



**national**  
**RIGHT TO LIFE**  
**NEWS**

**December 2021**

**An unborn baby was  
the first to rejoice at  
the news of Jesus in  
Mary's womb!**

*"And it came to pass, that,  
when Elisabeth heard the  
salutation of Mary, the babe  
leaped in her womb..."*

*Luke 1:41*

**As we celebrate this Christmas Season, we at National  
Right to Life urge you pray the US Supreme Court  
recognizes the worth of all unborn children.**





# national RIGHT TO LIFE NEWS

## Five takeaways from oral arguments in *Dobbs v. Jackson Women's Health Organization*

By Dave Andrusko

After over 90 minutes of vigorous questioning, the Supreme Court will now wrestle with the fate of Mississippi's Gestational Age Act which protects unborn children after the 15<sup>th</sup> week.

"The justices will cast tentative votes at a private conference in the coming days," writes the *New York Times'* Adam Liptak. "The senior justice in the majority will then assign the majority opinion to a colleague or, just as likely, keep it. Draft opinions, almost certainly including concurrences and dissents, will be prepared and exchanged."

Here are five takeaways from the sometimes heated oral arguments.

#1. If false patriotism is the last refuge of scoundrels, feigning that they will not submit to outside political pressure is a sure sign of the weakness of the pro-abortion case. "Will this institution survive the stench that this

creates in the public perception -- that the Constitution and its reading are just political acts?" Justice Sonia Sotomayor stated. "I don't see how it is possible."

Justice Breyer backed her up. "It is particularly important to show that what we do in overturning a case is grounded in principle and not social pressure" he said.

Justice Elena Kagan added said a major goal of *stare decisis* is "to prevent people from thinking that this court is a political institution that will go back and forth" depending on a change in the court's membership or who "yells the loudest."



From left to right: NRL President Carol Tobias; Rep. Michelle Fischbach (R-Mn), Co-chair of the House Pro-life Caucus; Rep. Trent Kelly (R-Miss.); Rep. Vicky Hartzler (R-MO), Chair of the House Values Action Team; Rep. Kat Cammack (R-Fl.); former Mississippi Gov. Phillip Bryant; Mississippi Rep. Michael Guest (R); Mississippi Sen Cindy Hyde-Smith (R); and Mississippi State Rep. Becky Currie (R), lead sponsor of the Gestational Age Act.

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## Pro-life Senators and Representatives fight to prevent Congressional funding of abortion

By Jennifer Popik, J.D., Director of Federal Legislation

Congress returns this week with a busy slate of items they wish to accomplish prior to the Christmas holiday. Pro-lifers are poised for a fight to stop additional federal funding of abortion.

This past Friday, President Joe Biden signed a short-term continuing resolution to keep the government funded until February 18, 2022. This temporary measure maintains current spending levels and abortion funding restrictions. Passage of the continuing resolution means that last year's appropriations, which contain the Hyde Amendment as well as other abortion-funding restrictions, remain in place for the time being. This funding

bill to keep the government open will mean that Congress has time to continue to work on keeping the government open.

In July 2021, House Democrats passed several appropriations bills that did not include the Hyde Amendment or other longstanding, bipartisan pro-life protections and, instead, added pro-abortion provisions. Senate-side, nine appropriations bills were released in late October, but not voted on by the Appropriations Committee. The bills include taxpayer funding of abortion.

See "Funding," page 31



# Editorials

## *Dobbs v. Jackson Women's Health Organization* raises first principle questions that *Roe* and *Casey* avoided

Fortunately, most of the commentary these days is found online or otherwise it would have required entire forests to furnish the paper for the deluge of pro-abortion screeds that followed oral arguments in *Dobbs v. Jackson Women's Health Organization*. To take just one example, *Vox's* Ian Millhiser wrote

**Midway through arguments in a case that could end with the Supreme Court abolishing the constitutional right to an abortion, Justice Sonia Sotomayor asked a pointed question about the Court's future: "Will this institution survive the stench that this creates in the public perception, that the Constitution and its reading are just political acts?"**

There are early signs Sotomayor is correct that the public is turning against the Court as the Court turns against *Roe v. Wade*. But during Wednesday's oral arguments in *Dobbs v. Jackson Women's Health Organization*, all six of the Court's Republican appointees appeared eager to push ahead anyway and overrule at least some key parts of the Court's prior decisions protecting abortion.

Pshaw. There are no "early signs the public is turning against the Court." Democrats and their media minions are recycling various threats (including packing the court) as evidence of a revolt against the justices.



What's so ironic is that Justice Sotomayor was practicing politics in a particularly crude and obvious attempt to turn the public against the justices who dared to disagree with her!

*See "Questions," page 30*

## Pro-abortionists elevate free association attacks to an art form

When the Supreme Court heard oral argument in *Dobbs v. Jackson Women's Health Organization* last week, like you, I anticipated an onslaught of angry, apocalyptic rhetoric. There is a certain strain of man-hating misogyny for which the Mississippi law, protecting unborn children after 15 weeks, would be the fuel that ignited a blaze of end-of-the-world rhetoric. And (in a manner of speaking) I was not disappointed.

I was not familiar with LZ Granderson, a columnist for the *Los Angeles Times*, but I am now! His "Where are men on the demolition of abortion rights?" column truly elevate guilt by free association to an art form.

Granderson begins by insisting that if you are a dad ("including many who called themselves 'girdads'"), you ought to be up in arms over the possibility that the Court may, if not reverse *Roe*, will gut it.

Note that he's talking about men in this rant, which is an essential evasion because woman have consistently been more supportive of abortion limitations than are men. But having disposed of this

*See "Attacks" page 34*



# From the President Carol Tobias

## The Most Wonderful Time of the Year

*It's the most wonderful time of the year.  
With the kids jingle belling,  
And everyone telling you,  
"Be of good cheer,"  
It's the most wonderful time of the year.*

Did you find yourself singing along with the lyrics? I fell in love with this upbeat Christmas song listening to Andy Williams albums, but maybe you're familiar with it because of Amy Grant, Toni Braxton, Johnny Mathis, Pentatonix, or numerous other artists.

Because of recent events, I strongly suspect pro-lifers are thinking that this is, indeed, "the most wonderful time of the year"-- for more reasons than just Christmas!



The Texas law which protects unborn children after a heartbeat can be detected has not (yet) been enjoined by the courts. The oral arguments heard by the Supreme Court in *Dobbs v Jackson Women's Health*

*Organization* were very encouraging. The Mississippi law under review in this case protects preborn children after 15 weeks gestation.

Some of the justices seemed to question whether "viability" is a viable standard for determining when these little ones may have their life ended for any reason. Several justices seemed receptive to the appeal from Mississippi that the Court just outright reverse *Roe v Wade*.

The pro-life movement is cautiously optimistic about the future of unborn children in our country.

We certainly don't know what the Court will do. It could strike the Mississippi law. It could uphold the law, which would encourage other states to pass similar laws. The Court could fully overturn *Roe v Wade*, thereby allowing legislators in each state, elected by the people, to determine what their state law will be, resulting in many unborn children being protected from abortion. Or the Court could try to find some so-called "middle ground."

Even if they do the worst, we will keep fighting because protecting vulnerable little babies is the right thing to do.

If the justices do change the standard for what is constitutional in their eyes--allowing states to protect unborn children, either fully or with more limiting measures--there will be much thunder and condemnation from the abortion industry and its advocates.

They will make a lot of noise and do everything they can to generate activity in the 2022 elections-- from Senators and Representatives, to governors, attorneys general, and state legislators.

We need to be prepared.

For example, does your neighbor know that *Roe v Wade*, along with the health exception in its companion case, *Doe v Bolton*, essentially allows abortion for all nine months of pregnancy? If they understand that, they will be more likely to support a positive, pro-life decision from the Court.

Do your friends know that the endgame for abortion leaders, including those in the Democrat party, is to remove any and **all** limits on abortion--and to have taxpayers paying for abortion?



Are your pro-life candidates prepared for the onslaught of vile ads that will be run against them? They will be accused of being cruel and heartless, disregarding the plight of women who "need" an abortion in the most distressing and rare circumstances.

Our opponents are willing to kill innocent little human beings; they certainly won't hesitate to make exaggerated claims (i.e., lie) about candidates. They will do this and whatever else they need to do to win elections.

We need to be ready for whatever the abortion industry throws at us. However, I believe we have gained the knowledge and experience necessary to overcome whatever that may be. For 50 years, National Right to Life, its affiliates, chapters and volunteers, have been electing pro-life candidates and passing pro-life laws.

We've been hungry for an opportunity to protect more children than ever before. We are ready for the challenge.

During this Christmas season--for pro-lifers--Christmas lights will look a little brighter. Christmas carols will sound a little sweeter. And the laughter of children will sound a bit more joyous.

This is the most wonderful time of the year. We celebrate a Savior who came to earth as a baby, sacrificing Himself so we may spend eternity with the Father who loves us. That is the best reason to be of "good cheer." But hoping for a change in our laws so that we can protect innocent babies is a good second reason for good cheer!

# Pro-life Movement rebounds with strong 2021 showing

By Karen Cross, National Right to Life Political Director

What a difference a year makes! At this time last year, the pro-life movement had suffered a loss in the presidential race with the election of pro-abortion President Joe Biden and the Senate majority was still in contention. Ultimately, the Senate went to the Democrats with the defeat of two pro-life incumbents in the Georgia runoff elections. But the movement has suffered losses before, and we are never demoralized. Following a year of organizing and mobilizing, the pro-life movement rebounded with victories in Virginia and unexpectedly strong showings in states like New Jersey.

The standout political moment of 2021 was the election of Glenn Youngkin as the next governor of the Commonwealth of Virginia. Joe Biden won Virginia by 10 points just one year prior and yet the commonwealth saw a 12-point swing to the Republicans.

Youngkin's victory was especially sweet because he defeated pro-abortion extremist Terry McAuliffe, who went as far as to use an abortion clinic for a campaign stop. McAuliffe and his allies in the media tried to use the passage of pro-life legislation in Texas as scare tactic and motivator for McAuliffe's base and yet their efforts fell flat. Exit polling showed that those who considered the issue of abortion when voting broke significantly for Youngkin. A *CNN* exit poll found that voters

who said "abortion was the most important issue facing Virginia" broke 60-40 in favor of Youngkin. A *Fox News* exit poll found that Youngkin received a 12-point advantage

Herring who had served in the role since 2014. Miyares also makes history as the first Cuban American to serve in a statewide office in Virginia.

In the state of Ohio, a

Pro-abortion incumbent Governor Phil Murphy in New Jersey almost went down in defeat after an unexpectedly strong challenge from Republican Jack Ciattarelli. After winning his first term by 15 points, Murphy squeaked by to his second by just 3 points. The race, which had been on few political observers' radar, underscored the depth of the problems the Democrats face with the American public.

Following the 2021 elections, Rasmussen Reports found that among likely voters, Republicans lead Democrats on the generic ballot by 13 points. Put another way, if the elections for Congress were held today, 51% of likely would vote for the Republican candidate, while 38% would vote for the Democrat.

These are encouraging numbers with both the Senate and the House up for grabs in 2022. Both chambers are in reach for Republicans to regain majorities.

The pro-abortion Biden Administration still has 3 years to go but the pro-life movement can stop its pro-abortion agenda dead in its tracks in 2022 by retaking the House and Senate. For instance, victories at the ballot box in 2022 can save the Hyde Amendment and stop the so-called Women's Health Protection Act, which would codify abortion on demand and tear down pro-life statutes. Unborn babies cannot vote but we can. Let's do all we can in 2022 to ensure our elected officials stand for life at every stage!



*From left to right: Lt. Gov-elect Winsome Sears; NRL Political Director Karen Cross; Gov.-elect Glenn Youngkin; Virginia Society for Human Life President Olivia Gans Turner; and Attorney General-elect Jason Miyares.*

among voters who considered abortion "the most important issue." Youngkin's victory once again demonstrated the electoral advantage that candidates receive by taking the pro-life position.

In addition to Youngkin in the Virginia Governor's race, the Commonwealth elected pro-life Winsome Sears as its next Lieutenant Governor. Sears will become the first African American woman in the Commonwealth's history to serve in the position.

Pro-life Jason Miyares was elected as the next Virginia Attorney General, defeating pro-abortion incumbent Mark

special election for the state's 15<sup>th</sup> Congressional District resulted in a victory for pro-life Republican Mike Carey over pro-abortion Democrat Allison Russo. Backed by powerful and well-funded pro-abortion groups like EMILY's List, Russo advocated for a policy of abortion on demand, which would allow abortion for any reason, and she supported using tax dollars to pay for abortions. Many Democrats viewed the race as a chance to flip a Republican seat in a state Trump won handily in 2020 and to create a narrative that Democrats were in a strong position heading into 2022.



# May we always see the miracle inherent in a preborn child

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

I will forever remember the intensity of those eyes.

I would gaze into them as I was nursing, and they would pierce my soul. I never felt so connected with my baby girl as I did when I looked into her pale blue eyes.

Science tells us that a baby's eyes start to develop a mere 19 days after conception. These windows to the soul carry with them so much possibility and promise.

Yet, nearly 900,000 times a year in the U.S. alone, that possibility and promise come to a terrifying end. The culprit is abortion, which forever steals from those eyes of the majesty of sunsets, the glory of flowers, the pristine wonder of new fallen snow.

So much of our humanity is expressed through our eyes. Who among us has not been deeply touched by the kindness expressed through the eyes of someone who truly cares for us?

As I was in church the other day, I saw a man lift up a baby and stare joyfully into her eyes. It was a moment of profound connection—asacred time.

Part of the tragedy of abortion is that the mother is robbed of the experience of gazing lovingly into her baby's eyes. The bond between mother and child is severed in a most violent and heartless way. In fact, it is

only in denying the humanity of the preborn child that abortion is able to flourish. It is through intellectual blindness that abortion proliferates.

As advocates for life, it is incumbent upon us to teach the


world about the development of the unborn child. People need to know that by the 10<sup>th</sup> week post-conception, a preborn baby can move her eyes into a squint. Our fellow travelers on this earth need to

know just what is at stake with every abortion—the loss of an unrepeatable human life.

May we always see the miracle inherent in a preborn child and share that miracle with the world!

**Alive and Growing**

From the moment your life began.

 national RIGHT TO LIFE

# Pro-choice daughter, pro-life Mom debate abortion

By Dave Andrusko

Talk about a riveting, down to brass tacks discussion over abortion. To read Kathleen Walsh, who is pro-choice and never pregnant, talk for the umpteenth time (but the first time in print!) with her Mom, who is pro-life, is nothing short of fascinating.

The story of their very different opinion is found in “Talking About Abortion With My Mom I’m the reason she’s against it, she says. She’s the reason why I don’t agree.”

A couple of preliminaries. Kathleen Walsh gets to add “a note for clarification.” Each “clarification” is hopelessly one-sided and designed to trivialize what her Mom just said. Her Mom, by contrast, does not get to “clarify” anything.

For example, Walsh is pushed over the question of late abortions. She begins by evading the question—“You know that ‘late-term’ abortion; doesn’t mean anything. It’s not a real thing”—and then airily dismisses the whole topic: “You are aware that *Roe v. Wade* only guarantees the right to an abortion pre-viability.”

If Mom had been asked, she could have pointed out that this is not true. Abortion is legal after viability and extends all the way to that point in pregnancy where the abortionist won’t annihilate out of a sense of fear and trembling and nausea.

To Walsh, her Mom’s deep sense of responsibility is both irritating and mystifying. Walsh endlessly tests her Mom, including phony baloney what-ifs, such as what if you needed blood transfusions and there was only person with matching blood, is that person required to give that to you?

Her Mom says there is a difference. What?

**Mom: They’re not inside of you. They’re not part of you. You didn’t make them. You didn’t make them. You didn’t make the problem, as it were. It’s like, when you have a baby, you are responsible. If someone just needs blood transfusions, that doesn’t make you responsible. If you put that baby inside of you, you are responsible. Whatever your choice, you are responsible.**

**Kathleen: F@#\$ that.**

**Mom: Really. I was not responsible for you?**

Walsh justifies her own position by turning her Mom’s into an exercise in self-justification:

**Here’s my theory: Because she felt like a mother as soon as the pregnancy test came back positive, and because she leans toward a very self-sacrificial view of motherhood, to argue that she, or any pregnant person, could or should have chosen her own life over her fetus’ feels like I’m throwing all her maternal love back in her face. This Selfless Mom thing of hers is also why she called to console me after Ruth Bader Ginsburg died, knowing what it would mean to me.**

Actually, it’s not just a “very self-sacrificial view of motherhood,” it’s a sense of obligation that you sense

Walsh is oh so glad she doesn’t possess. And that her Mom called to console her daughter at the death of Supreme Court justice Ruth Bader Ginsburg is not merely this “Selfless Mom thing of hers” but rather a keen ability to empathize.

