelling way I am taking the liberty of reposting the story for others who may feel the same response.*

The day is rapidly getting away from me. I want to make sure that if I get to no other story today, I tell you about “Thanksgiving in Mongolia: Adventure and heartbreak at the edge of the earth,” by Ariel Levy which appeared in the *New Yorker* [[www.newyorker.com/magazine/2013/11/18/thanksgiving-in-mongolia](http://www.newyorker.com/magazine/2013/11/18/thanksgiving-in-mongolia)]

It is Ms. Levy’s deeply sorrowful account of her miscarriage while on assignment in, of all places, Mongolia.

Over the decades I have read many stories of wanted babies lost, despite all that the mother could do. And, like anyone with a huge extended family, there have been many miscarriages in the Andrusko/Castle clan. But perhaps because our daughter-in-law recently delivered our second grandchild safely, this essay really hit home

Tragically, Levy blames herself for flying thousands of miles while in her 19th week, although her doctor assures her that had nothing to do with the loss of her baby boy. (The doctor told her she had a placental abruption, a very rare condition and that her miscarriage could have happened any place. Levy lost her baby in her hotel room.)

While there are a few asides that are hardly PG, I would

strongly encourage you to read her narrative. While it is very difficult to read, there are whole sections that remind us just how developed, how amazingly



beautiful the unborn child actually is and how profoundly we grieve when a child is lost.

What follows is an extensive quote, which begins just after she writes of tremendous pain so frightful it drops her to her knees:

**“I felt an unholy storm move through my body, and after that there is a brief lapse in my recollection; either I blacked out from the pain or I have blotted out the memory. And then there was another person on the floor in front of me, moving his arms and legs, alive. I heard myself say out loud, ‘This can’t be good.’ But it looked good. My baby was as pretty as a seashell.**

**“He was translucent and pink and very, very small, but he was**

**flawless. His lovely lips were opening and closing, opening and closing, swallowing the new world. For a**

**length of time I cannot delineate, I sat there, awestruck, transfixed. Every finger, every toenail, the golden shadow of his eyebrows coming in, the elegance of his shoulders—all of it was miraculous, astonishing. I held him up to my face, his head and shoulders filling my hand, his legs dangling almost to my elbow. I tried to think of something maternal I could do to convey to him that I was, in fact, his mother, and that I had the situation completely under control. I kissed his forehead and his skin felt like a silky frog’s on my mouth.**

**“I was vaguely aware that there was an enormous volume of**

**blood rushing out of me, and eventually that seemed interesting, too. I looked back and forth between my offspring and the lake of blood consuming the bathroom floor and I wondered what to do about the umbilical cord connecting those two things. It was surprisingly thick and ghostly white, a twisted human rope. I felt sure that it needed to be severed—that’s always the first thing that happens in the movies. I was afraid that if I didn’t cut that cord my baby would somehow suffocate. I didn’t have scissors. I yanked it out of myself with one swift, violent tug.**

**“In my hand, his skin started to turn a soft shade of purple. I bled my way across the room to my phone and dialed the number for Cox’s doctor. I told the voice that answered that I had given birth in the Blue Sky Hotel and that I had been pregnant for nineteen weeks. The voice said that the baby would not live. ‘He’s alive now,’ I said, looking at the person in my left hand. The voice said that he understood, but that it wouldn’t last, and that he would send an**

*See “Fragility,” page 47*

## Parents refuse abortion for baby given no hope

*From page 4*

also had hernia surgery on both sides, and deals with chronic lung disease. She was given medication to try to prevent brain bleeds and overall, she spent 142 days in the NICU before she was discharged and sent home with her family just one week before Thanksgiving.

Naomi is now five months old. She has not had a brain bleed, and her vision and hearing are both fine. They doctors say there is still a slight chance of cerebral palsy, but right now, her lungs are her biggest obstacle.

“We have to watch her closely,” explained Mrs. Bakker. “She had collapsed lungs in the NICU. They were hazy and didn’t look well. It sounded so scary. [...] She’s on oxygen and monitors to watch her breathing and for apnea.”

Doctors believe the chronic lung disease will heal over the next year or two.

Growth is also a concern for Naomi and a dietician visits her once a week to weigh and measure her. In addition to breast milk, Naomi drinks high calorie infant formula to help her gain weight.

“Developmentally, we just see how we go with milestones,” said Mrs. Bakker. “I’ve connected with micro premie groups and some of the children are totally fine, some have big issues. Lungs are a common problem. I haven’t met anyone who is as small as she is. She’s definitely one of the smallest weight wise.”



*Naomi at home with big brother Nathaniel (Photo via Facebook)*

Now home with her parents and big brother Nathaniel, Naomi still visits the doctors and is carefully checked over. And as cold and flu season picks up the pace, the family is being extremely careful to keep germs away from Naomi.

“It’s been quite a journey and so far it’s had a good ending,” said Mrs. Bakker. “These babies don’t get a chance because parents do end up terminating a lot of the time. It’s not been easy. It’s been difficult and heart-wrenching, and every day you wonder if your baby is going to live. [...] Doctors can be wrong. Always get a third or fourth opinion and know that even then they can be wrong. We trusted the best doctors in the country, but we also prayed a lot. I didn’t believe she would make it. That was just protecting ourselves. It was a shock that this happened, but our faith and trusting that no matter what, it’s taken care of, is a big part of it.”

*Editor’s note. This appeared at [liveactionnews.org](http://liveactionnews.org) and is reprinted with permission.*

# Pro-aborts contempt for pro-lifers' 1st Amendment no surprise, but frightening nonetheless

By Dave Andrusko

For years and years, but especially the past five years, *NRL News Today* has published story after story the common denominator of which is they aptly illustrate the pro-choice motto “free speech for me but not for thee.”

The attempt to compel CPCs (also known by other names such as women help centers) to post state-specified signage advertising abortion is the tip of the NARAL-inspired spear. NARAL and its comrades in death are determined to squelch the First Amendment rights of CPCs whom, it is no exaggeration to say, they loathe.

NARAL has lost in almost every setting, but they had tons of money and a suitcase full of supportive lawyers so they can keep passing laws that cost CPCs precious resources to contest.

We've reposted several stories from pregnancyhelpnews.com about the latest campaign, this time California's Assembly Bill 775, the “Reproductive FACT Act,” [1]

What's different is that proponents are so amped up to make life miserable for CPCs they are even more brutally honest about their real motivations than ordinarily.

In a story that appeared in the *Sacramento Bee* last week we read

**NARAL's [ state  
director Amy]  
Everitt dismisses the**

**notion that it might infringe on the clinics' constitutional rights.**

**“They still are able to say everything they want to,” she said. “We can't regulate free speech. If we could we would, but we can't.”**

Just think about that for a second. And then for a minute.



*NARAL's California state director  
Amy Everitt*

And then ponder it long and hard.

As we've discussed multiple times, the pro-abortion movement pretends to be offended by what we say, including what CPCs say—or, in this case, DON'T say. But their real gripe is that our Movement exists.

And since we are not

“legitimate” in their eyes, they have no hesitation trampling on First Amendment rights and, in general, making life as difficult as possible, not only for CPCs, but also for such legislative, educational, and public policy organizations as National Right to Life.

As I've said more than once in the last week, given the willingness of the media to blame our Movement for the actions of one deranged individual who killed three people at a Planned Parenthood clinic in Colorado, what would have happened if pro-abortion Democrats control not just the presidency but Congress?

