National RIGHT TO LIFE NEWS

February 2015

House passes No Taxpayer Funding for Abortion Act

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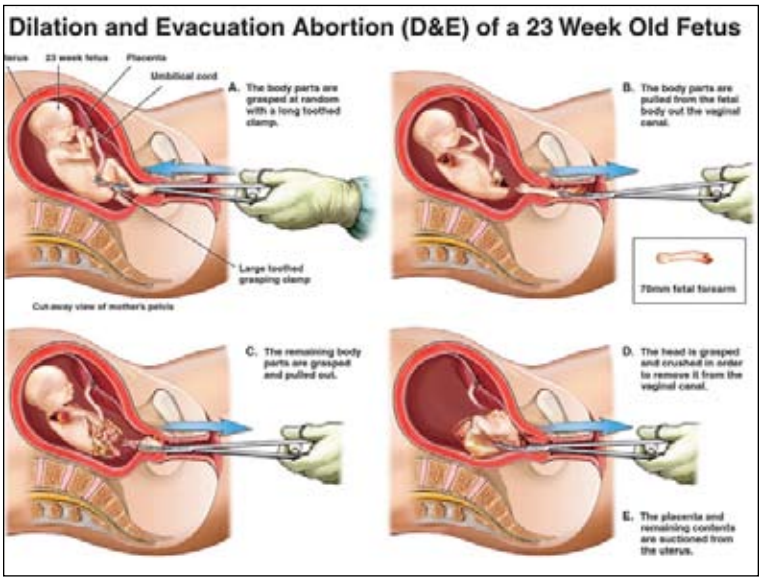
"Unborn Child Protection from Dismemberment Abortion Act" deeply threatening to Abortion Industry

By Dave Andrusko

Few things can be more interesting and instructive than "connecting the dots." Let's put a few recent developments together and see what they say about the state of the pro-abortion opposition to the "Unborn Child Protection from Dismemberment Abortion Act," recently introduced in Kansas, Oklahoma, and Missouri.

The legislation is a major new component of the right to life movement's 2015 legislative agenda and the measure is deeply unsettling to the Abortion Industry and its legion of media advocates.

So what is it that has the usual suspects unusually skittish? Here's how NRLC President Carol Tobias describes what would/should be banned:



Imagine a society in which it is perfectly legal to take an unborn baby, who often is developed enough to feel the most excruciating pain, and then to coldly and purposefully pull that child apart – dismembering her – body part by body part; arms, legs, torso, and head.

See "Deeply Threatening" page 30

House passes No Taxpayer Funding for Abortion Act

By Dave Andrusko

Washington DC -- In an important victory, the House of Representatives has passed the No Taxpayer Funding for Abortion Act (H.R. 7), one of National Right to Life's top legislative priorities. The vote which occurred on the 42nd anniversary of the *Roe v. Wade* decision, was 242-179.

H.R. 7 would codify the principles of the Hyde Amendment on a permanent, government-wide basis, with respect both to longstanding federal health programs and to the new programs created by the Obamacare law.

"The American people strongly oppose taxpayer funding for abortion," said Rep. Chris Smith (R-NJ) during the floor debate on the bill that coincided with the arrival of hundreds of thousands of pro-life Americans in Washington for the annual March for Life.

"In the most recent polling, a Marist poll release January 21, 68% of respondents oppose using taxpayer funding for abortion – including 69 percent of women and 71 percent of millennials," Smith said. "Even 49 percent -- nearly a majority -- of respondents who identified themselves as 'pro-choice' oppose the use of taxpayer funding."

Smith, who coauthored the legislation with Democrat Dan Lipinski of Illinois, said "HR 7 reflects the overwhelming sentiment of the American people and will accomplish three important goals."

- "The bill will make the Hyde Amendment and other current abortion funding prohibitions permanent.

- It also ensures that Affordable Care Act–Obamacare–faithfully conforms with the Hyde Amendment as promised by the President.

See "House Passes" page 16

Rep. Chris Smith (R-NJ)

Editorials

Pro-lifers moving the needle politically, legislatively, and culturally

It's hard to believe so much can happen between monthly issues of *National Right to Life News,* but it has. That's, of course, why we have our Monday through Saturday *National Right to Life News Today*. So much legislatively, educationally, politically, and culturally.

But let's start with the kids. Just think about it, a little over three weeks ago, hundreds of thousands of pro-lifers poured into Washington, DC to signal to the world we are strong, getting stronger, and that the flame burns as brightly as ever. The news from state rallies around the nation was equally encouraging.

But it wasn't just the assembly of (mostly) young people marching up Constitution Avenue to the Supreme Court that sent an unmistakable message. It was a batch of polls that came out around the time of the 42nd anniversary of *Roe v. Wade* and since. Collectively, they spoke volumes demonstrating how Americans are far closer to us than they are to pro-abortionists.

For instance (courtesy of a survey conducted for the Knights of Columbus), a total of 59% of Americans believe that abortion should be available only in cases of rape, incest, or to save the life of mother (32%); only to save the life of the mother (14%); or not permitted under any circumstances (13%). If you add only available during the first three months (25%), the total becomes 84%.

The morality of abortion? 60% think abortion is morally wrong, while only 38% think it is morally acceptable. And 64% believe there are too many abortions to only 7% who believe there are too few.

Perhaps most intriguing (and promising) of all, is that most people don't believe in an either/or dilemma: 84% says laws can protect **both** the well-being of a woman **and** the life of her unborn child. Moreover, the KOC survey found, 59% are more likely to view abortion as doing more harm to women than they are to claim that it does women good (22%).

With that in mind it shouldn't surprise us that last week we learned that the American people are not at all happy with the status of abortion laws in this country—and that **twice** as many of those who want a change (24%) want the laws to be stricter than less strict (12%)!

The same day an enormous crowd filled the nation's capital for the annual March for Life, the House of Representatives passed the No Taxpayer Funding for Abortion Act (H.R. 7), one of National Right to Life's top legislative priorities. The vote was 242-179.

H.R. 7 would codify the principles of the Hyde Amendment on a permanent, government-wide basis, with respect both to longstanding federal health programs and to the new programs created by the Obamacare law.

Debate helped to dig out a truth buried in a rubble of pro-abortion distortion and misdirection. Obamacare authorized massive subsidies to assist millions of Americans to purchase private health plans that cover abortion on demand, President Obama's assurances to the contrary notwithstanding.

As pro-life champion Rep. Chris Smith (R-NJ) remarked, "[A]n extensive audit released last September by the Government Accountability Office (GAO) found that 1,036 Affordable Care Act exchange plans had abortion secretly embedded in the plan. If the Hyde Amendment truly had been applied the number of plans with elective abortion coverage would be zero." (See story, page 36.)

Photo credit: March for Life

Culturally, the battle rages. There is the idiot production *Grandma* that stars Lily Tomlin, a worthy successor (so to speak) to *Obvious Child*. Abortion as a sub-sophomoric joke becomes abortion as a bonding experience between a self-described misanthrope and her granddaughter.

These movies are part and parcel of an attempt to reframe abortion as so common, so free of ethical and moral content, that it is really beyond good and evil. Because it "just is"? But would that logic work if the topic were domestic abuse? Should we not condemn spousal abuse just because it "is"? Of course not.

And there is the nonstop drive to have women "tell their abortion stories," an obvious ploy to bury resistance under a pile of repetition. The irony is that while pro-abortionists assume the public will embrace abortion because they do not wish to condemn the women, they miss that the true horror of abortion is so awful, all attempts to paint it in muted colors is destined to fail. My guess is that "telling stories" cuts both ways, and in more cases than not works against the pro-abortion propaganda machine.

Two weeks ago we wrote about compelling story line (carried over from last year) at *Grey's Anatomy.* Two characters, Jackson (Jesse Williams) and April (Sarah Drew), continuing to "butt heads on how to handle the situation with their little [unborn] baby who was diagnosed with osteogenesis imperfecta, better known as brittle bones disease."

That debate—Jackson for the abortion if the baby is diagnosed with Type Two, the worst form of brittle bone disease–April passionately against regardless—was picked up last week in the season's opening epidose.

See "Moving the Needle" page 24

From the President
Carol Tobias

The Value of Every Life

This month, we celebrate the birthday of our first pro-life, post-Roe president, Ronald Reagan. President Reagan effectively promoted the sanctity of human life by defending unborn children and babies born with disabilities at home and by cutting off abortion funding overseas.

Among his many pro-life accomplishments, he adopted the Mexico City Policy which denied taxpayer funds to private organizations that performed or promoted abortions overseas. He cut off U.S. funding to the United Nations Population Fund (UNFPA) because it violated U.S. law by participating in China's program of forced abortion.

President Reagan's administration also played a key role in enacting the "Baby Doe" regulations to assure that medical treatment would not be denied to babies based on disability. President Reagan was the first to introduce the topic of fetal pain into public debate in a speech he delivered in 1984.

President Reagan knew the value and worth of each and every individual, born and unborn. In 1983, he wrote an essay for the Human Life Review (later turned into a book) titled, "Abortion and the Conscience of the Nation." At the time, the *New York Times* noted that, "An essay by a recent sitting president is extremely rare." The editors of Human Life Review added that it was even more rare that the essay was about one of the most controversial issues of the day.

In his essay, President Reagan wrote, "The real question today is not when human life begins, but, 'What is the value of human life?' The abortionist who reassembles the arms and legs of a tiny baby to make sure all its parts have been torn from its mother's body can hardly doubt whether it is a human being. The real question for him and for all of us is whether that tiny human life has a God-given right to be protected by the law-- the same right we have."

We do know, conclusively, that a new life begins at fertilization. A baby's heart begins to beat at 18 days, and brainwaves are present after just six weeks. The subsequent use of sonograms, now in full-color, with 3D and 4D imaging, helps us all to recognize the unmistakable face of a child.

We as a society must ask ourselves, as President Reagan did, "What is the value of human life?" We know that, for those in the abortion industry, innocent human life has no value. That precious little one, growing inside her mother, can be destroyed and discarded for any reason, in a manner of cruelty that if practiced on animals would stir outrage.

When a society devalues life at the beginning, it will inevitably also devalue life at the end. Nutrition and hydration—food and water—are now defined as "medical treatment" and routinely withheld from the elderly in hospitals and nursing homes. It is also withheld from those who are disabled but not dying, or not dying fast enough, in the eyes of those who believe in the quality of life ethic.

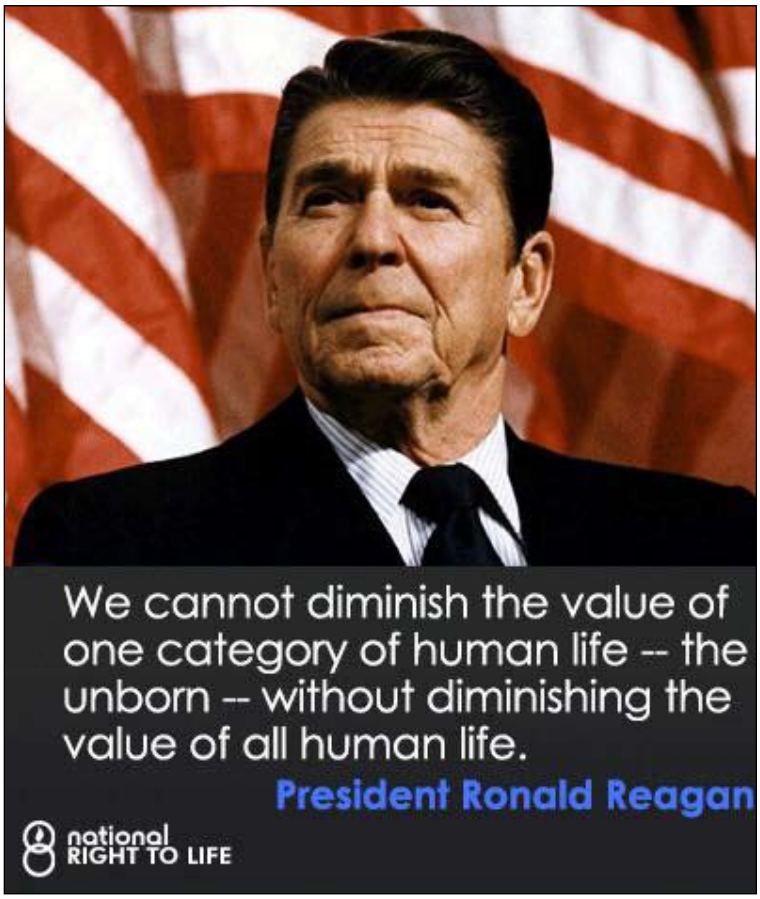
Since society's response to a woman with a problem pregnancy is to kill the child, it really is no surprise that our response to someone with an illness or disability is to kill the "problem"-- the person.

Wesley Smith is on top of the on-going push to starve Alzheimer's patients, even those who willingly eat and drink [http://nrlc.cc/16XIKTw].

We've seen the battle for assisted suicide heat up as more state legislatures are asked to legalize the practice. Just last week, the Supreme Court of Canada struck the Canadian law protecting against assisting suicide.

When we start to decide who should live and who should die, the young and healthy will not be the first to go. The elderly and the disabled will be "encouraged" to end their lives. If they don't want to, we need only look to places such as Belgium and the Netherlands. More and more there are instances of involuntary euthanasia. Incredibly, Belgium has legalized neonatal euthanasia.

In a country that cuts out corners of sidewalks, includes wheelchair ramps next to steps, and installs elevators so that our friends with disabilities can more easily get around, it makes no sense to turn around and tell them they would be better off dead.



Too often, the request for physician-assisted suicide comes from an elderly person who is lonely, or from one who is afraid that he or she will be a "burden" to their family.

We would do well to remember the Nigerian saying: **"When an elder dies, a library is lost forever."** All the wisdom and experience gained by a person over many years is gone. We need to cherish every member of our family, whether they are young and healthy or elderly and infirm.

Life can be challenging enough. When someone has the added challenges, our response must be one of love and acceptance and assistance.

No one should feel like a burden. Every life has value. Every life is a library.

New Gallup numbers an unmitigated disaster for pro-abortionists

Of those dissatisfied, twice as many want laws stricter than looser

By Dave Andrusko

Let's say you're a hard-core partisan pro-abortionist who has made a living insisting that support for pro-life legislation is the province of a tiny segment of "anti-choicers" drastically out of step with the public.

Pro-lifers have always known otherwise, but never was that truth more obvious than if you were to scan through the results of a Gallup poll released last Monday.

Rebecca Riffkin's headline is neutral—"Fewest Americans Satisfied With Abortion Policies Since 2001." It takes a patient reader to find out that the public's dissatisfaction is not that the laws are too "strict," but that the laws aren't strict enough!

Specifically,

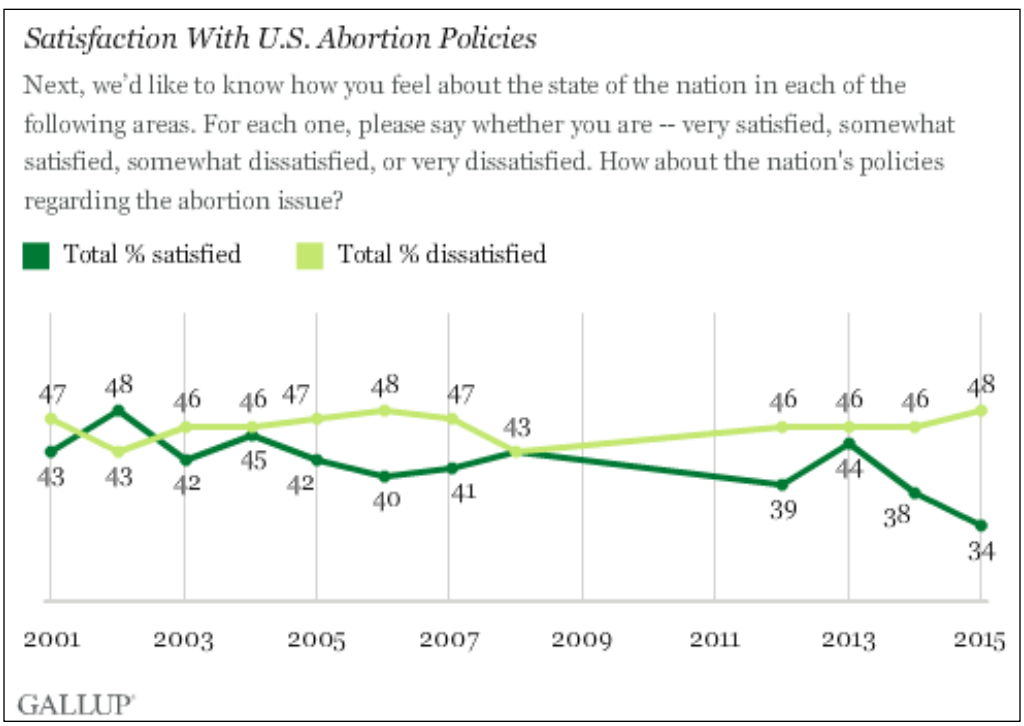
> **Americans who say they are dissatisfied with current abortion policies were asked a follow-up question to learn if they are dissatisfied because they want current abortion laws to be stricter or less strict. This year, of those who are dissatisfied, twice as many prefer stricter rather than less strict laws: 24% want stricter laws, while 12% want current abortion laws to be less strict.** [my emphasis]

(Wouldn't you like to know what another 12% who said they were dissatisfied with abortion laws but said the laws should "remain the same" were thinking?)