This could go on as long as their discussion but let me focus on one component. Walsh is comfortable with arguing that an “early”

composed. It’s more about who is affected if you are not “wanted”:

**Kathleen: So what? Like, I didn’t matter to anybody. The only value I had in the world was the value I had for you.**

**Mom: And your dad and your grandparents and everybody.**



abortion doesn’t really count because no one else (besides the mother) knows. The child literally doesn’t exist. Being “wanted,” as it were, is the Abracadabra that turns the whatever-it-is previously into a person:

**Kathleen: I exist because you chose for me to exist. You decided that you wanted me.**

**Mom: Before I decided you existed, you still existed. If I ended that existence, I would have ended it, but I would have ended an existence.**

**Kathleen: But it wasn’t me.**

**Mom: Of course it was you. Every part of you was there. Every cell, every part of you was there.**

**Kathleen: If you had never told them that you were pregnant, life would’ve gone on fine.**

**Mom: It doesn’t turn you into an invisible thing that never happened because I didn’t tell people. It’s like, if a tree falls in the forest and no one’s there to hear it, does it make a sound. Yeah, it does.**

**Kathleen: But, who cares?**

**Mom: Your heart’s beating whether anybody knows about it or not.**

**Kathleen: Well, who cares? Mom: I care. I care and half of the people in the world care.**

Things get very intense—and I suspect Walsh was shouting and her Mom was more

“I care and half the people in the world care” is a response Walsh can’t answer.



# Time to Give the Unborn Their Due

By Laura Echevarria, NRL Director of Communications and Press Secretary

*Editor's note. This appeared in Human Life Review [https://humanlifereview.com/time-to-give-the-unborn-their-due] and reposted with permission.*

This past week the U.S. Supreme Court heard oral arguments in *Dobbs v. Jackson Women's Health Organization*. The case concerns Mississippi's 2018 "Gestational Age Act," which prohibits abortion after 15-weeks of gestation (13-weeks after fertilization). The question before the Court, however, concerns whether the state has the right to protect unborn babies at any stage prior to viability. Legal commentators, pundits, and pro-abortion groups all have opinions regarding what may happen—or what they hope may happen—in this case, but what is clear is that the abortion issue is far from settled.

At heart, the arguments for and against abortion are about rights: the "right" to take the life of an unborn child versus that child's right to live and be welcomed at birth as a member of the human family.

## The Court's 1973 decisions

*Roe v. Wade* and *Doe v. Bolton* revolved around a "right to privacy," which the justices located in "penumbras" of the Constitution. In 1992, the Court reworked its abortion-law framework in *Planned Parenthood v. Casey*, establishing an "undue burden" test that prevented legislation passed by a state from seriously impinging on a woman's ability to obtain an abortion.

But the Court did not clearly define what would create an "undue burden, and as a result, abortion laws continue to be disputed in the courts and legislatures.

Over the years, the justices have strongly adhered to *stare decisis*, that is, Supreme Court precedent, when deciding

abortion cases. In 2020, in *June Medical Services, LLC v. Russo*, the Court nullified Louisiana's "Unsafe Abortion Protection Act," which had required doctors to have admitting privileges at a hospital within 30 miles of the clinic where they performed abortions.



While comparisons were made to the Court's 2016 decision in *Whole Women's Health v. Hellerstedt*, which struck down a similar Texas law, there was a significant difference between the two laws: Louisiana's was not unique to abortionists. The Louisiana state legislature had sought only to extend an already existing provision—one that was required of all other physicians in outpatient surgery settings—to abortionists. However, pro-abortion groups argued that implementation of the law would have resulted in the closing of all but one abortion clinic in the state, and the Court determined that this would create an "undue burden."

While siding with the majority in *June Medical*, Chief Justice Roberts wrote a separate opinion in which he

expounded on *stare decisis*:

The legal doctrine of *stare decisis* requires us, absent special circumstances, to treat like cases alike... *Stare decisis* ("to stand by things decided") is the legal term for fidelity to precedent ... This principle is grounded in a basic humility that recognizes today's legal

us to see the life of an unborn child in three dimensions. Doctors can now treat her as a separate patient from her mother, performing fetal surgery and administering other medical care.

By contrast, our laws concerning the humanity of the unborn remain fixed in the past. For example, in 1973, viability was set at 24-26 weeks of gestation. Today, due to technological advancement, premature babies born as early as 21-22 weeks are surviving. Viability is an unworkable standard in law because it is more of a reflection of advances made in medicine than it is of the development of the child herself. As Justice Sandra Day O'Connor noted in her 1983 dissent in *Akron v. Akron Center for Reproductive Health*:

**The *Roe* framework, then, is clearly on a collision course with itself. As the medical risks of various abortion procedures decrease, the point at which the State may regulate for reasons of maternal health is moved further forward to actual childbirth. As medical science becomes better able to provide for the separate existence of the fetus, the point of viability is moved further back toward conception.**

issues are often not so different from the questions of yesterday and that we are not the first ones to try to answer them.

But such adherence to *stare decisis* in the case now before the Court would ignore how much we have learned about the unborn child since *Roe* and *Doe* were decided, and how far prenatal medicine has advanced.

In 1973, perinatology and neonatology did not exist. In fact, the subspecialty of neonatology did not receive certification until 1975, and the Society of Perinatal Obstetricians for perinatologists (now called the Society for Maternal-Fetal Medicine) was not formed until 1977. Ultrasounds existed as early as the 1950s but were not yet in widespread use in maternal-fetal medicine. Today, ultrasound technology permits

The last 50 years have seen surging scientific innovation—nanotechnology, quantum computers, smartphones, GPS, non-invasive robotic surgery, advanced spaceflight systems, et al.—but we are still in the dark ages when it comes to how our law treats the most vulnerable among us. During that same time, over 63 million lives have been lost to abortion. It's time—long past time—for the Supreme Court to give the unborn their due.



# Analysis: Chemical Abortions behind Increasing CDC Numbers

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

For nearly three decades, abortions, abortion rates, and abortion ratios have been falling, to the point that they are about half what they were in 1980s. In the past couple of years, however, abortions recorded by the U.S. Centers for Disease Control (CDC) have shown slight increases, indicating a possible reversal of the long term trend.

If you follow the numbers closely, you'll see the long term downward trend. But you'll also see what is likely the cause of the recent increase. One area that has been steadily growing over the last two decades, and appears to have accelerated in the last few years, is chemical abortion, those performed with abortifacient drugs like RU-486 (mifepristone) and misoprostol.

From the time it mifepristone hit the market in 2000, that trend has moved steadily upward, to the point that the latest CDC figures for 2019 put the percentage of chemical or "medical" abortions among the overall abortions at 43.7%.

Events in the past couple of years indicate that even this number is poised to skyrocket.

## A bit of historical perspective

When Étienne-Émile Baulieu developed the abortion pill RU-486 back the 1980s, abortion numbers in the U.S. were experiencing their peak, hovering between 1.5 and 1.6 million a year. Abortion rates and ratios were just starting to fall. The CDC's abortion rate peaked at 25 abortions for every thousand women of reproductive age in 1980 but

then began falling over the next few years, down to 21 per thousand by 1994 when U.S. trials of mifepristone began.

Abortion ratios, as measured by the CDC, peaked at 364.1 abortions for every 1000 live births in 1984, but were already down to 245 per thousand live births by the time the abortion pill was approved for use in the U.S. in September of 2000.



Surgical abortion, after years of experience, had grown increasingly unpopular with past and potential customers. Women found it "mechanical," "invasive," "abrupt," dreading the cutting, the scraping, the humiliation of the clinic and the stirrups of the operating room.

Advocates offered chemical abortion as an "easy, safe, simple" alternative to surgical methods. Just take a pill and, almost like magic, the baby disappeared (Sue Halpern, in the April 1987 issue of *Ms.* magazine described it this way: "Imagine being pregnant, swallowing a pill, and – presto! – not being pregnant any longer.")

The truth was anything but. Chemical abortions are bloody (more than a surgical

abortion), extremely arduous and painful affairs that, when they work, may take days to complete. This didn't matter, though, so long as the narrative of the "new and improved" abortion took hold and the media dutifully spread the word.

There were some setbacks along the way. Several chemical abortion patients in the early

2000s mysteriously contracted rare bacterial infections and died, while others hemorrhaged to death. A couple more died of ruptured ectopic pregnancies, whose signs (pelvic pain and bleeding) confusingly mimic chemical abortions.

But investigations, a few sternly worded warning letters from the U.S. Food & Drug Administration (FDA), and assurances by the abortion industry that "no causal link" had been established between the abortion drugs and the deadly incidents allowed the promotion of mifepristone and the myth of mild "medication" abortions to continue.

So, to summarize, decades ago, abortion advocates saw in chemical abortion a way to try and reverse the downward

trend in abortion numbers and chose to pursue that agenda aggressively, fighting any obstacles, legal or otherwise, that stood in their way.

## Making things easier on the abortion pill peddlers

Ignoring the two dozen reported deaths and thousands of incidents of bleeding, infection, and failed abortion that put many women in the hospital (or the morgue), abortion advocates pressed on with their promotional campaign for broader chemical abortion availability. They focused their attention on the few remaining safety regulations the government had imposed on the abortion pill.

When originally approved by the FDA in 2000, the agency directed that the pills were only to be given out at the hospital, clinic, or doctors office and then only under the supervision of a physician who certified that he or she understood how the pills worked and could either treat or refer for treatment any complications that arose during the course of the abortion.

The original approved protocol required three visits. The first was to screen the woman to determine gestation (the effectiveness of the pills declines the farther advanced the pregnancy) and to rule out ectopic pregnancy (that the baby is not implanted somewhere outside the uterus, which mifepristone does not treat and can prove deadly in the case of a rupture) and other

*See "Analysis," page 40*

# PRO-LIFE SHOCK: Univision Airs Anchor Recognition of Humanity and Sentience of the Preborn

By Kathleen Krumhansl

*Univision News* delivered a highly unusual pro-life report on Wednesday about the Supreme Court's hearings on Mississippi abortion law, allowing the broadcast of anchor Carolina Sarassa's on-air recognition of the humanity and sentience of an unborn child.

The surprising segment also featured three pro-lifers, including Mario Díaz, general counsel for Concerned Women for America, and Raimundo Rojas, Director of National Right to Life, who was asked by Sarassa to speak from the point of view of the unborn.

Take a look at something you rarely see in a Univision newscast, given the network's historic bias in favor of abortion:

**CAROLINA SARASSA, UNIVISION:** Raimundo. We've just heard this woman's take, but talk to us from the perspective of the person that cannot speak, of that baby that is in the woman's

womb. When a fetus is at 12 weeks, it can feel, it can dream. What would that fetus say if it were able to have a voice?

a history of grotesque bias in favor of the abortion industry acknowledged --- on air --- the humanity and sentience of a preborn child at 12 weeks of

their reporting -- subsequent Univision reports on the Supreme Court's hearings in the Mississippi case returned to the usual pro-abortion point of view



**RAIMUNDO ROJAS, DIRECTOR NATIONAL RIGHT TO LIFE:** "Save me." It would say, "save me."

The significance of this moment cannot be understated. An anchor on a network with

gestation. It bears noting, as does our pal Frances Martel, that this is only remarkable because of Univision's gross disconnect with the audience it claims to champion.

While we can only hope their audiences fairness in

— at MRC Latino we applaud Sarassa for bringing attention to the unborn: the only ones in the abortion discourse that are unable to speak for themselves.

*Editor's note. This appeared at Newsbusters and is reposted with permission.*



# Everyone is talking about abortion, but these rhetorical ploys miss the mark

By Paul Stark, Communications Associate, Minnesota Citizens Concerned for Life

As the Supreme Court reconsiders *Roe v. Wade*, it's hard to remember a time when the debate over the ethics of abortion so dominated public conversation.

Much of that conversation is superficial, confused, and misinformed. Some of these mistakes even cropped up in the Court's recent oral arguments in *Dobbs v. Jackson Women's Health Organization*. When you engage others and make the pro-life case, here are a few common rhetorical ploys to watch out for.

## The health ploy

"Abortion is health care." That's a standard abortion industry talking point. It adds a veneer of respectability to abortion because everyone agrees that health care is good and important.

Health care, as the dictionary defines it, is "the maintaining and restoration of health by the treatment and prevention of disease." How does elective abortion maintain or restore health? It doesn't—because pregnancy isn't a disease. It's a sign that the body is functioning properly. Far from restoring proper function, abortion *undermines* such function. In fact, abortion intentionally attacks the health and ends the life of a distinct and growing individual. It literally dismembers, starves, or poisons to death.

Whether this killing is right or wrong, it can't be health care. It's the opposite of that.

## The freedom ploy

In the *Dobbs* hearing, the lawyer representing the

abortion industry called pro-life laws a "fundamental deprivation of ... liberty" and a violation of "a woman's right to make this decision."

There's a big problem with such appeals: freedom *per se* isn't at issue in the abortion debate. Everyone, on both



sides, thinks freedom is important, and everyone also thinks that people shouldn't use freedom to infringe on the rights of others.

We have the right to decide whether or not to go to college, or to take a certain job, or to have children. But we don't have the right to get rid of our annoying roommates, or our unfair bosses, or our expensive and life-changing toddlers. We don't have the right to do things that are unjust or that harm innocent people. If abortion is that sort of action, then we don't have a right to abortion. If unborn humans have human rights—like roommates and bosses and toddlers—then those rights deserve respect. The issue, then, isn't freedom at all, but whether unborn children matter like the rest of us do.

Abortion defenders often

appeal to a specific form of freedom—bodily autonomy. Pregnant women, they say, have a right to do what they want with what's inside their bodies. But here, too, freedom isn't really the issue. In the *Dobbs* arguments, Justice Clarence Thomas pointed to

a case involving a pregnant woman who ingested drugs that caused harm to her unborn child. Does a woman's right to bodily autonomy justify this harm, Thomas asked the lawyer?

Of course not. Bodily autonomy is important, but it must respect the bodies and rights of others. If unborn humans really count, then our autonomy can't come at the expense of their lives.

## The religion ploy

"That's a religious view, isn't it?" asked Justice Sonia Sotomayor during the *Dobbs* hearing. She was referring to the pro-life view. The implication was probably that, because it's religious, this view shouldn't be reflected in our laws.

Yet the pro-life position is about justice, not faith or

dogma. Opposition to killing unborn humans is no more inherently "religious" than opposition to killing teenagers. Such opposition is supported by empirical science, which shows that embryos and fetuses are living members of our species, and by the principle that all human beings have human rights.

"Are there secular philosophers and bioethicists who take the position that the rights of personhood begin at conception?" asked Justice Samuel Alito, jumping in to correct Sotomayor's suggestion. Yes, there are. The group Secular Pro-Life estimates, based on polling data, that some 13 million Americans who oppose abortion have no religious affiliation.

Many pro-lifers *are* religious, of course, and many are influenced and motivated by their religious convictions. But that fact no more excludes their views from consideration than it excludes the views of those motivated by faith to fight poverty or human trafficking.

The pro-life position can't be so easily dismissed.

## The gender ploy

Media outlets and abortion defenders often frame support for abortion as the position of "women." One could be forgiven for concluding that pro-life advocates are on one side and women are on the other.

That's an outrageously false narrative. Women lead most of

*See "Ploys," page 19*



# Memorials & Tributes

You, your family, and your friends may remember a deceased loved one by making a memorial contribution to National Right to Life. This memorial gift is a fitting way to remember a lifetime of love for the unborn at the time of death. Your contribution can also be made to commemorate birthdays, new arrivals, anniversaries, Mother’s Day, Father’s Day, or any other special occasion. An acknowledgment card in your name will be sent to the family or person you designate. The contribution amount remains confidential.