A frightening thought.

[1] According to pregnancyhelpnews.com,

**The law will force 150 local pregnancy help non-profits, including the 74 state-licensed free ultrasound facilities, to give each of its clients the following disclaimer, which includes the phone number of a county social services office where a client could obtain an abortion covered by Medi-Cal.**

**The notice, which the law specifies must either be posted as a public notice in “22-point type,” “distributed to all clients in no less than**

**14-point font” or distributed digitally “at the time of check-in or arrival,” applies to all of the entities—even those licensed by the state. [It reads]**

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

**Meanwhile, pregnancy help centers that do not offer medical services will be required to post the following signage in two “clear and conspicuous” places—“in the entrance of the facility and at least one additional area where clients wait to receive services,” as well as in “any print and digital advertising materials including Internet Web sites.”**

## A withering dissent demonstrates why an admitting-privilege requirement is sound law

*From page 22*

“burden” on PPFA and, by extension, women seeking abortions.

Manion touches on something that is part of other court challenges to similar state laws: the notion that if there is not an intra-state abortion clinic convenient to the woman, it represents an undue burden.

He drily summarizes how haphazardly two abortionists from Affiliated Medical Services (AMS) in Milwaukee have *ever* tried to secure admitting privileges. Not exactly a full-court press

Manion notes that AMS has four abortion clinics in Wisconsin, two in Milwaukee. Even if AMS closed, approximately 98% of women in Wisconsin seeking abortions (pre-18.6 weeks) would need to travel “a mere 1.3 miles” to reach PPFA’s Milwaukee clinic.

How about obtaining a late-term abortion?

Manion writes, “Turning toward distance rather than towards the governor’s mansion, Chicago is approximately 93 miles from Milwaukee—or a one hour and forty minute drive.” Other circuit courts, Manion observes, found that

much greater distances did not constitute an “undue burden.”

Judge Manion’s conclusion says it all:

**I regret that today’s decision marks the latest chapter in our circuit’s continued misapplication of the Supreme**



**Court’s abortion jurisprudence. By a majority of one, the court has eliminated a measure that Wisconsin’s elected officials have enacted to protect the health**

**and safety of women who choose to incur an abortion. There is no question that Wisconsin’s admitting-privileges requirement furthers the legitimate, rational basis of protecting women’s health and welfare.**

**Among other benefits, the requirement promotes continuity of care and helps to ensure that abortionists are properly credentialed and qualified. It also works in tandem with**

**Wisconsin’s ultrasound requirement to facilitate informed decision-making on the parts of doctor and patient alike. Nor is there any indication that the requirement would pose a substantial obstacle to women’s ability to access abortion providers in their area. As Planned Parenthood’s successful applications for admitting privileges demonstrate, the hospitals of Wisconsin are perfectly willing to grant admitting privileges to qualified physicians who perform abortions in their state. Because Wisconsin’s admitting-privileges requirement has the rational basis of promoting the health and safety of pregnant women who have decided to incur an abortion, and because it does not impose an undue burden under Casey, I dissent.**

## Kansas Court of Appeals hears dispute over dismemberment ban injunction

*From page 1*

“substantive due process” and “equal protection” (upon which *Roe* is based) are interpreted in state constitutions.

In simpler terms, will this court uphold the injunction by Shawnee County Judge Larry Hendricks that blocked the dismemberment ban from going into effect?

The Attorney General’s appeal alleges the injunction cannot hold because it is based on

- a hitherto-undeclared “right to abortion” under the Bill of Rights section of the Kansas Constitution; and
- misinterpretations of federal abortion decisions.

The pro-life side was represented by State Solicitor General, Steve McAllister – an experienced litigator, constitutional scholar, past law school dean, and former clerk to two U.S. Supreme Court justices.

The attorney for the plaintiffs seeking to keep dismemberment abortions legal was Janet Crepps, from the New-York-based Center for Reproductive Rights. Crepps

is an experienced pro-abortion litigator, but she struggled to answer judges’ questions regarding Kansas law.

### KANSAS CONSTITUTION PROTECTS UNBORN

The arguments Wednesday dealt nearly exclusively with the Kansas constitution, and not the federal abortion rulings related to partial-birth and dismemberment abortion methods. McAllister strongly asserted that this court’s task was to assess prior Kansas rulings and not try to guess which way the Kansas Supreme Court might rule on this case in the future—as it is expected they surely will do at some point.

He presented strong evidence that the state framers particularly sought to protect natural rights, not unenumerated, newly-evolved “rights.”

This stood in opposition to Judge Hendricks’ ruling which asserts a state abortion right that is “fundamental,” broader than that of *Roe*, and which bars any ban on the dismemberment method.

McAllister noted that abortion was illegal at the 1859 adoption of the state constitution, so how can any authentic reading

of it re-interpret abortion to be protected? Moreover, abortion was criminally prosecuted in Kansas up until *Roe*. Kansas case law, he argued, has interpreted the state constitution



*Janet Crepps*

as specifically protective of the unborn child.

As a comparison, McAllister pointed out that doctors had filed—and lost—a lawsuit to find a “right” to practice medicine within the Kansas Constitution, so it seems absurd for abortionists to assert there’s a “right” to abortion found there!

### WEAK LEGAL CLAIMS

Several judges pushed Crepps to defend why her clients were seeking to have Kansas courts secure a state right to abortion. Since the intended purpose of a temporary injunction is to prevent “harms” during litigation, they asked how was she really helping her clients

by not using the federal court system where *Roe* already supports abortion claims?

Crepps’ reply was that every citizen has the right to ask the courts to find such individual protection under their state constitution. She noted that interracial marriage and gay rights were not originally acknowledged as rights.

At one point, Crepps was asked to elucidate specifically what was the “undue burden” involved from the Act: was it safety? cost? geographic access?

Crepps responded that the banned method took only one day to complete instead of three and that the Act left only “unreasonable alternatives” for women seeking second-trimester abortions. Throughout the hearing she repeatedly described one alternative method as requiring the insertion of a “spinal, 18-gauge needle into the stomach or vagina” to “cause demise.”

She didn’t say “fetal demise.” Just demise. Did the judges notice she left out the unborn child?

The chief Judge of the appellate court, Thomas Malone, promised a quick ruling but was unable to say when that would occur.

## Pro-life forces score major win in U.S. Senate with approval of bill to defund Planned Parenthood, curb Obamacare

From page 1

**“The U.S. Senate has for the first time passed legislation that will defund Planned Parenthood, and also repeal the Obamacare program that subsidizes about 1,000 health plans that cover elective abortion,”** said National Right to Life President Carol Tobias. **“This victory is the fruit of many weeks of hard skillful work by Senate Majority Leader Mitch McConnell (R-Ky.) and other members of the congressional Republican leadership, who skillfully executed a filibuster-proof strategy, backed up by an outpouring of support from the grassroots pro-life movement.”**

The Senate’s December 3 action followed initial approval of the reconciliation bill in the U.S. House of Representatives on October 23 by a vote of 240-189, with only one Democrat supporting the bill, and only seven Republicans opposing it.

A “budget reconciliation bill” is a bill considered under special fast-track procedures. Such a bill is not subject to filibuster in the Senate, so it can be approved there by a simple majority vote. However, complex rules limit what types of subjects can be addressed in a reconciliation bill, and these rules differ somewhat between the House and Senate.

