# National Right to Life News

February/March, 2014


## NATIONAL RIGHT TO LIFE CONVENTION 2014

louisville, ky  june 26, 27, & 28

National RIGHT TO LIFE NEWS

# Planned Parenthood's Aggressive Push for ObamaCare

By Susan T. Muskett, J.D., Senior Legislative Counsel

Why is Planned Parenthood, the nation's largest abortion provider, sending out approximately 400 workers at $12 per hour to knock on an average of 18,000 doors a day to promote ObamaCare?

The *New York Times* reports that Planned Parenthood is "one of the most aggressive groups" going door-to-door to enroll individuals in ObamaCare, targeting eight states: Arizona, Colorado, Florida, Georgia, New Mexico, Ohio, Pennsylvania, and Texas. Using "sophisticated computer lists generated in Washington" by Enroll America, the Planned Parenthood workers are canvassing neighborhoods, with Planned Parenthood having raised "millions of dollars for the effort," according to the *Times*.

See "Aggressive Push" page 27


*Planned Parenthood is working hard to ensure ObamaCare does not fail*

# For one woman with cancer, Obamacare means loss of coverage for an essential drug

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

As millions of Americans are attempting to start using their new Obamacare exchange health insurance plans, stories about denial of payment keep piling up. All throughout the debate leading up to the controversial 2010 law, and up until late last year, the Obama Administration kept asserting that "if you like your plan, you can keep it."But by last December, the fact checker PolitiFact was awarding this assurance its Lie of the Year for 2013.

When hundreds of thousands lost plans they liked, the administration moved on to its next claim--that "the new exchange plans would be better than your old plan." This new promise is already proving to be at odds with the facts.

A February 23, 2014, Wall Street Journal piece illustrates the heartbreaking consequences of being forced into an Obamacare exchange plan that will not pay for a cancer-fighting drug – a denial traceable to provisions in the law that have the effect of forcing reduction in America's health care usage.

See "Loss of Coverage" page 17

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# From the President
## Carol Tobias

# You are the reason the number of abortions has declined

In early February, the Guttmacher Institute released a report on "Abortion Incidence and Service Availability in the United States, 2011." The pro-life movement was heartened to see these latest figures showing the diminished number of abortions in America; the number has dropped dramatically from the all-time high of 1.6 million in 1990. The bad news from this report, of course, is that more than a million babies are being killed by abortion each year in our country.

According to Guttmacher, 1.06 million children were killed by abortion in 2011, bringing the best estimate for total number of lives lost to abortion since 1973 at more than 56,000,000. (See pages 18 and 19.) Some might be tempted to attribute this welcome news not just to fewer women having abortions, but that there are fewer women of child-bearing age, or that fewer women are becoming pregnant. However, the abortion rate, the number of abortions per 1,000 women aged 15-44, and the abortion ratio, the number of abortions per 1,000 live births, have also decreased. Fewer pregnant women are choosing abortion.

The press release that accompanied the report was headlined, "U.S. Abortion Rate Hits Lowest Level Since 1973" with the sub-title, "2008–2011 Decline Spans Almost All States, Suggesting State-level Restrictions Are Not the Cause."

Guttmacher, formerly the research arm of abortion giant Planned Parenthood, went to great lengths to downplay the impact of pro-life legislation during the period covered by the report. Dr. Randall K. O'Bannon debunked this myth in a five-part series that appeared in National Right to Life News Today.

Guttmacher ignores the significant educational impact of the public policy debate surrounding pro-life legislation. Pro-life legislative efforts at the federal and state levels dating back to the 1980s have established legal protections for unborn children and their mothers. They have also increased public awareness about the impact of abortion by prompting discussion of such topics as the development of the unborn child, the use of taxpayer dollars to pay for abortion, and the gruesome partial-birth abortion procedure.

Your legislative efforts to involve parents before their minor daughter gets an abortion; your efforts to ensure that women receive accurate information about abortion and its alternatives; and your efforts to ban partial-birth abortions—all these have helped to keep the face of these little unborn children in the public mind.

You know well that it is much easier to pass pro-life legislation when pro-life elected officials are voting on the legislation. So, in combination with pro-life legislation, your efforts to support and elect pro-life candidates at both the state and federal level contribute to the decline in abortions.

Pro-life legislation, even if not successfully passed and enacted, is a highly useful tool for educating your neighbors, friends, and your community about the fact that two persons are involved. Our opponents would say that very few abortions were done using the partial-birth abortion method, and yet much of the country was shocked to find out that these gruesome abortions were being performed in the later months of pregnancy. Discussion surrounding the partial-birth abortion ban helped to educate the public that unborn children have heads, with brains that were being sucked out just before complete delivery of the body.

Efforts to pass Woman's Right to Know legislation informed the public that many women are not given complete and accurate information before they make an irreversible life or death decision for her unborn child. All of this contributes to shaping a national conscience that says abortion kills babies and that abortion is not the solution.

Another reason the number of abortions is in decline is the use of technology to bring the face of the unborn info greater focus. Ultrasound technology has advanced to the point we can now see an unborn child smiling or pointing her finger or doing somersaults. When you post a picture of your unborn child or grandchild on your Facebook page, you are showing the world that a human being exists, not a being with the potential for being human.

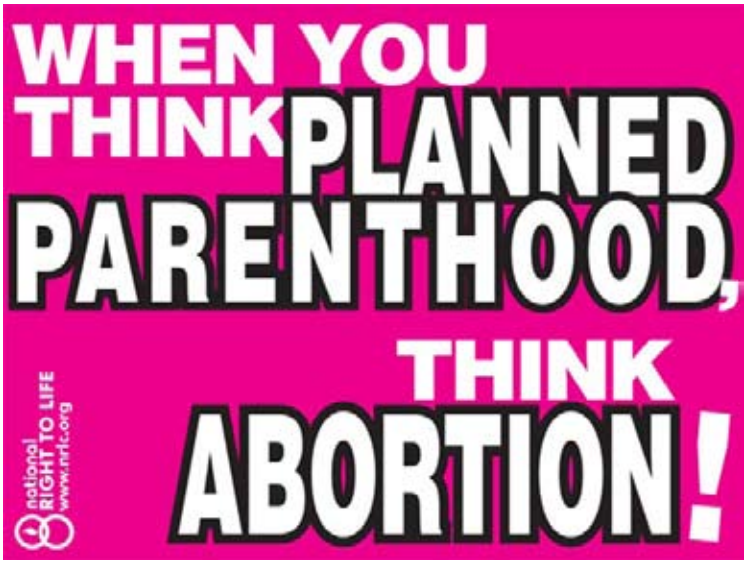

The number of abortions is in decline because of your on-going educational efforts. Whether you speak to local organizations and school classrooms, distribute literature at a county or state fair booth, or write a letter to the editor of your local newspaper, you are keeping that unborn child alive in the public mind.

We certainly can't overlook the tremendous work of pregnancy resource centers which help pregnant women during a time of uncertainty and possibly fright over the thought of the new life they carry. The support these centers provide has made a difference in countless lives.

In summary-- the major, overall, reason that the number of abortions is in decline is **you**. Your persistence and determination to keep the issue alive, after 41 years of supposedly "settled" law, are making a difference. You are to be lauded, commended, and, of course, sincerely thanked.