## In Memory of

**Joan P. Allgaier**  
Michael Allgaier

**Herm Hernandez**  
Don & Diane Balk

**Dolores Berg**  
Gordon & Sandra Bellig

**Joseph Listermann**  
Linda & Keith Smith  
Mary Steinbach

**Duane Browning**  
Teresa Browning

**Patricia Mitchell**  
Cheryl Hooper

**Mark & Jeanette Clifford**  
Mr & Mrs Ken Tremel

**Marge Moggeenberg**  
The Kasel Siblings

**Linda Gail Crawford**  
John Nolan  
Lydia & Alex Sokolowski

**Roberta Pepin**  
Brad Peppin

**William Harold Crawford**  
John Nolan

**Al Pesl**  
Eric Phillips

**Susan Feeney**  
Catherine Theodore

**Nicholas Emil Petrarca**  
Todd & Janet Wilson

**Richard Lee Hall**  
Forrest Wildes  
Gregory Hanson  
Jeff McKee  
West Tennessee  
Medical Group

**Maxine “Mickey” Rauss**  
Mary Jane Rein  
James & Christine Rein

## In Honor of

**Linda Adams-Chau**  
Joshua Wilburn

**Dianne Sinclair Audette**  
Lorraine Sinclair

**Ken Sell**  
Gordon & Sandra Bellig

**Ruth Tate**  
Lt Col David O. Tate (Ret)

**Dorothy Wolfe**  
Wayne Wolfe

December 2021

**You can make your contribution in loving memory or in honor of someone online at [www.nrlc.org/giving](http://www.nrlc.org/giving) or by sending your contribution along with the form below.**



## Memorials & Tributes

Contribution amount



Your name \_\_\_\_\_

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

Your address \_\_\_\_\_

Name/Address for acknowledgment card \_\_\_\_\_

**Make your check payable to National Right to Life Committee and return with this form to:  
National Right to Life Development Office  
1446 Duke Street | Alexandria, Virginia 22314**



# “These little ones are members of the human family and deserve to be protected”

*Editor’s note. The following remarks were delivered by Carol Tobias, President of National Right to Life Committee, at a rally preceding oral arguments before the Supreme Court in Dobbs v Jackson Women’s Health Organization.*

Good morning! Thank you all for being here on this historic day; a day that is so important to vulnerable preborn members of the human family!



America needs to know what is being argued here today so I’m going to read the opening section of the Mississippi law under debate.

## **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:**

**SECTION 1.** (1) This section shall be known and cited as the “Gestational Age Act.”

(2) Legislative findings and purpose. The Legislature makes the following findings of fact and incorporates them herein by reference:

(a) The United States is one (1) of only seven (7) nations

in the world that permits nontherapeutic or elective abortion-on-demand after the twentieth week of gestation. In fact, fully seventy-five percent (75%) of all nations do not permit abortion after twelve (12) weeks’ gestation, except (in most instances) to save the life and to preserve the physical health of the mother.

(b) (i) Medical and other authorities now know more about human prenatal development than ever before including that:

1. Between five (5) and six (6) weeks’ gestation, an unborn human being’s heart begins beating.
2. An unborn human being begins to move about in the womb at approximately eight (8) weeks’ gestation.
3. At nine (9) weeks’ gestation, all basic physiological functions are present. Teeth and eyes are present, as well as external genitalia.
4. An unborn human being’s vital organs begin to function at ten (10) weeks’ gestation. Hair, fingernails, and toenails also begin to form.
5. At eleven (11) weeks’ gestation, an unborn human being’s diaphragm is developing, and he or she may even hiccup. He or she is beginning to move about freely in the womb.
6. At twelve (12) weeks’ gestation, an unborn human being can open and close his or her fingers, starts to make sucking motions, and senses stimulation from the world outside the womb. Importantly, he or she has taken on “the human form” in all relevant aspects.

These are the biologically accurate findings in the Mississippi law. And that is why Mississippi is today asking the Court to allow protections for preborn children before viability. These little ones are members of the human family and deserve to be protected.

Viability is an ever-changing standard and, therefore, unworkable as the timeline or framework for abortion. For many years, babies were thought to be viable at 28 weeks. Now, babies are generally considered to be viable at 24 weeks, but babies have survived at 21 weeks! Viability is not a characteristic of the baby but of how advanced our technology has become.

Mississippi seeks to protect from abortion unborn babies after 15 weeks. By that age, preborn children are fully formed. They have heartbeats, fingers and toes, and functioning organs. By eight weeks gestation, brain waves can be recorded. Life has surely begun, and the state has the right, indeed—the duty—to protect it.

I pray the Supreme Court sees these little ones as the precious human beings they are, regardless of age.

# Born at 21 weeks and one day, weighing less than a pound, baby is world's most premature baby ever to survive

By Dave Andrusko

Curtis Means, born about the size of a soccer ball, is now officially the world's most premature baby ever to survive.

"Guinness World Records and UAB Hospital announced Wednesday that Curtis Means, who weighed only 14.8 ounces (420 grams) at birth, set the new record," the *Associated Press* reported. "Born 132 days premature on July 5, 2020 with a twin who didn't survive, Curtis is now healthy and 16 months old."

Ironically, Curtis was born exactly one month after the birth of the previous world's most premature baby, Richard Hutchinson from Wisconsin.

"The medical staff told me that they don't normally keep babies at that age," Michelle "Chelly" Butler told Guinness World Records' Adam Millward. "It was very stressful."

"The numbers say that babies at this age will not survive," said Dr. Brian Sims, the neonatologist who oversaw the twins' delivery and who was greatly involved with Curtis' subsequent treatment. But "Mum's question to me

was: 'Can we give my babies a chance?'"

"They didn't know if he was going to survive so they just told me to keep on praying," Chelly Butler said. Defying the grim prognosis and uplifted



in prayer, Curtis "responded extraordinarily well to treatment and, as the days and weeks went on, he grew stronger and stronger."

It was a long journey—275 days—before a small army at the Regional Neonatal Intensive Care Unit determined that Curtis—or "Poodie," as his family calls him—was able to

go home on April 6, 2021. His family, which includes three siblings, celebrated his birth on July 5. Chelly Butler was originally scheduled to deliver on November 11, 2020.

"His discharge from the

director of the hospital's Golden Week Program for extremely preterm infants. He said

**"When he was going home, the feeling we had was of being privileged to have been able to take care of him and his mum. It's such a privilege taking care of these tiny people."**

**"After everything that his mum had been through... and the months of not knowing what was going to happen, I was so happy for her that Curtis got to go home and also that he got the recognition [from Guinness World Records] for what she had done to advocate for him, to give him a chance."**

When asked about her son's energy levels, "He's very active. I'm tired already!" Chelly said a grin.

"I'm very proud of him because where he came from and where he at now, I can tell the difference."

hospital was only made possible with a tailored course of medication and special equipment such as bottled oxygen and a feeding tube, but it was nevertheless a major milestone on his extraordinary journey," Millward wrote.

Dr. Colm Travers is Assistant professor within UAB's Division of Neonatology and co-



# Fighting back against doctors' pressure to "reduce" (selectively abort) quadruplets

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

Once, while scrolling through my emails, I came upon a fascinating find.

It was a message from a man named Michael.

Michael came to his pro-life convictions naturally. You see, he is a quadruplet.

I will let Michael take up the story from there:

"When my parents discovered they were expecting four children at once, their doctors tried to pressure them into 'reducing' to twins.

"To the medical system, the

lives of my brothers and me didn't count—literally—unless our parents chose to carry us to term. And twins were 'less risky' for the doctors and the hospitals than quadruplets were."

But Michael's parents were convinced that all four of their children deserved a chance at life. Michael says that, despite scare tactics, "including telling my mother that she and all four of us would die if they didn't choose abortion, my parents' faith and belief in the equality

of unborn life led them to protect us all."

Michael's parents dismissed the pro-abortion doctors and searched for new ones who truly respected the gift of life.

The result? All four babies were born safely, without any complications or health issues.

Michael added, "Knowing that I was only born because of my parents' commitment to valuing all life, and willingness to put their lives on the line for those beliefs, I've always considered it my responsibility

to defend unborn children. My right to life shouldn't have depended on parents who would hold to their beliefs in the face of immense pressure from the medical system, and other children shouldn't lose their lives because their parents lack those beliefs."

So I would like to salute Michael's family and all families of multiples who bravely rejected a doctor's pressure to abort their precious offspring. The world is a better place with you in it!



# Five ways to help a friend who regrets her abortion

By Nancy Flanders

Abortion regret is real and so is the trauma that countless women suffer after undergoing an abortion. Women at times fall prey to the idea that they are incapable of motherhood because they are too young, too old, too poor, too uneducated, too alone, or simply not good enough. Others have believed the lie that preborn children are no more than a “clump of cells.” Every woman struggling with abortion trauma and regret deserves the opportunity to heal. If you have a friend who is living with abortion regret, here are five ways you can help:

## 1. Become educated on abortion trauma and the effects of abortion on mental health

According to research that analyzed data over the course of 14 years, women who undergo abortions are at a highly increased risk of developing adverse mental health problems. The research, published by Cambridge University Press in 2018, shows that women who have abortions will be:

- 81% more likely to experience mental health problems.
- 34% more likely to experience anxiety.
- 37% more likely to experience depression.
- 110% more likely to use or abuse alcohol.
- 230% more likely to use marijuana.
- 155% more likely to exhibit suicidal behavior.

Likewise, a study titled, “Psychiatric admissions of low-income women following abortion and childbirth” reviewed psychiatric admissions of low-income

women following either abortion or childbirth. Researchers concluded that women who had abortions were twice as likely to need psychiatric inpatient care than women who gave birth to their babies, even after controlling for mental health issues prior to pregnancy.

A 2018 article in SAGE Open Med found that abortion is “consistently associated with elevated rates of mental illness” compared to women who have not undergone abortions and that abortion “directly contributes to mental health



problems for at least some women.”

A Canadian study revealed that 25% of women who had abortions sought psychiatric care over a five-year period compared to three percent of the control group. In addition, a Finnish study found that women who had an abortion had a three-times greater rate of suicide in the year following than all women of reproductive age, and a six-times greater rate than women who gave birth. A Welsh study found that the rate of suicide after abortion was twice that of women who gave birth.

## 2. Identify your friend’s needs

When trying to help a friend who is struggling with

abortion regret, it’s important to understand just how much she is struggling. Does she simply need someone to listen to her and understand her? For some women, it might be enough to hear someone else say that they believe her and support her. The media tends to deny abortion regret and focuses on abortion as a sort of empowerment. This causes even more pain for women who regret their abortions, because they are led to believe they are alone in their feelings, and are wrong to feel that way. Make sure your friend knows that her

this is not the experience of most who have abortions.

Your friend will need your love and support along with your understanding, and one way to support her is to point her towards healing resources.

## 4. Give her resources

Point your friend in the direction of resources that can help her — to groups dedicated to helping women suffering from abortions. These groups allow women to speak with other women who have suffered similar trauma, which can help immensely. Organizations such as Rachel’s Vineyard, Not Forgotten Ministries, Deeper Still, and She Found His Grace can help your friend to heal and forgive herself, as well as to seek God’s healing and forgiveness.

Websites including Abortion Changes You, Lumina, and Silent No More Awareness can show her that she’s not alone. Many women regret their abortions.

## 5. The baby’s father

In some cases, the baby’s father may have been the one who coerced your friend into her abortion, but if not, there is a good chance he could also be suffering from abortion regret. If possible, point him toward the directions of post-abortion help ministries as well.

Abortion is a traumatic event and though women (and men) may try to bury their feelings, eventually, the pain they suffered at the hands of the abortion industry and others who pressured them into the abortion will surface. They will need help to get them on the road toward seeking healing.

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

feelings of regret are valid and that she is not alone.

But more than just a shoulder to cry on, your friend may need help from a doctor. If your friend is exhibiting signs of depression, alcohol or drug abuse, or suicidal thoughts, she needs immediate medical help. Talk to her about seeking help and help her find that help.

## 3. Show her love, support, and understanding

It is important to note that many women are coerced into abortions, made to feel as if they have no other options. While the media portrays the choice of abortion as empowering, and celebrities and TV shows have laughed about abortion and bragged that having an abortion makes a woman feel like God,



# Man sentenced to life in prison for killing preborn child

By Nancy Flanders

A Texas man has been sentenced to life in prison for killing a five-week-old preborn child, after attacking his wife upon learning she was pregnant.

Joel Luna, age 37, was sentenced on November 17 for capital murder of a child under 10 as well as aggravated assault causing serious bodily injury in the attack on his wife and baby. According to Odessa American, police had been called to Medical Center Hospital in Odessa, Texas, on May 1, 2018, in response to a call about an assault victim.

After an investigation, police determined that Luna, after learning his wife was pregnant, began choking her. He continued to choke her until she lost consciousness. Then he knelt on her abdomen and repeatedly applied force while saying he wanted to kill the baby. When his wife was able to seek medical treatment, she learned from the doctors that she was about five weeks pregnant and that she had lost the baby.

In addition to life in prison for killing the preborn child, Luna was sentenced to 36 years in a Texas Department of Criminal Justice Correctional Institution for the assault on his wife.

The Texas Heartbeat Act prohibiting abortion after a preborn child's heartbeat can be detected (usually about six weeks) went into effect on September 1, 2021. At the time

of the assault and murder, Texas state law allowed abortion up to 20 weeks. In other words, it is legal to have an abortion at five weeks in Texas, yet, because Luna's wife did not seek out an abortion and her baby was killed against her will, Luna was charged with and convicted of murder for killing the five-week-old preborn baby.

In contrast, pro-abortion states do not charge assailants with murder when they kill a preborn child against the mother's wishes.

## New York

In 2019, neighbors of 35-year-old Jennifer Irigoyen heard her screaming, "He's going to kill the baby." Irigoyen was five months pregnant, and the baby's father, Anthony Hobson, was attacking her. He stabbed her multiple times in the torso, neck, and abdomen. Both mother and child died at the hospital and Hobson was charged with the murder of Irigoyen — but no charges of second-degree abortion were filed in the death of the baby.

This is because New York's expansive abortion law — The Reproductive Health Act (RHA) — removed abortion from the criminal code in order to protect abortion and abortionists. And now, assailants can no longer be charged with the death of a preborn child.

In 2020, another tragedy

occurred when Philip Moreno killed Alafia Rodriguez and his seven-months-pregnant girlfriend Ana DeSousa. Moreno was charged with second-degree murder, unlawful use of a firearm,

Her back was broken, and her babies died. The reckless driver served just 13 months for gross negligence while driving.

The state of Vermont claimed no one died in the accident.

There are 38 states in the



Joel Luna

reckless endangerment, assault, and acting in a manner injurious to a child (there was a toddler at the scene), but he was not charged in the death of the preborn baby. Likewise, just months after the RHA was signed into law by then-Governor Andrew Cuomo, Jerry Brown received a lesser sentence after he killed a woman with an ax while she was three months pregnant.

## Vermont

In Vermont, where there are no restrictions on abortion, Patricia Blair was in a car accident in 2009 that was caused by a reckless driver who veered into her lane, hitting Blair head-on. Blair was six months pregnant with twins.

country that have fetal homicide laws, including Texas. Twenty-nine of those states include preborn children killed at the earliest stages of pregnancy, such as Texas. But pro-abortion states including New York and Vermont do not offer women this safeguard.

Murder is reported to be the second leading cause of injury-related death for pregnant women, and when feticide laws are removed, there is evidence that this endangers women who are pregnant and at risk for domestic violence.

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

# God's Battlefield

By Mary Anne Buchanan, WVFL Communications Director

West Virginians for Life (WVFL) has contracted to purchase the land across from the only abortion clinic in West Virginia, which happens to be in the state capital of Charleston. By purchasing the property, the intention is to honor and remember the thousands of little boys and girls that have been killed across the street.

The deadline to purchase the property across from the only abortion business in West Virginia, the Women's Health Center, is December 31, 2021. The West Virginians for Life Kanawha-Putnam County Chapter took a leap of faith and entered into a three-month lease agreement that includes the first option to purchase the property by the end of the lease agreement at a cost of \$199,000.

The property is being used to speak life to the abortion business' patients, employees, and volunteers. It functioned as a safe gathering place and allowed for a pro-life presence during a nationally organized constant prayer vigil, which this year was held from September 18-October 31.

WVFL is asking not only West Virginians to pray about partnering with them in this urgent effort, but pro-lifers from around the country like the friends in California who have donated a total of \$5,500 already. Yes, the country is cheering on the effort.

If the money is not raised in time, contributions will be refunded to the donors. The land will then be purchased by

the abortion clinic, who had no interest in it until now. On the other hand, an excess of money would be put toward

will continue to show Himself strong in this endeavor. There have been too many miraculous answers to prayer thus far to

memo line. Send it to WVFL, 25 Canyon Road, Morgantown, WV, 26508. Alternatively, payment may be made at

**Urgent Help Needed:**

**Help West Virginians for Life Purchase God's Battlefield.**

On September 18, 2021, WV For Life Kanawha-Putnam County Chapter took a giant leap of faith and entered in to a three-month lease agreement that includes the first option to purchase the property by the end of the lease agreement. We have until December 31, 2021, to raise \$199,000 to purchase this property.