The House-passed bill contained language to block most federal funding to Planned Parenthood for one year, and to repeal some aspects of Obamacare. The Senate, operating under its distinct rules, approved a version that retained the language to defund Planned Parenthood, while adding provisions to repeal additional provisions of Obamacare in two years.

Among the provisions added was a repeal of the Obamacare program that currently provides

federal tax subsidies to help millions of Americans purchase health plans that cover elective abortions, in states that have not passed specific laws to prevent this. This is the first time that the Senate has passed legislation to repeal this program, which constitutes the single greatest abortion-expanding component of Obamacare.

Because of the changes that the Senate made to the reconciliation bill, it must still receive final approval in the House, which is expected to occur when Congress returns from its holiday recess in early January. President Obama has expressed strong opposition to both the Planned Parenthood and Obamacare aspects of the bill, and has vowed to veto the measure.

**“While this bill faces the implacable opposition of President Barack Obama, the Senate’s action has constructed a legislative roadway that can be traveled to victory in the future – once we have a pro-life president,”** said NRLC Legislative Director Douglas Johnson.

### Long-running Battle

The bill is the latest chapter in a long-running effort by pro-life forces to curb federal funding for the Planned Parenthood Federation of America, which provides roughly 40% of the nation’s abortions. The organization receives approximately \$450 million annually from various federal programs, by far the largest portion of this through the Medicaid program.

Long-running controversy about this federal funding heated up last summer with the release of investigative undercover videos by the Center for Medical Progress. In some videos, various Planned

Parenthood officials discussed selling baby body parts to firms that in turn market such parts to medical researchers. In other videos, doctors associated with Planned Parenthood and others discussed changing abortion methods to preserve intact organs for harvesting and other disturbing subjects.

In response, several congressional committees launched probes into Planned Parenthood’s operations. More recently, the House created the Special Investigatory Panel on Infant Lives, a 14-member committee that will investigate various aspects of the abortion industry, including trafficking in body parts, and release a report and recommendations in 2016. The Senate Judiciary Committee is continuing its own investigation.

There were also renewed attempts during the summer and fall to move legislation to block federal funding for Planned Parenthood. The House passed such a bill in mid-September, but in the Senate an attempt to move similar legislation fell six votes short of the 60-vote supermajority required to take up the legislation in the face of a filibuster by Democratic senators.

Some conservative lawmakers and advocacy groups then insisted that the Planned Parenthood issue must be tied to a government-wide appropriations bill, but most mainstream pro-life groups, including National Right to Life, saw this as a dead-end strategy that would predictably lead to a “shutdown” of the federal government, give President Obama the political high ground while causing grave political harm to many pro-life lawmakers, and deflect public attention away from the substance of the Planned Parenthood issue. “National

Right to Life and Susan B. Anthony List didn’t want to risk taking the focus off of the Planned Parenthood sting videos . . . by embroiling Washington in a battle over government funding,” observed *Politico* in a story published December 3.

With the strong support of National Right to Life, the House and Senate Republican leadership instead crafted an alternative plan to embed an anti-Planned Parenthood provision in the filibuster-proof budget reconciliation bill.

Disregarding skeptical commentary by the advocacy group Heritage Action and some radio-talk hosts, congressional staff succeeded in crafting artful language that covered Medicaid and most other major sources of federal funds to Planned Parenthood.

**NRLC analysts estimated that the language, if enacted into law, would block about \$400 million of the approximately \$450 million that Planned Parenthood is expected to receive through Medicaid and certain other federal programs in the next year, or about 89% of total federal funding. The amounts denied to Planned Parenthood would be reallocated to community health centers.**

When the bill reached the House floor in October, the Planned Parenthood provision met with widespread approval among Republicans, but some conservative lawmakers criticized other provisions of the bill, which they felt were insufficiently ambitious in repealing various provisions of Obamacare. However, National Right to Life insisted that the bill must be passed regardless

See “Forces,” page 39

# Pro-life forces score major win in U.S. Senate with approval of bill to defund Planned Parenthood, curb Obamacare

*From page 38*

of such reservations, advising House members in an October 22 letter that “our members and affiliates will view [votes on the bill] . . . as votes for or against stripping \$400 million from Planned Parenthood.”

Despite continuing objections from a few conservative quarters, the bill passed the House 240-189, with only seven Republicans opposing it (two of whom were against curbing funding to Planned Parenthood, and five of whom had other reservations about the bill).

The only House Democrat to support the bill was Rep. Collin Peterson (Mn.).

In the Senate, where Republicans control by a narrow 54-46 majority, Republican Leader Mitch McConnell (R-Ky.), a strong pro-life advocate, faced the challenge of passing the measure with no Democratic support, and at least three Republican senators opposed to cutting off funds to Planned Parenthood. Some other Republican senators expressed concerns as to whether the bill could be reshaped to reach various provisions of Obamacare that they considered particularly objectionable.

**However, in a letter sent**

**to senators on November 17, National Right to Life said, “The pro-life vote is to pass the bill, for the sake of the defunding of Planned Parenthood -- no excuses!” In a story that day, *Politico* reported, “That means Republicans would risk their National Right to Life score -- a vital statistic to conservatives -- by opposing the legislation for any reason.**

**In a December 3 story, *Politico* concluded that National Right to Life’s “aggressive” approach had played a key role in overcoming obstacles to winning approval of the legislation: “National Right to Life’s score . . . is of pivotal importance to many rank-and-file Republicans. The group has an active grassroots base in states vital to maintaining control of the Senate.”**

Among the other organizations that actively worked to push the bill through the Senate were the Susan B. Anthony List and the Family Research Council.

Ultimately, McConnell steered the bill through an amendment process that preserved the Planned Parenthood cutoff, while

expanding the anti-Obamacare provisions. This produced a final bill that was acceptable to all except two Republicans, Susan Collins (Maine) and Mark Kirk (Ill.), both of whom support funding of Planned Parenthood.

Among the senators supporting the bill were all of the Republican presidential contenders who serve in the Senate: Marco Rubio (Fla.), Rand Paul (Ky.), Lindsey Graham (S.C.), and Ted Cruz (Texas).

No Senate Democrat supported passage of the bill.

## Senate Votes Down Amendments

During Senate consideration of the bill, pro-abortion senators twice offered amendments to protect Planned Parenthood – both of which were rejected.

The first such amendment was offered by Sen. Patty Murray (D-Wa.). It would have stricken the provision to de-fund Planned Parenthood, and replaced it with language authorizing \$1,000,000,000 (one billion dollars) in new funding, over a ten-year period, for which only organizations that provide elective abortions would be eligible. The new

fund would be used to provide medical services (not excluding abortion) or “security” measures.

The Murray Amendment was tabled (killed) by a vote of 54-46. Despite its radical character, only one Democrat voted against the Murray Amendment – Sen. Joe Manchin (WV). Only one Republican supported the Murray Amendment – Sen. Mark Kirk (Ill.).

After that, Republican Senator Susan Collins (Maine) – who had voted against the Murray Amendment – offered an amendment to simply strike the provision to defund Planned Parenthood. She was joined by fellow Republicans Lisa Murkowski (Ak.) and Kirk. In addition, every Democrat except Manchin voted for the Collins Amendment, which failed by a narrow margin, 48-52.

Following votes on other amendments dealing primarily with Obamacare provisions, the amended bill was approved on the 52-47 vote, along party lines except for the negative votes of Collins and Kirk.