# Editorials

## PPFA's political arms already flexing muscle to adoring media




No pro-lifer doubts the political muscle of Planned Parenthood's "political entities"-- the Planned Parenthood Action Fund and Planned Parenthood Votes. As a key component of the Democratic Party's "left of center" coalition, they have access to gazillions of dollars and a voice—a large voice—at the table.

But besides Planned Parenthood's customary self-congratulatory comments and the reporter's less-than-hard-hitting treatment, what else can we learn from Alexander Burns' "Planned Parenthood reveals big 2014 game plan," which ran in Wednesday's POLITICO?

For starters, they take credit for—and are given credit by Burns for—the election of pro-abortion Terry McAuliffe over pro-life Ken Cuccinelli in last November's Virginia gubernatorial election. Really? McAuliffe prevailed for a number of reasons which we wrote about at http://nrlc.cc/1ccLQoE.

Suffice it to say that Democrat McAuliffe won by 56,000 votes out of more than 2 million votes cast, although Republican Cuccinelli was vastly outspent, hindered by a bevy of polls which consistently placed him far behind (thus discouraging contributions and supporters) and hampered by the presence of a third party candidate, and was the personal punching bag of newspapers such as the Washington Post.

Had Cuccinelli carried the day, a lot of the conventional wisdom that still remains would not have dissipated (that will never be permitted by the legion of PPFA allies in the media) but would have diminished.

Part—a large part—of that received wisdom is the power of the "War on Women" mantra. Let's be clear: when not challenged by the Republican candidate or when bungled by self-same, it can dramatically hurt him or her.

NRLC Executive Director David N. O'Steen, Ph.D., addressed the cost of allowing pro-abortion Democrats to frame the issue. In November 2012, he wrote (at http://nrlc.cc/1ccSwTL)

See "PPFA," page 22

## Two Years Ago would you have anticipated….

Welcome aboard our second entirely online edition of National Right to Life News, the "pro-life newspaper of record," whether printed or appearing on the Web. I'm anticipating that you will read all 30 pages of the February/March edition and forward the whole issue to your entire list of pro-life friends and family.

Speaking of the Internet, I was jumping around the Web Tuesday when I ran across a column at Slate.com which, to put it politely, was as whiny as it was peculiar. The gist was that the story of "after-birth abortions" (infanticide) had just resurfaced two years after this author (along with yours truly and thousands of others) had first talked about the essay that had appeared in February 2012 in the Journal of Medical Ethics.

I wrote about "After-birth abortion: why should the baby live?" so many times, I won't belabor how two Australian "bioethicists," Alberto Giubilini and Francesca Minerva, came to the daft conclusion that "What we call 'after-birth abortion' (killing a newborn) should be permissible in all the cases where abortion is, including cases where the newborn is not disabled."

Besides Andrew Ferguson already boiled their thesis down in a brilliant piece that ran in The Weekly Standard in May 2012: "Neither fetus nor baby has developed a sufficient sense of his own life to know what it would be like to be deprived of it. The kid will never know the difference, in other words. A newborn baby is just a fetus who's hung around a bit too long."

Back to our friend who was incensed that (a) "Now the right-wing echo-sphere is passing the story around as though it's new," and (b) its membership had misrepresented his position (he was not nearly as hard on Giubilini and Minerva as he appears to believe he was, but….).

Now it goes without saying that treating two-year-old news as if it were, so to speak, hot off the presses, is sloppy. Likewise it also goes without saying, that turning someone into a proponent of infanticide when he is not (even though his counter-argument to Giubilini and Minerva was weak) is unjust.

But having said that, let's come at this from a different angle.

Back almost exactly two years ago, would anyone (except the deep thinkers who write for journals such as the Journal of Medical Ethics) have anticipated that any country—even Belgium!—would have removed all age restrictions on whom can "access euthanasia" (as two Australian bioethicists put it)?

We're talking about children of any age who can be euthanized provided the usual boxes are checked off. And this creepy expansion came about even though popularizers of assisted suicide for teens and adults admit there are already problems (abuses) galore. So what? Let's double down and extend this "right" to everyone.

Two years ago would anyone have anticipated an ever-mounting number of newborns stuffed into garbage bags and tossed into

See "TWO YEARS," page 24

# Newborn stuffed in plastic bag, thrown into dumpster but miraculously survives

By Dave Andrusko

Every morning, maintenance workers at the Windmill Lakes Apartment complex are assigned to pick up trash in a certain area. Tuesday it was Carlos Michel's turn to clean Building 25.

As he dumped the contents of a bucket into a big dumpster, he heard what "sounded like an animal dying, maybe a kitten, but he couldn't tell for sure," Mayra Beltran wrote for the Houston Chronicle.

All Michel knew for sure was that—whatever it was—it was struggling, Beltran wrote.

"Seconds later, Michel, 51, reached into the blue dumpster and, hunched over, grabbed a white trash bag. He placed the bag on the ground, ripping it open to find the source – a newborn boy, stuffed among trash and discarded school work. His tiny face and hands were purple, his umbilical cord still attached, his body cold. His soft cries were the only indication he was still alive.

"'I almost had a heart attack,' Michel said."

The word "miracle" is often casually tossed around. But that the newborn baby did not suffocate after being bundled into a plastic bag and flopped into a dumpster takes "miracle" to another level.

In riveting detail, Beltran explained what happened Tuesday morning.

When Michel heard the baby's whimpers, Beltran wrote,

"He said he used the bucket as a stool and peered into the dumpster, scanning the pizza boxes, soda bottles and fast-food containers before he identified the bag from which the sounds were coming. As he pulled the bag out, Michel noticed the outline of the baby. The child was upside down.

"As soon as he rescued the boy from the trash bag, Michel took off his gray work shirt and swaddled the newborn in it. The baby's dark hair was wet and sticky, possibly with placenta, and his body was cold.

"Michel brought the child to his chest, rubbing the baby's back, trying to use his own body heat to warm the boy.

"A co-worker then came by in pickup, and Michel hopped inside the truck's cab, turning up the heat to further warm the baby. The newborn's cheeks turned rosy as his body warmed. Michel said he could see the newborn's little chest bouncing with hiccups.

"As Michel rocked him, he thought of his own 2-month-old grandson, Gerardo. The baby's whimpers reminded him of the cries Gerardo sometimes made. But not once did the newborn wail. He just lay still, cradled in Michel's arms, not ever opening his eyes."

"At some points, it even seemed as though the newborn was falling asleep. Afraid that the child was too weak, Michel poked him to keep him conscious while they waited for paramedics to arrive.

"'I didn't want him to die in my arms,' he said."

Estella Olguin, a spokeswoman for Child Protection Services, said Michel undoubtedly saved the newborn's life.

Authorities quickly located the baby's 16-year-old mother and questioned her. As of Wednesday, authorities had said nothing about her motivations.

*A maintenance worker found an infant Tuesday morning inside a dumpster at an apartment complex in southeast Houston.*
*Photo Credit: Gregory Crew*

"Once she has been released from the hospital, investigators will speak with officials at the Harris County District Attorney's Office to determine what, if any, charges will be filed," Beltran wrote.

Texas has a "Baby Moses" law which allows parents to leave infants up to 60 days old and unharmed at a hospital, fire station or ambulance station without fear of prosecution. The law was created in 1999 so that newborns and infants would not be abandoned.