**This is bigger than we are but it's not bigger than the God we serve!**

**TO MAKE DONATIONS**

Follow the Link Below:  
<https://www.wvforlife.org/godsbattlefield/>

Mail Donations to:  
 West Virginians for Life  
 25 Canyon Road  
 Morgantown, WV 26508

beautifying the space and creating a memorial park to the unborn.

According to Kanawha-Putnam County Chapter Leader Missy Ciccarello, "This is a spiritual battle. God is moving in a mighty way and West Virginians are believing that He

believe that God doesn't have this."

As of December 3, after four weeks of fundraising, the total raised amounted to over \$161,000. Those who are led to give, should write a check to WVFL Ed. Trust Fund and put "God's Battlefield" on the

[wvforlife.org/godsbattlefield/](http://wvforlife.org/godsbattlefield/). There is a short video on that webpage to share via social media, too.

West Virginians for Life cannot wait to share in the next issue the amazing end to this story!



# Are pro-abortion N.J. Democrats having second thoughts about the Reproductive Freedom Act, or are they merely disguising what they are doing?

By Dave Andrusko

No one would expect a legislature completely and thoroughly dominated by pro-abortion Democrats to waiver in its support for abortion. But the results of the November 2 elections in which New Jersey State Senate President Stephen Sweeney lost to a pro-lifer running on a shoestring campaign budget of a few thousand dollars and saw the Democrats' 11-vote majority shrink to five in the Assembly, has tempted them to try to hide what they are doing.

Last year Democrats "overwhelmingly supported a bill, the Reproductive Freedom Act, enshrining the protections of the landmark reproductive rights case *Roe v. Wade* into law and expanding them," according to Dustin Racioppi of the *North Jersey News*.

The Act "would go beyond *Roe v. Wade* by requiring health insurers to cover abortions and birth control at no cost out of pocket; easing regulations on late-term abortions, which are rare; and allowing professionals besides doctors, such as advanced practice nurses and midwives, to perform the procedure," Racioppi explained.

Actually it goes even further than that. Abortions after the 14th week would likely no longer be required to be

performed in licensed hospitals and the Conscience Clause law for health care workers would be eliminated.

But going beyond *Roe* is precisely the point, according to Alejandra Sorto, campaign strategist for the ACLU of New Jersey, which is part of a pro-abortion coalition called Thrive New Jersey. But Democrats are skittish about passing the law when they can accomplish much the same things without potentially paying a political price.

So there is disingenuous talk about a "watered-down" or "scaled back" version of the Reproductive Freedom Act bill being introduced in next month's lame-duck session. How would that work?

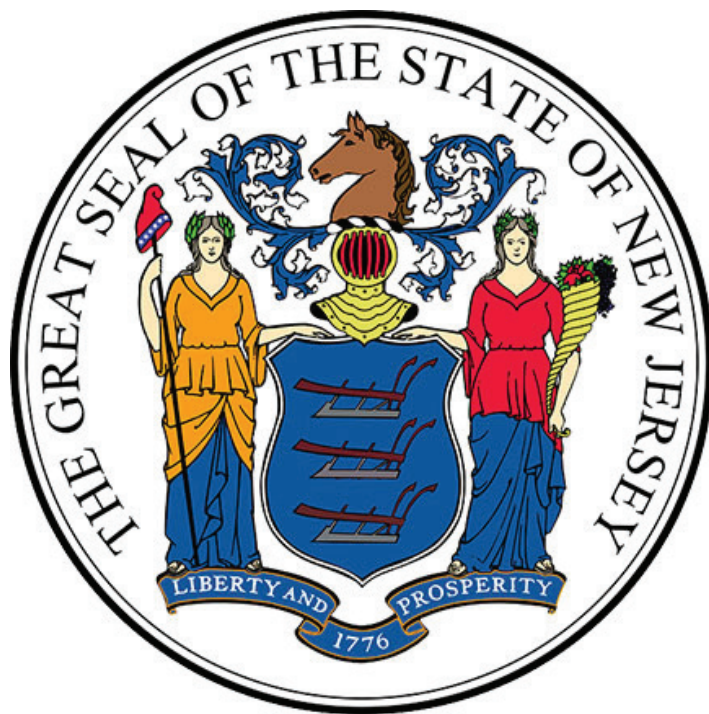
The state Board of Medical Examiners has already passed new rules:

**Those rules, which should take effect soon, lift regulations on abortions that barred them from happening in a doctor's office beyond 14 weeks of pregnancy and would allow as many as 15,000 nurses, physician assistants and midwives to perform the procedure.**

**Because those provisions were**

**included in the Reproductive Freedom Act, lawmakers could pull them and potentially the health insurance**

"We're going to keep pushing it," said Anjali Mehrotra, president of the National Organization for Women of New Jersey, which is also part of the Thrive coalition.



**requirements, leaving simply a bill codifying a woman's right to an abortion.**

Which, to be clear, is already extremely radical. But, of course, abortion militants want to pass the even more pro-abortion Reproductive Freedom Act in its entirety.

Gov. Murphy, according to Racioppi, has not said if he would accept the ploy.

**The governor said he's had "very good leadership meetings and exchanges" with lawmakers, but it's still "to be determined when and how this all works out."**



# Woman awakens from coma on the same day that life-support was to be withdrawn

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

I have listened, over the years, to many people who have contacted to discuss whether they should discontinue life-sustaining treatment for a person when they are the Power of Attorney for Personal Care.

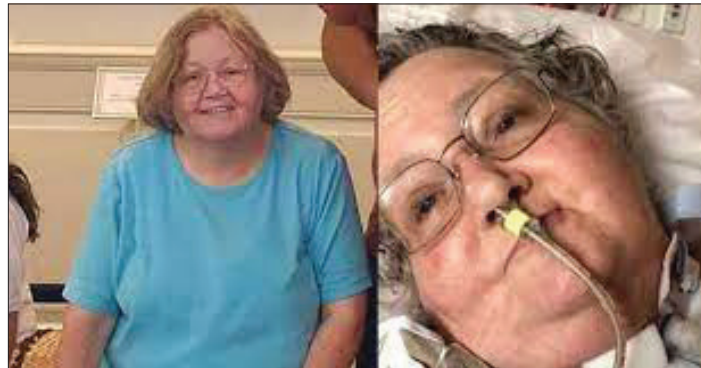
These are never easy discussions. In these circumstances I will listen to the concerns of the decision maker and ask questions to help them assess what the person would have wanted if they were capable of making the decision or discuss what is the best decision. I only discuss the issues, people have to make decisions for themselves.

Michelle Butterfield, reported for *Global News* on a 69-year-old Florida woman who came out of coma, related to COVID-19, on the same day as the family had agreed to remove her from life-support.

Butterfield reported:

**Bettina Lerman's family had already made funeral arrange-**

**ments and had picked out a casket and headstone for the 69-year-old woman. They were preparing to say good-**



*Bettina Lerman*

**bye after doctors said it didn't look like she would ever wake up.**

**"We had a family meeting with the hospital because my mother wasn't waking up. No matter what they (did), they couldn't get her to wake up," Andrew**

**Lerman, Bettina's son, told CNN. "They said that her lungs are completely destroyed. There's irreversible**

**than four weeks after she was first placed on the ventilator.**

Medical professionals are not always right and sometimes a person needs a little more time to awaken.

For instance, a few years ago, a close family member had a profound heart attack. Doctors urged her husband to withdraw life-sustaining treatment, telling him that she would not likely come out of coma, and if she did she would never be the same.

Her husband insisted on continuing treatment. She not only came out of coma but she fully recovered and remains healthy today.

I am not suggesting that recovery is always possible, but patience and time can save lives.

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

**damage — that it's just not going to happen."**

**The family was picking up her headstone on Oct. 29 when they received a call from the hospital.**

**"There's nothing wrong. Your mother woke up," the doctor told Andrew, more**

## Everyone is talking about abortion, but these rhetorical ploys miss the mark

*From page 10*

the major pro-life organizations. And polls have typically shown no real difference between the abortion views of men and women. If you ask when and under what circumstances abortion should be legal, a majority of American women will disagree with the no-limits abortion policy supported by Planned Parenthood, the Democratic Party platform, and the Court's *Roe v. Wade* and *Doe v. Bolton* decisions.

Gallup's 2020 poll, for example, found that 51 percent of women think abortion

should be legal in "only a few" circumstances or in no circumstances. Gallup has also found that just 26 percent of women (compared to 31 percent of men) think abortion should be generally legal in the second trimester of pregnancy, and only 12 percent want it to be legal in the third.

Abortion isn't a gendered debate. The truth about abortion—that it's unjust and harmful and that's there's a more humane and compassionate way—doesn't depend on anyone's gender.

Tens of millions of women, including women with various experiences of pregnancy and abortion, recognize that truth. One slogan puts it well: "Stop erasing pro-life women."

### What we should be talking about

Many defenders of abortion want to present it as an important health care service and an essential freedom. They want to portray pro-life efforts as inherently religious and oppressive toward women.

These rhetorical maneuvers

call for gracious correction. The abortion debate isn't about those things at all. It's really a debate about the basis and scope of human rights—a debate between the inclusive view that all humans count and the exclusive view that says some are expendable.

Human equality is real. Both unborn children and their mothers deserve love, support, and protection. That's what we need to be talking about.

# Study Claims, But Fails to Show “Self-Managed” Chemical Abortions “Highly Effective and Safe”

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

Another day, yet another study from abortion advocates claiming that Do-It-Yourself (DIY) or “self-managed” chemical abortions are safe and effective.

This latest one is a study of about a thousand pregnant women in Argentina and Nigeria – where abortion was illegal at the time – who took different combinations of abortion pills. It was done, of course, by the fine, objective researchers at the Ibis Reproductive Health, long known for their abortion advocacy.

The idea is clearly to build up momentum for worldwide authorization and use of abortion pills ordered online or over the phone and delivered by mail, so that women in industrial as well as developing nations can have these bloody, painful, dangerous abortions at home and never have to visit the clinic.

They were dangerous before, and they will be even more dangerous if these pills are going to be given to women without any supervision or realistic emergency plan.

## Study Results and Claims

The study, with the lengthy title “Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls,” was published online November 18, 2021, in *The Lancet*. It was produced by a team of international abortion researchers from Ibis Reproductive Health, headquartered in Oakland,

California but with offices in Nigeria, South Africa, Indonesia, and Argentina.

Researchers said that 1,237 women contacted a local “abortion accompaniment group” to enquire about the method. After 186 were ruled out as ineligible, not interested, or unwilling to undergo the procedure, 1,051 completed the initial questionnaire and consented to be part of the study.

Of those, 356 took the standard mifepristone + misoprostol regimen familiar to those in the United States, while 593 tried using misoprostol alone to chemical abort their children. Two used some unknown regimen, ten received but did not take the drugs, and 90 were lost to follow up before their full outcomes were known.

From this, researchers to have obtained an efficacy rate of 97%, a complete abortion without any surgical intervention, for women using either regimen.

Efficacy, rather than safety, was the immediate focus of this study, but researchers claimed that 82% of participants reported no warning signs of complications. That, of course, means **nearly one in five** reporting issues such as heavy bleeding, foul smelling or colored discharge, fever, or debilitating pain.

Just over 20% sought care from a hospital or clinic at some point, most to confirm completion of the abortion, though 21 patients came in with concerns about pain, bleeding, discharge or fever.

On the basis of these results, authors announced that

“self-managed medication abortion with accompaniment support is highly effective and safe.” They argued that going forward, governments

screened, checked for possible contraindications (conditions such as blood disorders, allergies that might make the drugs particularly dangerous



and clinicians should “rely on evidence to guide their policies and practices towards self-managed approaches for medication abortion and focus on expanding access to medication abortion across a range of service delivery models, including self-use.”

## Significant Flaws Plague this Study

Some spin is expected among researchers angling to promote their pet project, but this study, like many similar others that came before it, is riddled with significant holes.

## Less “self-managed” than portrayed

First, though presented as an evaluation of “self-managed” care, there was a great deal more involvement by medical professionals than an actually “self-managed” method would seem to allow. Patients in the Ibis study were

for her), checked for age, symptoms of ectopic pregnancy (which these pills do not treat), etc.

It is unclear whether this was done in person or over the phone or internet. But some appear to have had their pregnancies dated by ultrasound which would have necessitated some direct personal contact with a professional health care provider. The pills are less efficacious the farther along a woman is in her gestation.

(Some determined their gestations by estimating the time since their last menstrual period, which is less exact and subject to error. If simply depending on recall or disclosure by the patient, incorrect dates may be given,

*See “Study,” page 21*

## Study Claims, But Fails to Show “Self-Managed” Chemical Abortions “Highly Effective and Safe”

From page 20

so that pills may be given to women for whom they are less likely to work.)

In a self-managed abortion where a woman orders her pills over the internet after filling out a questionnaire (if that) or merely talks to a sales person over the phone, this critical information about gestational age, contraindications, even basic instructions that has an enormous impact on safety and efficacy may not get shared.

A certain percentage also visited the clinic or hospital to confirm their abortions or to have complications addressed. If these abortions are to be truly “self-managed” and the pills made available to women who do not live close to or have ready access to medical care – those for whom the DIY model is offered or even designed – the medical services available to women in this study to address the uncertainty, the possible failures, potentially serious complications may well not be available to women attempting this in the real world.

Thus, despite the claim to have established the safety and efficacy of self-managed DIY abortion, the study did not actually address those conditions as they will play out on the ground.

### More screening than expected in the field

Second, related to the first, the screening done here – which would not necessarily be done in the field – may have artificially contributed to higher efficacy and safety rates.

One reason that the screening is done in person, that there are ultrasounds to definitively determine gestational age,

is because these are critical elements to eliminating patients for whom the drugs would not work or might prove dangerous. To project that these rates, obtained with some form of screening, some ultrasounds, some form of direct contact would apply to women who are not screened, or are only screened by a questionnaire is entirely unwarranted. It is quite different when women merely offer a “best guess” estimate of their last menstrual period (or give a date that they think will get them the pills. To report safety and efficacy rates where many women had or took advantage of ready access to professional medical help as applicable to situations where they do not is disingenuous at best and dishonest at worst.

A real world sample, where women on their own simply ordered the pills off the internet if they wanted them, would have women with gestations considerably higher than the 10 weeks recommended by the FDA; indeed, this study had a number of women who attempted these at gestations between 12 and 22 weeks, with higher failure rates. They would also have had women with undetected ectopic pregnancies (which this study screened out) which these pills do not treat.

### Too many lost to followup

Third, in this study as in many of the others defending self-managed, telemedical, or merely chemical abortion, there were an inordinate number of patients lost to follow up. To assume that these patients successfully aborted or otherwise fared well – when the issue is precisely how well

patients manage when outside the supervision or monitoring of health care professionals – is not only irresponsible, but borders on being misleading.

Though reporting an efficacy rate of 97% for all regimens, researchers admit that the rate would drop to 91% if those lost to follow up were included as non-successes.

Even if some of those women did eventually abort, this does not tell us whether those lost to follow up may have been those more likely to abandon the program and seek outside help because of problems. A woman hemorrhaging, dealing with an infection may not see the point of contacting a hotline or the group that gave her the pills, but rather may simply head to her nearest emergency room (or her family doctor or personal Ob-Gyn) if there is one close by.

### Thousands of injuries are not acceptable

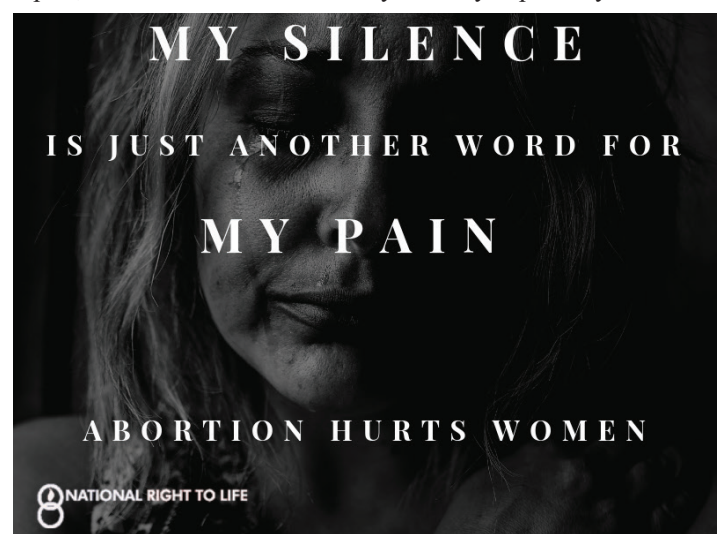
Finally, what self-managed abortion, abortion pill advocates fail to acknowledge is that, even with the high efficacy and safety rates they report, there are still a number

of women for whom these pills don’t work, who end up at the hospital with bleeding issues, fever, possible infections.