Overall, only 34% of a random sample of 804 adults, aged 18 and older, said they were satisfied, the lowest since 2001 when Gallup first asked the question. Let's break it down

- **Republicans, not surprisingly, are the least satisfied. Only 21% are satisfied, down 8 points from a year ago.**

- **46% of Democrats but only 36% of Independents were satisfied with current U.S. abortion policies.**



What would a typical pro-abortionist think? Tara Culp-Ressler's way of handling this bad news was not to explore what the Gallup results means about the state of public opinion but simply to complain that Republicans will introduce even more pro-life legislation. But, then again, what else could she say? They are on the wrong side of history.

As you think about the Riffkin story, clearly the reader is supposed to come away with two conclusions: that Republicans are even less supportive of current abortion policy than Independents and that with respect to the Pain-Capable Unborn Child Protection Act, "many independents and Democrats, both of whom are more likely to be satisfied with current abortion laws, may have issues with new legislation, especially if it makes abortion laws more strict."

What to say?

First, true, more Republicans than Independents are dissatisfied, but that is only by comparison. Only 36% of Independents are satisfied—not even 3 in 8. That is a big negative for pro-abortionists.

But, second, of course there will be opposition; there is to any legislation on abortion or, for that matter, most anything else. Talk about managing to miss the boat completely…

Look at the polling on the Pain-Capable Unborn Child Protection Act.

In a nationwide poll of 1,623 registered voters in November 2014, The Quinnipiac University Poll found that 60% would support a law such as the Pain Capable Unborn Child Protection Act prohibiting abortion after 20 weeks [when the unborn child is capable of feeling pain], while only 33% opposed such legislation. Women voters split 59-35% in support of such a law, while independent voters supported it by 56-36%.

What about younger people? Among those ages 18-29, there was 57% support for the legislation, with only 38% opposed.

The Gallup numbers are an unmitigated disaster for pro-abortionists.

Montana Supreme Court upholds right of state to defend parental involvement laws

By Dave Andrusko

In February 2014, District Judge Jeffrey Sherlock ruled that the Montana attorney general's office couldn't defend two laws (LR 120 and HB 391) that require parental involvement in minors' abortion decisions.

NRL News Today reported that Attorney General Tim Fox appealed the decision.

Almost exactly one year later, in a 4-1 decision, the Montana Supreme Court reversed Sherlock, who had granted summary judgment to Planned Parenthood of Montana and Dr. Paul Frederick Henke. In a majority opinion written by Justice James Jeremiah Shea, the court sent the case back to Sherlock.

The history of parental involvement in the abortion decision of minor girls in Montana is mind-numbingly complicated. This latest lawsuit is only the most recent example.

In 1999, the Montana Supreme Court struck down the 1995 parental consent law on that grounds that it violated rights to privacy, equal protection, and the rights of minors.

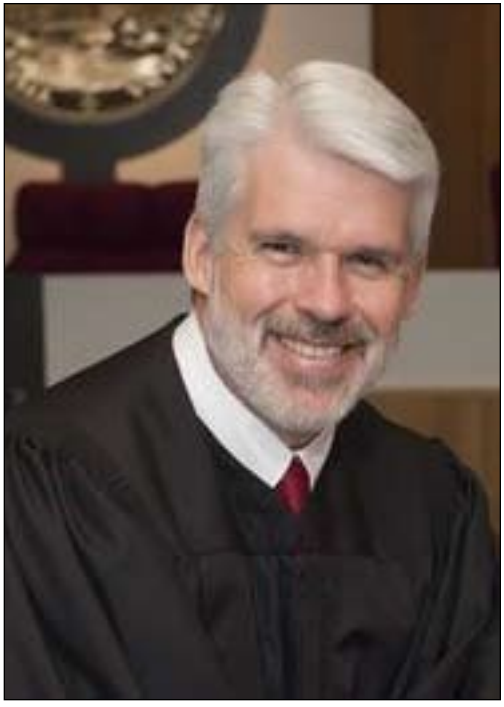
In 2011 the legislature placed LR-120 for the ballot—and it passed. The measure requires minors under the age of 16 to notify their parents before getting an abortion.

In 2013 HB 391 passed the Montana Legislature. It requires girls under the age of 18 to obtain their parent's consent before an abortion.

The Planned Parenthood lawsuit seeks to strike both.

Planned Parenthood/Henke "argued that a 1999 District Court ruling, which held unconstitutional a similar 1995 law that required parental notification before a minor may obtain an abortion, prevents litigation of the issues raised in this case," according to Charles Johnson of the Independent Record newspaper.

Sherlock agreed. He "held the rule of collateral estoppel, or issue preclusion, prevented the state from defending the constitutionality of two laws [2011 and 2013] requiring the involvement of a minor's parents before she may obtain an abortion," Johnson reported.



Justice James Jeremiah Shea

But Justice Shea, joined by Justices Laurie McKinnon, Beth Baker and Jim Rice, wrote that issue preclusion applied only if the current case was identical to the issues in the 1999 case. However he wrote that there were "substantive differences" between the 2011 and 2013 laws and the 1995 law. "Therefore, the issues to be decided in this case, while similar, are not identical to the previous case. Therefore, … issue preclusion does not apply."

"Although the laws that are the subject of the current challenge are similar to the 1995 law, they differ in substantive requests," Shea wrote. "Therefore, the issues to be decided in this case, while similar, are not identical to the previous case. Therefore, … issue preclusion does not apply."

According to Johnson, the differences between the 1995 and the 2011 law were

· The 1995 law applied to minors under 18; the 2011 laws applied to minors under 16.

· True, both the 1995 and 2011 laws allowed judicial bypass, but different standards of evidence were required.

Likewise, "Shea said there are two substantive differences between the 1995 and 2013 laws," Johnson wrote.

First, the 1995 law required only that notice be given to a minor's parents or legal guardian, while the 2013 law requires that the minor's parents or legal guardian consent to the abortion.

Second, the 1995 and 2013 laws differ in their evidence requirement.

In response to last Tuesday's decision, Attorney General Fox said

"More than 70 percent of Montana voters and a majority of legislators enacted the parental notification and parental consent laws."

He added,

"The will of the people has been made clear. Today's ruling means we can move forward in vigorously defending the fundamental rights of parents to be involved in the decisions their children face."

Focusing on the True Victims of Dismemberment Abortion

By Kathy Ostrowski, Legislative Director, Kansans for Life

Monday, February 8 was the first committee hearing for Kansas' Senate Bill 95–the Unborn Child Protection from Dismemberment Abortion Act–a top legislative priority of Kansans for Life and the National Right to Life Committee.

This first-in-the-nation measure, SB 95 is co-sponsored by 25 state Senators. The Unborn Child Protection from Dismemberment Abortion Act was the subject of the Monday afternoon meeting of the Senate Public Health & Welfare committee, chaired by Sen. Mary Pilcher-Cook.

Testimony from four opponents to SB 95 was expectedly weak, but not to worry: the mainstream media came to their rescue (more on that later).

The position of both Elise Higgins (Planned Parenthood) and Julie Burkhart (Trust Women) was essentially this:

legislators have no authority in this matter;

SB 95 threatens women's health and "invades" the doctor -patient relationship;

the bill is unconstitutional;

the state is facing a budget crisis and we should deal with that.

As usual, nothing original or substantive was offered. And in fact, their claims ignore the reality of U.S. Supreme Court abortion rulings that repeatedly uphold the State's "compelling interests" in respecting the dignity of the unborn and in protecting the integrity of the medical profession.

The other two testimonies from opponents were also predictable. One young mother said she was grateful to have had her abortion at age 19. A Harvard neurology professor (Note: not an ObGyn) insisted that the D & E dismemberment method is the standard of care for second trimester abortion and the "safest" method.

What none of them said, but what many published articles reveal, is that the "advantage" (if that word should even be used) of dismemberment abortions is that they are–

wait for it–cheaper and faster!

The 2009 National Abortion Federation Training manual affirms not only is the D & E method the "most cost-effective," it prevents women from having to endure the "prolonged labor experience" of other 2nd trimester abortion methods (in other words from having to deliver their dead babies).

When opponents concluded their comments, an observer to the hearing might have reasoned that SB 95 is an affront to women [wrong].

That's when I testified to the committee, as KFL's legislative director. I reminded the senators that, "The focus of this bill is the small, living, human unborn child facing a brutal and inhumane dismemberment abortion."

You could have heard a pin drop.

As I spoke, I held fetal models of the unborn child, first at 14 weeks and then, at 20 weeks gestation; the ages during which dismemberment is the 'standard' method for abortion.

I briefly described the attributes and movements of babies at that age in the womb.

Then I noted what the U.S. Supreme Court itself admitted. To quote Supreme Court justice Anthony Kennedy, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn apart limb by limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."

I mentioned that even one such barbarous act should not be tolerated. Then I pointed out the fact that, elsewhere in the legislature, there is a bill advocating the adoption of the most humane, painless way to euthanize pets.

Unfortunately, that irony was lost on the media. Speaking of the media….

Although we did get decent but very short coverage in a television news spot at both 5 & 6 pm, the 10 pm news completely omitted SB 95, choosing instead to spend an unusually long segment of five minutes on the shooting of a neighborhood dog. Seriously.

Not one print media used any phrase about the tearing apart of limbs of the living child in dismemberment abortions. Most of them are referring very antiseptically to the bill as a "method of abortion affecting 8% of abortions." One story said SB 95 refers to "so-called dismemberment."

That's why I so appreciated Andrew Bair's very excellent analysis in *NRL News Today* of the misreporting about this bill.

He wrote that the media

"… purposefully omits the key details about what happens to the unborn child, skipping over the dismemberment process entirely…."

Thus, my duty was to focus the committee and the audience on every painfully victimized member of our human family that was tortured to death in each of the 578 dismemberment abortions that occurred in 2013 in Kansas.

And to urge that that those atrocities end.

Abortion Survivor: Claire Culwell

By Sarah Terzo

Claire Culwell tells her story:

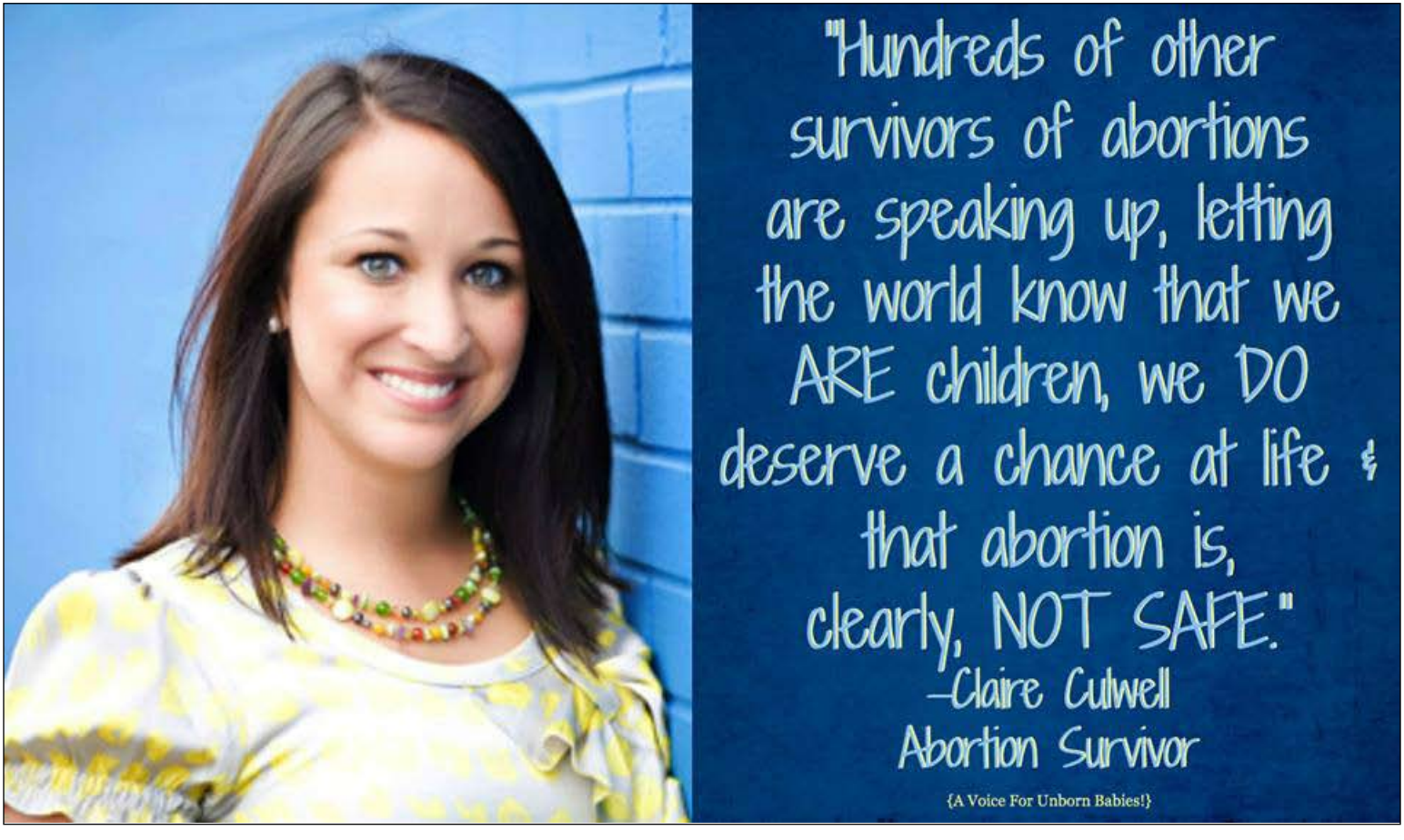
My birth mother was 13 years old at the time she became pregnant with me. Her mother took her straight to an abortion clinic where she had a surgical abortion. After thinking she had "fixed the problem," a few weeks later she realized her belly was still growing. Her mother took her back to the abortion clinic where she learned that she had been pregnant with twins…One was aborted; One survived.

My life is a miracle and I would be selfish to keep this GIFT of life to myself. I want to tell everyone what a gift I and even they have been given!! I want to encourage them to seek alternatives to abortion because I would never want any woman/man to go through the grief and the pain that my birth mother went through simply because she didn't know she had any other option…

My life is a testimony that there are wonderful alternatives to abortion (such as adoption in my case) and an accident/unwanted child still deserves life…even a child with disabilities. I was born 2 1/2 months early, weighed 3 lbs 2 oz, had dislocated hips and club feet. I had to wear casts on my feet, a harness and eventually a body cast. The abortion still affects me today. All that to say, LIFE IS STILL WORTH IT. If my life can touch just one person who has had an abortion or considering an abortion or adoption, then I am fulfilling my purpose in the pro-life movement!

I will not be silent because each mother and child are in the same place my biological mother, my twin and I were in 22 years ago and I am here to say THERE IS HOPE and there are options!

Editor's note: this appeared at clinicquotes.com.



"Laws that change the conversation" are the gold standard for state legislation

By Dave Andrusko

Talk to Mary Spaulding Balch, JD, for more than two minutes and you know exactly the kind of legislation she wants debated and passed—"laws that change the conversation" is the way NRLC's director of State Legislation described it to me in an interview last week.