"Really, surrendering your baby to a safe haven site gives your baby a chance," Olguin told Beltran.

# Peacefully reminding the public what pro-abortion State Senator Wendy Davis real "achievement" is

By Luis Zaffirini

Texas state Senator Wendy Davis (D) received the Señora Internacional award in Laredo, Texas, on February 22. The honor is given by the League of United Latin American Citizens as part of local Washington Birthday festivities.

The award is meant to "pay tribute to the most deserving Latinos on both sides of the border and honor them for their individual achievements."

What is Davis' signature "achievement"? Standing on her feet for 11 hours to filibuster a law that would protect unborn children capable of feeling pain from abortion. She succeeded momentarily, but the law later passed when pro-life Texas Gov. Rick Perry called another special session.

Pro-life Laredoans with Texas Right to Life took notice of the upcoming award and organized a peaceful protest outside the building where Ms. Davis was to be recognized for her dubious achievement. More than 50 pro-life members of the community showed up to register their concern with this event.

What kind of coverage do you think this vocal, grassroots protest of the presumptive Texas Democratic gubernatorial candidate received? Not a shred locally. Thank goodness for news outlets like National Right to Life News for carrying the story.

But the word did get out.

Fortunately, the protest alerted other concerned citizens of Laredo. The February 26 publication of the Laredo Morning Times ran a letter to the editor which declared:

*"[Wendy Davis] is a true anti-hero who is giving a grievously bad example to our youth of Laredo. She actively advocates abortion on the guise of false compassion and freedom... In my opinion, Ms. Wendy Davis would want it to be harder to shut down an abortion facility than it is to shut down a restaurant or a beauty shop in Texas."*


*Members of a local University pro-life group with Texas Right to Life.*

That assessment is spot-on. Abortion is contrary to Latino values, contrary to American values, and contrary to human rights. The award was a farce orchestrated to promote Senator Davis in an area she probably didn't need help in anyway. (Only once has a Republican presidential candidate carried Webb County, where Laredo resides.)


*Laredoans expressing their pro-life views.*

And with the abortion rate among Hispanics being higher than the general population, I would have to wholeheartedly agree with my colleague Rai Rojas that the most dangerous place for a Latina in the United States today is in her mother's womb.

Wendy Davis stands for late and unrestricted abortions, despite the story the abortion industry has devised to distract Texans from this fact.

Happily, Texas won't fall for it.


*Pro-Life Laredoans line up on San Bernardo Ave. to voice their opposition to pro-abortion Wendy Davis receiving an award from a local group.*

# West Virginia's Pain-Capable Unborn Child Protection Act passes House, now in hands of Senate

## *Downloadable Church Bulletins Urge Senators to Protect from Abortion Babies who are Able to Feel Pain*

By Karen Cross

CHARLESTON, WV – Unborn babies who are capable of feeling pain won a great victory in the West Virginia House of Delegates Wednesday. The Pain-Capable Unborn Child Protection Act (H.B. 4588) passed by a vote of 79 to 17. The bill was then sent to the West Virginia Senate.

Timing was and remains essential. H.B. 4588 made it out of the House by February 26, the last day for a bill to "cross over." Now it is imperative that the Senate pass this lifesaving bill.

The Pain-Capable Unborn Child Protection Act is already law in ten states, and has passed the U.S. House of Representatives.

This legislation will protect West Virginia's unborn babies who can feel pain from a gruesome death by dismemberment or other horrific late abortion techniques. Substantial medical evidence demonstrates the baby's ability to feel pain is present by 20 weeks.

We know that pro-life legislation saves lives. We know that every year legislators don't pass pro-life legislation means that precious little babies die.

The passage of this important lifesaving legislation – the Pain-Capable Unborn Child Protection Act – is not possible without the continued support, prayers, and action of pro-life West Virginians from across the state.

"It is urgent that pro-life West Virginians contact their two state senators and ask them to support this lifesaving legislation," said John Carey, West Virginians for Life Legislative Coordinator.


In keeping with the Matthew 25:40 scripture which says, "Whatever you did unto the least of these…you did unto me," West Virginians for Life has created downloadable bulletin inserts for West Virginians to share with their church friends and family.

The church bulletin inserts (two to a page, a front and back that can be printed off double-sided) regarding the Pain-Capable Unborn Child Protection Act, H.B. 4588, can be used between now and Wednesday, March 5.

For downloadable church bulletins with contact information for your two state senators, go to: wvforlife.org

# Fetal Pain Bill Advances to Full SC House

By Holly Gatling, executive director, South Carolina Citizens for Life

By a strong majority, the South Carolina House Judiciary Committee Tuesday passed the Pain-Capable Unborn Child Protection Act (H 4223), moving the life-protecting law to the full S.C. House.

H 4223 is modeled after National Right to Life's similar law that has already passed in 10 states.

The bill's chief sponsor, Representative Wendy Nanney said, "I am excited about taking the next step to seeing South Carolina pass the Fetal Pain bill. I am very grateful for all the support and prayers offered today." Mrs. Nanney, R-Greenville, is the mother of five children.

Supporters of the bill wore colorful tags with a photo of a baby at 20 week prenatal age. The text of the tags states: "Stop Unborn Pain. You can feel pain. So can this child. Pass H 4223, the Pain-Capable Unborn Child Protection Act."

Erroneously called a "20-week abortion ban" by the "mainstream" press, the bill is not based on the baby's age but the baby's ability to feel pain. It is a public policy law that creates a compelling state interest in protecting unborn children who are capable of feeling pain from death by abortion.

**ACTION NEEDED:** Please contact your member of the SC House of Representatives and urge him or her to vote for H 4223 with no amendments. For contact information go to scstatehouse.gov. Go to House and then members. If you do not know who your House member is, the website provides a link in which you type in your address. Or you can contact the SC Citizens for Life office for assistance.

*South Carolina State Representative Wendy Nanney*

# PPFA President clumsily, haltingly answers question "When does life start? When does a human being become a human being?"

By Dave Andrusko

Remember when Pastor Rick Warren asked then-candidate Barack Obama "At what point does a baby get human rights, in your view?" at a "Civil Forum on the Presidency" at Warren's church?

In response Obama's hemming and hawing answer was presumably to be taken as either irony, humility, or both.

"*Well, I think that whether you are looking at it from a theological perspective or a scientific perspective, answering that question with specificity, you know, is above my pay grade."*

It was impossible not to think of that awkward August 16, 2008, answer when I watched Planned Parenthood President Cecile Richards grapple with the simplest—that is, most straightforward—question about abortion in her appearance Thursday on Fusion TV's *America with Jorge Ramos (*Fusion TV is Univision's English-language network).

*Jorge Ramos interviews PPFA's Cecile Richards*

By way of setting the stage, Richards was appearing in her role as President of Planned Parenthood's political arm. The title of the segment, superimposed on the screen, was "Planned Politics: Is there a place for Planned Parenthood in Politics?" The backdrop featured pictures of Richards and pro-abortion feminist icon Texas state Senator Wendy Davis, who is running for governor.)

Here's the transcript. (You can watch their exchange at http://fusion.net/Culture/video/cecile-richards-life-begins-460301.)

After you read it, I think you'll agree Richards' slippery answers are worthy briefly dissecting.