Touting a 97% success rate may seem like a fair sign that a drug is usually or even generally effective. But when you are dealing with elective drugs like mifepristone and misoprostol which have the proven potential to put patients in the hospital (or worse, in the grave), any percentage other than 100% means, on a national scale, accepting the likelihood that *thousands* of healthy women are going to take your drug and are going to be injured or put their lives at risk.

That this is an acceptable outcome to abortion advocates says something troubling about their priorities and their commitment to women’s “reproductive health.”

Even with its flaws, what this study proves is that these drugs come with a significant degree of risk and cannot be safely used without careful screening and supervision. When the aim of your drug is not to preserve, but to take human life, should you really expect any different?





# New poll finds more support than opposition for Mississippi law

*One-third also say they “haven’t heard anything or haven’t heard enough about this issue to have an opinion” whether to overturn Roe.*

By Dave Andrusko

It’s hardly news to pro-lifers that pro-abortionist and their compliant compatriots in the media weaponized polls on abortion to reach the “right” conclusion. That is, that the public is firmly and decidedly in their corner.

To summarize from a recent *Washington Post-ABC News*

highlighted anywhere else.

On December 1, the Supreme Court heard oral arguments in *Dobbs vs. Jackson Women’s Health Organization*. At issue is Mississippi’s “Gestational Age Act” which prohibits abortion after the 15th week with narrow exceptions.

What does the public think

avored upholding it, while 32% said they would oppose such a ruling.”

Savage added, “It is a result that pollsters have long observed if respondents are asked several questions about their views on abortion.” The Marquette University Law School poll put it this way: “This

other categories of protective legislation that will pass when the public is fully informed about the sweep of *Roe*.

Let’s take a step back. The Marquette University Law School poll also found more than twice as many were opposed to “striking down” the 1973 decision [47%] then ending it [21%].

But note this. In a nationwide survey of 1,004 adults in the period November 1-10, the poll also found

**Despite the intensity of political arguments over *Roe* for nearly 50 years, 32% say they haven’t heard anything or haven’t heard enough about this issue to have an opinion.**



poll, we’re told the public supports *Roe v. Wade*; does not want “limitations” on abortion; and (stop me if you’ve heard this before) believes “whether to have an abortion should be left to the woman and her doctor.”

But is that all there is? A Marquette University Law School poll offers a fascinating result that I’ve not seen

about this? According to the *Los Angeles Times’* David Savage, a poll conducted by the Marquette University Law School asked respondents “if they would favor or oppose a ruling to ‘uphold a state law that (except in cases of medical emergencies or fetal abnormalities) bans abortions after the 15th week of a pregnancy,’ 37% said they

is in line with much national polling on abortion over the years, which consistently finds support for maintaining *Roe* and a right to an abortion but accepts including on the timing of abortions, as in this case.”

That is precisely why, year after year, the Movement is able to pass legislation “restricting” abortion. There are a host of measures already passed and

Keeping the public in the dark about how radical *Roe v. Wade* is a key weapon in the pro-abortionist’s arsenal. To this day, polls on abortion not infrequently frame *Roe* as “legalizing abortion in the first trimester.”

With the Justices now mulling over the Mississippi abortion law, we have an unprecedented opportunity to clear away long-standing ignorance about *Roe v. Wade*.

# Seven reasons to question the safety of the abortion pill

By Carole Novielli

The abortion industry often claims that the abortion pill is “safer than Tylenol.” Yet reports continue to emerge of increasing ER visits and complications due to chemical abortion even as the world considers making at-home DIY abortions — increasingly popularized and authorized during the COVID-19 pandemic — permanent.

Here are seven reasons why everyone should question the safety of the abortion pill:

## 1. Politicization

The U.S. Food and Drug Administration (FDA) politicized the abortion pill’s approval process two decades ago by choosing not to publish the names of the “experts” who reviewed the drug. The creation and sale of the abortion pill has since gone on to be more than a profitable venture.

Interviewers from Columbia University who spoke to those involved at that time noted that the names of the FDA staff involved with approving the abortion pill have never been released.

One of the FDA’s senior medical reviewers who “chose to remain anonymous” admitted, “It’s definitely not standard. It’s not routine, you can look up almost every other drug that I was the primary medical officer for and my name would appear right there on the review.”

## 2. Secretive Process

From the onset, executives, the company structure and original investors of the abortion pill manufacturer (Danco Laboratories) have been shrouded in secrecy

with the exception of a select few, like the Packard and Buffett Foundations, as well as billionaire George Soros’ Open Society Foundations.

Some media questioned the secrecy:

- The *Washington Post* (2000): the FDA “took the unprecedented step of refusing to disclose the name or location of the manufacturer” of the abortion pill.
- The *Washington Post* (2000): the “agency broke with precedent by not publishing the names of the experts who reviewed RU-486 for the agency.”
- The *Los Angeles Times* (2000): “Danco refuses to release the names of its executives and investors. The company even persuaded the Food and Drug Administration to keep secret the location of the factory where the abortion drug will be produced.... The FDA acceded to Danco’s request that the name of its manufacturer be kept secret — and even shielded the names of the FDA researchers who had overseen the pill’s approval.”

Today, the pill’s manufacturing location and many of its funders remain cloaked in secrecy.

## 3. Conflicts of interest

Multiple spokespersons and study authors claiming that

the abortion pill is “safe” have openly disclosed being on the payroll of Danco or its generic manufacturer GenBioPro, yet the media routinely cites these authors as if they are impartial and unbiased.

Clinical trials and studies which proclaim the safety of

## 5. Safety data skewed

Due to dangerous and deadly outcomes, in 2011, the abortion pill was placed under a safety system called REMS in which Danco was required to report both deaths and complications of the drug.

However, under 2016



the abortion pill have been sponsored by organizations with ties to original abortion pill investors like the Packard and Buffett Foundations. These studies are often funded by known abortion pill investors and published in journals heavily tied to the abortion industry.

## 4. Studies indicate safety concerns

The results of a recently released Telabortion study, which implemented extremely stringent safety requirements than would be seen in normal use, revealed that 6% of “known outcomes” from the abortion pill were severe enough to result in emergency room or urgent care visits. That number appears to mirror data from the UK.

In the U.S., potentially 20,380 women *per year* are seeking care at an ER or urgent care facility after taking the abortion pill.

changes, put in place while Robert Califf served as FDA Commissioner under the Obama administration, Danco is no longer mandated to notify the FDA of complications *other than death*. Therefore, one may ever know just how many women have been injured by the abortion pill.

No national requirements to report abortion complications exist.

## 6. Women/teens are not being properly cared for

In 2019, pro-abortion ER doctor Dara Kass told *Vice News* that “Recently published results of the Gynuity pilot project showed that 8 percent of their patients who received abortion medication sought follow-up care at a local urgent care clinic or emergency department.”

*See “Reasons,” page 39*

# Abortion's corrupting influence undermines the philosophy that undergirds and protects Western medicine: the Hippocratic tradition

By Dave Andrusko

When the Supreme Court heard oral arguments December 1 in *Dobbs v. Jackson Women's Health Organization*, there was virtually no discussion in the popular press of one of the state's "compelling interests" in protecting unborn babies over 15 weeks: safeguarding the integrity of the medical profession. (The right of conscience—the right of a health care provider not to be forced to participate—is a separate and very important issue.)

Fortunately, Grazie Pozo Christine offers a keen explanation of how "Elective Abortion Undermines Medicine's Core Philosophy."

In the *amicus* brief she and doctors filed in the *Dobbs* case, they noted

**By locking in "viability" as the only legally sufficient reason a State may prohibit abortions, *Casey* is also out-of-step with the Court's own recognition of other state interests justifying regulation of previability abortion. Some examples: preventing the coarsening of society to the humanity of newborns; the integrity and ethics of the medical profession, who must simultaneously treat the unborn child as a patient in some contexts and as mere "tissue" in others...**  
[underlining added]

"Coarsening" society is shorthand for abortion's capacity to brutalizes

everything and everyone involved:

**In its brief, Mississippi pointed out that abortions performed after 15 weeks "involve the use of surgical instruments to crush and tear the unborn child apart before removing the pieces**



**of the dead child from the womb." Engaging in this "barbaric practice" for non-therapeutic reasons, the state said, is "demeaning to the profession." Unlike the general public, involved medical staff cannot turn a blind eye to the detritus of a late-term abortion—the body parts of what is so obviously a small human person. Being educated in anatomy and embryology, they cannot pretend that these are only "products of conception," a favorite euphemism of the abortion industry.**

**Limits like the Mississippi law protect physicians and other staff from exposure to this cruel practice.**

But Christine takes her objections another step further: "Asking medical professionals to perform elective abortion right up until birth undermines

**and doctor, where nothing but trust should abide. *Roe* casts a long, dark shadow over a profession whose members entered it answering a noble call—the call to heal the sick and protect the vulnerable, to embrace and accompany suffering souls.**

Christine points out that physicians "have resisted the debasement of our vocation that *Roe* has occasioned." For example, more than 80% of all obstetricians/gynecologists will have no part in performing abortions.

Her conclusion is that "the state has a profound interest in protecting the integrity of the medical profession" by maintaining an impenetrable wall between physicians and abortion. "Doing so also protects our patients—both mothers and their unborn children," she writes.

**Many who are with me in the medical profession across the country hope that the Supreme Court will, at long last, allow states to protect their littlest patients from the cruelty of elective late abortions and protect their caregivers from being exposed to the demeaning practice.**

**It's time to restore the honorable, life-affirming ethics of the medical profession, bringing it out from *Roe*'s dark shadow and into the warm light.**

the philosophy that undergirds and protects Western medicine: the Hippocratic tradition."

**In the United States, elective abortion has been one of the great exceptions to Hippocratic medicine. *Roe* warped the medical profession by establishing in law the hideous idea that a person can be at once a valuable patient, the object of all our care and skill, and the victim of a purposeful killing. This double-minded thinking has seeped into our medical schools and our professional associations; it has infiltrated the sacred space between patient**



# Ireland: Labour Party adopts policy to make abortion up to birth legal

By Right to Life UK

The Labour Party in Ireland has adopted a policy to support making abortion legal up until birth without any restriction.

The policy was announced and voted through November 13, during their annual party conference. Since the repeal of the Eighth Amendment in 2018, abortion has been legal on demand up until 12 weeks of pregnancy.

In addition to making abortion legal up until birth, Labour's new policy seeks to remove the current 3-day waiting period between initial consultation and abortion, as well as remove the right of medical professionals to conscientiously refuse to be involved in abortion.

Ellen O'Sullivan of Labour Women introduced the motion on behalf of Tipperary, saying: "The barriers to access free, safe, legal and local abortions are numerous and for many people they are too great to overcome".

The motion was passed later that day.

## Abortion up to birth, for any reason

The motion, proposed by Tipperary, argued that since abortion is legal after 12 weeks in Ireland for "fatal foetal anomalies" it should be available up to birth in all cases in order to prevent

"discrimination". The motion reads:

**"As per the United Nations Convention of Rights of Persons with Disabilities, if later term abortions are allowed for a foetus**



**with a particular condition but isn't allowed for healthy or non-disabled foetuses, it is deemed discriminatory and it breaches the provisions of the Convention".**

It goes on to say: "As such, Conference acknowledges that any list of conditions devalues the lives of people living with that condition and therefore the only way to facilitate abortion for fatal foetal anomalies is to make later term abortions

available to all with no gestational time limit".

**"What the Labour Party has voted for is both chilling and grotesque"**

Responding to the decision taken at the Labour Party

**"What the Labour Party has voted for is both chilling and grotesque. They knowingly voted for it even after the fact that information has come to light that babies have survived the abortion procedure and been left to die unaided as a result of the abortion law that took effect in 2019. Rather than seek to address this horrific reality, they have voted to fully endorse it".**

Right To Life UK spokesperson, Catherine Robinson, said:

**"The Labour Party in Ireland's support for the abortion extremism is indeed gross. There were 6,577 abortions in Ireland in 2020 alone. This is a national tragedy and it will likely get worse if Labour's policy becomes law. Support for abortion at nine months, just before birth, is pure barbarism and the members of the Labour Party in Ireland who voted in its favour ought to be ashamed of themselves".**

conference last weekend, Pro Life Campaign spokesperson Eilís Mulroy said:

**"For any remaining doubters that the pro-abortion movement was this radical, the Labour Party has surely put these doubts to rest. They just voted to take away the rights of unborn babies throughout the entire nine months of pregnancy, to in effect permit abortion on request up to birth".**

# Further details on the CDC report on abortion numbers for 2019

By Dave Andrusko

Continuing its longstanding established habit of releasing results the day before Thanksgiving, the Centers for Disease Control (CDC) reported that there was a slight increase in the number of abortions for 2019, the latest year data was available.

The CDC, which relies on reports from health departments across the country (continuing a pattern, California, the nation's most populous state, New Hampshire, and Maryland did not report abortion data), the CDC calculated 629,898 abortions for 2019 as compared to 619,591 abortions for 2018.

"Although abortion advocates will undoubtedly celebrate the slight increase in abortions, no one should be rejoicing in the deaths of unborn babies," said Carol Tobias, president of National Right to Life. "Federal agencies, state, and local governments are seeking to save lives with masks, COVID tests, and vaccines but at the same time abortion is claiming the lives of over 2,000 unborn babies a day and each abortion stops a beating heart."

Tobias continued, "Those who advocate for more and more abortions just don't care about unborn babies or their mothers."

Dr. Randall K. O'Bannon, NRLC Director of Education & Research, pointed out that "In 2019, in the reporting areas included in the report, the CDC found an abortion rate of 11.4 abortions per 1,000 women aged 15–44 years." In addition, "The CDC found a ratio of 195 abortions per 1,000 live births."

However, "the 2019 numbers are still a decrease of 1.3% from

the 638,169 abortions recorded in 2015, and nearly 18% lower than what was recorded in 2010 (765,751)," according to Carol Novielli. "These abortion numbers also remain drastically lower (by nearly 57%) than their highest peak of 1,429,247 abortions reported in 1990."

For perspective, from 2010 to 2019, the abortion rate decreased an amazing 21% (from 14.4 abortions per 1,000 women ages 15-44 to 11.4 per 1,000), and the abortion ratio decreased 13% (from 225

Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births." In 2019, "Compared with non-Hispanic White women, abortion rates and ratios were 3.6 and 3.3 times higher among non-Hispanic Black women and 1.8 and 1.5 times higher among Hispanic women."

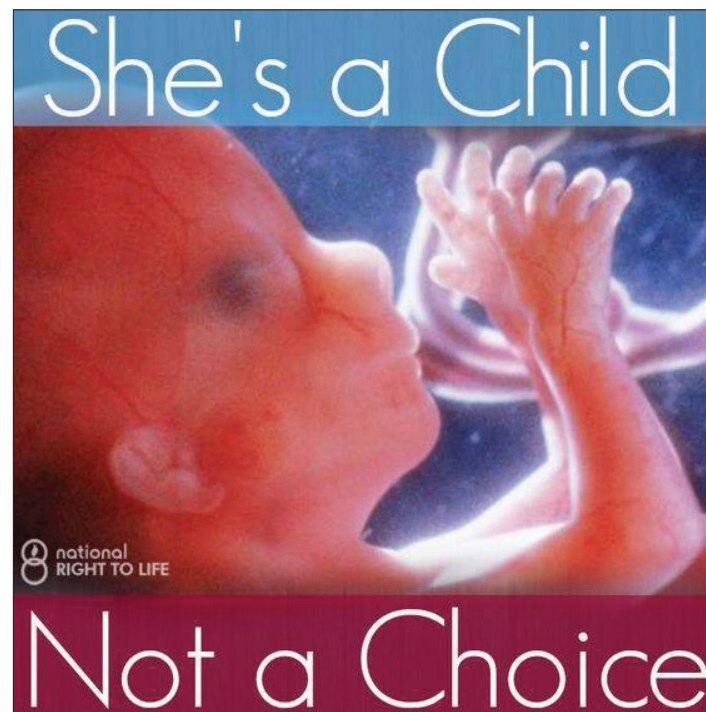
Very noteworthy is that the increase in abortion were concentrated in just a handful of states. "Among the 48 areas

of the FDA's decision to revise its guidelines in 2016 to allow the use of the abortion drug mifepristone as late as 10 weeks of pregnancy. The CDC's reported 43.7% of abortions were chemical abortions in 2019.