(See table of Senate roll calls on the Murray Amendment, Collins Amendment, and final passage, pages 40-42.)



# U.S. Senate approves pro-life reconciliation bill after rejecting amendments to preserve funding for Planned Parenthood

On December 3, 2015, the U.S. Senate considered what is known as the "budget reconciliation bill" (H.R. 3762). The bill, as already approved on October 23, 2015, by the House of Representatives, contained a provision to block most federal funding for Planned Parenthood -- about \$400 million in the next year. National to Life strongly supported this legislation.

When the Senate took up the bill, pro-abortion Sen. Patty Murray (D-Wa.) offered an amendment to remove the language to defund Planned Parenthood, and replace it with new language to authorize \$1 billion in new funding for which only organizations that provide elective abortions would be eligible. The new fund could be used to provide medical services (not excluding abortion) or "security." National Right to Life opposed the Murray Amendment, which was tabled (killed) by a vote of 54 to 46 -- a pro-life win. **This is the roll call shown below in column no. 1.** It was official Senate roll call no. 311. The Murray Amendment was opposed by 53 Republicans and one Democrat (pro-life). It was supported by 45 Democrats and one Republican (pro-abortion).

After that, Sen. Susan Collins (R-Maine) offered an amendment to remove the provision that would defund Planned Parenthood, but without adding any new language. This amendment would have had the effect of retaining Planned Parenthood's current status. National Right to Life opposed the Collins Amendment, and the amendment failed by a vote of 48 to 52 -- another pro-life win. **This roll call is shown below as column no. 2.** It was official Senate roll call no. 314. The Collins Amendment was opposed by 51 Republican senators and one Democratic senator (pro-life). It was supported by 45 Democratic senators and three Republicans (pro-abortion).

The Senate adopted a number of other amendments not related to Planned Parenthood, and not shown below. The final amended bill, in addition to blocking most funds for Planned Parenthood,

would repeal many major components of Obamacare in two years, including the program that provides federal tax subsidies for about 1,000 health plans that cover elective abortions (in states that have not passed specific laws to prevent this).

**National Right to Life strongly supported passage of the bill, which was approved by a vote of 52 to 47 on the roll call shown below as column no. 3.** This was official Senate roll call no. 329. All 52 votes in favor of the bill (pro-life) were by Republican senators. It was opposed by two Republicans (Sen. Susan Collins, Maine, and Mark Kirk, Illinois) and by 45 Democrats (pro-abortion).

It is expected that the House of Representatives will give final approval to the bill in January, and send it to President Obama, who has expressed strong opposition to both the Planned Parenthood and Obamacare provisions.

For full details on action by the U.S. House of Representatives and U.S. Senate on the pro-life budget reconciliation bill, please see the story that begins on page 1 of this issue. To see scorecards of House and Senate roll calls on key pro-life issues during the current Congress or previous congresses, visit the NRLC Legislative Action Center at [www.capwiz.com/nrlc/home/](http://www.capwiz.com/nrlc/home/)

**KEY**

- X Pro-life vote (against pro-abortion amendment or in favor of passing the pro-life bill)
- O Pro-abortion vote (for pro-abortion amendment or against passing the pro-life bill)
- ? Absent or not voting

<b>Alabama Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Jeff Sessions (R-AL)	X	X	X
Richard Shelby (R-AL)	X	X	X
<b>Alaska Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Lisa Murkowski (R-AK)	X	O	X
Dan Sullivan (R-AK)	X	X	X
<b>Arizona Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
John McCain (R-AZ)	X	X	X
Jeff Flake (R-AZ)	X	X	X
<b>Arkansas Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
John Boozman (R-AR)	X	X	X
Tom Cotton (R-AR)	X	X	X
<b>California Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Dianne Feinstein (D-CA)	O	O	O
Barbara Boxer (D-CA)	O	O	O
<b>Colorado Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cory Gardner (R-CO)	X	X	X
Michael Bennet (D-CO)	O	O	O

<b>Connecticut Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Christopher Murphy (D-CT)	O	O	O
Richard Blumenthal (D-CT)	O	O	O
<b>Delaware Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Thomas Carper (D-DE)	O	O	O
Chris Coons (D-DE)	O	O	O
<b>Florida Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Marco Rubio (R-FL)	X	X	X
Bill Nelson (D-FL)	O	O	O
<b>Georgia Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
David Perdue (R-GA)	X	X	X
Johnny Isakson (R-GA)	X	X	X
<b>Hawaii Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Mazie Hirono (D-HI)	O	O	O
Brian Schatz (D-HI)	O	O	O

*See "Senate," page 41*

# U.S. Senate approves pro-life reconciliation bill after rejecting amendments to preserve funding for Planned Parenthood

*From page 40*

<b>Idaho Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Missouri Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Michael Crapo (R-ID)	X	X	X	Claire McCaskill (D-MO)	O	O	O
Jim Risch (R-ID)	X	X	X	Roy Blunt (R-MO)	X	X	X
<b>Illinois Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Montana Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Richard Durbin (D-IL)	O	O	O	Jon Tester (D-MT)	O	O	O
Mark Kirk (R-IL)	O	O	O	Steve Daines (R-MT)	X	X	X
<b>Indiana Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Nebraska Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Joe Donnelly (D-IN)	O	O	O	Deb Fischer (R-NE)	X	X	X
Dan Coats (R-IN)	X	X	X	Ben Sasse (R-NE)	X	X	X
<b>Iowa Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Nevada Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Charles Grassley (R-IA)	X	X	X	Harry Reid (D-NV)	O	O	O
Joni Ernst (R-IA)	X	X	X	Dean Heller (R-NV)	X	X	X
<b>Kansas Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>New Hampshire Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Pat Roberts (R-KS)	X	X	X	Kelly Ayotte (R-NH)	X	X	X
Jerry Moran (R-KS)	X	X	X	Jeanne Shaheen (D-NH)	O	O	O
<b>Kentucky Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>New Jersey Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Rand Paul (R-KY)	X	X	X	Robert Menendez (D-NJ)	O	O	O
Mitch McConnell (R-KY)	X	X	X	Cory Booker (D-NJ)	O	O	O
<b>Louisiana Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>New Mexico Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
David Vitter (R-LA)	X	X	X	Tom Udall (D-NM)	O	O	O
Bill Cassidy (R-LA)	X	X	X	Martin Heinrich (D-NM)	O	O	O
<b>Maine Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>New York Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Angus King (I-ME)	O	O	O	Charles Schumer (D-NY)	O	O	O
Susan Collins (R-ME)	X	O	O	Kirsten Gillibrand (D-NY)	O	O	O
<b>Maryland Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>North Carolina Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Barbara Mikulski (D-MD)	O	O	O	Richard Burr (R-NC)	X	X	X
Benjamin Cardin (D-MD)	O	O	O	Thom Tillis (R-NC)	X	X	X
<b>Massachusetts Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>North Dakota Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Edward Markey (D-MA)	O	O	O	John Hoeven (R-ND)	X	X	X
Elizabeth Warren (D-MA)	O	O	O	Heidi Heitkamp (D-ND)	O	O	O
<b>Michigan Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Ohio Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Gary Peters (D-MI)	O	O	O	Sherrod Brown (D-OH)	O	O	O
Debbie Stabenow (D-MI)	O	O	O	Rob Portman (R-OH)	X	X	X
<b>Minnesota Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Oklahoma Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Amy Klobuchar (D-MN)	O	O	O	James Inhofe (R-OK)	X	X	X
Al Franken (D-MN)	O	O	O	James Lankford (R-OK)	X	X	X
<b>Mississippi Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>				
Thad Cochran (R-MS)	X	X	X				
Roger Wicker (R-MS)	X	X	X				