**Ramos:** "So, for you, when does life start? When does a human being become a human being?"

**Richards:** "This is a question that I think will be debated through the centuries and people come down in very different points of view."

**Ramos:** "But for you, what's that point?"

**Richards:** "It is not something that I feel like is really part of **this** conversation. I mean, to me, we work with women…. I guess the way I'd really like to… I think every woman has to make her own decision. What we do at Planned Parenthood is make sure that women have all their options for health care…"

**Ramos:** "But why would it be so controversial for you to say when do you think life starts?"

**Richards:** "Yah, well, I don't know that it's controversial. I don't know that it's really relevant to the conversation. But, for me, I'm the mother of three children. For me, life began when I delivered them; they've been probably the most important thing in my life ever since. But that's my own personal decision."

Okay, three quick points.

#1. I know **nothing** about Jorge Ramos or how his program customarily handles the abortion issue. Presumably Richards felt comfortable that she would not be challenged. But hat's off to Mr. Ramos for asking the chief executive of both the largest abortion chain in the galaxy and its ultra-well funded political arm what's what and for not giving up when Richards tried to brush him off with a perfunctory answer.

#2. Even in what we can assume was a non-threatening situation with a benign question, Richards hemmed and hawed, sputtered and restarted after she jettisoned whatever talking point she initially had in mind. I find this enormously illuminating.

Pro-life candidates are routinely clobbered by media types for clumsily answering **tough** questions, not the easy one that Ramos asked of Richards. Yet Richards, who talks for a living, strained for coherence.

#3. No one, not even the president of an abortion machine that, according to its latest report, killed 333,964 unborn babies, really believes that the lives of her own three children "began when I delivered them." That's at best posturing, at worst cowardice.

Take a few minutes out to watch Ms. Richards at http://fusion.net/Culture/video/cecile-richards-life-begins-460301

# How did my parents raise us to respect and love our birth families?

By Melissa Ohden

I had a powerful conversation the other night at the Gospel Haven Church in Millersburg, Ohio, with an adoptive mother who is also a part of the Pure Gift of God adoption assistance program in the Millersburg community (you can check them out on Facebook). On reflection I thought our conversation was worthy of sharing with others.

*Melissa Ohden*

The question around which our discussion revolved was how had my parents (adoptive) cultivated within our home and within me (and my adopted sister) such an attitude of love and respect for my biological family? It's a really good question for anyone whom adoption touches--which is a much larger pool of people than you might think--but certainly a very poignant one for adoptive parents in particular.

I understand my situation at one level is highly unusual: I survived a saline abortion in 1977. But I firmly believe the principles at work in my home apply across the board.

So let me take a few minutes to share with you the answer I shared with her to the question how did my parents instill such profound love and respect for our biological parents within us as adopted children.

My parents are ordinary people, just like you and me. They didn't have all the answers, they didn't have extensive educational backgrounds, they didn't have much money. But, trust me, that is more than okay, because what they did have, what they gave us and cultivated within us, was respect and love for God and others, which is what we needed more than anything.

Ok, but what did that look like? Besides the obvious ones of attending church and raising us to know Jesus, there are a few very basic but very powerful things that my parents did that had a great impact on me:

1. They were always consistent. They not only stressed to my (adoptive) sister and I that our birth families loved us, but they also stressed that as our (adoptive) parents, they loved our birth families in return. Not only did they say this to us, but this was their consistent message to others, also. Never once have I heard my parents speak negatively about my birth parents, despite the knowledge of what harm other members of my birth family meant for me. I knew that my parents meant what they said: they loved our birth families. It was not just a line, it was the truth.

2. They never kept anything from us, but they were also sure to keep their information age and developmentally appropriate. "Adoption means love" was my first really basic understanding of it as a child. They kept it simple.

And as time went on, when it was appropriate they expounded on this and gave me more information about my adoption. They didn't overwhelm me with all of the details, but they didn't withhold them, either. This not only helped us to grow in our knowledge about our adoptions, but grow in trust that our parents supported us knowing more and asking questions, which leads directly to my last point:

3. My parents have voiced and shown support of me through every step of life, including my search and reunion with members of my birth family. The same was also true for my sister.

They never once told me not to search, but instead talked with me about why I wanted to, and prepared me for the reality that I may discover things that were difficult or painful.

It is very, very important that they never shamed me or made me feel like I was disrespecting them or loved them less because I wanted to search. They expressed that they understood my yearnings, that they supported me, and they showed (although I'm sure they had hard moments behind closed doors) that they were strong enough in their role as my parents to know that no one else will ever take their place.

I hope this sounds basic—and it is. But in their very simplicity they hold great power.

I believe these are very powerful approaches to raising a home where both adoptive and biological families are loved and respected—and that they can be helpful to you or someone you know who has been touched by adoption.

I would be remiss not to add a final word of thanks to my parents for creating the home environment that they did. I wouldn't be who I am today or do what I do if it wasn't for how you parented me– love you!

# "A Place for Mom" Blog Pushes Assisted Suicide

By Wesley J. Smith

*Editor's note. As we were about to post the February/March issue of National Right to Life News, we learned that "A Place for Mom" had removed "The importance of End-of-Life Planning" from its official blog. We will continue to monitor its blog for any further developments.*

We have all heard the advertisements of A Place for Mom, in which former news star Joan Lunden pitches the business that helps families find assisted living facilities and other senior services.

Well, imagine my surprise to see the organization's blog gushing over the assisted suicide advocacy group Hemlock Society Compassion and Choices–in a column ostensibly about end of life planning–but which is mostly a column directing family members to help for accessing doctor-prescribed death for the elderly. From the blog entry:

*"Upon request, [C & C] Client Support Volunteers are present at the time of death for their clients who elect to self-administer medication. Volunteers ensure that the medical protocol for taking the life-ending medication is followed so that family members can focus on their loved one."*

The blog entry also insists that doctors who don't want to assist suicides be complicit by providing information and referring to a death doctor:

*Robb [Miller, the Executive Director at Compassion & Choices of Washington] asserts that medical providers, even those opposed to the option of Death with Dignity, have a professional, ethical duty to provide either basic information about Death with Dignity to their terminal patients who make inquiries about the option or refer them to someone who will."*

No they don't. The law doesn't so require (although that is coming, I think). Moreover, doctors of an ethical duty to declare their offices "assisted suicide free zones"–at least if they believe in the Hippocratic Oath.

The A Place for Mom blog post pushes readers into the arms of death purveyors, and include an anti-religious tinge:

*"Most often, referrals to Compassion & Choices come from medical providers, such as doctors, hospice nurses and social workers who work with terminally ill patients. But, as clinics and hospices fall under the control of religiously-affiliated health care systems, more providers are being prohibited from participating in Death with Dignity."*

*"This forces medical providers to essentially abandon the patient in regard to this issue," he says. "Time is precious at the end of life." Robb adds, "If people are delayed in getting the information they need, it can have very serious consequences."*

So, one of the premier senior service for-profit enterprises leaps head-first into the culture of death.

And realize, this is aimed primarily at family members. Talk about planting ideas!

I don't know about you. But my mother is 96. If I ever need help providing services for her the last place I will go is A Place for Mom!

*Editor's note. This appeared at http://www.nationalreview.com/human-exceptionalism/372040/place-mom-blog-pushes-assisted-suicide-wesley-j-smith*

# Life Fest Film Festival enters its 4th year!

The International pro-life film festival in Hollywood, California, is still accepting submissions for its Fourth Annual season.