And three laws in particular this session promote that ideal:

1. The Unborn Child Protection from Dismemberment Abortion Act

2. The Pain-Capable Unborn Child Protection Act, and

3. Bills to regulate webcam abortions

The Unborn Child Protection from Dismemberment Abortion Act has already been introduced in three states this session: Kansas, Oklahoma, and Missouri. It has passed out of a Senate committee in Kansas (6-1 with one member not voting) and a House committee in Oklahoma (8-3).

The Pain-Capable Unborn Child Protection Act flew through the state house in West Virginia (87-12), including even a majority of Democrats) and South Carolina state House (80-27). Ohio is expected to introduce its bill very soon.

Virtually identical language has been passed in ten states.

And Arkansas's Senate has already passed a bill to regulate webcam abortions, 29-4. Currently 17 states have enacted laws requiring the abortionist to be physically present in the same room as the woman when administering a chemical abortion.

"The strong votes in favor tell you these bills are resonating with legislators," Balch said.

Balch called these three bills "substantive pieces of legislation" that "clearly reveal the humanity of the unborn child." They do so in complementary ways.

The Unborn Child Protection from Dismemberment Abortion Act clearly has pro-abortionists nervous. That is why they keep insisting the language is "graphic," or "grisly."

"It is neither," Balch said. "But dismemberment abortions are brutal, bloody, and barbaric-- and unless you use language that has no connection with what is happening to that child, it can be very unsettling."

Dismemberment abortions "are just as brutal as partial-birth abortions, which are no longer legal," she said. "Dismemberment abortion kills a baby by tearing her apart limb from limb.

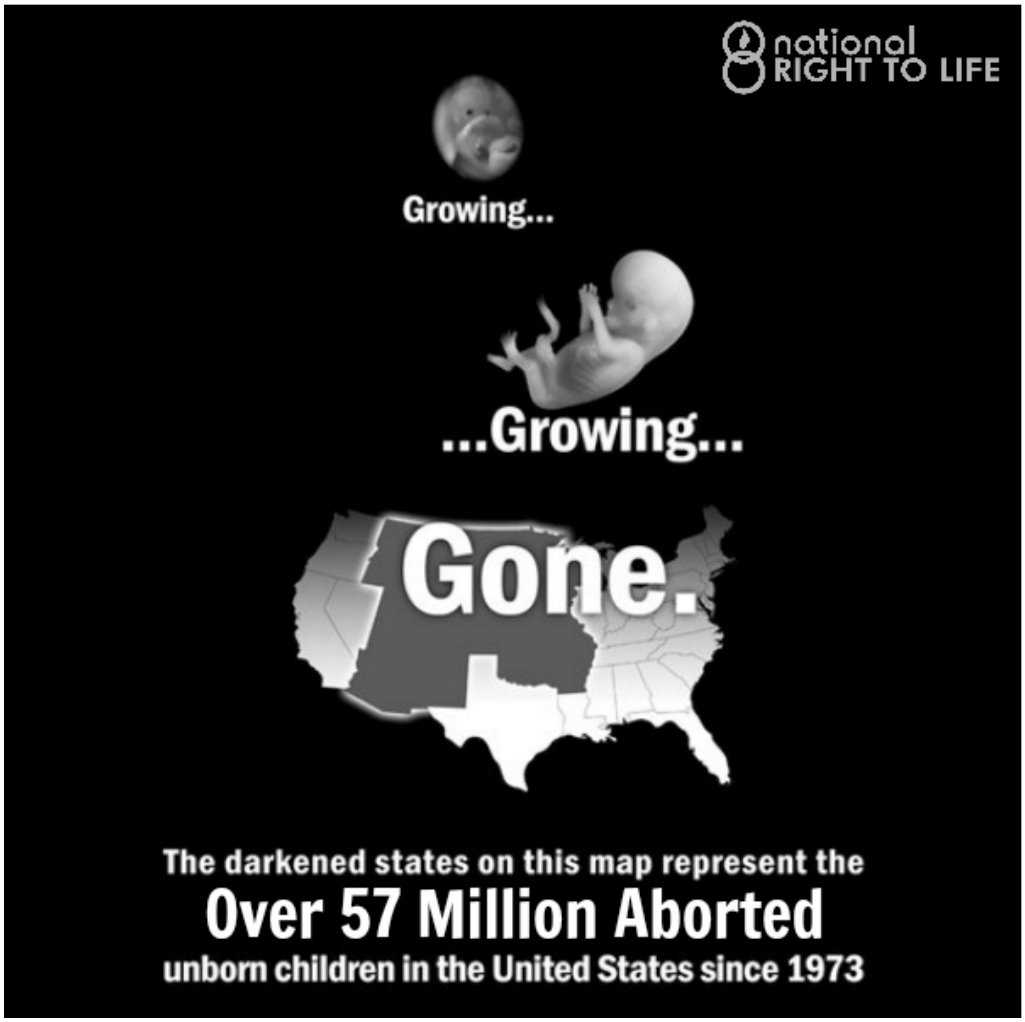
"Before the first trimester ends, the unborn child has a beating heart, brain waves, and every organ system in place," Balch added. "Dismemberment abortions occur after the baby has reached these milestones."

The Pain-Capable Unborn Child Protection Act also puts the unborn child's humanity front and center. These laws protect from abortion the life of an unborn child beginning at 20 weeks fetal age, based on medical evidence that by that point, if not earlier, the unborn child experiences excruciating pain when subjected to dismemberment or other late abortion methods.

"What more clearly demonstrates that the unborn child is 'one of us' than that she is capable of experiencing almost unimaginable pain while she is torn limb from limb," Balch asked.

Abortionists see webcam abortions as potentially an enormous source of additional revenue. A single abortionist, who never actually is in the same room as the pregnant woman, can "supervise" many more abortions by operating from a hub clinic. He teleconferences with the woman, and then, by remote control, unlocks a drawer from which the woman takes chemical abortifacients.

"Requiring that the abortionist is in the same room as the woman ensures that a woman or girl has a little more time to think about what is, after all, a life and death decision," Balch said. "Babies' lives will be saved and fewer women will be exposed to a chemical abortion technique that can and does pose dangers to her health."



Adoption: truly paying it forward

By Joleigh Little, Teens for Life and Region Coordinator, Wisconsin Right to Life

I truly understand that "everyone we meet is fighting a battle" and agree with the admonition to "be kind." But sometimes…

Sometimes it's just too difficult to think kind thoughts at all. Take, for instance, the recent stories – one about a family who aborted their baby because an ultrasound showed their child was missing a limb. Or another one about the mom who wrote to a woman with spina bifida, telling her that she had just aborted a child who had spina bifida, and was wondering if the woman could give her some advice on how to avoid conceiving another child with spina bifida. (I swear I'm not making this up. Some people's lack of tact is almost enough to make your brain explode.)

So it would seem to make sense that I would read the story "Wife divorced husband because he wanted to keep son born with Down Syndrome" and instantly turn into a righteously angry judgmental monster. (Because, just keeping it real here, I can. It's a struggle sometimes.)

But that headline just made me sad. I instantly wondered if the story was about a family that didn't live here in the U.S. The family lives in Armenia. (Mind you, here in our "enlightened" nation, we also target for abortion children diagnosed in utero with Down syndrome and other "differences" so I clearly think we have work to do on our own national attitude.)

Here's what I know. In some countries, children with special needs are seen as devastating tragedies, or even "curses" the only solution for which is to place the child in an orphanage and "start over." Case in point: while searching for my second daughter, I read many medical files of waiting children – children who are in orphanages and desperately need a family to call their own.

One file that stood out was that of a beautiful little girl who happened to be born with an extra chromosome. (Which, for the record, she was rocking with a very classy amount of sass, as was evident from her pictures and the comments in her file.) I was more than a little shocked to learn that both of her parents were medical doctors. And yet they relinquished her at birth.

Her birth country is notorious (as are most in that region) for the high number of children with special needs who are housed in orphanages and whose only hope is international adoption – because almost no one in their own society sees them as having any value.

So I was not at all surprised to read that this woman, from Armenia and currently living in Armenia, rejected her son outright – even to the point of divorcing the father of her child – to avoid the stigma that goes with bearing a child who isn't "perfect" in the eyes of her society.

What did surprise me (in the best way possible) was that, instead of ending up institutionalized, this little boy – Leo – is being raised by his courageous and now single father. While it should be instinctual to choose your child over anyone else, apparently it's not always. For that reason, this dad deserves a lot of respect – and it seems he's getting it, if you can judge by the amount of money raised to help him stay home with and raise Leo for the first year of his life. (So much money was raised, in fact, that Samuel Forrest, has stated a portion will be used to help fund the only orphanage in his son's birth country that regularly takes in children born with Down syndrome.)

Talk about paying it forward! But for the courage of this man, a father in every sense of the word, that little boy – perfect in every way because he is perfectly himself – could and would have been raised in an orphanage.

Like so very many others are.

The lesson in this for all of us? We need to work hard. We need to educate, to advocate and to pray that attitudes around the world will change to view children with special needs as valuable. But beyond that, we need to be open to the **only** viable immediate solution to the thousands of children with special needs who are languishing in orphanages.

Adoption.

We who are pro-life need to understand that our children might not only be the ones who are born to us. Our children could very well be

See "Adoption" page 32

national RIGHT TO LIFE CONVENTION 2015

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Canada's Supreme Court Mandates Assisting Suicide for People with Disabilities

By Burke J. Balch, J.D., director of NRLC's Powell Center for Medical Ethics

People with disabilities must be killed when they consent under a February 6, 2015, decision by Canada's highest court striking the Canadian law protecting against assisting suicide.

Unlike doctor-prescribed suicide laws in Oregon, Washington and Vermont that theoretically are limited to those with terminal illness, the sweeping ruling allows killing any Canadian who "has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

"Irremediable," the court stressed, "does not require the patient to undertake treatments that are not acceptable to the individual."

Even this broad language, which leaves it hard to identify any circumstances in which a subjective statement by an individual that she or he thinks life is not worth living would fail to authorize assisting suicide, may in the future be expanded. The court explicitly stated, "We make no pronouncement on other situations where physician-assisted dying may be sought."

While the ruling on its face only applies to "a competent adult person who . . . clearly consents to the termination of life," the court hinted that it may later hold that surrogates have the right to kill people with disabilities who cannot speak for themselves and have never asked to die. After rejecting any distinction between rejecting life-preserving treatment and direct killing, stating that both hasten death, the court noted, "In some cases, [decisions to reject life-saving treatment] are governed by advance directives, or made by a substitute decision-maker."

The unanimous ruling in Carter v. Canada flatly rejected the position, advanced by the Canadian government, that a law against assisting suicide may be justified by the objective of "preserving life." Ironically, it actually held that the law violates the right to life because it has "the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable."

The only potentially allowable justification under Canada's constitutional Charter of Rights, the court held, would be "the narrow goal of preventing vulnerable persons from being induced to commit suicide at a time of weakness." Reversing a 1993 Supreme Court decision, Rodriguez v. British Columbia, that pointed to the danger of abuse while upholding the law against assisting suicide, the current court deemed preventing all assistance of suicide "overbroad" on the grounds that "vulnerability can be assessed on an individual basis, using the procedures that physicians apply in their assessment of informed consent and decisional capacity in the context of medical decision-making more generally."

"Concerns about decisional capacity and vulnerability arise in all end-of-life medical decision-making," the court wrote. "Logically speaking, there is no reason to think that the injured, ill and disabled who have the option to refuse or to request withdrawal of lifesaving or life-sustaining treatment, or who seek palliative sedation, are less vulnerable or less susceptible to biased decision-making than those who might seek more active assistance in dying. The risks that Canada describes are already part and parcel of our medical system."

The court acknowledged that "Some people with disabilities oppose the legalization of assisted dying, arguing that it implicitly devalues their lives and renders them vulnerable to unwanted assistance in dying, as medical professionals assume that a disabled person 'leans towards death at a sharper angle than the acutely ill – but otherwise nondisabled – patient'."

However, the court said it "saw no reason to reject" the trial court's conclusion that "rejected the contention that unconscious bias by physicians would undermine the assessment process."

The court suspended the invalidation of Canada's law against assisting suicide for a year to allow "Parliament and the provincial legislatures to respond, should they so choose, by enacting legislation consistent with the constitutional parameters set out . . . ."

However, in light of the court's insistence that deference to the judgment of physicians whether or not they ought to kill particular individuals fully meets any constitutionally valid interest in protecting "the narrow goal of preventing vulnerable persons from being induced to commit suicide at a time of weakness," it will be very challenging for Canadian legislators to craft laws that provide any realistic measures of protection.

Supreme Court of Canada strikes down law against physician-assisted suicide

By Dave Andrusko

As widely feared, on February 6 the Supreme Court of Canada unanimously overturned the nation's over 100-year-old prohibition against assisted suicide.

Response was immediate, not surprisingly in any event, but especially in light of the key paragraphs in the 9-0 decision.

Physician-assisted suicide is "limited" to "a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition, including an illness, disease or **disability, that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition**." (emphasis added)

"Within those parameters," wrote Sean Kilpatrick for the *Canadian Press*, "the court said the nature of the suffering includes **either** physical or psychological pain. The person's condition need not be terminal" (emphasis added).

The court's decision in *Carter v. Canada* effectively overturns its 1993 ruling that rejected Sue Rodriguez's request for the "right" to a physician's assistance in ending her life, ruling that there was no constitutional right to assisted suicide.

Dying with Dignity Canada CEO Wanda Morris said, "We're deeply heartened by the court's compassion towards those who suffer unbearably or face the prospect of a horrific death."

Those who may well be targets of this new "right" and their defenders took a very different view. In a joint statement, the Council of Canadians with Disabilities (CCD) and the Canadian Association for Community Living (CACL) said they are "profoundly disappointed" with the ruling.

> **"As we each near the end of our lives, at the time when we are likely to be most vulnerable to despair and fear, we have now lost the protection of the Criminal Code," the groups said. "Where shall we now find that protection? CCD and CACL caution that our collective response to this question must go far beyond the technical exercise of so-called 'safeguards.' "**

Jim Hughes, national president of Campaign Life Coalition, told LifeSiteNews

> **"In striking down Rodriguez, our highest court told Canadians today that the lives of the weak, infirm, and vulnerable are not worth protecting. The court in essence decided that some people are better off dead than alive and gave power to those who are strong to end the lives of those who are weak. This is a terrible day of shame for Canada."**

In his story, Kilpatrick added, "The high court suspended Friday's declaration for 12 months in order to give the federal and provincial governments time to respond and, should they choose, to launch legislative efforts to craft a regulatory framework for physician-assisted suicide. The court did not set practical parameters for doctor-assisted dying beyond the criteria for who is eligible to access physician-assisted suicide."

The Supreme Court of Canada

The lawsuit was launched by the family of Kay Carter, a woman who died by assisted suicide in 2010 in Switzerland.

The Carter family, represented by the British Columbia Civil Liberties Association, asserted that Kay was denied the "right" to die with dignity in Canada and that her family was forced to break the law by assisting her to travel to Switzerland.

On June 15, 2012, Justice Lynn Smith decided that Canada's assisted suicide law was unconstitutional. The federal government appealed the decision of Justice Smith to the British Columbia Court of Appeal which subsequently found that Smith did not have the right to strike down Canada's assisted suicide law and that she made several errors and incorrect assumptions in her decision.

That decision, in turn, was appealed to the Supreme Court of Canada which agreed in January 2014 to hear the appeal.

The Supreme Court approvingly cited Smith's reasoning in its decision.

> **"She concluded that it would be possible for physicians to apply the informed consent standard to patients who seek assistance in dying, adding the caution that physicians should ensure that patients are properly informed of their diagnosis and prognosis and the range of available options for medical care, including palliative care interventions aimed at reducing pain and avoiding the loss of personal dignity."**

The justices explicitly rejected the contention that physicians would be compelled to take part in an assisted suicide and that people with disabilities would be at great peril.

Indeed the court took the exact opposite position, according to Kilpatrick: "Given the section's disproportionate impact on physically disabled persons, it also violates section 15 equality rights of the physically disabled, they said."

The court actually argued as Burke Balch observed, quoting from the opinion, noted on page 10 of this issue, that the law violates the right to life because it has "the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable."