*See "Senate," page 42*

## U.S. Senate approves pro-life reconciliation bill after rejecting amendments to preserve funding for Planned Parenthood

*From page 41*

<b>Oregon Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Utah Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Jeff Merkley (D-OR)	O	O	O	Orrin Hatch (R-UT)	X	X	X
Ron Wyden (D-OR)	O	O	O	Mike Lee (R-UT)	X	X	X
<b>Pennsylvania Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Vermont Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Bob Casey (D-PA)	O	O	O	Patrick Leahy (D-VT)	O	O	O
Patrick Toomey (R-PA)	X	X	X	Bernard Sanders (I-VT)	O	O	NV
<b>Rhode Island Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Virginia Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Jack Reed (D-RI)	O	O	O	Tim Kaine (D-VA)	O	O	O
Sheldon Whitehouse (D-RI)	O	O	O	Mark Warner (D-VA)	O	O	O
<b>South Carolina Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Washington Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Tim Scott (R-SC)	X	X	X	Maria Cantwell (D-WA)	O	O	O
Lindsey Graham (R-SC)	X	X	X	Patty Murray (D-WA)	O	O	O
<b>South Dakota Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>West Virginia Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
John Thune (R-SD)	X	X	X	Shelley Capito (R-WV)	X	X	X
Mike Rounds (R-SD)	X	X	X	Joe Manchin (D-WV)	X	X	O
<b>Tennessee Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Wisconsin Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Lamar Alexander (R-TN)	X	X	X	Tammy Baldwin (D-WI)	O	O	O
Bob Corker (R-TN)	X	X	X	Ron Johnson (R-WI)	X	X	X
<b>Texas Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Wyoming Senators</b>	<b>1</b>	<b>2</b>	<b>3</b>
Ted Cruz (R-TX)	X	X	X	John Barrasso (R-WY)	X	X	X
John Cornyn (R-TX)	X	X	X	Michael Enzi (R-WY)	X	X	X

## 10 reasons not to have an abortion

*From page 5*

past, there is a way to heal from it. Check with your local pregnancy resource center for post-abortion recovery programs. You can also look into Rachel's Vineyard or Ramah International. Also, check out this sermon by Mark Driscoll, in which he discusses how "Jesus died so murder could be forgiven." Recovery, hope, and healing are always available.

### 8) It creates new problems.

Some people believe that having an abortion and ending a child's life will solve their problems. And in the immediate present, it may appear that the problems have been erased. Perhaps college becomes an easier option, maybe parents never find out that their daughter was pregnant, or possibly an affair remains undiscovered. But in reality,

abortion only hides problems – it doesn't solve them. Many women finish college while still giving life to their babies. Many parents are far more accepting and loving than their daughters believed possible. And the truth is better than a lie, when a lie would cost an innocent person's life. In the end, that's what this is really about: our problems are not solved through killing an innocent person.

Just because it's legal doesn't make it right. And just because it's often a hidden choice doesn't mean it won't stay with you forever.

Parents often experience great pressure without being told of the great gift they've been given...

### 9) It avoids responsibility.

Abortion is sometimes used as an easy cover-up for a

one-night stand or a solution to a relationship gone bad. However, when two adults make the choice to participate in an activity known to create babies, these adults must accept responsibility.

Responsible people have to make hard choices sometimes. Timing may seem bad, and circumstances might be difficult. But this does not justify killing an innocent person. Choosing to raise a child is responsible. Choosing adoption for a child is responsible. But choosing abortion and denying life to a child who already exists is irresponsibly – and irreparably – wrong.

### 10) It's not empowering or liberating for women.

As a woman who considers herself a feminist, I find it appalling that abortion is

classified as part of "women's rights." It is not my "right" to kill my child. I should not be the only person who has the power to order my child's execution at the hand of an abortion doctor. Letting my child suffer a death in which her spine is sucked into a tube or her limbs are torn apart or her heart is stopped through poison is not empowering or liberating. These choices ought not to be choices at all. They are cruel tragedies for all involved, and they should not be permitted in a civilized nation. Women do not receive freedom through the blood of their children.

All women should understand exactly what abortion is.

*Editor's note. This appeared at [liveactionnews.org](http://liveactionnews.org) and is reprinted with permission.*

## Heartbeat of Miami Converting Second Ex-Abortion Mill into Pro-Life Help Clinic

*From page 6*

"That one took two years for us to open, and this one took two weeks for us to sign," Avila said.

Even though the new location was, to borrow a word, "unplanned" in the minds of Heartbeat, they are welcoming the opportunity to serve women in the same building where so many lives have been lost over the past 20-plus years.

Within two miles of historic Miami Senior High School and the InterAmerican campus of Miami Dade College—and the 5,400 high school and college students those two campuses represent—the new location is

a perfect fit for Heartbeat.

"We always wanted Little Havana, because that is a very needy area," Avila, who attended Miami Senior High School just two miles down the road, said. "And the Lord gives us this new building just a few blocks away from Little Havana. There is nothing in that area, only abortion businesses."

Avila, the founding president, has served alongside Pernia, the client services director, since the organization's inception in 2007. Heartbeat's first location was established in Hialeah, across the parking lot from an abortion clinic Pernia's mother

had owned and operated in the 1980s—and where she herself had undergone an abortion.

When that abortion business closed its doors in 2013, Heartbeat relocated its initial life-saving outpost to the very facility Pernia's mother had owned. In the meantime, it had established the North Miami location, followed by its third site earlier this year.

Eight years into their journey—and 19,000 children rescued from abortion later—Avila and Pernia are just weeks away from opening the Little Havana location.

"Just when we thought that

we heard everything, with Jeanne's story, then God just blows us away with this," Avila said. "I give God all the glory."

*Editor's note. This appeared at [pregnancyhelpnews.com](http://pregnancyhelpnews.com)*



## CDC Report Shows Abortions Drop 4.2% in 2012

*From page 7*

thousand live births. But even their abortion ratio was down 3.9% from the previous year.

### More early, more chemical abortions

About two thirds of all abortions (65.8% in the states reporting gestational data) were performed at eight weeks gestation or earlier. [1] More than half of those performed at eight weeks or less, or 38.2% of the total reported by gestation, were performed at six weeks gestation or earlier. This surveillance report shows this as the highest percentage of abortions performed at six weeks or less in the past ten years studied (2003-2012).

Not surprisingly, given the increased percentages of abortions at lower gestations, the numbers and percentages of chemical or “medical” abortions were higher. More than one in five (20.7%) of abortions performed at eight weeks gestation (or earlier) were listed as “medical” abortions by the CDC. (“Medical” is code for chemical.)

These are the highest figures the CDC has reported for this type of abortion since the government allowed the abortifacient mifepristone to go on the market in September of 2000. An additional 1.1% was chemical abortions at greater than eight weeks.

Seven in ten abortions (69.5%) were first trimester “curettage” abortions and an additional 8.7% were curettage abortions performed after 13 weeks. This would include suction aspiration abortions performed up through about 16 weeks and dilation and evacuation or D&E “dismemberment” abortions performed after.