Screenings in the Heart of Hollywood at Raleigh Studios, Family Theater on Sunset, and the Loew's Hollywood Hotel (the Oscar's hotel!) May 8-11.

Tell your 'film friends' and get them involved now.

For more information about Life Fest and how to submit your film or script, go to http://lifefilmfest.com/

Check out the special greeting from actor Kevin Sorbo! Watch it now!

http://youtu.be/xZ0Ur2Zqajs

# "Senior Living Referral Service" promotes assisting suicide

By Burke Balch, JD, Robert Powell Center for Medical Ethics

*Editor's note. As we were about to post the February/March issue of National Right to Life News, we learned that "A Place for Mom" had removed "The importance of End-of-Life Planning" from its official blog. We will continue to monitor its blog for any further developments.*

*Compassion and Choices's Executive Director, Robb Miller*

Have you seen the ads in which it is claimed, "You can trust A Place for Mom to help you"? Evidently at least part of what is meant is, "You can trust A Place for Mom to help you find a group to help Mom kill herself."

"A Place for Mom" bills itself as "the nation's largest senior living referral service . . . paid by the senior living communities and care providers in our network so our service is provided to consumers at no charge." In a February 26, 2014, entry on its official blog titled "The Importance of End-of-Life Planning." A Place for Mom's writer Jennifer Wegerer promoted the euthanasia advocacy organization Compassion and Choices of Washington.

As the blog notes, "In 2008, the organization supported the Washington Death with Dignity Act, which allows mentally competent, terminally ill adults with less than six months to live to request life-ending medication . . .." A Place for Mom's blog tells people they can contact Compassion and Choices "Client Support Volunteers [who] are present at the time of death for their clients who elect to self-administer medication" which, it states, is "so that family members can focus on their loved one."

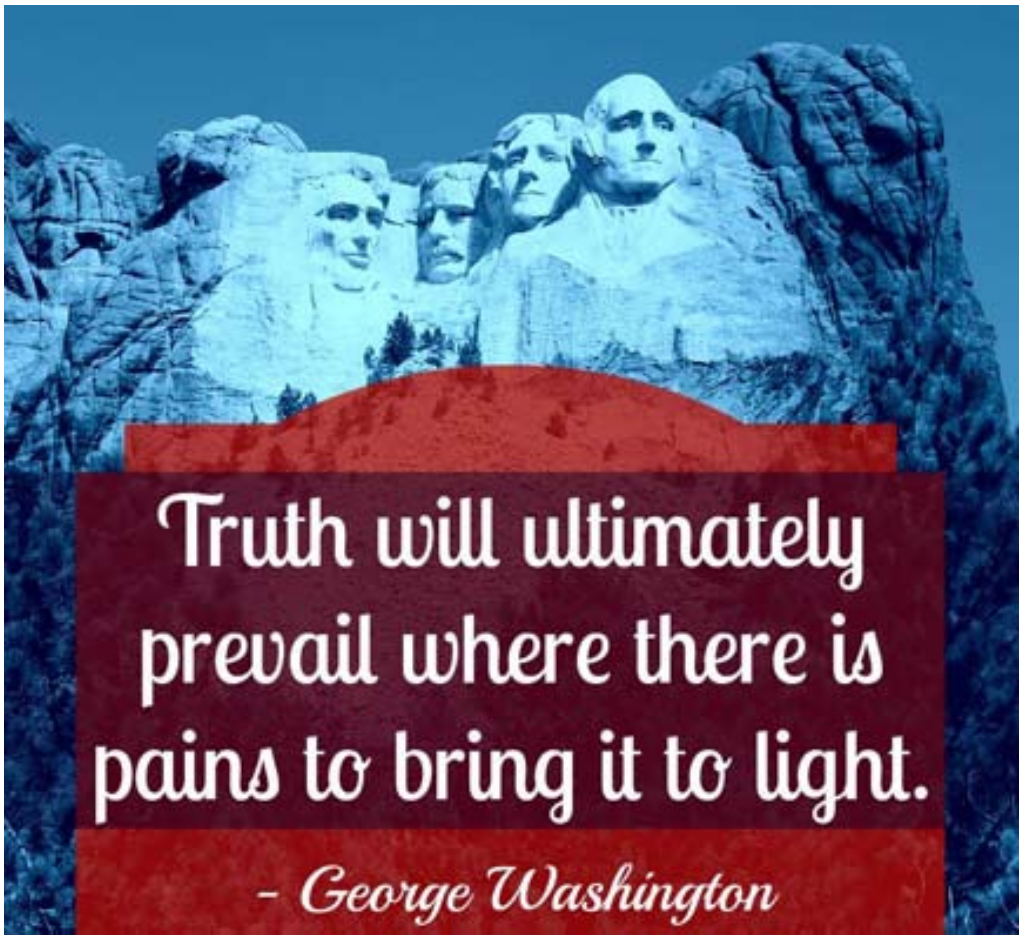
The blog post complains that "as clinics and hospices fall under the control of religiously-affiliated health care systems, more providers are being prohibited from participating in Death with Dignity." It quotes Compassion and Choices's Executive Director, Robb Miller, as saying "This forces medical providers to essentially abandon the patient . . ." The post notes, "Robb asserts that medical providers in Washington State, even those opposed to the option of Death with Dignity, have a professional, ethical duty to provide either basic information about Death with Dignity to their terminal patients who make inquiries about the option or refer them to someone who will."

The piece ends with these sentences in italics, "*A Place for Mom recognizes that laws permitting physician assisted suicide . . . are controversial and opposed by some based on strong moral convictions. While neutral in matters of public policy, A Place for Mom is committed to educating the public about all issues relating to senior care and end-of life care."*

A Place for Mom evidently considers referring people to a group providing "Client Support Volunteers" who will "ensure that the medical protocol for taking the life-ending medication is followed" to be an appropriate form of "educating the public." Yet the blog post by this "neutral" referral company, which talks of "Giving Choice to the Dying," provides no information about suicide prevention services, or how to access available medical resources for the counseling and medication that can treat suicidal depression.

(Bioethicist Wesley Smith posted on A Place for Mom on his blog. His thoughtful commentary is reprinted on page 10 of this edition of National Right to Life News.

If you want to let A Place for Mom know what you think, you can contact the company at 866-344-8005. You may wish to tell them how disappointed you are that a referral service that advertises helping find places for senior citizens to live is promoting an assisted suicide advocacy group. Tell them that you will make no use of their referral service and that you will urge your friends and family to refuse to do so as well.



# Kansas pro-life law helps prosecute cases of abortion-by-deceit

By Kathy Ostrowski, Legislative Director, Kansans for Life

It has been well documented for decades that pregnant women have been attacked–and even murdered–in order to kill their unborn children. The development of abortion-inducing drugs, however, has produced a number of cases of abortion-by trickery.

There was nationwide news coverage of the trial and conviction this January of Floridian John Andrew Welden. Welden forged the signature of his father, an obstetrician, to obtain abortion-inducing drugs. Welden scratched off the label and relabeled it as amoxicillin, a common antibiotic, and told his pregnant girlfriend that his father said she had an infection and told her to take the mislabeled medication.

Now comes the indictment of a Kansas man for sneaking crushed abortion pills into his girlfriend's pancakes, killing their unborn child.