Note (a) that the court sees the "inability" of the "physically disabled" to have access to physician assisted suicide as a form of discrimination; and (b) that, as noted above, the patient need not be terminally ill.

Even more ominous is that this newly minted "right" applies to "psychological pain" as well.

A "significant drop" in sex-selective abortions in India and Nepal

Follows decision by Supreme Court of India

By Dave Andrusko

If a story in *AsiaNews* is accurate, it's not often you see a result as startling—or as quick—as this.

Recently *NRL News Today* reported that the Indian Supreme Court had directed major search engines such as Yahoo, Google, and Bing to no longer carry ads for pre-natal sex selection services.

The justices' lamented selective abortion. They wrote

> **"India is suffering so much because of sex ratio, but still there is a state of antipathy. Despite being banned, selective abortion is taking place and it is a growing problem for this country. This must stopped."**

The bench, comprised of Justices Dipak, Misra, and PC Pant also asked the three search engines to upload the restraint order on their policy pages and on the pages containing "terms and conditions of service."

Reporting for *AsiaNews*, Christopher Sharma writes about the "first consequence" on both India and Nepal of the court's ban:

> **A significant drop in female foeticides has been recorded in the two Asian countries, a practice that had become a major issue of concern because of the resulting gender imbalance in favour of males that it had created. … The doctors who work in clinics along the Nepal-India border – more than 1,800 km in the south, east and west of Nepal – confirm that the number of patients seeking sex selection operations or abortions has declined.**

And a very significant decline–the number declined by half when the search engines dropped the advertising –said Rajesh Kumar, owner of the Modern Medicine Clinic in Sunwal, a border town in Indian territory.

Kumar told Sharma that previously, every week at least five women came for "a selective abortion." By contrast, "only three visited us" in the last week.

All local clinics, he added, "have registered a drop in operations."

Another abortionist, who operates in a clinic between the towns of Rupaidiha (India) and Nepalgunj (Nepal), also told Sharma that he noted a "significant decline" in the number of "customers" who "come to us for sex selection or abortions."

Sex-selective abortions are illegal in both nations but, given the cultural preference for sons, the law is widely ignored. However as the imbalance between baby girls and boys continues to worsen—some data suggests there are few as 914 females per 1,000 males in India—the governments are beginning to crack down.

Professor Mita Singh agreed that the drop in selective abortions can be attributed "to the decision of the judges" of the Supreme Court of India. But she offered an even more significant possible explanation:

> **the "growing awareness" of the importance and role of girls and women in society. In the past, "males were favoured over females" in the Hindu family, but today this "is gradually decreasing."**

Planned Parenthood Study Supports Their Profitable Chemical Abortion Protocol

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

One of Planned Parenthood large affiliates has just published a study that they assert shows that the abortion drugs mifepristone (RU-486) and misoprostol can be used safely and effectively following a different protocol than the one laid out by the U.S. Food and Drug Administration (FDA).

No real surprise there – Planned Parenthood has a lot of money and its reputation riding on the outcome. But facts are stubborn things. The data show that risks still remain, that

follow up is lax, and that they really don't know what happened to a lot of their patients, despite putting a lot of women through a whole lot of misery.

A different protocol

The study, "Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days" was published online January 14, 2105, and is slated to appear in an upcoming issue of the journal *Contraception*.

Two of the three authors are from Planned Parenthood's Los Angeles affiliate. The patients from the study were drawn from "Our large network of urban healthcare centers in the Los Angeles, California area, [which] includes 19 health centers providing approximately 15,000 abortions a year, of which about 30% are medical abortions."

The study followed 13,373 women who came in for abortions between April 1, 2008, and May 31, 2011. The chemical abortion regimen consisted of 200 milligrams of mifepristone (RU-486) followed by an at-home dose of 800 micrograms of misoprostol taken bucally (under the cheek or gum) 24-28 hours after the mifepristone.

Two immediate contrasts. The FDA protocol involved 600 milligrams of mifepristone followed by 400 micrograms of misoprostol taken orally at a return visit to the clinic two days after the first.

And while the FDA protocol also limited use to the first 49 days after a woman's last menstrual period (LMP), Planned Parenthood aborted women who were as many as 63 days LMP.

The authors concluded that their study reinforced the safety and efficacy of their regimen.

Why do they want to change the regimen?

Before getting into the data, let us look for a moment at why Planned Parenthood and the abortion industry have such a problem with the FDA protocol.

The official focus is allegedly on increased safety and efficacy (for the woman). However the changes just happen to have the fortuitous side effect of making things easier and **much** more profitable for the abortion industry. Here's how.

Mifepristone sells for about a $90 a pill, while generic misoprostol can be purchased for **less than a dollar** a pill. By reducing the dose of mifepristone from the FDA's recommended three pills to one, and doubling the dose of the cheaper misoprostol, as Planned Parenthood has done in this "study," there's more money to be made.

Allowing women to take the second drug (misoprostol) at home rather than return to the clinic saves the clinic the space and time of additional appointments so that they can set that aside for other customers.

Likewise, extending the cutoff date by two weeks from 49 days to 63 days LMP means a bigger pool of customers.

Whether women's chemical abortions supposedly get safer or not, take note that industry leaders like Planned Parenthood stand to gain more customers and make more money with these changes.

Study Results

As mentioned earlier, Planned Parenthood looked at the outcomes for 13,373 chemical abortion patients over a five year period. Of this number, the authors claim that 13,066, or 97.7%, were "successful."

Seventy patients had an "aspiration for ongoing pregnancy" and 237 had "aspiration for symptoms." There were just two cases of infections among the group and four cases requiring transfusions.

This was supposed to offer an improvement over results from the study the FDA used to justify its protocol when it approved mifepristone in September of 2000. Using the results of an April 30, 1998, study from the *New England Journal of Medicine*, that protocol showed diminishing "success" rates with time: 92% at 49 days LMP, 83% at 56 days LMP, and 77% at 63 days LMP. This decreased "efficacy" prompted the FDA to limit use of the drug to 49 days.

The authors here argue that by comparison, this demonstrates that their method is more effective and can be used later than the FDA limit.

See "Chemical Abortion" page 15

Planned Parenthood Study Supports Their Profitable Chemical Abortion Protocol

from page 14

"This study reinforces the safety and efficacy of the regimen for medical abortion … through 63 days estimated gestational age, and contributes to the existing evidence against restrictions requiring use of the FDA-approved regimen in the United States," the report's authors wrote.

Let's see if that's true.

Measuring "Efficacy"

The authors say that "The primary outcome of interest was successful abortion," and the abortion was deemed "successful" if there was "expulsion of the pregnancy without the need for aspiration."

A few things worth noting here. Abortion, not patient comfort or safety, was the criteria for success. If a woman aborted, but suffered a major injury, as long as she did not have an "aspiration," it would, by this standard, be successful.

Also, "success" rates may have been, in some cases, boosted by extra doses of misoprostol.

While the study used by the FDA tallied "success" or failure after a single course of the drugs and an assessment at the end of two weeks, the Planned Parenthood study "allowed for repeat doses of misoprostol for patients who had an incomplete abortion." This means what would have been counted as a "failure" in the original study could have been listed as a "success" in the latest from Planned Parenthood. This would inflate the study's "success" rate.

The precise number receiving this extra dose is unclear, though 87 in a subgroup of about half 7,335) did receive a repeat of misoprostol. Without this modification, efficacy rates would have been lower.

A different process?

Some may argue that modification of the protocol doesn't matter as long as efficacy was increased. However when misoprostol becomes the primary drug, this moves towards becoming a different procedure entirely.

And this **does** matter. Misoprostol, developed and FDA approved as an anti-ulcer drug, has been found to function as a stand-alone abortifacient. But it has never been tested by the manufacturer or approved by the FDA for that purpose. That means that there is no standard protocol or any official guidelines about contraindications, over dosages, or side effects.

Lacking government approval, the drug is sold on the black market in the U.S. and elsewhere, but those who use it may have limited information on its risks for mother and child. Off-label use in Brazil, for example, has been associated with the birth of children with hydrocephaly, partial facial paralysis, clubfeet, or fused or missing fingers and toes. A February 2007 report from *Obstetrics & Gynecology* tells of a death associated with what appeared to be a misoprostol overdose during an attempted abortion in Portugal.

Even with the repeated doses of misoprostol, there was still a drop-off in efficacy the farther along the pregnancy. It was not as dramatic as in the study from the U.S. trials of the drug, but it was clear nonetheless. Measured in terms of requiring "aspiration for ongoing pregnancy" or "aspiration for symptoms," rates for women 57-63 days LMP (4.12%) were more than twice what they were for women 43-49 days (1.7%), the FDA's original limit.

Counting Complications

The criteria the study uses to measure significant complications is whether or not the woman was hospitalized, reporting those only in situations where there was an infection or a transfusion was required. By this measure, there were two patients with infections and four who needed transfusions.

Four otherwise healthy women having to go to the hospital for transfusions simply after taking a drug is a big deal in itself. But it isn't clear that these were the only ones dealing with excessive bleeding.

Remember that 237 women taking the drugs ended up having "aspiration for symptoms." The examples of symptoms given are "pain or bleeding." That would make bleeding a bigger issue.

Lower rates of infection may be due to an addition of a prophylactic antibiotic to the protocol, but this may come at a price. The FDA says on its "Postmarket Drug Safety Information for Patients and Providers" webpage that the "FDA does not have sufficient information to recommend the use of prophylactic antibiotics for women having a medical abortion... Prophylactic antibiotic use carries its own risk of serious adverse events such as severe or fatal allergic reactions. Also, prophylactic use of antibiotics can stimulate the growth of 'superbugs,' bacteria resistant to everyday antibiotics."

The published data does not reveal whether this means there were no further instances of infection, excessive bleeding, no ectopic pregnancies, no episodes of diarrhea, vomiting (that were themselves serious enough in other trials to warrant some hospitalizations), or other significant adverse events.

This of course, tells us nothing about the outcome for the 2,517 chemical abortion patients of whom Planned Parenthood lost track.

Missing Patients

The original number of chemical abortion patients was not 13,373, but 15,890. This means that there were 2,517 patients (15.8%) missing from the data set, who were excluded from the analysis.

Most of these were patients who never returned for their follow up visits (2,470), but there were also 20 excluded for missing data on gestational age. Twenty-seven were left off because they changed their minds and did not complete the chemical abortion process

Some of those 27 who changed their minds may have opted for a surgical abortion or were past the gestational limit. But others simply "began the regimen but did not take all of the medications." The authors do not seem to want to admit that some women may have changed their minds about aborting entirely, hoping their babies would service.

Hasty Conclusions

The researchers from Planned Parenthood look at these study results and conclude that "This study adds to the growing literature supporting provision of medical abortions using evidence-based regimens, and supports the conclusion that legislative efforts to restrict medical abortion to the FDA regimen are based on political goals to restrict abortions services, not efficacy or patient safety."

While on paper, they are reporting higher efficacy and safety rates, high numbers of missing patients from this study (and from similar ones) make one wonder if these are legitimate conclusions. Women with serious problems may have simply skipped the clinic and gone on to the emergency room, where they may or may not have told the attending physician they had taken the abortion drugs. Other women may have changed their minds once the abortion did not occur, deciding to give birth.

In any case, even in this self-serving study, the risk of failure and safety issues still remain, as does the physical and psychological ordeal of every chemical abortion. A baby still dies, a mother still goes through great pain and agony, and an abortion clinic figures out how to make more money out of the whole deal.

You can help Autos for Life more than ever in 2015!

By David N. O'Steen, Jr.

With 2015 upon us, and this year presenting the potential to be a pivotal turning point for the pro-life movement, the National Right to Life needs your help more than ever!

Our "Autos for Life" program is one way that you can help the most defenseless in society.

Thanks to dedicated pro-lifers like you, Autos for Life has received a wide variety of donated vehicles from across the country! Each of these special gifts is vital to our ongoing life-saving work in these challenging times.

Please, keep them coming!

Recent donations to Autos for Life include a 1995 Mazda 626 from a pro-life family in Maryland, a 2001 Kia Sportage from a pro-life gentleman in Illinois, and a 1997 Buick LeSabre from a pro-life supporter in Iowa. As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life.

This year will be very important to the pro-life movement, and you can make a big difference in helping to save the lives of unborn babies as well as the lives of the most vulnerable in our society! By donating your vehicle to Autos for Life, you can help save lives and receive a tax deduction for the full sale amount!

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

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

You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! If the vehicle is in non-running condition, we can also get it picked up for you as well! All vehicle information can be emailed to us directly at dojr@nrlc.org or sent by regular mail to:

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

"Autos for Life" needs your help in making 2015 a great year for the pro-life movement! Please join us in helping to defend the most defenseless in our society, and remember that we are so thankful for your ongoing partnership and support! We thank you, and the babies thank you!

House passes No Taxpayer Funding for Abortion Act

from page 1

- And HR 7 will also provide full disclosure, transparency and the prominent display of the extent to which any health insurance plan on the exchange funds abortion—while we work to repeal the disastrous program."

In a letter to the House, NRLC explained that "At the time Barack Obama was elected president in 2008, an array of long-established laws, including the Hyde Amendment, had created a nearly uniform policy that federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, with narrow exceptions. Regrettably, provisions of the 2010 Obamacare health law ruptured that longstanding policy. Among other objectionable provisions, the Obamacare law authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand."

NRLC added, "Over one million Americans are alive today because of the Hyde Amendment."

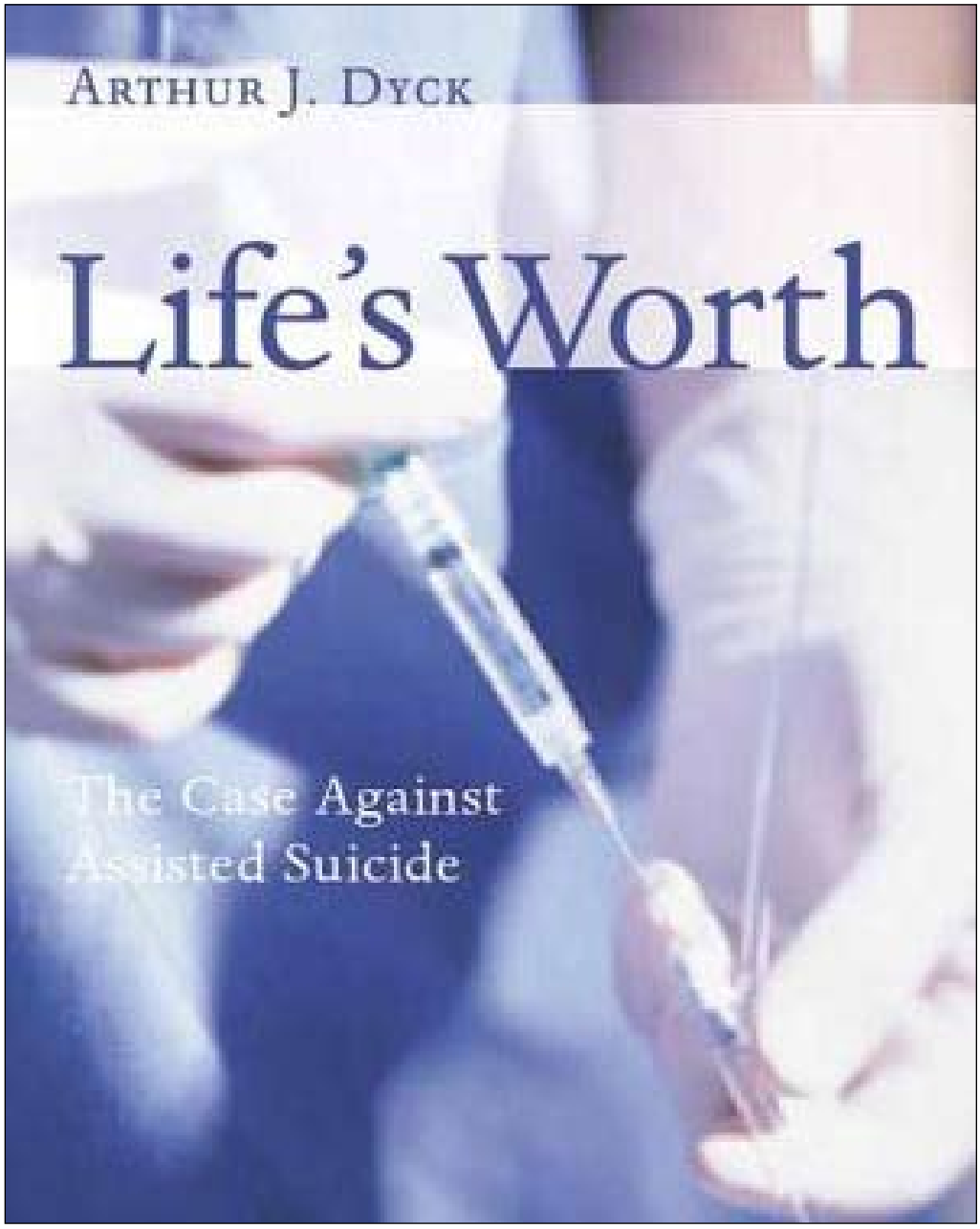
Assisted Suicide Advocates Push Dangerous Legislation in Unprecedented Number of States – Early Victories and Looming Problems Emerge

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

Compassion and Choices (formerly the Hemlock Society), a national organization that promotes doctor-prescribed suicide, has obtained the introduction of legislation in nearly two dozen state legislatures across the country. The bills, modeled on Oregon's assisting suicide law, claim to allow terminally ill persons to obtain lethal drugs to commit suicide. So far, three states have stopped these dangerous bills this session – Colorado, Wyoming, and Montana.