"The use of the chemical abortion method using mifepristone appears to be on the rise in many states," said O'Bannon. "The number of chemical abortions might be lower if women were told the truth about the deaths and injuries associated with chemical abortion methods. Instead, the abortion industry peddles lies about the ease of the method and pushes for fewer and fewer protections for women undergoing a chemical abortion."

As Dr. O'Bannon explained in an article for *NRL News Today*,

**For example, "a recent five-state study of abortion by telemedicine by some of the nation's top abortion researchers claimed a "success" rate of 94%, leading authors to claim that their method was "safe, effective, efficient, and satisfactory." But only 177 of the original 248, or just 71% of those who were mailed the drugs were actually known to have "successfully" aborted with the pills. Some of these ended up having**



abortions per 1,000 live births to 195 abortions per 1,000 live births).

### Minorities hurt most

According to the CDC, "Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-

that reported data continuously during 2010–2019, overall decreases were observed during 2010–2019 in the total number, rate, and ratio of reported abortions," the CDC reported.

### Number of chemical abortion increases

Chemical abortions are on the rise, not surprising in light

*See "Details," page 36*

# S.D. Legislature will hear governor's request to ban chemical abortions from being sent through the mail

By Dave Andrusko

On September 7, South Dakota's pro-life Gov. Kristi Noem issued Executive Order 2021-12 that "directs the South Dakota Department of Health to establish rules preventing telemedicine abortions in South Dakota," according to the governor's office. "The executive order also restricts chemical abortions in the state."

With the Food and Drug Administration firmly under control of the pro-abortion Biden-Harris administration, it is widely expected the FDA will convert the temporary relaxation of the requirement that women have an in-person visit before undergoing a chemical abortion into a permanent change. Gov. Noem said she looked forward "to work[ing] with the South Dakota legislature to pass legislation that makes these and other protocols permanent in the 2022 legislative session."

In response, the Department of Health proposes a rule "to limit the dispensing and use of medications mifepristone and misoprostol to only a licensed abortion facility and only within nine weeks of conception," according to reporter Bob

Mercer. The department also wants to require that the abortion-minded woman be informed that effects of the mifepristone medication may be reversible—Abortion Pill Reversal.



*Pro-life South Dakota  
Gov. Kristi Noem*

"The public hearing on the medical-abortion proposal is set for December 8 at 11 a.m. CT."

*The Associated Press* explained that South Dakota already has rules "that abortion-inducing drugs can only be prescribed or dispensed by a state-licensed physician after

an in-person examination." While "South Dakota law already places that requirement on doctors," Stephen Groves reported, "the Republican governor's order was made in anticipation that the Food and Drug Administration later this year will allow abortion medications to be dispensed through the mail or virtual pharmacies."

The state Department of Health reports that about 39% of abortions in South Dakota last year were chemically-induced.

According to the governor's office, Executive Order 2021-12 restricts telemedicine abortion in the following ways:

- Declares that abortion drugs may only be prescribed or dispensed by a physician who is licensed in South Dakota after an in-person examination;
- Blocks abortion-inducing drugs from being provided via courier, delivery, telemedicine, or mail service;
- Prevents abortion-

inducing drugs from being dispensed or provided in schools or on state grounds; and

- Reiterates that licensed physicians must ensure that Informed Consent laws are properly administered.

It also directs the Department of Health to do the following:

- Develop licensing requirements for "pill only" abortion clinics;
- Collect empirical data on how often chemical abortions are performed as a percentage of all abortions, including how often women experience complications that require a medical follow-up; and
- Enhance reporting requirements on emergency room complications related to chemical abortion.



# Hypocrisy: Five times the media has admitted fetuses are babies

By Nancy Flanders

Mainstream media is well-known for using language specifically meant to dehumanize preborn human beings. The only way to justify the mass slaughtering of hundreds of thousands of human beings through abortion in America is to deprive them of their humanity and convince Americans that preborn human beings are nothing more than “products of conception.”

Yet, when the preborn child is wanted and celebrated, suddenly the term fetus is forgotten, replaced with the terms baby and unborn child.

## Pro-abortion media’s purposeful language

Pro-abortion media outlets and journalists frequently use wording that dehumanizes preborn human beings, taking their cues directly from the abortion industry. *National Public Radio (NPR)*, for example, says that it wants its journalism to be “as accurate, fair and complete as possible,” yet its guidelines instruct its journalists to avoid using terms that humanize preborn children, such as “unborn” — because it “implies that there is a baby inside a pregnant woman, not a fetus.”

## Pregnancy announcements are about babies, not fetuses

Hypocritically, when

discussing pregnancy outside of the issue of abortion, NPR and other major media outlets freely use the term “baby.” In a recent NPR article on COVID-19 and pregnancy, the title and article refers to preborn children as babies.

The same goes for when a celebrity announces a wanted pregnancy. When Meghan



Markle and Prince Harry announced their pregnancy, *NPR* referred to their preborn child as a baby. *CNN* did the same when singer Halsey announced her pregnancy, making a reference to her “baby bump.” And *MSNBC* announced anchor Lindsey Reiser’s pregnancy in September by stating she was “pregnant with her 1st child” and that the baby was a girl.

## “Unborn child”

When London-based YouTube star Nicole Thea tragically died at age 24 while

pregnant, the media didn’t hesitate to refer to her baby as her “unborn child” — including even the pro-abortion media such as *CNN* and the *Huffington Post*.

## “I have a baby in my belly”

*MSNBC* is known for its left-leaning journalism, including its support of abortion.

However, when *MSNBC* anchor Kathy Tur announced her pregnancy in 2018, she shared an ultrasound of her baby, stating, “I have a baby in my belly” and “that is my little guy.”

## “From conception to old age”

In September, *The New York Times* broke from its usual pro-abortion language to admit that life begins at fertilization. In an article discussing Democrats’ social policy plan, the newspaper wrote, “The \$3.5 trillion social policy bill that lawmakers begin drafting

this week would touch virtually every American, at every point in life, from conception to old age.”

Apparently, life begins at conception when it’s convenient.

## “Beautiful, black unborn baby”

In 2020, *CNN* abandoned its go-to pro-abortion terms when it featured Ebony Chisholm and a letter she had written to her “beautiful, black unborn baby” which had been published in the *Hartford Courant*. She read the letter on air, asking her baby boy “how can we protect you?” While the letter was centered around the Black Lives Matter movement, *CNN* failed to mention that abortions committed on Black babies comprise 40% of all abortions in the United States — while Black Americans make up just 13% of the population.

Even when a newborn baby survives an abortion, *CNN* refers to that living, born child as a “fetus that was born.” The same goes for *HuffPost*, which referred to a 2013 federal law protecting abortion survivors as a bill to ensure “legal protections to fetuses that are born alive after attempted abortions.” Yet when a preborn child is deemed “wanted” suddenly, she’s a human being worthy of the term “baby.”

# Ireland: 90% support women being offered other alternatives before an abortion

By Right to Life UK

Almost 90% of people in Ireland believe that women should be offered information about alternatives before proceeding with abortion, according to new research.

The Irish pro-life group, Pro Life Campaign, has reported that “89% of people [in Ireland] support women being offered information about alternatives before proceeding with an abortion”. A further 70% of people are supportive of the idea that women considering an abortion be “offered the choice of seeing an ultrasound scan of the unborn baby/foetus before proceeding with the abortion”.

Furthermore, according to the data from Amárach Research, 77% of people support amending the Irish abortion law to ensure that babies who survive an abortion are given medical care.

According to Pro Life Campaign “[m]any women who opted for abortion and subsequently regretted the decision say that all it would have taken for them to change their mind and keep their baby was for one person to say, ‘you can get through this, I’ll be there for you’”.

**“There cannot be informed consent in relation to abortion unless women are presented with the full facts”**

The group argues that an important aspect of ensuring that women considering an abortion have ‘informed consent’ is presenting women



with all the alternatives to abortion. They say: “There cannot be informed consent in relation to abortion unless women are presented with the full facts”.

Given the importance of informed consent for any medical procedure, as well as an overwhelming public

support, Pro Life Campaign argue that there should be a legal obligation on abortion providers “to inform women considering abortion of the positive alternatives available, such as different forms of adoption, and of financial [...] supports”. In addition to this,

option of viewing an ultrasound of their pregnancy”.

In response to a parliamentary question in Ireland at the beginning of November, it was revealed that there had been 8,057 initial consultations for abortion in Ireland in 2020. However, statistics reveal that there were 6,577 abortions in Ireland in 2020. This means that 1,480 women did not proceed with their planned abortion.

Since abortion was made legal in 2018, there have been over 13,000 abortions in Ireland.

Right To Life UK spokesperson, Catherine Robinson, said: “Surely anyone who claims to be pro-choice should be supportive of increasing choice in this regard. What possible reason could there be to oppose providing further information about alternatives to abortion?”

“Almost 1,500 women decided not to have an abortion in 2020. This clearly indicates that many women are not certain of their decision to have an abortion and that further information and time could help them to choose otherwise”.

they argue there should also be an obligation to “inform women accessing abortion of specified risks of abortion in relation to her physical and mental health”.

As part of informed consent, they also argue there should also be “[a]n obligation to give women seeking abortion the

## *Dobbs v. Jackson Women's Health Organization* raises first principle questions that *Roe* and *Casey* avoided

From page 2

As you would have anticipated, *The New York Times* offered a boatload of opinion pieces in an attempt to intimidate the justices who dared to question the viability of the *Roe/Planned Parenthood v. Casey* viability standard. This studiously avoided the real question. Have these fateful Supreme Court decisions stood the test of time? Were they ever workable?

### Roe v. Wade is Simply BAD LAW

*The Times* also conducted a roundtable in which “Four Times Opinion Writers Debate Abortion at the Supreme Court.” The caption was “The Supreme Court Wrestles With Abortion.” While the court wrestled with abortion, three of the four opinion writers had no problems pinning the Mississippi law to the mat.

The following is an excerpt from the discussion between Charles M. Blow and Ross Douthat, two *Times* opinion writers:

**Douthat:** *There are absolutely limits to what even the most generous society can do to help women carry those burdens; part of that burden is irreducible and nontransferable. But once the child exists, outside of the cases where its imposition is literally forced on the women — rape and incest — the just society has to put all its efforts toward making the experience something other than degrading and terrifying, not toward using lethal violence. And in many, many cases that end in abortion right now, what makes the situation terrifying is material circumstances, not the child itself. This is where conservatives have not done enough, and should and must do more, to lift or ease those burdens, including on basic issues like maternal care that affect all pregnancies, wanted and unwanted and in between.*

**Blow:** *Abortion is not “lethal violence.” Good grief.*

**Douthat:** *It may be many other things, and as necessary as Lulu suggests, but it is certainly that.*

**Blow:** *No, sir, it's just health care for women.*

“It’s just health care for women.” Goodness, after almost 50 years of debate, what a morally tone-deaf answer.

Another piece from the Times.

David Brooks is legendary for his on-the-one hand/on-the-other hand columns. He first tells us

**When I was about 19 a friend came home from college and realized she was pregnant. She asked me to accompany her through the abortion process, which I did. My progressive milieu did not prepare me for the moral and emotional anguish she endured before**

**and especially after the abortion. I realized how grave an issue this was, and with what humility it must be addressed.**

And then...

**Then, there came the science. Like a lot of people, I've been influenced by the sonograms, and the way they show a human form at the early fetal stages.**

**I've read my share of books about human development, and my takeaway is that things are happening a lot earlier in the womb than we used to think. By 20 or 21 weeks, before what has been considered viability, the fetus is possibly moving, sucking its thumb, moving its eyes, hearing sounds. A female fetus has eggs of her own. These are sobering realities.**

**Then there are miscarriages. I have watched so many grieve over miscarriages. I've grieved myself. It doesn't feel like the loss of some cells, but of life.**

**Experience and the moral sentiments that derive from it have moved me many notches over toward the anti-abortion position.**

What a powerful life-affirming statement. What an incredible letdown when after walking right to up to the door of an honest discussion about abortion, Brooks does an about-face:

**Does that mean I know when life begins? That no longer seems like the right question. I've come to believe that all human beings have some piece of themselves that has no size, shape, color or weight but gives them infinite value and dignity, and it is their soul. To me the crucial question is when does a living organism become a human soul. My intuition is that it's not a moment, but a process — a process shrouded in divine mystery.**

In 2021, after entire libraries have been devoted to fetology, to the science demonstrating beyond question that the life of each individual human being begins at fertilization, Brooks falls back on the mysteries of ensoulment?!

Finally, *The Wall Street Journal's* Peggy Noonan asks the question that any honest observer must ponder: “Why has abortion so roiled this country for half a century?”

**There are many reasons, but I think the biggest is that all those other rulings are about how to live. *Roe* involved death, inescapably and at its heart. We have spent 40 years looking at sonograms and carrying in our wallets or phones the black-and-white copy of the ultrasound that, when you first saw it, you thought: “This is real.” “She’s already got my feet.” It’s hard to ignore the meaning of that: She’s there.**

**It speaks well of America that *Roe* was the struggle that wouldn't end.**



## Pro-life Senators and Representatives fight to prevent Congressional funding of abortion

*From page 1*

Republican leadership has maintained their commitment to opposing efforts to strip out pro-life protections. A majority of the House and 60 Senators would need to agree on any future spending.

Congress is also continuing work on the massive so-called “Build Back Better” social spending plan using the reconciliation process. The threshold under this process is 51 votes and is therefore not subject to a filibuster.

(Note: The “Invest in America” legislation that was signed into law on November 8th was related to infrastructure and did not contain pro-life issues. The bi-partisan bill was supported by all Democrats, as well as 13 Republican members of the House and 19 Republicans in the Senate.)

On November 19, the House passed their version of the “Build Back Better” legislation with no Republican support. No Republican Senator has announced support, so all 50 Democrats would need to agree.

The legislation is expected to undergo changes in the Senate, not only due to differing concerns of Senators, but also because of the process by which the bill is assessed by the parliamentarian to ensure the provisions are related to the budget. The “Byrd” rule prohibits provisions that are

viewed as “extraneous” to the budget. This is intended to prevent non-budgetary provisions that proponents might otherwise desire to push from using the easier path of needing only a simple majority.

**Notably, the House Democrats’ multi-trillion-dollar reconciliation bill**

**gap population in the 12 states that have not expanded Medicaid.**

Sen. Joe Manchin (D-Wv) has voiced opposition to abortion funding, while many members of the House remain committed to funding abortion in the package. President Biden, when asked about abortion funding

that did not expand Medicaid, starting in 2024.

\* Funding abortions via reinsurance payments and cost-sharing funding to states.

\* Extending the Obamacare expansion from the Covid-19 American Rescue Plan Act. This would further subsidize Obamacare exchange plans that



**creates radical expansions of taxpayer funding for abortion and the abortion industry. This includes several schemes to use reconciliation to bypass the Hyde Amendment to provide abortion on demand to the Medicaid-coverage**

on October 4th, told reporters “I’d sign it either way.”

Some, but not all of the pro-life problems in the House-passed bill include:

\*Mandating abortion funding in Affordable Care Act (Obamacare) plans in states

cover abortion, and subsidize millions of individuals’ taxpayer-funded plans that cover abortion on demand.

\* Directing billions of dollars to various public health grants without Hyde Amendment protections.

# More than 10,000 women need hospital treatment due to adverse effects following “DIY” chemical abortions

By Dave Andrusko

Helen Sutan reported last week on still more evidence that all but screams “Do It Yourself chemical abortions are very dangerous to women.”

“Based on 85 freedom of information requests to NHS trusts, it was discovered that in 2020, more over 1 in 17 women (about 20 per day) who utilized the tablets by post service required hospital treatment,” Sutan wrote.

“According to a new study, more than 10,000 women who used an NHS-provided DIY abortion medication at home in 2020 need hospital treatment to deal with the side effects.”

Self-induced abortions performed by women at home were a response to COVID “but is now being suggested that it should be phased out now that the limitations have been eased.”

Kevin Duffy, an independent consultant, spearheaded the FOI probe. “This is the disturbing truth of abortion care during the epidemic that has not been acknowledged to the government by providers,” he said.

“This study reveals the truth about what thousands

of women dealing with crisis pregnancies had through during the pandemic,” Duffy told Sutan. “It clearly indicates what needs to change and why the government should not make DIY home abortion telemedicine a permanent

Social Care (DHSC) admits it does not have the data for 45 million people in the UK that Precocity LTD produced this week in its study.

Despite the fact that at least 5.9% of women who use abortion pills require

and Human Services are failing to disclose medical abortion treatment failure as a complication.” About half—3%—require surgery to “complete” the abortion.