States which did not report gestational age reported nearly 33,000 more curettage abortions and more than

10,500 additional chemical abortions. Only a handful of abortions were performed by intrauterine instillation (146) or hysterectomy/hysterotomy (79) in 2012.

### Race and Ethnicity

Getting a handle on the race and ethnicity of aborting women can be difficult. States employ different criteria for measuring each characteristic, so that a single state might report three different numbers for, say, Hispanic abortions in three different charts for the same year.

Add to this that many of the states do not report any racial or ethnic data at all (including not just California and Maryland, listed earlier, but large states such as Florida and Illinois, as well as Washington state, Arizona, Massachusetts, and the District of Columbia). Cumulatively this makes identifying “the” number or percentage of abortions to a given group for a given year well nigh impossible, though data exist.

With that caveat, Table 12 of the CDC’s report for 2012 shows a breakdown of 37.6% abortions in 26 states which did include ethnic data were to white, non-Hispanic women, 36.7% to non-Hispanic black women, 7% to “other” non-Hispanic women and 18.7% to Hispanic women. Other tables place the percentage of abortions to black women as high as 40.5% and the percentage to Hispanic as low as 17.4%. But it is clear by any counting that minorities are much over-represented in the statistics relative to their population.

Back in Table 12 again, the abortion rate for Hispanics is nearly twice (15 abortions per thousand women of reproductive age) what it is for

whites (7.7 per thousand). The abortion rate for blacks (27.8) is nearly four times that of whites.

### Repeat abortions and previous births

Close to half (44.2%) of women having abortions have had at least one previous abortion. Eleven percent report two previous abortions and 8.6% report three abortions or more. What may be more disturbing is that nearly six in ten (59.8%) report having already previously giving live birth to at least one child.

### Marriage and Mortality

Married women accounted for just 14.7% of abortions in the 36 states reporting marital status, with 85.3% of aborting women being unmarried.

Mortality statistics are always a year late for the CDC, but this report indicates that two more women are known to have died from legal abortions in 2011. Ten others were known to have died in 2010. All told, the CDC has recorded 424 maternal deaths from legal abortion since the 1973 Roe v. Wade decision.

Despite claims that chemical abortions offered improved safety, maternal abortion deaths appear to have gone up since their approval.

### What the numbers tell us

Every life lost to abortion is a tragedy. That there are fewer than there have been for nearly forty years is good news, but that there are still so many is an indication there is much work yet to be done.

The latest statistics from the CDC strongly suggest we have been very successful in reducing the prevalence of abortion among teenagers. This is encouraging, and not just because of the lives saved.

Observing data over the long term, this would suggest a generational shift in attitudes and actions surrounding abortion—that is, that a woman will be less likely to abort not only in her teen years, but also as she grows older.

Abortion rates are still uneven when it comes to race and ethnicity. Abortion rates have fallen across the board, but black and Hispanic women are still considerably more likely to abort than their white counterparts. More pro-life outreach clearly needs to be done to these minority communities.

Abortion too often appears to have become very accepted in some quarters, with nearly half of abortions being repeat abortions. Moreover too many mothers to already-born children are turning to abortion rather than giving birth to another child. The availability and awareness of realistic alternatives to abortion are critical to these communities.

Chemical abortions are on the rise, with more women aborting earlier and using chemical methods. Abortion clinics are big boosters of chemical abortifacients because it enables them to expand abortion services at minimal cost and effort. But, as noted, they do not make abortion safer for women and certainly do not make it safer for their unborn children.

That there are hundreds of thousands fewer abortions today than there were ten, twenty years ago is proof that pro-life education, legislation, and outreach make a difference. Keep informed, stay active, and expand the outreach so that more and more lives are saved.

[1] Gestational age is reported according to clinician estimates in some states and calculated according to a woman’s last menstrual period in others.

## WOW! ‘The Good Wife’ Powerfully Reenacts Planned Parenthood Video Scandal in the BEST Possible Way!

*From page 13*

– Diane: The majority of Americans only support anything if they don’t have to face the fact of it. How the hamburger ended up on their plate.

– Ethan: Except this has a face. It’s not an appendix. It’s a human being.

– Diane: Well, that’s the difference between us. I don’t believe it. How did you even get it?

– Ethan: The video? Citizens for Ethical Medicine.

– Diane: Oh, God. That radical anti-abortion group?

– Ethan: It’s not radical. Why is something radical merely because you disagree with it?

– Diane: What, they pretended to be a bioengineering firm needing human tissue?

– Ethan: Aborted fetal organs.

– Diane: And, what—you’re-you’re planning to do what with that?

– Ethan: Sue.

– Diane: Who?

– Ethan: Her. Her organization.

– Diane: For what?

– Ethan: Well, that’s where you come in.

– Diane: No.

– Ethan: It’s not about you being a lawyer.

– Diane: Oh, really? Thank you.

– Ethan: It’s about you telling me how Mr. Dipple can sue.

– Diane: Well, he can grow a uterus. You don’t have standing. What are you gonna sue for?

–Ethan: Selling of fetuses.

– Diane: No. What, \$100? That’s nothing.

The Hillary Clinton-supporting, pro-abortion Diane Lockhart (Christine Baranski) tries to dismiss the videos to pro-life Ethan Carver (Peter Gallagher) as “shop talk” and “propaganda” by a “radical anti-abortion group.” But when a judge grants an emergency hearing to allow the videos to be banned – reminiscent of the National Abortion Federation lawsuit against CMP – Ethan reminds her of a speech she gave to the pro-abortion PAC Emily’s List when she said, “Anyone can defend a sympathetic client with popular beliefs. The real test of the First Amendment is whether we are willing to stand up for people and ideas we hate.”

Diane takes the case, but she

starts to lose clients over it. Ever the idealist, Diane says, “The pro-choice position isn’t so weak that it can’t stand up to the marketplace of ideas,” but she finds out that’s not true. The intolerance of the pro-abortion side is exposed when a group is appalled by the “insane” idea of defending their beliefs.

–Diane: Bea. I didn’t know we had an appointment.

–Bea: We don’t, but we need to talk.

–Ethan: Ms. Wilson, Ethan Carver. I recognize you from your appearances for National Council on Women’s Rights.

–Bea: And I recognize you from the congressional hearings on defunding Planned Parenthood.

–Diane: Uh, why don’t you two wait in the office?

–I think that’s a good idea.

–Bea: How can you do this?

–Diane: Bea, if you’re talking about this case, it’s not about choice. It’s about the First Amendment.

–Bea: That’s a nice, neat justification.

–Diane: The pro-choice position isn’t so weak

that it can’t stand up to the marketplace of ideas.

–Bea: This isn’t about censorship. This is about an orchestrated, right-wing war on women.

–Diane: Bea, I will join you in arguing against the substance of these tapes, but only after they’re made public.

–Bea: But that’s insane. We wouldn’t have to argue against them if they weren’t made public.

The judge, a long-time professional acquaintance of Diane’s, is also shocked that she is defending a pro-life client. In conduct unbecoming of a judge, he pulls her aside and demands to know why she is on this case, as he knows her personal politics, which are the same as his. He says the undercover tapes are “disgusting” – not because of their vile content, but because they’re an attack from “right-wing Republicans” who “don’t play fair.” He also references James O’Keefe and the ACORN tapes as if those were bogus, too.

In an appalling display of judicial activism, he finishes by saying,

“Let’s make sure those videos never see the light of day.”