Currently, only a small handful of states permit doctor-prescribed suicide. Oregon and Washington state each passed a ballot measure allowing the practice. Vermont's legislature legalized assisted suicide, but to date, in part due to ambiguity over legal liability issues on the part of physicians and pharmacists, only one person has died under the law.

A state court decision in New Mexico striking its long-standing ban on assisting suicide is currently under appeal by the state attorney general. And the Montana Supreme Court, without holding that the state constitution establishes a right to assist suicide, has held that consent is a valid defense to a charge of homicide under current state law.



In every session since the 2010 Montana Supreme Court decision, the Montana legislature has considered bills to clear up the confusion surrounding the ruling but without success. While the court found no public policy against assisting suicide, doctors assisting in suicides might still face civil prosecution or professional censure. Under consideration was SB 202 which would have codified regulations and so-called safeguards similar to those in Oregon. Last week, the bill was tabled – meaning it is likely dead for the year.

In addition, Colorado defeated a similar measure in dramatic fashion. After a grueling 10-plus hours of testimony, the Democratic-controlled Public Health Care & Human Services Committee defeated HB 1135 with a vote of 8-5. Sarah Zagorski, the Executive Director of Colorado Citizens for Life, applauded the vote:

> **"We commend the eight representatives who voted against this dangerous piece of legislation. During the hearing today, medical professionals, disability groups and hospice organizations explained the monumental problems with HB 1135, which included inadequate safeguards, ambiguous language and the potential for abuse of our most vulnerable populations, like the elderly and disabled."**

Dozens of disability rights advocates gave compelling testimony that any so-called safeguards were illusory. Carrie Ann Lucas of a disability rights group called Not Dead Yet Colorado warned:

> **"Disabled lives are devalued by medical professionals and society at large. Mistakes will be made, and unnecessary deaths will occur. Many people with disabilities have been incorrectly diagnosed as terminally ill, when in fact, they have a long fruitful life in front of them."**

See "Assisted Suicide" page 26

Iowa Supreme Court to hear challenge to law banning webcam abortions

By Dave Andrusko

If there is a "face" of webcam abortions, clearly it is the massive Planned Parenthood of the Heartland (home headquarters, Des Moines, Iowa). More than 6,800 women have had abortions using the system since PPH began webcam abortions in 2008.

When a woman has a webcam abortion, she never sees the abortionist in person. The Iowa Board of Medicine found that unacceptable.

In its September 2013 decision, the Board of Medicine required abortionists to see the women in person and perform physical examinations before dispensing abortifacients. Women were also required to do in-person follow-up visits.

Photo: Christopher Gannon/The Des Moines Register

That decision was upheld last August by a district judge, and PPH appealed to the Iowa Supreme Court. Last week the *Des Moines Register* reported that the court will hear the case next month

Oral arguments are set for March 11, according to the *Register's* Tony Leys.

However the system is still operational, because last September the Iowa Supreme Court put a stay on Polk County District Court Judge Jeffrey Farrell's decision.

Webcam abortions are an integral part of the long-term strategy of the Abortion Industry. As NRLC's Dr. Randall K. O'Bannon explained to *NRL News Today*, web-cam abortions are built around a system which makes it possible for the abortionist and the pregnant woman never to be in the same room.

It is designed to expand the number of abortions by reaching "underserved" populations, particularly in rural areas. Here's how webcam abortions works.

An abortionist back at a hub clinic teleconferences with the pregnant woman at one of the smaller satellite offices, reviews her case, and asks a couple of questions. If satisfied, he clicks a mouse, remotely unlocking a drawer at her location. In that drawer are the abortion pills which make up the two-drug abortion technique (RU-486 and a prostaglandin). She takes the RU-486 there and takes the rest of the pills home to administer to herself later.

In its lawsuit PPH contended, "The rule was promulgated solely for the purpose of preventing access to early abortion, and for no legitimate purpose relating to the health and well-being of Iowa women." Not so, said the Board of Medicine in papers filed with Judge Farrell.

Lawyers for the Board noted that only physicians may provide abortions under Iowa law. "The board said providing abortion pills falls under that requirement," Leys reported last year.

"Abortion-inducing drugs are not over the counter medications," the state lawyers wrote. "Unless and until such a time when abortion-inducing drugs are no longer required to be dispensed by physicians, physicians must do so within the confines of the standard of care. The Board of Medicine determined the standard of care requires a physical examination prior to dispensing abortion-inducing drugs."

The case is potentially hugely important for the Abortion Industry. Using a video-conferencing system (which PPH likes to call "telemedicine"), a single abortionist could "supervise" many, many times the number of women he could actually abort, were he to be required to be in her presence. The added revenue is staggering.

Responding to public concerns expressed in an Iowa Right to Life petition signed by 20,000 Iowans, and a formal petition presented by 14 Iowa medical professionals challenging the safety of web-cam abortions, the Iowa Board of Medicine met June 28, 2013, to consider new rules to govern the practice. The August 28 meeting, which lasted 3 ½ hours, was to give the public the opportunity to comment on the proposed new rules. The new rules were adopted a few days later on an 8-2 vote.

Jury convicts Purvi Patel of feticide and neglect of a dependent

By Dave Andrusko

After five hours of deliberations, a jury in Indiana convicted Purvi Patel of feticide and neglect of a dependent. Ms. Patel posted bail late the night of February 3 and sentencing is scheduled for March 6.

The jurors heard from 20 witnesses over a span of six days.

The prosecution told the jury that Patel, 33, took abortifacients purchased online from overseas in July 2013 and then deposited the body of her dead 25-30-week-old baby into a dumpster in back of Moe's Southwest Grill, the family restaurant.

The defense argued, contrary to testimony from prosecution witnesses, that Patel's baby boy was not viable and was already dead when born; that there was no physical evidence she'd actually taken the abortifacients; and that Patel tried to revive the baby, attributing her failure to call 911 to shock.

But in summarizing and quoting from the prosecution's closing argument. *WSBT's* Kelli Stopczynski wrote

The state told jurors Patel's intent was to give herself an illegal abortion, and that's what prosecutors say she did.

"This whole production is about a little boy…" said Deputy Prosecutor Mark Roule. "He wasn't expected, he wasn't wanted. He lived a brief and horrible life. What happened to him was very, very wrong."

Roule reminded jurors about details they've already heard – that the baby was born on the bathroom floor at Patel's home. She wrapped him in plastic bags and put him in a dumpster behind Moe's Southwest Grill in Mishawaka – a restaurant her family owns.

Then, when her pain and bleeding wouldn't stop, Patel went to the emergency room.

"She continued to lie to doctors and nurses…she tried to keep secret the fact that she'd been responsible for another life and done nothing," Roule said.

Then, six months of text messages between Purvi Patel and her best friend about her irregular period, a positive pregnancy test in June and the abortion pills she ordered online and took, according to those texts.

According to *WNDU*

Patel's attitude was perhaps captured in a text to a friend that read, "Just lost the baby. I'm going to clean up my bathroom floor and then go to Moe's."

There is no mandatory minimum prison sentence for either chair. "The child neglect charge carries a maximum of 50 years behind bars," *WNDU* reported. "The feticide charge carries a maximum of 20 years."

Completing the journey back home by returning protection to the littlest Americans

By Dave Andrusko

In the opening paragraph of his classic, *The Everlasting Man*, G.K. Chesterton observed, "There are two ways of getting home; and one of them is to stay there."

Clearly, that is not an option for us, for in our treatment of unborn babies, we as a nation have wandered far from home.

"The other," he wrote, "is to walk round the whole world till we come back to the same place." Sometimes it can seem as if we have walked halfway around the world and we are as far away from home as we can possibly be.

To some minds, a better imagery than east and west is north and south. For it seems as if we have descended into the nether regions of our souls. As we approach the 42nd commemorative anniversary of *Roe v. Wade*, what can we do to help the American people complete the journey back home?

I am no psychologist and I offer what follows only as a means of trying to think about what we are witnessing.

I read somewhere of the "Johari Window," which is, I gather, a psychological model in which the self is envisioned as a window with four panes. To quote my notes (from where, I don't know — sorry!),

> **"The Open self is known to the self and to others; The Hidden self is known to the self but not to others; The Blind self is unknown to the self but known to others; The Unknown self, which lives that Deeper life, is unknown by all."**

When it comes to abortion and the spiral of violence, it seems as if we can learn from this description of the third pane. Referring to the Blind self,

> **"There are things about ourselves which we do not know, but that others can see more clearly; or things we imagine to be true of ourselves for a variety of reasons but that others do not see at all. When others say what they see in a supportive, responsible way and we are able to hear it, in that way we are able to test the reality of who we are and are able to grow."**

How does this help us, then, as we experience our culture's attitude toward unborn babies slip into an ever more cavalier, ever more brutal pattern of dehumanization and depersonalization? It teaches us that we must help Americans address "things about themselves" which they "do not know." That requires that pro-lifers must in a "supportive, responsible way" speak the truth to a people whom I truly believe deep down are far better than their outward behavior towards the powerless would suggest.

Why will this work? Because there remains a core of shared values that have been momentarily hijacked by the anti-life forces. But by our example, by our diligence, and by our genuine love for both mother and child, we can return the values of generosity mercy, compassion, and justice back into the home where they belong.

Our task, though immense, is clear. It is restoration. We must restore memory, mercy, and mankind's reverence for life.

If anyone can do it, let me boldly suggest it is the marvelous men and women who make up the pro-life movement.

Meet three premature babies who defied the odds

By Kristi Burton Brown

Before you meet these three beautiful babies, there are three notable things they have in common:

1) They could have been aborted.

Every one of these babies could have been aborted, somewhere in America. There are clinics that specialize in aborting babies just like these ones. Thankfully, each of these babies had parents who saw their value and fought for their lives, instead of willfully destroying them.

Jett Morris

2) They would have felt terrible pain.

Science undeniably proves that these babies — all over the age of 20 weeks — can feel pain, excruciatingly so.

[There is] solid medical evidence to believe that the [unborn] child not only feels pain, but feels it more severely than an infant or an adult… [T]his is because this is a "uniquely vulnerable time, since the pain system is fully established, yet the higher level pain-modifying system has barely begun to develop," according to Dr. Paul Ranalli, a neurologist from the University of Toronto.

3) Abortionists refer to them as pieces of meat.

Abortionists use vulgar, inhuman terms when they talk about babies. Late-term abortionist LeRoy Carhart (who told Live Action that he has done "twenty-some-thousand" abortions "over 24 weeks") jokingly refers to them as "meat in a Crock-Pot." And he talks about breaking their bodies to pieces with "a pickaxe, a drill bit." Carhart's just one of many.

Terrible facts aside, let's meet these three amazing babies.

Little Jett weighed only 1.4 pounds when he

Macie Hope McCartney

was born at 25 weeks. His mother's water had broken five weeks earlier, and she had been told that she needed to decide whether or not to have an abortion. She was given five minutes to make her decision. Medical staff was pressuring her to abort Jett.

Thankfully, Jett's mother, Mhairi, refused. Along with her husband, Paul, she didn't waver, even under extreme pressure. Mhairi said that "doctors didn't even give Jett a chance" and that, when she said she didn't want an abortion (even after nearly being wheeled into the room), "the doctor looked at his watch and rolled his eyes at me."

Jett has gone on to prove the doctors wrong and his parents more than right. Not only did he live, but he's living quite well these days at his home in the U.K. His mother hopes the family's story will inspire other moms to find out true information for themselves, even when pressured to abort by doctors:

> **"We have a happy outcome but I worry that other mothers could have had an abortion when their babies might have survived." …**

[S]he was forced to Google her options rather than being given them by medics – and now hopes her story will be seen by other pregnant women doing the same thing.

Tiny Maddalena was born at 23 weeks, unbelievably small at a mere 382 grams. And yet, thanks to a pair of scissors on her scale, doctors thought her weight exceeded one pound and fought to save her life. They didn't realize her true weight until she had already been put on a ventilator, and at that point, they — and she — continued to fight for her life.

Maddalena's twin sister, Isabella, sadly died after their early birth. But Maddalena continues to grow healthy and strong, and her parents consider her their "little miracle."

Macie has a unique story. At 23 weeks in utero, doctors discovered a grapefruit-size tumor growing on her. Without intervention, she was predicted to die.

At 25 weeks, surgeons from Texas Children's Fetal Center operated on Macie, leaving just her head and upper body inside her mother's womb as they operated, removing the growth.

Maddalena Douse
Photo credit: Connors Brighton.

Macie stayed safe inside for another amazing ten weeks, finally being "born again" at 35 weeks. Today, she has a scar, but that's about it; she is reported to be "perfectly healthy."

Keri McCartney, Macie's mother, says:

> **If God had not brought us to Texas Children's, our little girl would not be here…I am grateful that Texas Children's is building a place like the Maternity Center, but really what they are building is life for more babies like Macie.**

America needs to reject abortion – for babies of all ages – and celebrate the beauty of even the tiniest lives.

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

Descriptions from abortionists themselves illustrate why dismemberment abortions must be ended

By Andrew Bair

Not long ago, Americans from both sides of the aisle came together to protect unborn children from the unspeakable cruelty of partial-birth abortion. Many are still unable to forget the conscience-stirring images and diagrams showing an unborn child being partially delivered and then killed before fully emerging from the birth canal. Ultimately, the U.S. Supreme Court agreed that partial-birth abortion was incompatible with our nation's character and upheld a ban on the procedure.

But partial-birth abortion is not the only method of abortion that should shock us and give rise to action. Particularly gruesome are dismemberment abortions of living unborn children, a common and brutal form of dilation and evacuation (D&E) abortion.

A key component of the Right to Life Movement's legislative agenda in 2015 is the "Unborn Child Protection from Dismemberment Abortion Act," recently introduced in Kansas, Oklahoma, and Missouri.

Forceps with sharp metal jaws are used to grasp parts of the developing baby, which are then twisted and torn away. Because the baby's skull has often hardened to bone by this time, the skull must sometimes be compressed or crushed to facilitate removal.

In testimony before a Congressional committee, former abortionist Dr. Anthony Levatino described performing a D&E abortion:

> **"A second trimester D&E abortion is a blind procedure. The baby can be in any orientation or position inside the uterus. Picture yourself reaching in with the Sopher clamp and grasping anything you can. At twenty weeks gestation, the uterus is thin and soft so be careful not to perforate or puncture the walls. Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard – really hard. You feel something let go and out pops a fully formed leg about 4 to 5 inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length. Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs."**

Infamous abortionist Dr. Martin Haskell, who pioneered the partial-birth abortion method and has also performed D&E abortions, noted

> **"It's not unusual at the start of D&E procedures that a limb is acquired first and that that limb is brought through the cervix … prior to disarticulation and prior to anything having been done that would have caused the fetal demise up to that point."**

Dr. Bernard Nathanson, a co-founder of the organization now known as NARAL Pro-Choice America, offered this description:

> **"The D&E is performed by breaking the bag of water with a pointed instrument thrust through the partly dilated cervix, then inserting grasping and tearing instruments into the womb. The fetus is then quartered, the torso isolated and disemboweled. The head is crushed and extracted in pieces."**

Nathanson continues by describing the conclusion of the process, following the dismemberment of the unborn child:

> **"This completes the procedure save for the abortionist reassembling all the removed parts on a side table adjoining operating table. The fetus must be reconstructed to verify that all the vital parts have been removed with nothing of significance left within the womb to perpetuate bleeding and or become infected."**

Dr. Cassing Hammond, in sworn testimony before a U.S. District Court, described explaining the procedure to women seeking abortion:

> **"But does that mean that we don't share with them, that this involves dismemberment or separation of parts of the fetus or taking the fetus apart? We do. And we use that term. We say we take the fetus apart. We say, it is coming out in pieces and we make sure that that's clear with the patients. And they understand it."**

See "Abortionists" page 34

"The State of Abortion in America, 2015"– a must read for pro-life activists

By Dave Andrusko

NRLC's "The State of Abortion in America, 2015" is an invaluable resource, a terrific, one-stop overview of the kinds of invaluable information all pro-lifers should have at their fingertips. You can read the report in its entirety at nrlc.org.