“A failure rate of 1 in 17 women needing to go to



practice. It’s past time to put an end to it.”

According to Sutan, the Department of Health and

hospital treatment as a result of this failure, the “data also reveal that abortion doctors and the Department of Health

hospital due to DIY home abortion is unacceptable,” Andrea Williams, CEO of Christian Concern, stated.

# Proposed bills to fund chemical abortion on campus are not good for college women

By Brittany Summers

The proposed bills H2399 and S1470 would require public universities of Massachusetts to provide medication abortion, also known as medical or chemical abortion, to students with allocated funds in the form of grants.

Yet again for abortion proponents abortion is the only answer to show “support” for these students working for a higher education.

How does this single-minded approach encourage education? Why is abortion the only option women are given? They present chemical abortion options to these students for “convenience,” which I would argue is even more likely to keep them from attaining their degree.

Many women would love to keep their baby provided they have the proper support to do so. Pregnancy help organizations are always there for women and provide valuable services, assistance and support, but why is pushing public funds toward abortion always the answer for some?

Abortion is but one possible outcome. Likewise, the entire foundation these bills are based upon is the assumption that all women would choose chemical abortion, which is not true. It is small-minded to assume all women discovering they’re pregnant would immediately jump to the chemical abortion pill, especially since not all women can even take it due to pre-existing medical conditions and family medical history.

So then, logic requires those managing these resources to provide support and finances for all viable options.

These bills were introduced earlier this year and after having been referred to legislative committees there’s not been further action.

Rather than moving forward with them I submit a different route, to create a program with social workers and local adoption agencies; give them



extra grants to help care for mother and baby and place the baby in a loving home.

These other options – adoption, and supporting a woman through her pregnancy and delivery – aren’t fatal.

However, there are major risks to these young women with the chemical abortion that is being pushed:

- Incomplete abortion (which may then require a surgical abortion)
- Infection called *clostridium sordellii* – (Signs of infection: sore, tenderness in belly, weakness, nausea, vomiting, fever lasting over 24 hours)
- Fever

- Digestive system discomfort

Those who opt for chemical abortion are four times more likely to need medical help afterwards than with the surgical abortion.

If something goes wrong during a chemical abortion,

these women become ill, sometimes even fatally, then we lose the baby and the mother. Missing classes and not graduating are suddenly a non sequitur when lives are at stake. Why even take that risk when there are so many other alternatives, alternatives which would save the mother and baby?

With chemical abortion women are typically left to have cramps, heavy bleeding and often birthing fully-formed babies in their toilets and bathtubs, alone. That is what universities wish to offer to their young people, as though they can be expected to be in class like normal by Monday. To experience trauma, death and loss alone, before they’re

even old enough to have a four-year degree. Young people deserve better.

How is this safe to provide to college women as if it is a line for fast food?

Given that infertility affects one out of every six couples, there’s no question a young woman facing an unexpected pregnancy would have ample options for placing her child with a loving family. But the costs for adoptive couples can be prohibitive. We need to work to make adoption more affordable and thus attainable for the average family.

And should a pregnant mom choose to parent she will have healthcare and childcare expenses. This is also where assistance should be directed.

If the money for universities in Massachusetts were invested more appropriately in life-affirming options for women, they could begin to bridge that gap for those who are less likely to graduate due to unplanned pregnancy.

These funds should rather be used in support of women to go to classes, take work home or to their dorm room, and help cover the costs of their medical visits and childcare costs.

If the goal is to truly help women graduate, bridging this gap and investing in non-fatal options for the long-term is the best option. It’s only logical that we should invest more in the counseling, mental, emotional and financial support of those who find themselves dealing with an unplanned pregnancy,

*See “Proposed,” page 39*



## Pro-abortionists elevate free association attacks to an art form

*From page 2*

inconvenient truth, Granderson is off to the races. In chronological order we are

\* “a patriarchal government [that] wants to force their daughter to give birth against her will”...

\* “the latest incarnation of government-sanctioned misogyny that was evident in the writing of the Constitution; evident in the 1927 Supreme Court case *Buck vs. Bell* in which the justices voted 8-1 in favor of forced sterilization”...

\* [The phrase “pro-life”] “distracts us from the fact that the same patriarchal government that once denied women the right to vote or own property wants to force them to give birth against their will. It is a scenario ripped from the pages of Margaret Atwood’s 1985 novel ‘The Handmaid’s Tale’” ....

On top of that, “The reversal of a woman’s right to control her body — undergirded by religious fervor — moves the conversation away from routine partisan politics to being Taliban-adjacent.” And, for good measure, Granderson, linguistically, links us to slave holders and, experientially, to the attack on the Capital on January 6.

Whew!

This is a kind of over-the-top lashing out that we’ve come to expect from pro-abortionists. To respond to a couple of his more outlandish statements...

I am a father of three daughters, I agree with *New York Times* columnist Ross

Douthat. Outgunned 3-1, on a roundtable of *Times* columnists discussing *Dobbs*, he said, “I would be grateful for the opportunity to build a society that does not assume that my three daughters’ status as equal human beings depends, practically or constitutionally, on their right to kill their own unborn children in utero.”

*Buck vs. Bell* was the product

“the best people” who told us, in the words of Justice Oliver Wendell Holmes, “Three generations of imbeciles are enough.” “This quieter type of eugenics is sold with the claim to have the best interests of victims and society in mind,” John Stonestreet and G. Shane Morris tell us. “Proponents wear clean white lab coats or judges’ black robes, while still

dehumanizing and advancing evil.”

And as for “The Handmaid’s Tale,” pro-abortion feminists cling to this nonsense with all the fervor the most devout secularist can muster. But, then again, when your opponents (that would be us) are akin to slaveholders and the Taliban, it is your duty to slime us with everything you’ve got.



# Biden's negative pull continues to bring Democrats down with him

By Dave Andrusko

President Biden's approval/disapproval ratings, as measured by the average spread for the Real Clear Politics collection of the latest polls, is a -9.8%. That is, he is, on average, a minus 9.8 % "underwater." Sobering numbers.

Obviously, the President is exerting a tremendous drag on his party's candidates as reflected in "Another retirement spells even more trouble for House Democrats," by *CNN's* Chris Cillizza.

Recently, Rep. Tom Suozzi (D-NY) announced he will not run for another term, instead will run for governor. "Suozzi is the 18th Democrat in the House planning to retire or run for higher office in 2022," Cillizza writes. "By contrast, Republicans have only 11 members retiring. For context, at this point in the 2020 election cycle, only eight Democrats had called it quits as compared to 20 Republicans."

That's quite some "context"! "Every Democrat retirement expands the Republican battlefield and demoralizes House Democrats even further," said Michael McAdams, the National Republican Congressional Committee communications director.

Cillizza does not tip-toe around his party's dismal 2022 prospects.

**Even in a neutral national environment, those seats would be very hard for Democrats to hold. In an environment like this one — the**

Of course, there is no one reason but many: ambition for higher office, age, health, redistricting, etc.

But the common denominator among many is the lesson they drew from Terry McAuliffe's

**it was in 2020. If that sort of trend holds, there are a whole lot of Democratic seats — including Suozzi's that could well be in danger.**  
[Underlining added.]



*Pro-abortion President Joe Biden*

**first midterm of a presidency with Biden's approval numbers stuck in the low 40s — not only are seats that Trump carried in danger but also seats like Suozzi's could be too. (Suozzi was on a February list of 47 Democrats that Republicans planned to make serious runs at next year.)**

defeat in Virginia. As Cillizza writes

**Remember that Biden carried Virginia by 10 points in 2020 while Republican Gov.-elect Glenn Youngkin won the state by 2 points earlier this month. Meaning that the electorate was roughly 12 points more Republican in Virginia in 2021 than**

Two Democratic committee chairs have made it clear they will be retiring which "doesn't usually happen if there is a belief within the caucus that they will continue to hold the majority."

Cillizza's conclusion pulled no punches:

**The problem for Democrats is all of this feeds on itself in a negative cycle. Members retire because they think the political landscape looks bleak, which makes the political landscape bleak(er), which leads more members to retire, which makes the political environment — well, you get it.**

Suozzi's retirement — in and of itself — isn't the problem. But it's a symptom of Democrats' broader issues heading into next year.

# How little facts mean to Planned Parenthood's billion dollar business

By Dave Andrusko

Rich Lowry is editor of *National Review*, a syndicated columnist, and author. So he is worth heeding when he caustically took on a *CNN* commentator who was spreading “easily debunked misinformation.”

Rich knows how little facts mean to ideologues in search of coming to the “right” conditions. Or to the King of the Billion dollar abortion industry, Planned Parenthood.

He performed major surgery on Planned Parenthood's bogus claim that abortion constituted only “3 percent of its services.” Rich explained the loops and deceptions and misleading way Planned Parenthood buried the truth that abortion is a huge revenue source.

“The 3 percent figure is an artifice and a dodge, but even taking it on its own terms, it's not much of a defense,” he wrote. “The 3 percent figure is

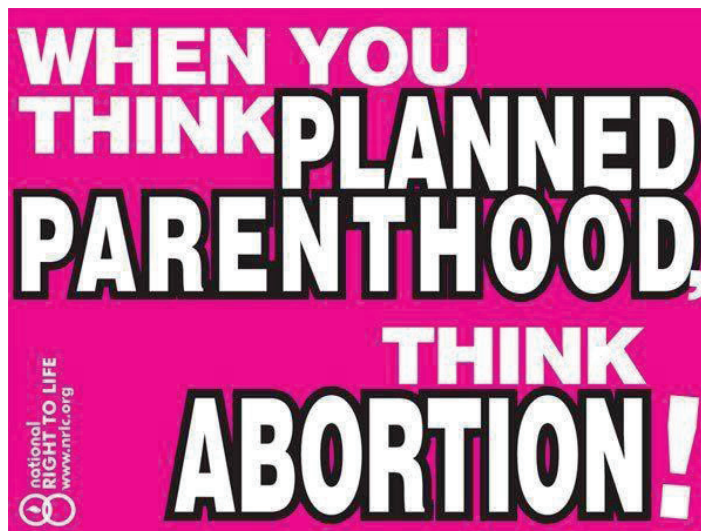
derived by counting abortion as just another service like much less consequential services.”

**So abortion is considered a service**

**be procured from the local drugstore for less than \$10.**

**By Planned Parenthood's math,**

**received four services, and only 25 percent of them are abortion. This is a little like performing an abortion and giving a woman an aspirin, and saying only half of what you do is abortion.**



**no different than a pregnancy test (1.1 million), even though a box with two pregnancy tests can**

**a woman who gets an abortion but also a pregnancy test, an STD test and some contraceptives has**

To be fair, this was not “easily debunked misinformation.” You'd have to dig and be willing to put the time to reach the truth.

But to Lowry, as it is to Dr. Randall K. O'Bannon, NRLC Director of Education & Research, NRLC's resident expert on Planned Parenthood, facts do matter. And Dr. O'Bannon careful examination of the truth behind Planned Parenthood campaign of evasion and distortion, have been an indispensable service to the Pro-Life Movement.

## Further details on the CDC report on abortion numbers for 2019

*From page 26*

**surgical abortions, a couple more continued their pregnancies, but the outcome for the other 23% of patients is unknown.**

**Even if the failure rate were “only”6%, this would still represent a significant number of women having to seek medical help to surgically or chemically complete**

**the abortion or find emergency assistance to deal with the bleeding, or to address other complications that arose. Even at that rate, this would represent more than 20,000 women if projected for all “medication abortion” patients in the country.**

**But if large numbers**

**of patients are lost to follow-up, even that high failure rate is a minimal projection. This study and many similar other studies, show it is a serious mistake to assume failure and complication rates for missing telemedicine patients to be similar to those returning to the clinic or for whom the**

**outcome is otherwise known.**

From 2002 to 2015, the rate of abortion-related emergency room visits following a chemical abortion increased over 500%, according to an analysis of Medicaid claims data. Over the same period, chemical abortions within the study population increased from 4.4% to 34.1% of total abortions.



# Pro-life Republican victories in state legislative races have pro-abortion Democrats in panic mode

By Dave Andrusko

Buried at the end of a story in *The Hill* about congressional Democrats trying to win state legislative races is this:

**Going into 2022, Democrats say they are facing headwinds in state legislature races. The GOP controls**

announced on Wednesday that “it was forming a ‘federal advisory council’ with eight Democratic federal lawmakers in an effort to elect the party’s candidates up and down the ballot”?

Simple: Virginia and New Jersey.

Writing for *State Net Capitol Journal*, Cannon wrote “In the most stunning result of the election, New Jersey Senate President Stephen Sweeney was defeated by obscure Republican challenger Edward Durr, an underfunded commercial truck driver whose campaign photo

a unicameral legislature that is nominally nonpartisan.)”

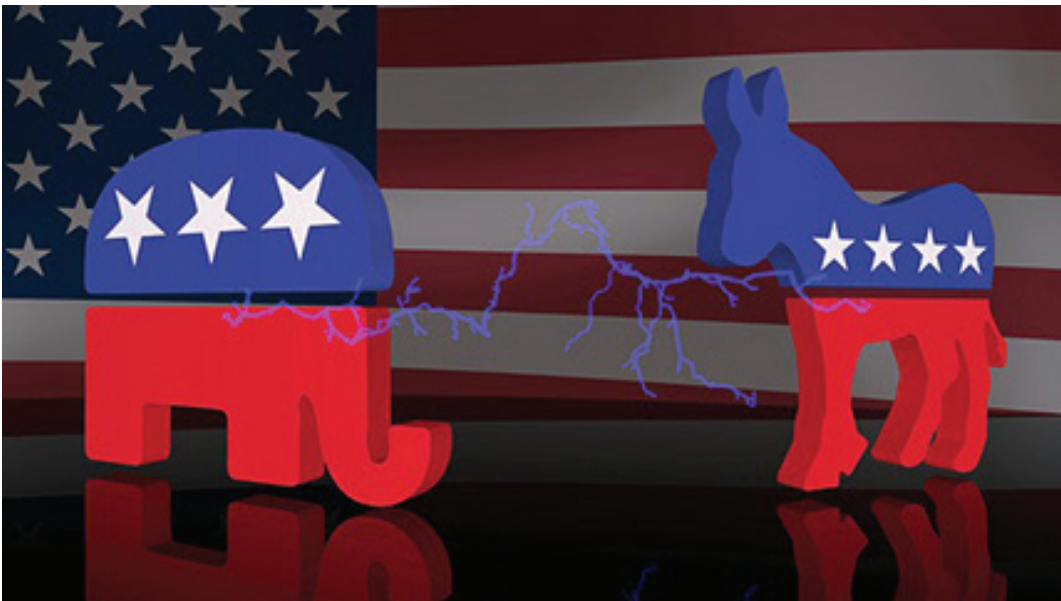
This is a relatively new phenomenon. The 2010 election—the first midterm election of President Obama—was “transformational,” Cannon observed. “The result was a GOP landslide that still reverberates in the corridors of the nation’s statehouses. The 2010 election gave Republicans control of 53% of the nation’s legislative seats, the most they had won since 1928, and 54 legislative chambers, the most they had won since 1952.”

And the transformational impact was not confined to the South, Cannon wrote.

**Democrats lost state legislative majorities in the 11 Midwestern states in 2010 and have never regained them. Today, Republicans control 19 of the 22 legislative chambers in the Midwest, with the Democrats holding only the Minnesota House and both Illinois chambers.**

The impact of all the victories in the state legislatures was a tsunami of pro-life legislation.

Lesson? Let’s keep the momentum going!



**54 percent of state legislative seats in the U.S., while Democrats control 45 percent of seats.**

Beyond the obvious intent of taking back some seats, why did The Democratic Legislative Campaign Committee

Not only did pro-life Glenn Youngkin defeat pro-abortion Terry McAuliffe in the race for governor, Republicans also flipped the House of Delegates.

Also, miraculously, “New Jersey Republicans appear to have gained four seats in the Democratic-held Assembly,” according to Lou Cannon.

was a selfie.”

But there are other, more enduring reasons pro-abortion Democrats are panicking. According to Cannon, by winning the House of Delegates, “Republicans control 62 of the nation’s 98 partisan legislative chambers compared to 36 for the Democrats. (Nebraska has

## Five takeaways from oral arguments in *Dobbs v. Jackson Women's Health Organization*

From page 1

Someone (I missed who) asked does that mean the more unpopular a decision, the more the Court should cling to it?

#2. In dominating the first 15 minutes of questioning, Justice Sonia Sotomayor demonstrated she is as passionately pro-abortion as she is unfamiliar with the relevant fetology, history, and the fact that “when life begins” has been answered by science. For example, she

Sotomayor added bigotry to her mix of error.