On Tuesday, the office of Kansas Attorney General Derek Schmidt issued a criminal complaint charging Scott Robert Bollig with first degree murder, attempted first degree murder, aggravated battery and distributing adulterated food, causing the death of an unborn child at 8-10 weeks estimated gestation.

Part of the pro-life agenda has been to pass laws that uphold the full humanity of the unborn child, including full prosecution for both victims following crimes committed against pregnant women and their unborn children.

The criminal complaint against Bollig is based on just such a law– "Alexa's Law"– passed in Kansas in 2007.

Kansas was the 35th state (now 37) to pass such a law, modeled on the 2003 federal 'Unborn Victim of Violence Act designed by the National Right to Life Committee. Alexa's Law protects unborn children beginning at fertilization and extending through full term, while some states have enacted limited protection after viability.

Within six months of passage of Alexa's Law, two pregnant women and their unborn children were murdered in Kansas, and their murderers convicted under this law. Here are the cases known to Kansans for Life that have since utilized Alexa's Law for charging and convictions:

1. Sedale Fox was convicted of two first-degree murders for shooting his girlfriend to death and the death of their unborn child on Jan. 8, 2008.

2. Andrew Guerrero was convicted for three murders committed on Feb.3, 2008—his ex-wife, her 8-month-old infant and an additional unborn child detected in autopsy.

*Scott Robert Bollig*

3. Jason Cott was convicted of two counts of first degree murder for the Jan. 20, 2010 strangulation of his wife and death of their unborn child.

4. Ricardo Barnhart was convicted of two counts of aggravated battery for the beating of his wife and injury to 38-week gestation unborn child on March 19, 2013; mother and child survived.

5. Richard Bennet was charged with 2 counts of attempted murder for the stabbing of his pregnant ex-girlfriend on June 18, 2013. She and the unborn child survived the attack. Bennet was sentenced to parole on lesser charges after the girlfriend later died in a freak accident before his trial.

6. Bryant Seba has been charged with two counts of first degree murder after he shot and killed his pregnant neighbor and unborn child on July 24, 2013.

7. As noted above, Scott Bollig has been charged with first degree murder for the premeditated murder of his unborn child, Jan. 26, 2014; the mother survived, after being tricked into eating abortion-causing medication.

"Alexa's Law"—a tool enacted to uphold the value of any human victim of crime– is being utilized to prosecute abortion "by deceit" which was not even envisioned when the law was passed.

# The American College of Pediatricians blast Belgian policy of "neonatal euthanasia"

By Dave Andrusko

While the Belgian media seems genuinely perplexed why much of the rest of the world is shocked by its new policy making children of any age eligible for euthanasia, it was not until recently that I read a response from any part of the American Medical Establishment.

What did the pillars of medicine here in the United States think about a nation so out of control that barely half of the assisted deaths in the Flemish region of Belgium were reported yet would brazenly double down and go after helpless children?

The following statement was released February 18 by The American College of Pediatricians. The ACP came out both barrels blasting.

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It is the role of every medical professional to deliver care to ailing patients with compassion, always striving to preserve the patient's life and dignity. The American College of Pediatricians is appalled by Netherlands' recent legalization of Neonatal Euthanasia and Belgium's legalization of euthanasia for terminally ill children of any age, and alerts healthcare professionals to the possibility of similar legislation in the United States.

The concept of euthanasia is based on a utilitarian worldview that defines the value of the individual in terms of that individual's contribution to society. This ideology relegates neonates, especially those infants with congenital defects, to an expendable status. Dr. Den Trumbull states

"This belief system underlies many of the current proposals for the allocation of healthcare resources in America. Even the Affordable Care Act (ACA) prescribes that scarce resources be focused on adolescents and adults under 50. The youngest who have not yet contributed to society and the oldest that have already 'lived long enough' are to receive only attenuated interventions. Under this system, certain newborn infants would be considered the least worthy to be recipient of available medical resources."

Physicians are healers not killers. An individual's future quality of life cannot be predicted by caregivers. The role of the physician is to promote health, cure when possible, and relieve pain and suffering as part of the care they provide. The intentional neglect for, or taking of, a human life is never acceptable, regardless of health system mandates. The killing of infants and children can never be endorsed by the American College of Pediatricians and should never be endorsed by any other ethical medical or social entity.

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If ever a statement spoke for itself, this is it. If I may, let me briefly highlight three points.

#1. The statement alerts "healthcare professionals to the possibility of similar legislation in the United States." The pro-euthanasia set rotates between brutally candid admissions of their ultimate agenda—you can not only kill yourself for any reason but others can kill you for any reason they deem in your "best interest"—and soothing professions of a dedication to volunteerism and "safeguards." The interior logic is inexorable: if this is good for adults, it is good for children and to deny them this good is discrimination.

#2. "Physicians are healers not killers." Yes, indeed. The next two sentences say it all: "An individual's future quality of life cannot be predicted by caregivers. The role of the physician is to promote health, cure when possible, and relieve pain and suffering as part of the care they provide." This brief statement does not get into what an Open Letter sent to the Belgian by pediatricians in Europe emphasized: "The palliative care teams for children are perfectly capable of achieving pain relief, both in hospital and at home." And the most important of all…

#3. "The concept of euthanasia is based on a utilitarian worldview that defines the value of the individual in terms of that individual's contribution to society. This ideology relegates neonates, especially those infants with congenital defects, to an expendable status." Indeed, but this utilitarian worldview doesn't only relegate babies with maladies to an "expendable status." Defining someone's worth by what they can contribute goes hand in glove with the forceful assertion that not only are these children better off dead but so, too, are their parents.

The American College of Pediatricians is to commended for this four-square, unambiguous resistance to the culture of death spreading like a metastasizing cancer in Europe.

# ‘What kind of guy would I be if I walked out when she needed me the most?’

By Dave Andrusko

Although sometimes viewers may forget this, the still hugely popular “American Idol” program is its own kind of reality television.

My wife and I have watched the show through thick (years past) and thin (more recent). Fortunately the show appears to be back on track.

As we watched this past week, I thought of the tenth season of Idol (2011) when a then 26-year-old Chicago native Chris Medina (who had a terrific voice) sang “Breakeven [Falling to Piece],” by the band “The Script.”

As it happened I had missed the episode but was inundated with links the next morning to a YouTube video (http://www.youtube.com/watch?v=AtuFL-AOyzU) which showed Medina’s preformance from the previous night’s program.

Chris had wowed the judges with his performance but no doubt even more with his compelling story of faithfulness and perseverance.

Medina told judges Steven Tyler, Randy Jackson, and Jennifer Lopez that two going on three years before he had asked Juliana Ramos, his girlfriend of eight years, to marry him. They promised each other they’d be married within two years of their engagement.

But on October 2, 2009, Juliana was in car accident that left her in a coma suffering with what Chris described as a traumatic brain injury.

“Even though the doctors were saying she wasn’t going to make it, I believed 100% that she was going to,” he said. “I just felt there’s no way she’s not going to wake up. I didn’t know what to expect after that, but I certainly knew that she wasn’t going to die. A month and a half later she woke up.”

Chris and Juliana’s mother have taken care of her ever since.

MTV’s Gil Kaufmann put it this way.