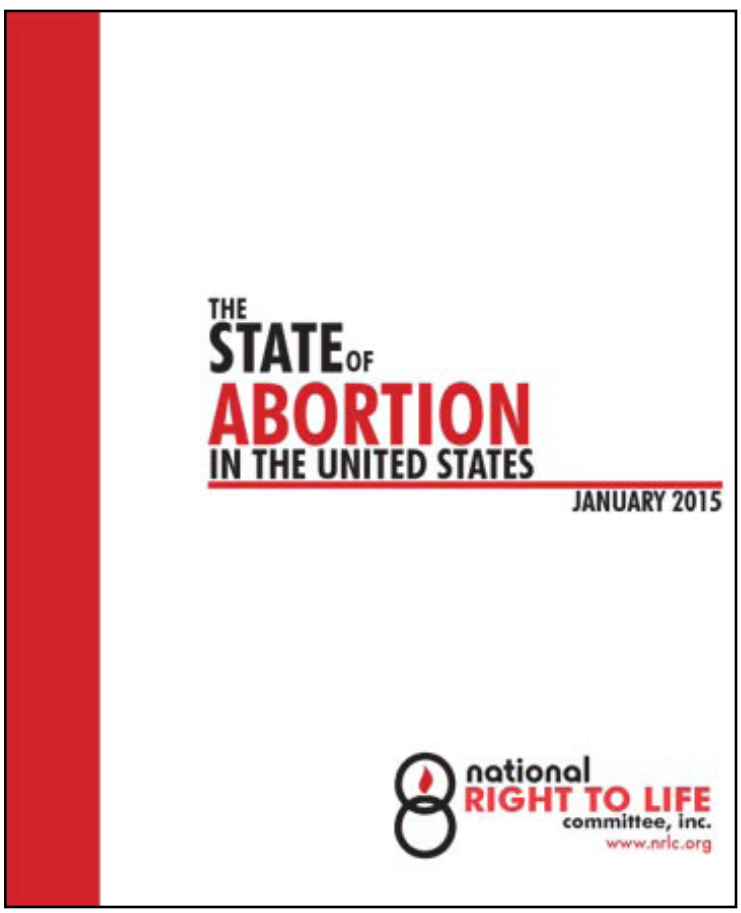
After an introduction by NRLC President Carol Tobias, there are six sections. They are:

Abortion Numbers
Public Opinion Polling
Federal Policy & Abortion
State Laws & Abortion
Planned Parenthood—Pro-abortion, Prosperous, and Proud
Synopsis of U.S. Supreme Court Cases

"Abortion numbers" does an exquisite job explaining the two primary sources of information that have documented an-impossible-to-deny decline in the number of abortions. The section begins, "There is a long way to go, but it clear that we have made a lot of progress. Abortions in the United States today are down to levels not seen since the 1970s, when the Supreme Court legalized abortion nationwide." The section also explains why and how this welcomed reduction came about—and it is not the pro-abortion answer. It includes effective education and legislation, outreach, and alternatives. The importance of all these in reducing the number to just over 1 million abortions a year cannot be overstated. "Abortion Numbers" also straightforwardly looks at where our Movement must make even greater progress.

Covering abortion: Why do so many journalists use labels from only one side?

"Public Opinion Polling" is a very sophisticated analysis of what a close reading of polling data reveals. That includes how a clear majority opposes the reasons for which 90+percent of all abortions are performed. Also, using Gallup and other surveys, at a minimum 48% believe abortion is morally wrong to 42% who believe it is morally acceptable. A recent survey conducted for the Knights of Columbus found that 60% think abortion is morally wrong, while only 38% think it is morally acceptable.



"Federal Policy & Abortion" is an extremely in-depth look, filled with historical background and a clear explanation of NRLC's top congressional priority for the new 114th Congress: the Pain-Capable Unborn Child Protection Act. This bill is based on NRLC-originated model legislation that has been enacted in a number of states. It is must reading.

"State Laws & Abortion," likewise, offers pro-life activists a great summary of state laws enacted by NRLC's state affiliates. These laws certainly have had an impact—see, for example, the dramatic decrease in the number of abortions in such states as Kansas, Nebraska, South Carolina, and Wisconsin. There are separate sections on a variety of pro-life initiatives.

"Planned Parenthood—Pro-abortion, Prosperous, and Proud" is an eye-opener to the average citizen who has been fed the line that PPFA is all about "women's health." In fact, a substantial part of its $1.3 billion in income for the fiscal year ending June 30, 2014, comes from abortion. (A lot more is indirectly connected.) In its latest annual report, PPFA reported performing 327,653 abortions. Planned Parenthood has maintained its enormous "market share" even while the overall number of abortions continues to drop, a testament to PPFA's unchallenged role as the overwhelmingly dominate provider of abortions in America—and its powerful political connections. And…

"Synopsis of U.S. Supreme Court Cases" which provides a brief, but thoughtful synopsis of Supreme Court cases on abortion. It starts with Roe and Doe in 1973 and carries the reader up through the 2007 Gonzales v. Carhart decision which upheld the federal Partial-Birth Abortion Ban Act.

Pain-Capable Unborn Child Protection Act on the move in South Carolina and West Virginia

By Dave Andrusko

Already the law in ten states, the Pain-Capable Unborn Child Protection Act is moving rapidly in South Carolina and West Virginia. A similar measure is expected to be introduced in Ohio this month.

Last week the South Carolina House passed the Pain-Capable Unborn Child Protection Act (H3114) by an overwhelming vote of 80-27. The bill recognizes a compelling state interest in protecting the life of an unborn child beginning at 20 weeks fetal age, based on medical evidence that by that point, if not earlier, the unborn child experiences excruciating pain when subjected to dismemberment or other late abortion methods.

For more than an hour, chief sponsor, Rep. Wendy Nanney, stood at the podium of the House and staved off hostile arguments and attempts to weaken the bill with amendments. No Republican voted against bill. Ten Democrats voted in favor; all 27 votes against the bill were Democrats.

H4113 now moves to the South Carolina state Senate.

On February 11, following 2½ hours of debate, the West Virginia House of Delegates voted 87-12 to pass its Pain-Capable Unborn Child Protection Act, H.B. 2568. The bill has such bi-partisan support that it passed with two-thirds of the Democrats voting for it.

Lead sponsor Delegate Kelli Sobonya ended her floor speech with the familiar "Choose life…" scripture from Deuteronomy 30:19. Cosponsor Delegate Jeff Eldridge tearfully thanked his wife for choosing life for his children.

When a pro-abortion female delegate stated that she was speaking for the majority of women in West Virginia and in the country, newcomer Delegate Saira Blair, herself a teenager at 18 and a bill cosponsor, pointed out that the majority of women in that chamber supported the bill. In fact, 17 of 19 female delegates supported H.B. 2568.

H.B. 2568 heads to the Senate Health Committee and then to the Judiciary Committee.

Pro-lifers moving the needle politically, legislatively, and culturally

from page 2

There were no "simple" answers in the resolution. What you can say is that April's faith is tested—the classic "why do bad things happen to good people?" Her husband, who is not a believer, calls on God to be there for his wife. And God does.

Take a few minutes out and dial up the outcome on *YouTube*. But before you do, consider these lines from a riveting trailer, which I assume is from the last show of Season Ten. What a testimony from April:

April: We don't know what will happen, we don't even know if he is Type Two [fatal].

Jackson: Okay, but what if he is? Any amount of time he survives, any amount of time that he lives…

April: Will be with us. In our arms, knowing that he loved and wanted.

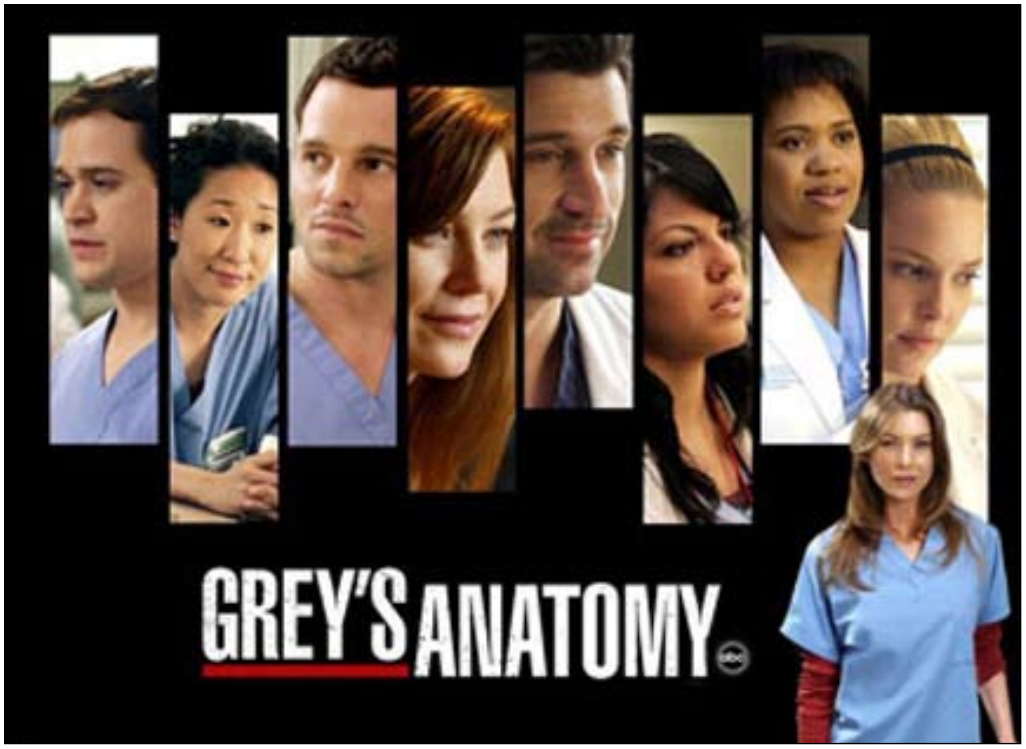
Compare that with *Grandma* and *Obvious Child* and all the other pro-abortion assurances that life can be made "right" if only that pesky, unwanted, unplanned child exits stage right.

The pro-life answer does not pretend doing the right thing is easy or, especially when the baby's prenatal diagnosis is grim, that there will be a "happy" ending. The pro-life response is to acknowledge and honor and care for our little ones, no matter how brief their time with us is.

Last thought: I believe you will very much enjoy this edition of *National Right to Life News*. There is something—actually many somethings—for everyone.

Please read the issue cover to cover and share its contents through your social networks with your pro-life friends and family.

If you are not already receiving *NRL News Today* Monday through Saturday, sign up at www.nrlc.org/mailinglist/



McDonald's Super Bowl ad features girl with Down syndrome

By Kristi Burton Brown

Editor's note. This ran the Friday before the Super Bowl at liveactionnews.org

In the midst of the trashy ads that tend to fill TV screens on Super Bowl Sunday, a few beautiful ones also make their appearance.

One of the most beautiful ads this year comes from McDonald's. The burger corporation included Grace Ramsburg, an eight-year-old with Down syndrome, in its one-minute spot "Pay With Lovin.'"

Grace's mom is thrilled that her daughter's face will be seen by millions throughout the nation tomorrow. And indeed, the more often people are able to truly see the personality and spirit of people with Down syndrome, the more they realize their intrinsic beauty.

"There's still misunderstanding and there's still judgement," Holly Ramsburg said of having a daughter with Down syndrome. "I feel like everyday when we go out and we're able to get her face out there and get her personality out there it is wonderful."

In addition to the beauty that Grace Ramsburg so eloquently communicates, Americans also need to get the message that people just like Grace deserve to live — every time.

All too often, babies in the womb who are diagnosed with Down syndrome are sentenced to death. Parents are given worst-case-scenario information and little hope.

The Huffington Post wrote an intensive article about the profound lack of adequate counseling and information given to parents whose babies have been diagnosed with Down syndrome. One mother quoted in the article said:

"I have heard from a lot of people, especially on the BabyCenter group where people are from all over the nation. It seems like a lot of women haven't gotten real positive care," she said. "They've had doctors who felt they should have terminated or who felt like a higher standard of care isn't necessary because their baby isn't perfect."

A medical geneticist also pointed out a major problem:

"The physicians do a great job talking about the technical aspects of the test and signing them [the parents] up. But when it comes to [the news that] your fetus has Down syndrome when the test is positive, nothing really has changed," said Brian Skotko, a medical geneticist at Massachusetts General Hospital and co-director of the MassGeneral Down Syndrome Program. "Doctors still don't feel trained or have an accurate understanding."

As a side note, babies can also be misdiagnosed — up to half the time — by screening tests (for Down syndrome and other chromosomal abnormalities) that parents base their abortion decision on. The Daily Beast reports:

There is no real way to gauge just how often women terminate healthy pregnancies based on inaccurate medical diagnoses, but anecdotal evidence suggests it's more common than we hear about.

These tragic failures in the medical community have led to what is sometimes termed "the Down syndrome holocaust." As Live Action News writer Cassy Fiano wrote:

For every ten babies diagnosed prenatally with Down syndrome, only one will get to live. The other nine will be killed, simply because they have an extra chromosome.

Let's hope that the simple act of viewing Grace Ramsburg during tomorrow's big game can help to change hearts and minds. Every life truly deserves a lifetime.

Keep your baby! Don't let anyone persuade you otherwise

Editor's note: In late January we posted our annual request for responses from our readers to this question. What would you say to someone who is not hostile or belligerent (that's a whole other topic) but who simply has never engaged the abortion issue directly? What could be said out loud in one or two (at most three) minutes?

Periodically I will be running responses, in National Right to Life News and National Right to Life News Today. If you would like to contribute, please email me at daveandrusko@gmail.com. Just to simplify matters, I will use the respondent's first name and the initial of the last name.

The following is from Chris R.

Don't do it! I know it's hard…. I was first-time pregnant, single, fearful, 'alone', no money to take care of a baby, etc. At the dr. appointment, 4 months along (maximum time to perform the abortion the dr. said, at the time), I just couldn't do it (abort the baby), holding my stomach. I went home and carried my baby full term; and am I glad I did!

The wonder of holding my child for the first time was so beautiful. And then, he became the greatest blessing in my life, my right-hand man (even at a young age), and a leader in school, church, and in the community, and even to his younger siblings, 'til an auto accident took his life at 22 years.

It still bothers me emotionally to think I could have taken his life, but I am so thankful for the years I did have with him. Keep your baby! Don't let anyone persuade you otherwise. He or she will be a special blessing to you. And even in tough times, God will take care of you both, too, in unexpected ways!

Assisted Suicide Advocates Push Dangerous Legislation

from page 17

In Wyoming, a proposal to legalize assisting suicide failed to make it out of committee by the deadline for consideration.

However, bills to legalize assisting suicide remain in play in almost 20 other states.

While this battle rages on state by state, there is a broader concern in regards to the U.S. Supreme Court – one highlighted by a dramatic decision by the Canadian Supreme Court late last week. In *Carter v. Canada,* the court's sweeping ruling allows killing any Canadian who "has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

The court dismissed concerns about the vulnerability of people with disabilities and others, blithely stating its confidence that their protection can be left to the discretion of the doctors offering them lethal prescriptions. More on this decision can be found in the story that appears on page 10.