#3. Since the question before the Court was “Whether all pre-viability prohibitions on elective abortions are unconstitutional,” most of the back and forth tracked what “viability” means and whether that standard works—or ever has worked in the nearly 30 years since the court handed down *Planned Parenthood v. Casey*.

According to Liptak, Chief Justice Roberts’ “repeatedly questioned whether the viability line was crucial, saying that Justice Harry A. Blackmun, the author of the majority opinion in *Roe*, had called the line arbitrary in his private papers.”

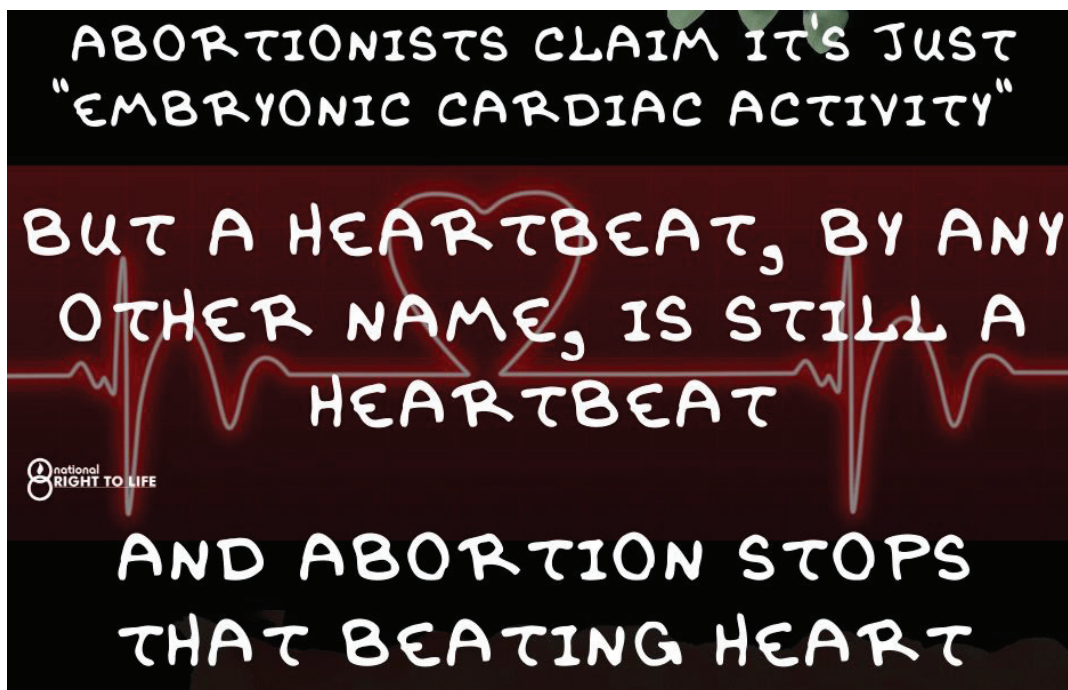
#4. Has the Court ever overturned precedent (*stare decisis*)? Of course. Justice Kavanaugh offered a long list of cases. Julie Rickelman,

to take control of a woman’s body and force her to undergo the physical demands, risk, and life-altering consequences of pregnancy is a fundamental deprivation of her liberty.”

Stewart’s concluding remarks answered this, and much more.

**I think Justice Kavanaugh; you had it exactly right when you used the term scrupulously neutral. That’s a good description of what we are asking for here. This is a hard issue. It involves interests for everyone involved. This is unique for the woman and for the unborn child, whose life is at stake in all of these decisions. It is unique for the society in how the states get to legislate on these issues—how to decide and weight all these momentous decision... It took 58 years [to reverse “separate but equal”] to recognize the truth of those realities in a decision that was the greatest decision this court every reached.**

**We are running on 50 years of *Roe*. It was an egregiously wrong decision that has inflicted tremendous damage on our country—and will continue to do so—and take innumerable lives. We ask that the court uphold the state’s law.**



insisted that those who argue the unborn child can feel pain at 20 weeks hold a “minority, a gross minority” position. In fact those who **deny** the unborn’s capacity to experience pain are relying on studies that go back more than decade. They are the ones who do not rely on “the science.” And in concluding that life begins at conception is “a religious view” Justice

Justices Sotomayor, Kagan, and Breyer said yes. Other justices—along with Mississippi Attorney General Scott Stewart—question its viability. “What I would say is this. The fundamental problem with viability [is] that it’s not something that rests on science,” Stewart said. “Viability is not tethered to anything.”

counsel for the *Jackson Women's Health Organization*, said abortion was different. In a sense, Stewart agreed: abortion is different. It is the purposeful destruction of human life.

#5. Justice Alito asked Rickelman, “What’s your best case?” [“for the right to end a pregnancy, your Honor?” Rickelman asked]. She responded, “Allowing a state

## Seven reasons to question the safety of the abortion pill

*From page 23*

This was confirmed by a recent analysis of adverse events reports (AERs) submitted to the FDA by abortion pill manufacturer Danco, which revealed that abortion pill clients experiencing a complication are more likely to receive care from an emergency center than abortion facility where they obtained the pills.

### **7. Taxpayers likely footing the bill for abortion pill complications**

Under REMS, Danco's approved prescribers must

have the "Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others..."

But a recent study which analyzed at Medicaid data within the 17 states that allow taxpayer funded abortions found that the rate of abortion-related ER visits for chemical abortions increased 507% from 2002-2015.

According to the Charlotte Lozier Institute (CLI), the study also found that "Over 60% of abortion-related ER visits

following a chemical abortion in 2015 were miscoded as treatment for a miscarriage."

"Women who had a chemical abortion followed by a second abortion of any type within the next 12 months were more than twice as likely to wind up in the emergency room," CLI states.

The findings suggest that the responsibility to treat women suffering from abortion pill complications is likely being pawned off on already understaffed local emergency centers where women/teens present as experiencing a "natural miscarriage."

In certain instances, like the 17 states studied, the taxpayer is likely picking up the tab for these botched abortion procedures.

The abortion pill is much less safe than the abortion industry claims. This dishonesty does not benefit women or their preborn children. It simply benefits the industry's financial bottom line.

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

## Proposed bills to fund chemical abortion on campus are not good for college women

*From page 33*

and adapt the classes and living situations appropriately for those who want to choose adoption, or keep and raise their baby.

However, if these individuals are only offered assistance to access chemical abortion, it's cleverly understated favoritism for abortion.

The goal of education *should*

be to give young people true freedom of choice, and support them in properly exercising free-will. But they cannot exercise all their options when only chemical abortion options are being presented.

Those behind these bills are presenting funding to be used for a chemical option that is exceedingly dangerous

to women. Women are not being informed of all the risks, pain and fear involved in this process. They are not being given all the viable options.

This path will not help women graduate and realize their dreams of higher education.

Rather it is a clear push to promote a cynical and dangerous agenda that will

only deepen the pockets of the abortion industry at the expense of young women.

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



# Analysis: Chemical Abortions behind Increasing CDC Numbers

From page 8

possible contraindications (e.g., allergies or conditions that could make use the pills dangerous or deadly for the patient). After counseling on how to use the pills and what to expect, the woman signs some paperwork to that effect and then was given the mifepristone pills to take there in the office.

Over the next day or so, the mifepristone acted to block the action of the pregnancy hormone progesterone, essentially telling the woman's body the lie that no pregnancy had occurred. It directed her body to begin shedding the protective, nutritive uterine lining, thereby shutting down the baby's life support system.

At a second visit a couple of days later, the physician gave women a second drug, a prostaglandin named misoprostol, to begin powerful uterine contractions to force the dead or dying baby out.

A third visit, some time in the next two weeks, was to confirm completion of the abortion or to schedule her for surgery to finish the abortion if the chemical method failed and she still wished to abort.

Abortion advocates vigorously objected to the paperwork, the dosages (three pills of mifepristone, two of the misoprostol), and the original limitation to patients no more than seven weeks pregnant (measured from last menstrual period, or LMP). But most of all, they objected to any requirement that they dispense the pills in person; that the woman had to come to the clinic to obtain her pills; have her interview; or have an in person examination.

These rules, they felt, limited the market for these pills and discouraged doctors from offering them.

The abortion industry was

able to get the FDA to forego any requirement in the original protocol that a woman's gestation be confirmed by ultrasound. And it decided that it was sufficient that a physician be able to refer a patient for treatment if something went wrong (rather than requiring the prescribing physician him or herself be surgically qualified).

But it wasn't until March of 2016 that the FDA relented on some of the other concerns and changed dosages (1 pill mifepristone + 4 pills misoprostol), and extended the cut off to ten weeks LMP. Significantly, it also broadened the prescriber pool to include any "certified healthcare provider", and allowed women to receive and take the second drug misoprostol at home.

None of these changes addressed the safety issues that have plagued mifepristone from the beginning and nothing made these abortions any less painful or difficult for the patients. But they did make things far easier on the abortion pill providers and allowed them expand the numbers of prescribers, thus making these chemical abortions more widely available.

Growth in the numbers of chemical abortions took off at that point, CDC data appears to show. And that seems to have been the real point.

## CDC numbers tell the story

Looking back, it is easy to see how these changes played out in the backdrop of the abortion numbers reported by the CDC since 2000.

Beginnings were modest, as the abortion pill producers ramped up promotion and production, making sure physicians knew of their product and what was involved in obtaining and prescribing these

pills. They were not available through pharmacies, but had to be ordered directly from the U.S. distributor and any prescriber had to certify they understood how they worked.

The CDC says that only 1% of abortions were officially chemical or "medical" ones in 2000 and that number didn't even go over 9% until 2004. After a few well-publicized deaths in 2003, 2004, and 2005, it appears that the climb in chemical abortions may have slowed a bit before picking back up in 2007 and 2008.

After an 2006 CDC/FDA investigation of several infection deaths associated with use of the pill that inexplicably blamed pregnancy in general (when data showed deaths were actually concentrated among chemical abortion patients), these abortions picked back up again in 2007. They rose about 1.5 to 2% a year through 2015 when the overall percentage hit 26.8%.

After 2016, as mentioned above, when the FDA relaxed its protocol and expanded the prescriber pool, the percentage of abortions that were chemically induced took off, jumping to 31.3% and increasing between 3.5 to 5% a year since.

In the latest CDC figures for 2019, chemical, or "medication" abortions, constituted 43.7% of the abortions the CDC was able to categorize by method. This includes both the 42.3% of abortions the CDC records as performed at 9 weeks or less and the 1.4% of all abortions performed at greater than 9 weeks.

It should be noted that in several states, the number of chemical abortions already comprises more than half of the abortions performed in that state. In Colorado, 59.2% of

abortions are chemical, 50.4% in Georgia, 67.8% in Iowa, 64.5% in Kansas, 50.4% in Kentucky, 50.7% in Maine, 61.5% in Mississippi, 58.4% in Montana, 60.8% in Nebraska, 50.8% in Oklahoma, 50.8% in Oregon, 60.8% in South Carolina, 50.9% in Tennessee, 59.5% in Vermont, and 96.8% in Wyoming.

This list is definitely incomplete, as several states do not report abortion methods (or any abortions) to the CDC, including some with large populations and high numbers of abortionists like California, Illinois, and Maryland.

The trendlines are clear. While surgical abortion began falling in the 1980s, chemical abortion's arrival on the scene in September of 2000 began to counter the overall downward trend, temporarily slowing the decline of the 1990s.

Overall, however, downward trends accelerated from about 2007 onward for the next several years, perhaps as a result of successful pro-life legislation by many states and subsequent closure of many surgical abortion centers. But even during that decline, chemical abortions rose and abortionists were able to add many new members to their ranks.

The increase in these abortions was magnified by the government's official revision of the chemical abortion protocol and its loosening of safety and distribution requirements in 2016. These resulted in the growth of chemical abortions of sufficient magnitude to reverse trends and see overall growth in the CDC's abortion numbers in 2018 and 2019.

Now the abortion industry, like a shark in the water smelling blood, is seeking

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the abandonment of whatever regulations on chemical abortion distribution remain, hoping to bring abortion pill to every neighborhood in America.

## Bringing abortion pills home

As mentioned earlier, abortion pill promoters have, from the beginning, fought to separate abortion from the abortion clinic as much as possible.

Chemical abortion enabled abortionists to be able to offer abortion even if they did not have an operating room or surgical equipment or even surgical skills, “opening up a whole new pool of providers.”

Changes to regulations allowing not just doctors, but any “certified healthcare provider” to order and prescribe the pills expanded the pool further. The pills could be ordered, prescribed or dispensed not simply “by” such a person but “or under the supervision” of such a person which essentially meant that a counselor or even receptionist could pass out the pills even if the official supervising prescriber were miles away.

The new protocol put in place in 2016 officially required only one official visit to the clinic or doctor’s office to pick up the pills, so that women no longer had to return for the prostaglandin or even a final follow up to determine the abortion’s completion.

Even this was not good enough for the abortion pill’s promoters, who wanted the ability to eliminate any and all required visits.

Planned Parenthood’s Iowa affiliate began offering webcam (or “telemedical”) abortions in July of 2008. A woman could show up at a remote rural store front, have a brief online interview with an abortionist back in the city, and have pills released to her from a desk drawer at her location. She was given a hotline to call if she had problems.

Exactly when it began is

somewhat fuzzy, but Rebecca Gomperts, the longtime abortion advocate responsible for the “Abortion Ship” offering abortion pills for women in countries where abortion was illegal, set up a website sometime around the mid to late 2000s where women could order abortion pills online after answering a few medical questions.

Originally supposed to be for women in countries where abortions were illegal, Gomperts officially expanded operations to America with a new website “Aid Access” in 2018. She said that while abortion was still technically legal in the U.S., it was becoming more difficult for many women to access and she felt compelled to do something about it.

The first official move to “abortion by mail” came from a group called Gynuity, which began offering “TelAbortion” in November of 2016, a few months after the FDA loosened its protocol and distribution requirements. But, thanks to a loophole, Gynuity went further than the FDA officially allowed. They shipped abortion drugs overnight to women’s homes after an online consultation, circumventing regulations for in person dispensing of the drugs by doing this as part of a federally approved “study.”

The aim of the “study” was to pave the way for online ordering and abortion by mail throughout the country. This was especially for women in states where “abortion access” was legally limited or regulations had closed a large proportion of traditional abortion clinics.

The clear aim is to be able to maintain or even boost abortion numbers (or in the parlance of abortion advocates, “access”) even if laws change or clinics close.

It was also to prepare the way for these “self-managed” Do-It-Yourself (DIY) at home abortions when and if the FDA

dropped safety regulations limiting distribution of the drugs to in-person encounters.

## Using the pandemic to open the door to abortions at home

Though efforts to get the FDA to drop regulations on

as long as the pandemic, but the Biden’s FDA has pledged to consider dropping these regulation entirely in the coming months.

The CDC does not have data yet for the numbers of chemical or “medication” abortions



mifepristone had been going on for years, advocates seized the pandemic as an opportunity to argue that women needed to be able to order these on line and have them delivered at home, supposedly to avoid having to expose themselves to the virus at clinics.

Attorneys general from 21 states made such a request to the FDA in March of 2020 and joined in a lawsuit in June with various pro-abortion groups to try to force the FDA to suspend its regulations on the drug. Though a federal judge in July 2020 agreed and told the FDA to allow prescription by telemedicine (prompting the creation of several new online abortion pill prescribers), the Supreme Court later in January 2021 sustained the authority of the FDA to impose its regulations.

That all changed with the inauguration of President Joe Biden. Almost immediately, the Biden administration announced that it would not be enforcing the FDA’s safety regulations on mifepristone. This essentially allowed women to order abortion pills online and administer them to themselves after they were delivered to their homes.

Officially, the suspension of these regulations is to last only

for 2020, when the pandemic started, and will not have full data on abortions in 2021 for a number of years yet.

But with publicity and heavy promotion of telemedicine by abortion groups and the government’s (temporary?) authorization of on-line sales and at home delivery of these abortion drugs, and with use shown to accelerate when regulations are relaxed, the numbers could go through the roof. This would mean further reversing what had for years been a long term sustained decline.

This would fulfill the fantasies of the abortion lobby, revitalizing an industry that saw a chance to boost sagging sales with a new product and new image as the “easy, safe, and simple” alternative to surgical abortion.

It may take some time for women to cut through all the hype and find out that these are abortions are still abortions, still bloody, still painful, and a lot riskier than advertised.

It is only hoped that they will find out before it is too late that once again, the abortion industry has sold them a bill of goods, taking their money, taking their progeny, and has simply abandoned them and left them empty inside.