*See “Good Wife,” page 46*

## WOW! ‘The Good Wife’ Powerfully Reenacts Planned Parenthood Video Scandal in the BEST Possible Way!

From page 45

**-Judge:** This is not ex parte, but we need to talk.

**-Diane:** Whenever you want, Your Honor.

**-Judge:** Now. Diane, what are you doing here?

**-Diane:** Your Honor?

**-Judge:** Please, stop with the “Your Honor.” This is just “Ben.” You really think your client is a whistle-blower?

**-Diane:** She was reporting a public fraud.

**-Judge:** To whom? She didn’t serve notice to this court. Did she notify the SA’s office? The Attorney General? The FBI?

**-Diane:** No, but...

**-Judge:** Then under the statute she has not provided proper notice.

**-Diane:** Then she posted the video online. Are you telling me that this doesn’t satisfy the spirit of the notice requirement?

**-Judge:** I’m telling you it’s too much of a reach. And even more so, I don’t understand why you’re trying so damn hard to make it. Diane, I’ve known you for a long time and this... This is not your case.

**-Diane:** Are you saying that I shouldn’t pursue this case because of my politics?

**-Judge:** I’m saying you shouldn’t be pursuing this because it’s not you.

**-Diane:** This is about free speech, and you know it.

**-Judge:** No, I don’t know it. This undercover tape is disgusting. It’s like James O’Keefe with ACORN. It’s like all right-wing Republicans. They don’t play fair. This is...

**-Diane:** You can’t be telling me this.

**-Judge:** And yet I am. I want you to stop trying to make this work. So let’s go back out there, put this to bed, and make sure those videos never see the light of day.

It is very rare in television that you see a fair, even sympathetic, treatment of the pro-life side as represented by Ethan.

Even more rare when the pro-abortion side is shown to be as rigid, intolerant, unreasonable, craven, and heartless as they really are. And it is downright shocking when attention is drawn to the damning Planned Parenthood videos instead of the love letters to the abortion giant we have come to expect from Hollywood.

*The Good Wife* recently began waking up to the fact that it had been shunning half its potential audience by being so liberal in past years. Great to see it’s continuing the inclusion of realistic, intelligent conservative characters. Keep it coming!

*Editor’s note. This appeared at [newsbusters.org](http://newsbusters.org) and is reprinted with permission.*

## In the works: a live-stage treatment on the little-known “human side” of Dr. Death, Jack Kevorkian

From page 32

Morganroth recalls DeLorean as being very outgoing and generous — even loaning the attorney his Manhattan apartment. But he also recalls him as very shrewd — at one point trying to sue

Morganroth for legal malpractice to avoid paying \$8 million in attorney’s fees racked up over a decade.

Kevorkian and Morganroth became friends, he said, a relationship he still

treasures. He aided in Kevorkian’s legal efforts — Kevorkian chose to defend himself in his final trial — and as executor of his estate since his 2011 death.

“DeLorean” is “being filmed

partly in Detroit and ‘Dr. Death’ possibly destined for Broadway,” Martindale wrote. “Both productions are in the early stages of development and Jones hopes to finish the projects by late 2016 or early 2017.”

## Abortion and self-starvation advocate Diane Rehm to retire from NPR in 2016

From page 20

criticism, *NPR* host Diane Rehm scales back efforts in right-to-die debate.”

We’ll talk about how much “scaling back” in a moment. Let’s first look at what Jensen had to say in her statement.

Jensen makes clear that to most people, Rehm and *WAMU* and *NPR* (*National Public Radio*) are pretty much one and the same.

But, in fact, as Jensen explained,

**She is an employee of WAMU, not NPR. NPR distributes her show and allows WAMU to associate the NPR brand with it, but doesn’t “own” or produce it. Listeners, however, can’t be expected to know the difference and many don’t.**

So at the time Jensen wrote her *Ombudsman* column, they were thrashing out the whys

and the wherefores of how *NPR*’s code of ethics would (or wouldn’t) apply to the “*NPR* Talk-Show Legend.”

Adding her two cents, Jensen concluded

**My own view is that Rehm’s participation as a celebrity guest of sorts at fundraising dinners for an organization that does extensive political lobbying, as compelling as her personal story is and as careful as she is being, is a step too far for someone associated with NPR. Rehm does not believe she has crossed any line, but my view is she should be counseled against future participation in fund-raising events for the organization.**

So how much did Rehm “scale back” her public advocacy? As

I say I don’t listen enough to know.

But at the time (March 9, 2015), Rosenwald wrote, “Rehm agreed to stop attending the dinners — except for two this month she was already scheduled to appear at and are sold out. She plans to continue helping the organization, but on a ‘case-by-case basis’ and in consultation with her station manager.”

But

**Most importantly for her, Rehm said, wasn’t backing away from being a right-to-die proponent.**

**“This should be a right for me and should have been a right for my husband,” she said.**

**A joint statement from NPR and WAMU said Rehm will continue to host shows on the topic and that she “will**

**remind the audience about her personal experience and be transparent about her affiliation with any organization focused on the issue.”**

**“As a talk show host, Diane Rehm is free to express her own opinions alongside people who have different views,” the statement said. “This is one of the things her listeners expect, and it allows for empathy, and a lively exchange of ideas.”**

So Rehm wouldn’t be the star attention at Compassion & Choices banquets but would do her thing on a “case by case” basis in “consultation with her station manager.”

And, once she retires, even that fig-leaf will not be necessary.

## The fragility of life: a mesmerizing account of a baby lost to miscarriage

From page 33

**ambulance for us right away. I told him that if there was no chance the baby would make it I might as well take a cab. He said that that was not a good idea.**

**“Before I put down my phone, I took a picture of my son. I worried that if I didn’t I would never believe he had existed.”**

She tells us that she cried all the time in the beginning (“It seemed to me that grief was leaking out of me from every orifice”) and still does, although “just” once a day.

People try to say the right thing—sometimes they do, sometimes they don’t. But Levy wants them (and us) to know this loss was of a somebody, not an abstraction or a “potential person.”

She writes, “I had given birth, however briefly, to another human being, and it seemed crucial that people understand this. Often, after I told them, I tried to get them to look at the picture of the baby on my phone.”

By everything she wrote Levy’s healing will be very slow, very gradual. Perhaps this is because she was older when she became pregnant,

having not really thought that parenthood was necessarily for her. Although she never says it in so many words, Levy likely believes this was her only chance to bear a child.

Say a prayer for her and all the other mothers who have lost babies to a miscarriage.



## Study does not demonstrate self-abortions in Texas suddenly increased after passage of pro-life law

From page 12

numbers reflect the percentages of Texas women 18-49 who “reported they had *ever* tried to end a pregnancy on their own” (our emphasis).

That means that these numbers, even if accepted as accurate, reflect not the number of women who have tried to self abort since 2013 when the law was passed, or even since TxPEP formed in 2011. It refers to the number who have *ever* tried (or considered trying?) to self-abort over their *entire* reproductive lives.

We know that at least 63% of those women were over 30 years old at the time of the survey. That suggests that what happened (or was said to have happened, in the case of a woman’s best friend) for most respondents is likely to have occurred before 2013, not after.

Nothing here gives us **any** indication of a sudden increase in chemically-induced, self-abortion after passage of the law.

Lead TxPEP researcher Daniel Grossman admitted as much in a *Huff Post Live!* 11/19/15 video interview. Grossman told the reporter that because the survey asked about whether women had ever attempted to self-abort, the study “cannot say... whether this is becoming more common” since parts of H.B. 2 went into effect.