In 1997, the U.S. Supreme Court also considered whether persons have the right to assisted suicide. Although the *Washington v. Glucksberg* decision was unanimous that there was no such constitutional right, many of the "concurring" opinions indicated that it was the then-dearth of evidence on the prospect of abuses and impact on the vulnerable that made state reluctance to legalize assisting suicide seem reasonable.

The Canadian Supreme Court's claim that the evidence from jurisdictions that have legalized it shows those fears are unfounded is likely to be cited in the future as a basis for a reversal. While there currently is likely a 5-4 majority against overturning *Glucksberg*, depending on the outcome of the 2016 presidential and Senate elections, the change of a single Justice might put that precedent in danger.

Now, more than ever, it is critical to point to the abuses that are occurring in Oregon.

Oregon State Medicaid patients Barbara Wagner and Randy Stroup were denied expensive drugs, but reminded by the state of their ability to commit suicide. In another abuse of the law, the 2014 Oregon state-issued reports show that diabetics, those with HIV, and people with hepatitis have received lethal drugs because they allegedly fit the definition of "terminally ill." In practice this has been interpreted to apply to those expected to die within six months *without* life-saving treatment even if they could live indefinitely with it.

Further, not one of the top five reasons people request suicide has anything to do with pain. In contrast a prominent motivation is "worry about becoming a burden."

The list can go on. More on why any so-called "safeguards" fail can be found at: www.nrlc.org/uploads/medethics/WhySafeguardsDontWork.pdf

Even more critical is the point that the safeguards do not really matter to advocates of doctor- prescribed suicide. Compassion & Choices President, Barbara Coombs Lee, was recently quoted as saying, "We applaud and thank the Canadian Supreme Court for placing the patient at the center of fundamental end-of-life decisions. The eloquence of this ruling will inspire everyone who believes in individual freedom at life's end."

Do not be fooled! These laws are not safe. These laws are not about suffering. These laws promote suicide to vulnerable groups. Death should not and should never be a response to human issues. These doctor-prescribed suicide laws may be being debated in your state right now. Now is the time to educate friend and family that these kinds of laws are dangerous and will lead to the killing of persons who do not desire to die.

Emmie—the twin "who hid in mummy's tummy"

By Dave Andrusko

The story of little Emmie, born last August, is so amazing you figure it must warrant a place in the Guinness World Records book. Turns out the experience of her mom, Callie Martin, while extraordinarily rare, does happen.

First the background. Ms. Martin, 26, has suffered three miscarriages and her sadness early last year when she began to miscarry at eight weeks can only be imagined.

She learned her baby had begun developing in her fallopian tube—an ectopic pregnancy—which can be fatal to the mother if the fallopian tube ruptures. Martin underwent emergency surgery.

Writes Alison Smith-Squire of the *Daily Mail*, Martin concluded, "It felt as if I'd never be a mother."

And then—incredibly—four weeks later she felt pain in her stomach. Rushed to the hospital, Martin had an ultrasound where, as Smith-Squire explains,

> **It was then that astounded doctors discovered a tiny second embryo developing normally in her uterus and realised she had what's known as a heterotopic pregnancy. '[It] is so rare that although doctors said they'd heard of it, no one had ever actually seen it before,' Miss Martin added.**

Martin told the *Daily Mail*, "When doctors told me I was still pregnant I thought they must be wrong," adding, "'But when they showed me the scan and I saw her heart beating, I was just overcome with joy."

So what are the odds that in August, Emmie would be delivered by C-section six weeks early weighing 6 pounds? According to Smith-Squire, after her mother had undergone invasive surgery, the odds are 50,000 to one!

"My consultant said the surgery usually would have killed the other embryo and induced a miscarriage,' Martin told Smith-Squire. "'So it is truly miraculous that Emmie is alive."

Editor's note. If you want to peruse stories all day long, either go directly to nationalrighttolifenews.org and/or follow me on Twitter at twitter.com/daveha.

After an otherwise healthy pregnancy, Emmie was delivered by caesarean section in August.

Abortions Drop to All-Time Low in Pennsylvania

Abortions in Pennsylvania have dropped to an all-time low as more women find access to the education and resources they need to choose life.

In 2013, the number of abortions in Pennsylvania dropped by 7 percent to 32,108, according to a report from the state Department of Health. The total is the lowest number of abortions in Pennsylvania since the 1973 Roe v. Wade decision.

"As abortion centers close and more life-affirming information and resources become available, more women are being empowered to choose life," said Micaiah Bilger, education director of the Pennsylvania Pro-Life Federation.

"Modern technology is making it easier to see the value of life in the womb and the tragedy of abortion," Bilger said. "Ultrasounds allow parents to see their baby smiling or sucking his or her thumb, and a new study from the University of Florida showed that preborn babies can learn to recognize nursery rhymes in the womb."

The Pennsylvania abortion rate has been cut in half since the 1980s, thanks to the dedicated work of countless pro-lifers across the state. Now more than ever, women in Pennsylvania have access to life-affirming information and resources through community pro-life groups and pregnancy resource centers.

"More than 200 pregnancy resource centers, maternity homes, and other organizations are helping pregnant and parenting moms in communities all across the state," Bilger said.

The data from the report seems to suggest that lack of support is a major factor in women's decision to abort. In 2013, almost half of the women who had abortions already had at least on child, and 88 percent were unmarried, according to the report.

"Thanks to Pennsylvania pregnancy resources centers and our state Alternatives to Abortion program administered by Real Alternatives, Inc., more pregnant and parenting moms have access to information and support they and their babies need," Bilger said.

Real Alternatives offers free, confidential caring pregnancy services including pregnancy testing, temporary shelter, diapers and other baby supplies, counseling, food and shelter assistance referrals, and more. Learn more at www.realalternatives.org.

"This is key to ensuring that pregnant and parenting women have the support that they and their families deserve," Bilger said. "We will continue to work so that every woman and her preborn child are protected and valued under the law."

With Abortion, There Are No Do-Overs

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

The little backward arrow icon on my emails has become one of my best friends.

The official function of the icon is to "undo typing." But for me, it is often a lifesaver.

I start off going down one conversational path, then realize I need to do an about-face, and that tiny arrow points the way.

I've come to believe that one of the horrors of abortion–aside from the fundamental tragedy of a little girl's or boy's life being taken–is that it is one of those things in life that cannot be undone. Misunderstandings can be forgotten…bills in the legislature can be rewritten…even the U.S. Constitution can be amended…but there is no "do-over" when it comes to abortion.

The end result of abortion, the death of a defenseless human being, is devastatingly permanent. It is true that a woman can find hope and healing after abortion, but she will never again in this life discover the wonders of her baby–a particular baby with a specific identity and DNA.

This is why informed consent laws are so critically important. They are the "Caution: Danger Ahead" signs which can help women make life-affirming detours.

In Pennsylvania, for instance, back in 1989, the state legislature passed the Abortion Control Act, which requires that women be offered a booklet showing the development of the preborn child and the medical risks of abortion. The law also requires a 24-hour waiting period before an abortion can take place. That pause can give a woman time to talk to friends and family who may be willing to provide much-needed support for her and her baby. In the absence of family support, a caring counselor at one of the hundreds of pregnancy help centers across the state can empower a woman with the material and emotional resources necessary to face her future with hope.

Five years elapsed between the passage of the Abortion Control Act and its implementation, since the abortion lobby tried its best to stop the law. But reason and logic ultimately prevailed and, once the law went into effect, abortion totals plummeted in Pennsylvania.

Abortion advocates often claim that the pro-life movement wants to "turn back the clock." Actually, the opposite is true. It is abortion proponents who want to go back to the time before protective pro-life laws, when women could be rushed to make a fatal decision that they could regret for the rest of their lives.

Pro-life is another term for progress. Progress which leads to informed decision-making and respect for both mother and child. The pro-abortion mentality has not served women or children and, judging from the throngs of young people who have embraced the pro-life cause, upholding *Roe v. Wade* makes about as much sense as trying to negotiate cyberspace with a manual typewriter. *Roe* is that out of touch–and, one can only hope, will soon be out of time.

"Unborn Child Protection from Dismemberment Abortion Act" deeply threatening to Abortion Industry

from page 1

Nobody would believe a civilized society would do that. Right?

Wrong.

We do that right here in the United States of America. In all 50 states.

Kathy Ostrowski, legislative director for Kansans for Life, described testifying at he first hearing of the Kansas Senate Public Health & Welfare committee on the bill. I read Kathy's summary and then glanced at how newspapers covered the hearing (the few that did).

The *AP* story, written by Nicholas Clayton was almost indistinguishable from a NARAL/ Planned Parenthood press release. Rather than deal with the substance of this first-in-the-nation measure, co-sponsored by 25 state Senators, Clayton offers a laundry list of pro-abortion complaints. Just guessing, if the shoe were on the other foot, I don't think criticism would precede explanation. By contrast Bryan Lowry, of *The Wichita Eagle*, quoted Ostrowski first before laying out the pro-abortionists' parade of horribles. What's useful for our purposes here is that the quote from the local Planned Parenthood does a nice job encapsulating several of the primary anti-life talking points.

After the hearing, the bill's opponents accused Ostrowski and others of using shock tactics.

"I think it's important to recognize that this legislation does not use medical terminology," said Elise Higgins, a lobbyist for Planned Parenthood. "It uses inflammatory, medically inaccurate language to score political points."

Let's go through a couple of these.

What is "shocking" was not the language used. It was the **act** that was described and the **helplessness** of the victim whose life is taken in such a barbaric fashion. No matter how clinically the description of what takes place in a D&E abortion, it is shocking to any morally sentient human being.

Here's how Supreme Court Justice Anthony Kennedy described a D&E abortion:

"After sufficient dilation [of the cervix], a doctor inserts grasping forceps through the woman's cervix and into the uterus to grab a living fetus. The doctor grips a fetal part with the forceps and pulls it back through the cervix and vagina, continuing to pull even after meeting resistance from the cervix. The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix and out of the woman. The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn apart limb by limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."

The incorrect "medical terminology" dodge is just a recycling of the bogus charge against partial-birth abortion. The simple truth is D&E dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States.

And talk about the pot calling the kettle black: the Unborn Child Protection from Dismemberment Abortion Act is about scoring "political points"? Please.

Kathy references a terrific piece written by NRLC's Andrew Bair. Among many other items, Mr. Bair talks about what can only be described as a hysterical and wildly misleading post written for ThinkProgress by Tara Culp-Ressler.

"The measures are cloaked in emotional language about 'fetal dismemberment' that's reminiscent of the pro-life community's successful push to enact the country's first national abortion ban," she writes.

Just to be clear, the partial-birth abortion ban outlawed a particular abortion technique. It was not a "national abortion ban." This is typical of Culp-Ressler's own emotional language and slipshod explanations.

It serves Culp-Ressler's purposes to use vague, sterile, dehumanizing language. So, in her words, what happens in a D&E abortion?

It involves dilating the cervix and using surgical instruments to remove the fetal and placental tissue.

Note that in the sentence before, Culp-Ressler writes

This type of abortion, which takes about 30 minutes to perform, has become the standard practice for terminating a pregnancy after 12 weeks.

What does that mean? If you go to the National Right to Life factsheet on The Unborn Child Protection from Dismemberment Abortion Act, you'll read

Before the first trimester ends, the unborn child has a beating heart and is making her own blood, often a different blood type than her mother's. The unborn child has brain waves, legs, arms, eyelids, toes, and fingerprints. Every organ (kidneys, liver, brain, etc.) is in place, and even teeth and fingernails have developed. The unborn child can turn her head and even frown. She can kick, swim, and grasp objects placed in her hand. Dismemberment abortions– preformed on unborn children as old as 24 weeks – occur after the baby has met these milestones. Any unborn child aborted using the Dismemberment Abortion procedure after 20 weeks would feel the pain of being ripped apart during the abortion.

This is "fetal and placental tissue"?

There are many misstatements, examples of misdirection, and flat-out errors in Culp-Ressler's piece. Here is just one more. She sneers

National Right to Life is trotting out its renderings of the D&E procedure.

Get it? By Culp-Ressler's rendering, the graphic you see on this page is something somebody at National Right to Life threw together. In fact, as Mr. Bair wrote yesterday that graphic is an off-the-shelf image from the standard catalog of images produced by Nucleus Medical Art, a leading provider (probably the leading provider) of the technical medical illustrations used in every area of medical education. The drawing was not commissioned by NRLC, nor altered by NRLC. The image is NMA's depiction of a D&E abortion at 23 weeks LMP (21 weeks fetal age).

We'll debunk a few more desperate pro-abortion ploys in the editorial on page 2.

Woman aborts child because baby is a boy—and she is the "victim"

By Dave Andrusko

We've written about this before, but, since the theme is behavior coming full circle, it seems appropriate to ponder it once again.

Those of us who grew up in the 1960s remember well the hate that consumed parts of the "Women's Movement," not just for men but for unborn children who had the bad judgment to be in the wrong place at the wrong time.

I also remember how, if you were a man, to bring this up would be proof-positive that you were part of the very problem they lamented; or, alternatively, that you were caricaturing all feminists as "man-haters," which, of course, was not true, then or now.

If you read many pro-abortion feminist sites these days, it's déjà vu all over again. The loathing for men simply is limitless which (while not productive) is, of course, their right. However this not infrequently links up with aborting "unwanted" children, unwanted for many reasons but made worse because there is man involved.

Take that in conjunction with a release we posted last Monday from women's groups in Great Britain. They are calling for support for an amendment to a bill that would make it clear it is illegal to abort babies on the basis of their sex—almost always because the child is a girl. (The larger bill is intended to address abuses against **born** women.)

Not an hour later I ran across a post that referenced "Lana" and her blog called "Injustice Stories." So I pulled it up. I've read a lot of posts from pro-abortionists but never quite one like Lana.

The moral, so to speak, of the story is that because there is a virtual omnipotent, omnipresent Patriarchy, if some guy is a cad to you on a plane on your way to an "Occupy Wall Street" rally, that is the last straw and a signal that the world will be a much better place if you abort your five-month-plus unborn child because the child is a boy.

Now this woman has, to put it gently, issues. But if you read her account, you can see why it makes a kind of inverted, loopy sense to Lana.

Having that abortion means when she does have a girl (which she subsequently does), there would be one less man "around to hurt her progress," one less boy to "demean her or call her names."

Of course, the "victim" in Lana's story is…. Lana. Under the headline, "I Aborted My Baby – Because it was a Boy," she tells us

> **Over the past 3 years, I have lost many friends, and several of my own family members have completely cut off communication with me. I now know that these are "adults" who just cannot handle the fact that I have the right to make choices, and that these choices ultimately hardly even affect them.**

Get it? She not only has the "right" to abort a child, she has the "right" to be free of any judgments being made about her behavior.

The world has not stood at attention and saluted as she goes through a self-purification/consciousness-raising-to-the-point-of-absurdity rite. People (mostly men) don't understand she is a warrior in the battle against Patriarchy. There are going to be casualties, such as her unborn baby boy.

There is no need for (or room for) self-reflection, let alone remorse.

But just so people don't misunderstand, she adds, "I don't hate men."

What does Lana hate?

> **I hate the patriarchy, what men, and even some women, turn into, I wasn't going to let that happen with my offspring. The chances were greater that it would with a male, it was unacceptable.**
>
> **If the curse returns, I would do the exact same thing all over again.**

There is the customary chord running through her account (and her subsequent response to critics): Empowerment. Lana writes

> **To me, the experience was liberating, the emotions I felt when deciding what I should do, and after learning my fetus was male was something I wouldn't wish on my worst enemy. Coming out of it a liberated woman though was more than worth it. If I had to do it all over again, I would do it in a heartbeat.**

Not much you can say to someone who believes that, is there?

The whole substructure of this exercise in adolescent self-pity is that men done did her wrong (although there were exceptions but their acts of kindness and charity just get in the way of the narrative).

But if the tables were turned, would that justify a man inflicting cruelty on an innocent third party?

Of course not.

It's impossible to miss the irony of her conclusion. Referring to her critics

> **I find it hard to hate anybody, their faults are not their own, but usually rather the product of an environment or social circle they have been exposed to.**

If true, one can only speculate what kind of environment or social circle Lana has been exposed to that would result in this kind of hard-hearted cruelty.

The language of abortion is confusing. What are we trying to hide?

By Dave Andrusko

As they say, "if I had a dollar for"– in this case every time I've written to make fun of the verbal gymnastics that pro-abortionists routinely employ — I'd be rich.