“During his audition package, Medina explained of his dedication to Ramos, ‘What kind of guy would I be if I walked out when she needed me the most?’ The judges were clearly inspired by his story and asked to meet Juliana. Steven Tyler seemed particularly moved and gave the wheelchair-bound Juliana a hug and a kiss before telling Chris that he was going through to Hollywood. ‘I just heard your fiancé sing and he’s so good,’ Tyler said to Ramos. ‘You know ’cause he sings to you all the time. I could tell. That’s why he sings so good because he sings to you.’”


The song “Breakeven” is itself filled with powerful lyrics and images. “Well I’m still alive but I’m barely breathing/ I pray to a God that I don’t believe in … when a heart breaks, no, it don’t break even … I’m fallin’ to pieces.”

The irony is that the song “actually chronicles a breakup from the perspective of both the man and woman involved,” as Kaufmann notes, about as far away from this example of dedication as you can get.

But there is another video that Chris produced on the day that was supposed to be their wedding day. He said he wrote the song while Juliana was at Christ Hospital. You watch it and you want to stand up and cheer for him.

# Mother of teenager diagnosed as brain-dead writes that her daughter is not suffering and is "much better physically"

By Dave Andrusko

In the letter sent via Facebook to KTVU Channel 2 news anchor Frank Somerville, the mother of Jahi McMath has thanked those who have supported the family, assuring the public that her daughter is not suffering and "that she is much better physically since she has left Children's Hospital and I see changes that give me hope."

"(Jahi's mother) wanted me to get the letter out because there's been a lot of speculation," Jahi's uncle, Omari Sealey, told the Oakland Tribune. "There's been a lot of people, supporters, wanting to know what's going on. We want people to know (Jahi is) OK." He did not provide specifics about her condition.

Following December 9 surgery to remove her tonsils, adenoids and extra sinus tissue to treat pediatric obstructive sleep apnea, the 13-year-old Jahi began to bleed profusely and went into cardiac arrest. Three days later the hospital declared her to be brain-dead. That diagnosis was confirmed by Dr. Paul Fisher, a court-appointed pediatric neurologist from Lucile Packard Children's Hospital.

A tremendous legal battle ensued when the hospital sought to remove her from a ventilator and the family refused. The hospital would not insert a feeding tube and a tracheotomy tube, as the family requested, vehemently arguing that Jahi was legally dead. The hospital also opposed allowing an outsider to come into the hospital to preform the surgery.

Eventually, an accommodation was reached during a January 3 hearing before Alameda Superior Court Judge Evelio Grillo. Jahi's mother, Nailah Winkfield, was allowed to remove her daughter from the hospital as long as she assumed full responsibility. Jahi was moved to a still undisclosed location two days later.

In her message Nailah Winfield repeated that Jahi is not dead. She wrote

"As I prayed today, I felt called to express to people that I am truly grateful for the amount of love and support my daughter Jahi McMath and I have received from people all over the world. We feel your prayer and support. Because of your unselfish generosity I was able to do what I was afraid I would never be able to do, move my daughter from Children's Hospital Oakland before they removed her from her ventilator and stopped her heart. This was itself a miracle. Please know that all of the support we received has been used towards helping Jahi."

*Jahi McMath and her mom, Nailah Winkfield*

In its story, the Tribune's Kristin J. Bender and David DeBolt, wrote, "Multiple medical experts have repeatedly said no medical tools or procedures can bring Jahi back from brain death, and that organ failure is likely to occur at some point, even with Jahi on a ventilator and a feeding tube."

Last month Christopher Dolan, the family's attorney, said family members need to "heal up from this whole experience" and have "some quiet time" away from media questions," according to the Los Angeles Times.

# A father's powerful, heartfelt letter to the unborn son his family had lost

By Dave Andrusko

It was about as bad as things could possibly get. Shayne Lamas-Richie, 16 weeks pregnant with her second child, is rushed to the hospital February 9, suffering from internal bleeding around her uterus.

Lamas, known for her appearance on "The Bachelor," has an emergency hysterectomy to stop the massive bleeding and to save her life. But, tragically, she loses her baby.

Doctors put her into a medically induced coma to help her body heal. Unexpectedly, her heart stops beating February 14, but she rallies, comes out of her coma February 20, and is released.

Along the way we learn that her husband, celebrity Nik Richie, had penned a touching, endearing, and heartstrings-tugging letter to the son they had lost. Richie asked TMZ to share it. (See below.)

How this letter came to be written is a story in itself. Nik told TMZ after the baby died "a social worker from the hospital, along with someone involved in the religion affiliated with the hospital, came to him and asked if he wanted to know the gender of his baby."

After saying yes and being told the baby was "a beautiful boy," he was asked if he wanted to see his son. Nervously, he said yes. "Nik says they asked him to hold the baby while they prayed."

But "it wasn't over, TMZ reported. "Nik was then told he needed to name his child so they could fill out a birth certificate. Nik, who was overwrought with emotion, told them he always wanted a son named Rex, so he named the boy Rex Jagger Lamas-Richie. He chose Jagger because of Mick. Nik says he's glad he got to see his son but it was the hardest thing he's ever done."

Here is Nik's letter:

*Dear R.J.,*

*I'm writing this to say thank you, to let you know how truly blessed I am to be your father. You brought meaning to your parent's life in a way you'll never know and you'll always be in our hearts and thoughts.*

*I named you Rex Jagger, R.J. You had a name, a family, and a life ready for the taking. I'm realizing that life doesn't always work out the way you imagine. I'm sorry.*

*God has a plan for us all. He gave me an amazing son who will always watch over our family. Your saved your mother's life with your passing and I will never forget how much this means to me, R.J. In family, we sacrifice for each other. You gave your life for us. You showed me how to live.*

*I need you to know that I held you, spoke to you, kissed you and that you'll be remembered. You are perfect. You will always be my son. I'm proud you, always. I love, you Rex Jagger-Lamas-Richie.*

*Dad*

*Nik Richie and Shayne Lamas-Richie*

# Loss of coverage

*from page 1*

Under the title, "Obamacare and My Mother's Cancer Medicine," Stephen Blackwood chronicled his mother's struggle to find coverage in a post-Obamacare environment. He wrote, "*The news was dumbfounding. She used to have a policy that covered the drug that kept her alive. Now she's on her own."*

In 2005, at age 49, his mother was diagnosed with a rare cancer. The cancer is terminal. However, it typically responds to a drug called Sandostatin that slows growth and reduces symptoms. Blackwood wrote


*"And then in November, along with millions of other Americans, she lost her health insurance. She'd had a Blue Cross/ Blue Shield plan for nearly 20 years. It was expensive, but given that it covered her very expensive treatment, it was a terrific plan. It gave her access to any specialist or surgeon, and to the Sandostatin and other medications that were keeping her alive.*

*"And then, because our lawmakers and president thought they could do better, she had nothing. Her old plan, now considered illegal under the new health law, had been canceled."*

His mother, a former medical-office manager, no stranger to navigating insurers, was unable to use the Virginia exchange, and called around to individual exchange insurers. After she spent days and weeks of searching, no one could tell her for sure if her drug was covered.