A hundred thousand self-abortions represents the loss of lives of many, many children. But if that number (assuming it is accurate) is over a period of twenty or thirty years, it doesn’t warrant the alarmist headlines this report has generated.

Indeed, contrary to the scare stories, the information presented in this study, if taken at face value, would appear to indicate a decline in self-induced abortions, not an increase!

The research brief cites a 2012 TxPEP study, conducted before

H.B. 2 was passed. That study concluded that 7% of Texas abortion patients reported “taking or doing something on their own to end their current pregnancy.”

Again, if the current TxPEP study places the estimate of those Texan women ever attempting to self-abort at somewhere between 1.7% and 4.1%, does this mean the law caused attempts at self-abortion to go *down--* from 7% to 4.1%?

### How solid are the numbers?

TxPEP researchers tell us that they asked the women about their best friends first before asking the direct question as to whether the woman herself had actually tried to self-abort. They argue this might reveal more data about the prevalence of self-abortion in a woman’s sociodemographic group than starting with the personal inquiry.

There are obvious questions about how solid evidence that is based on assumptions or suspicions of a best friend’s behavior can be statistically. But let us assume that this is some indication that such self-abortions occur and/or are at least discussed among women, regardless of whether they yield any hard numbers.

There remains this very important question, however. Exactly what counts as trying to self-induce? TxPEP says the survey introduced the topic to the 779 women this way:

**“Women make different choices about how to end an unwanted pregnancy. Some women may go to a hospital, clinic, or doctor’s office to have an abortion. Other women may do something to try to end a pregnancy without medical assistance. For**

**example, they may get information from the internet, a friend, or family member about pills, medicine, or herbs they can take on their own, or they may do something else to try to end the pregnancy.”**

So – does looking up information on the internet count as an attempt at “self-induction?” In this day and age, many woman concerned that they might be facing an unexpected pregnancy will head for the internet right away to get information on pregnancy, and other options. In the process, she will encounter not only advertisements for clinics, but also ads for on-line foreign pharmacies that want to sell her abortion pills.

What if she discusses with her “best friend” rumors about herbs or chemical concoctions that induce abortions. Does this constitute an effort at “self-induction”?

If it does, nearly every woman who ever considered abortion since the dawn of the internet would have to answer “yes” to that question. TxPEP will need to give more detail about its survey and its questions in order for us to have more confidence in their numbers.

### The problem is real

As we’ve outlined, there a number of legitimate questions about the size of the number of women TxPEP estimates are attempting to self-abort. But there is no question that there are women using chemical abortifacients to self abort and there may be many more now than there were in the past.

The question then becomes why. Who or what is driving this usage?

Though they admit that there are socio-economic and cultural

factors that may be in play, the not-so-subtle implication of the TxPEP study is that pro-life legislation is pushing women to self-abort.

As we have reported before, the advent of chemical abortions has led to an underground market in abortion pills, particularly the cheap, easily available misoprostol, a prostaglandin often used in conjunction with the pricier, more controlled mifepristone (RU-486).

That there are chemical abortions at all, and that women have gotten the false idea that these are simple, safe, and easy is not the fault of pro-lifers, but the abortion industry and its backers. Never forget that the same Warren Buffett whose foundation paid for this study is the same one which has given millions to test and promote the use of mifepristone (RU-486) in the United States.

And when that abortion industry fights even minimal requirements that a trained physician be present and conduct a physical exam of his patients when these pills are prescribed, and then goes so far as develop webcam abortion systems where these pills can be dispensed remotely in places where there are no doctors or nurses, it only feeds popular myths about the safety of these pills.

Stories about the use of these pills or other rumored home remedies or chemical concoctions of dubious effectiveness among Latina women have been around for at least 15 years [1]. And data from this study indeed confirms higher use among Texas’ Hispanic population, especially near the borders where women

See “Study,” page 49

## Study does not demonstrate self-abortions in Texas suddenly increased after passage of pro-life law

From page 48

have been able to get these pills illegally at border town flea markets or from neighbors who might have picked up a few pills on a trip to Mexico.

Tales of self abortion have been especially ubiquitous since the abortion industry launched its attack on Texas' new regulations and issued its dire warnings about all the clinics closing. But many of those clinics closed before the law went into effect. And the black market in abortion pills, along with rumors of other secret concoctions, long predated the Texas legislature's action.

### Exactly who is pushing women to self-abort?

The study and sky-is-falling stories about the study have an obvious "drop your oppressive clinic restrictions or there'll be a rash of dangerous self-abortions throughout the land!" flavor to them. But the industry and its media allies have clearly been sending out decidedly mixed messages which no one seems to have called them on.

Daniel Grossman, the lead researcher in the TxPEP study, is the senior advisor to Ibis Reproductive Health, an international nonprofit that "focuses on increasing access

to safe abortion," and professor in the department of obstetrics, gynecology, and reproductive sciences at UCSF, which has a well earned reputation as the nation's abortion academy.

In an interview on the study, Grossman expressed a concern for women's safety, telling *Mother Jones* (11/17/15) that "This is the latest body of evidence demonstrating the negative implications of laws like HB2 that pretend to protect women but in reality place them, and particularly women of color and economically disadvantaged women, at significant risk."

But Grossman has defended the use of chemical abortifacients under minimal medical supervision with webcams in the past ("Women's and providers' experiences with medical abortion provided through telemedicine: A qualitative study" in *Women's Health Issues*, March-April 2013) and it was this same Daniel Grossman who, along with other researchers, went farther in "Misoprostol in women's hands: a harm reduction strategy for unsafe abortion" in the journal *Contraception* in February 2013 (E-published 12/8/12).

In that *Contraception* commentary, Grossman and his fellow authors argued that "Women can use misoprostol on their own and with accurate information; they do not need a health care provider to use it safely and effectively." They said that the availability of "high-quality misoprostol drugs" should be expanded. [2]

Though saying they want to make sure that women can somehow find information on the right dosages of these pills required to safely self-abort, this is hardly supports the dire rhetoric that Grossman, TxPEP, and the Texas abortion lobby are employing in their pronouncements and press interviews.

### Lives at Stake

There may be more self-abortions these days, due to the development of chemical abortifacients by the abortion industry and publicity given these methods by folks like TxPEP and their sympathizers in the media. However the long-term trend, in Texas and elsewhere in the United States, has been a significant decline in the number of abortions.

After passing pro-life legislation for several decades, Texas has seen its abortion

numbers drop from a high of about 110,000 a year in 1981 to about 73,200 in 2011 (the latest figures available from the Guttmacher Institute). It is hard to imagine that the bulk of this lengthy and significant reduction could be accounted for by a shift to self-abortion.

There are women in Texas, across America, and around the world who are risking their lives by self aborting. But that they are doing so is not because of pro-life efforts to protect their health and preserve the lives of their babies, but because the abortion establishment and its wealthy financial backers has pushed these pills and downplayed the danger.

[1] Village Voice 8/29/00, and Daniel Grossman, et al, "Self-induction of abortion among women in the United States," *Reproductive Health Matters*, November 2010, pp. 136-146.

[2] Grossman's support is mild, though, compared to what you find in the pro-abortion blogosphere. Take a look at Andrea Grimes, "Sharing Information About Self-Inducing Abortions Made Me Feel Empowered," *RH Reality Check*, 3/25/15].