But words on a page or on a computer screen, while effective, have a tough time competing with videos which are able to combine words, images, music, and people interacting in real-time. When done imaginatively, they are highly persuasive.

We've written, more than once, about "Interview with an Unborn Child." The 4 minute 16 second-long video is an eerily powerful chronicle, narrated by the doomed unborn child himself, which sends chills up and down your spine.

At the other end of the educational spectrum is "The Language of Abortion," produced by Signal Hill, a Canadian pro-life group. This 31-second long video uses humor (mixed with the mildest of ridicule) to convey a powerful truth by means of a question—"The language of abortion is confusing. What are we trying to hide?"

There are three settings. The first is a baby shower. Looking down we see the lettering on a cake which reads, "Congratulations on your products of conception." As the pregnant mom comes in the room, the assembled women cheerfully laugh as we catch a glimpse of the banner on the wall:"Uterine Contents Shower."

A quick cut to the doctor's office where she is drumming her fingers as she waits to see her obstetrician. The receptionist politely asks, "Is this your first clump of cells?"

The final scene is of a very pregnant woman sitting in her bedroom. In a very lovely and affectionate way she sings to her baby, "Hush blob of tissue don't say a word, mommy's gonna…"

So, "What are we trying to hide?" The truth that a baby is a baby is a baby.

The video is only a half-minute long.

Please go to "The Language of Abortion" on Youtube to view it. (https://www.youtube.com/watch?v=Uyb-9_1dD50&feature=player_embedded)

Adoption: truly paying it forward

from page 9

living on the other side of the ocean, or even in a hospital nursery right here in America.

Samuel Forrest made the right choice. He chose his son. But for the thousands and even hundreds of thousands of children – each beautiful and unique in their own way – who are born in places or under circumstances that result in their being relinquished by their birth families, the only hope is adoption.

You could be that hope.

And, because I can't stand to leave anything with a melancholy ending, I want to share two things.

The first is the story of a little boy diagnosed in utero with spina bifida, being carried by a mom who is HIV+ and can't care for him. An abortion clinic in her home state had offered to do her late term abortion for free and gave her a deadline. She contacted an organization known for helping moms in just such situations, and they took to social media looking for a family. Within 12 hours they had so many families wanting to be this little boy's forever, that they had to remove their post from Facebook.

And that other little girl I mentioned? I'm more than pleased to report that she's just fine, she's home with her new American family, and she is (in typical orphanage diva fashion – something with which I am all too familiar) creating just enough sass to keep them on their toes.

"A child's future is worth every sacrifice"

By Dave Andrusko

This was to be a short post which expanded as I thought more and more about "My dad's story: Dream for My Child," which is also dubbed "My Dad's A Liar! (A Child's Future Is Worth Every Sacrifice)."

I understand this *YouTube* video is a shamelessly heart-tugging ad for MetLife Hong Kong. But as I hope to demonstrate, it is well worth a few words–and most certainly worth the 3:26 it takes to watch the ad. (Alert: you don't have to be a particularly sentimental dad to choke up.)

The ad starts with the little girl's note, praising her dad unconditionally: he is the most clever, the kindest–"he is my Superman"–who wants her "to do well at school." But…."he lies"…

About having a job ...
About having money ...
That he'snot tired ...
That he's not hungry…

Her dad is bound and determined to provide his daughter with the best he can–and if that requires working monster hours at the lowest of low-paying jobs so that he can provide for her, so be it.

The ad shows those simple moments that make it all worthwhile, everything from doing homework together to hoisting her up on his shoulders.

At the end, when he is taking her to school and she turns around, I think we are to understand that it might be dawning on her dad that she knows what he's been doing. Either way, when they embrace, well…

A couple of people who posted trashed the ad for not showing a mom, as if there are not many videos rightly trumpeting the invaluable contributions of mothers. (We've written about these touching ads in this space.)

The ad is making a different point that resonates with pro-lifers in a profound way: that "A Child's future is worth every sacrifice."

When a woman (or teenager) is facing a crisis pregnancy, the men in her life—whether it be a husband, boyfriend, or the baby's grandfather—need to appreciate what the mom is going through and stand by her in every way possible.

After all, sacrificing for our children—in this case for our unborn children–is not only a mom thing. It's an obligation the rest of us involved in her life ought to gladly assume.

"A Journey of Firsts"—for an unborn baby, her mom, and their extended family

By Dave Andrusko

Over the years I don't know how many stories we've posted about the incredibly powerful impact of the ads produced by Pampers. But it's been a lot.

And there is a new one, titled "A newborn journey of firsts." Live Action News was kind enough to allow us to reprint their lovely take on the 1:48 video. I'd like to add a couple of additional thoughts, now that I am not only the father of four but also the grandfather of two.

Let me work backwards, because the concluding thought perfectly summarizes the tender images that have preceded it:

"It's a journey of firsts for both of you

"And you are in it together"

And of course that is absolutely true. The mother/unborn child bond is the most intimate and the most central to the human family.

But interspersed throughout the video is the subtle reminder that the baby and her mom have a family—a dad, grandparents, and siblings, just for starters.

Back to the "firsts" which are really clever.

"Her first hello"? The unborn baby is shown in her temporary abode on the ultrasound.

"Your first tears of joy" as the very pregnant mom, after seeing the ultrasound, wipes away a teardrop and strokes her husband's hair.

"Her first word"—her cries as she is delivered."

"Your first sigh of relief"—that she arrived safely."

And perhaps the most tender of all:

"Her first, "Where are you mom?'"

"Your first, 'I'm right here.'"

One other quick but vital thought. The under-the-radar notice that this little one is part of a larger network of loving connections reminds us that not every woman is that fortunate.

So when that support is not there—and when she is pregnant and wishes she were not—it's people like you and I who must stand in the gap.

A wonderfully life-affirming ad that you can watch at www.youtube.com/watch?v=3HWxiDsGenk.

Descriptions from abortionists themselves illustrate why dismemberment abortions must be ended

from page 22

Tragically, abortions of this horrific nature are not rare. The abortion textbook published by the National Abortion Federation entitled Management of Unintended and Abnormal Pregnancy states, "…D&E remains the most prevalent method of second-trimester pregnancy termination in the USA …"

Yet from anecdotal accounts from abortionists themselves, it's clear that performing dismemberment abortions can also have a devastating psychological impact on the person performing or assisting with them.

Dr. William Rashbaum, a gynecologist affiliated with Beth Israel, noted, "It is a horrible procedure. Staff burnout is a major problem."

Another doctor remarked the following after observing her first D&E abortion

"Seeing an arm being pulled through the vaginal canal was shocking. One of the nurses in the room escorted me out when the color left my face… Not only was it a visceral shock; this was something I had to think deeply about… It was not something I could be comfortable with."

Abortionist Lisa Harris recalls being pregnant herself and feeling her own unborn baby kick while she performed a dismemberment abortion

"With my first pass of the forceps, I grasped an extremity and began to pull it down. I could see a small foot hanging from the teeth of my forceps. With a quick tug, I separated the leg. Precisely at that moment, I felt a kick – a fluttery 'thump, thump' in my own uterus. It was one of the first times I felt fetal movement. There was a leg and foot in my forceps, and a 'thump, thump' in my abdomen."

"It was one of the more raw moments in my life. Doing second trimester abortions did not get easier after my pregnancy; in fact, dealing with little infant parts of my born baby only made dealing with dismembered fetal parts sadder," she continued.

Dr. Jay Kelinson, an abortionist interviewed for the documentary *Eclipse of Reason*, described his own uneasiness about the D&E procedure.

Interviewer: How many abortions do think you performed in your career?

Dr. Kelinson: I'd say I probably performed 10,000 or more. I can remember days when I would do 30, 35 abortions.

Interviewer: Would you do second trimester abortions, D&E's, even for medical reasons?

Dr. Kelinson: No, absolutely not. That is the most horrifying procedure I can think about. There is just absolutely no way I would ever do that.

Cathy Ruse quoted at length from the testimony in which abortionists described in detail their various methods of late abortion, including both the dismemberment and partial-birth methods. You can read her account at http://www.nrlc.org/uploads/pba/RusePBAonTrial.pdf

The partial-birth abortion debate helped to reshape the national debate on abortion. It drew attention to the humanity of unborn children and the barbaric reality of how their lives are ended.

But the discussion shouldn't end now that unborn children are protected from one method of abortion. Other methods, like dismemberment, continue to take their lives. It's up to us to be their voice and demand that they be protected.

What can you say in the face of such indifference, brutality, and callousness?

By Dave Andrusko

Are there degrees of ugliness and inhumanity and brutality when a newborn child is abandoned at birth? Does it make a difference if the mother "actively" kills her child or "just" leaves them to die?

Is it worse to deliver a baby in a bar bathroom, place the child in the toilet tank, and then return to party as if nothing had happened? Or to allow your baby to freeze to death over two days and then be discarded with the reminder of the "trash"? Or to throw your little one from the top of a 17-story building?

There was, alas, nothing unique about an employee at the Bucklin Point Wastewater Treatment Facility in East Providence, RI, discovering the body of a baby boy—" a fetus"—who was 19-20 weeks old, in the area of the plant that separates solids from liquids. The baby was found January 12 and as of the last report I read, authorities were still looking for the baby's mother.

The employee initially thought what he saw was a toy.

But there were two strands of the story that struck me. First, the building was not shut down after the little boy's body was found at 3:40 p.m. For some reason, that hit me as appallingly insensitive and extremely disrespectful. That was not a piece of garbage, it was a little one who as a neighbor told *WPRI* had not been allowed to "become the person that they were supposed to be." She added, "Very, very sad."

The other thing is they don't know how the baby got there or how long he had been there or his condition at birth. Kate Bramson of the *Providence Journal* wrote

However, the fetus was found in an area at the treatment plant that indicates it might have moved through the wastewater system, he said. The plant services East Providence, Pawtucket, Central Falls, Smithfield, Cumberland and Lincoln, he said, so the fetus could have come from any of those communities.

Somehow—and I know this makes no sense—the thought of this little one's body drifting through the wastewater system, mile and after mile after mile, made a hideous outcome (for me) even worse. That is no way for the life of any human being to end.

That somebody did that on purpose is unspeakably wrong.

When fact checkers take sides

By Chris Smith (R-NJ)

Editor's note. The following was in response to a misguided Washington Post "fact checker" which ran under the headline "Does Obamacare provide federal subsidies for elective abortions?"

Congresswoman Virginia Foxx and I were on absolute bedrock when we argued last week during the House floor debate in favor of the No Taxpayer Funding for Abortion Act that the President's health care law authorized massive subsidies to assist millions of Americans to purchase private health plans that cover abortion on demand.

Rep. Chris Smith (R-NJ)

Conspicuously missing from the *Washington Post* Fact Checker's incomplete report and egregiously flawed conclusion was robust analysis of what the President actually pledged in his highly public executive order promising to extend the Hyde Amendment to the Affordable Care Act.

Readers expect—and deserve—much more from the *Post*.

In order to gain the votes of several pro-life holdout congressional democrats needed for passage of the Affordable Care Act, President Obama issued an executive order on March 24, 2010 that said: "the Act maintains current Hyde Amendment restrictions governing abortion policy and extends those restrictions to newly created health insurance exchanges."

The Hyde Amendment—named after the late Congressman Henry Hyde of Illinois—is current law and prohibits federal funding to **any health insurance plan** that includes abortion except in the cases of rape, incest or to save the life of the mother. The Hyde Amendment, however, only legally applies to health programs administered under the Labor, Health and Human Services, and Education, and related Agencies Appropriations Act, including Medicaid and the Children's Health Insurance Program (CHIP).

Because the health care exchanges and other programs authorized and appropriated under the Affordable Care Act are separate from all other appropriations laws, the President's promise to extend the Hyde amendment to the "newly created exchanges" was the game changer. The President got the votes of several pro-life democrats needed for passage.

Recent history now shows the President's solemn promise to extend Hyde to the Affordable Care Act was a lie.

While the Hyde Amendment prohibits federal funds to any health plan that includes abortion except for rape, incest or to save the life of the mother, the Secretary of the Treasury pursuant to notice by the Secretary of Health and Human Services, is today making monthly advance payments with U.S. taxpayer funds to insurance companies or to exchanges to pay for health insurance plans that subsidize abortion on demand.

It couldn't be more clear—the President is not extending the Hyde Amendment to the "newly created exchanges."

Moreover, an extensive audit released last September by the Government Accountability Office (GAO) found that 1,036 Affordable Care Act exchange plans had abortion secretly embedded in the plan. If the Hyde Amendment truly had been applied the number of plans with elective abortion coverage would be zero.

We live in an age of ultrasound imaging—the ultimate window to the womb and the child who resides there. We are in the midst of a fetal health care revolution, an explosion of benign interventions designed to diagnose, treat and cure the precious lives of these youngest patients. We also know unborn children, at least by 20 weeks, or about 6 months, feel horrific pain while being aborted.

Because of this, Americans have consistently demanded—and now in ever-growing numbers—that public funds not pay for abortion. The Marist Poll released this month found that 68 percent of Americans oppose taxpayer funding for abortions, and that includes 69 percent of women; 71 percent of the millennials. The younger generation knows that we cannot build a better future by paying for the destruction of the most vulnerable among us.

(Rep. Chris Smith is the author of HR 7, the No Taxpayers Funding for Abortion and Abortion Insurance Full Disclosure Act.)

First *Obvious Child*, now Lily Tomlin as *Grandma*. Can it get much worse?

By Dave Andrusko

You could only hope against hope that *Obvious Child*, an unrelievedly stupid "abortion comedy" would be an only child. But, of course, you knew that mixing comedy (very loosely defined) with the violent act of taking an unborn child's life would have at least one sibling.

Enter *Grandma*, another one of those films shown at the Sundance Film Festival which the critics go crazy over and to which the public is over-whelmingly indifferent.

Lily Tomlin in "Grandma"

What's the difference between *Obvious Child* and *Grandma*?

We're told the latter is about relationships, which is the ultimate cop-out. After all the ultimate relationship—between mother and unborn child—is sheared.

What else. Well, remember Grandma ("Elle Reid" played by Lily Tomlin) is getting its unveiling at Sundance Film Festival, so the primary relationship is between Tomlin, whose partner has died after which Tomlin takes up with a much younger woman, and her teenage granddaughter ("Sage" played by Julia Garner).

The plot, such as it is, can perhaps be explained by the fact that this art-house film "was kind of effortless," Tomlin says. "We did it in 19 days, for a very low budget."

Sage walks in and announces to Reid she is pregnant, has made an appointment for an abortion that very afternoon, but is flat-broke. After meeting the irresponsible, jerk-of-a-teenage father, "the only possible solution, of course," writes film critic Scott Foundas,"is to take to the streets of L.A. in Elle's vintage Dodge Royal and go door-to-door in search of the $600 Sage needs for the procedure (an amount that prompts outrage from Elle, who exclaims: 'Where can you get a reasonably priced abortion these days?'").

To be clear, I haven't seen the film, but it's probably not much of a leap to anticipate that this one-day-long, on-the-road flick will result in the crusty, tart-tongued Elle becoming a "hero"–and not just to Sage; that Elle's daughter (who had Sage via an anonymous sperm donor) will be a jerk; and that in the end the abortion will be part of Sage's maturation process which brings Sage and Elle a kind of closeness.

Slate.com interviewed Tomlin and director Paul Weitz about the film. Nothing particularly thoughtful by either party, but here is Tomlin's response to the interviewer when asked has the "discussion" (about abortion) "gotten better?"

Well, since my earlier days, that's a long time ago, and, my God, people barely talked about it. I mean, enlightened people might, I won't even lay that on them.

I would say that people who were more conscious or more aware might discuss it or make that choice or whatever, but, most people, it was a secret you know, and the subject was taboo.

I'm talking about back in the 60s and 70s, in general society, although, that's not really the absolute thrust of this movie. It's more about our relationships.

So, yes, I think it's much more open, as everything is.

The "openness" about abortion is, of course, taking a step down the well-trod path of desensitizing people by either wearing them down by repetition; convincing them that abortion can be side-splittingly hilarious; or bringing the generations together by eliminating the future generation.

I will write about the film again after it's available here in the states. There are some other films that are attempting to work the same alchemy on assisted-suicide which we'll talk about as well when they are available.