Finally a representative for one plan, Humana, told her that her drug would probably be covered. Unbelievably, this was the closest to a firm commitment she could get from any insurer. According to Blackwood,

*"With no other options, she bought the plan and was approved on Nov. 22. ...Then on Feb. 12, just before going into (yet another) surgery, she was informed by Humana that it would not, in fact, cover her Sandostatin, or other cancer-related medications. The cost of the Sandostatin alone, since Jan. 1, was $14,000, and the company was refusing to pay.*

*"The news was dumbfounding. This is a woman who had an affordable health plan that covered her condition. Our lawmakers weren't happy with that because . . . they wanted plans that were affordable and covered her condition. So they gave her a new one. It doesn't cover her condition and it's completely unaffordable....*

*"But there is something deeply and incontestably perverse about a law that so distorts and undermines the free activity of individuals that they can no longer buy and sell the goods and services that keep them alive. Obamacare made my mother's old plan illegal, and it forced her to buy a new plan that would accelerate her disease and death. She awaits an appeal with her insurer."*

While many are quick to blame insurance companies, the real culprit is the Obamacare provision under which exchange bureaucrats must exclude insurers who offer policies deemed to allow "excessive or unjustified" health care spending by their policyholders.

Under the Federal health law, state insurance commissioners are to recommend to their state exchanges the exclusion of "particular health insurance issuers … based on a pattern or practice of excessive or unjustified premium increases." The exchanges not only exclude policies in an exchange when government authorities do not agree with their premiums, but the exchanges must even exclude insurers whose plans *outside the exchange* offer consumers the ability to reduce the danger of treatment denial by paying what those government authorities consider an "excessive or unjustified" amount.

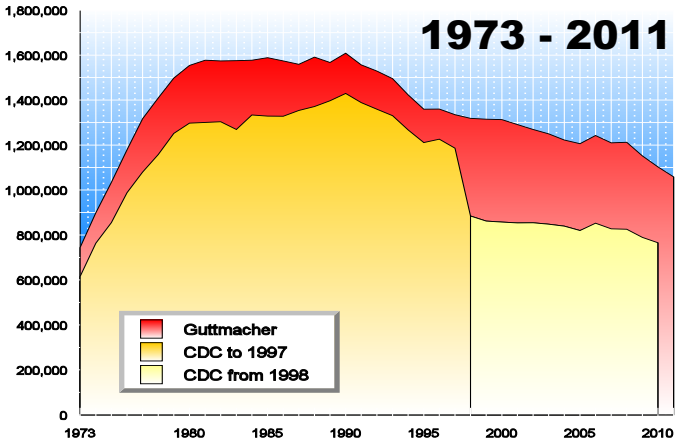
This means that insurers who hope to be able to gain customers within the exchanges have a strong disincentive to offer *any* adequately funded plans that do not drastically limit access to care . So even if you contact insurers directly, outside the exchange, as Blackwood's mother did, you will find it hard or impossible to find an adequate individual plan. (See documentation at www.nrlc.org/medethics/healthcarerationing.)

When the government limits what can be charged for health insurance, it restricts what people are allowed to pay for medical treatment. While everyone would prefer to pay less–or nothing–for health care (or anything else), government price controls prevent access to lifesaving medical treatment that costs more to supply than the prices set by the government.

More on declining coverage can be found at http://nrlc.cc/1f6MIYs.

While Obamacare continues to roll out in 2014, it is important to continue to educate friends and neighbors about the dangers the law poses in restricting what Americans can spend to save their own lives and the lives of their families. You can follow up-to-date reports here: http://powellcenterformedicalethics.blogspot.com

## Reported Annual Abortions




| | Guttmacher | CDC |
|---|---|---|
| 1973 | 744,610 | 615,831 |
| 1974 | 898,570 | 763,476 |
| 1975 | 1,034,170 | 854,853 |
| 1976 | 1,179,300 | 988,267 |
| 1977 | 1,316,700 | 1,079,430 |
| 1978 | 1,409,600 | 1,157,776 |
| 1979 | 1,497,670 | 1,251,921 |
| 1980 | 1,553,890 | 1,297,606 |
| 1981 | 1,577,340 | 1,300,760 |
| 1982 | 1,573,920 | 1,303,980 |
| 1983 | 1,575,000 | 1,268,987 |
| 1984 | 1,577,180 | 1,333,521 |
| 1985 | 1,588,550 | 1,328,570 |
| 1986 | 1,574,000 | 1,328,112 |
| 1987 | 1,559,110 | 1,353,671 |
| 1988 | 1,590,750 | 1,371,285 |
| 1989 | 1,566,900 | 1,396,658 |
| 1990 | 1,608,600 | 1,429,247 |
| 1991 | 1,556,510 | 1,388,937 |
| 1992 | 1,528,930 | 1,359,146 |
| 1993 | 1,495,000 | 1,330,414 |
| 1994 | 1,423,000 | 1,267,415 |
| 1995 | 1,359,400 | 1,210,883 |
| 1996 | 1,360,160 | 1,225,937 |
| 1997 | 1,335,000 | 1,186,039 |
| 1998 | 1,319,000 | 884,273* |
| 1999 | 1,314,800 | 861,789* |
| 2000 | 1,312,990 | 857,475* |
| 2001 | 1,291,000 | 853,485* |
| 2002 | 1,269,000 | 854,122* |
| 2003 | 1,250,000 | 848,163* |
| 2004 | 1,222,100 | 839,226* |
| 2005 | 1,206,200 | 820,151* |
| 2006 | 1,242,200 | 846,181* |
| 2007 | 1,209,640 | 827,609* |
| 2008 | 1,212,350 | 825,564* |
| 2009 | 1,151,600 | 789,116* |
| 2010 | 1,102,670 | 765,651* |
| 2011 | 1,058,490 | |
| 2012-13 | 1,058,490§ | |

§ NRLC projection for calculation

*excludes NH, CA and at least one other state

# ABORTION statistics

**United States Data and Trends**

## *Significant Downward Trend*

After reaching a high of over 1.6 million in 1990, the number of abortions performed annually in the U.S. have dropped to around 1.06 million a year.

Two independent sources confirm a downward trend: the government's Centers for Disease Control (CDC) and the Guttmacher Institute (GI), which was once a special research affiliate of abortion chain Planned Parenthood.

The CDC ordinarily develops its annual report on the basis of data received from central health agencies (the 50 states plus New York City and the District of Columbia).GI gets its numbers from direct surveys of abortionists conducted every few years.

Because of its different data collection method, GI consistently obtains higher counts than the CDC. CDC researchers have admitted it probably undercounts the total because reporting laws vary from state to state and some abortionists may not report or under-report. Increases and decreases for the CDC and GI usually roughly track each other, though, so both sources provide useful information on abortion trends and statistics. The CDC also stopped reporting estimates for some states in 1998, making the discrepancy larger.

Abortions from CA and NH have not been counted by the CDC since 1998, and other states have been missing from the totals during that time frame: OK in 1998, AK from 1998 to 2002, WV in 2003 and 2004, LA in 2005 and 2006, MD from 2007 to 2010. For areas that did report, overall declines were seen from 1998 through 2010. The CDC showed significant declines in both 2009 and 2010 of 4.6% and 3.1% respectively.

Guttmacher's latest report also shows a significant recent decline, seeing abortions fall 13% from 2008 to 2011. Most all of this decline appears to have occurred at clinics with annual caseloads of a thousand abortions a year or more. The number of abortions wth RU-486 and other chemical abortifacients were up despite the overall decline.

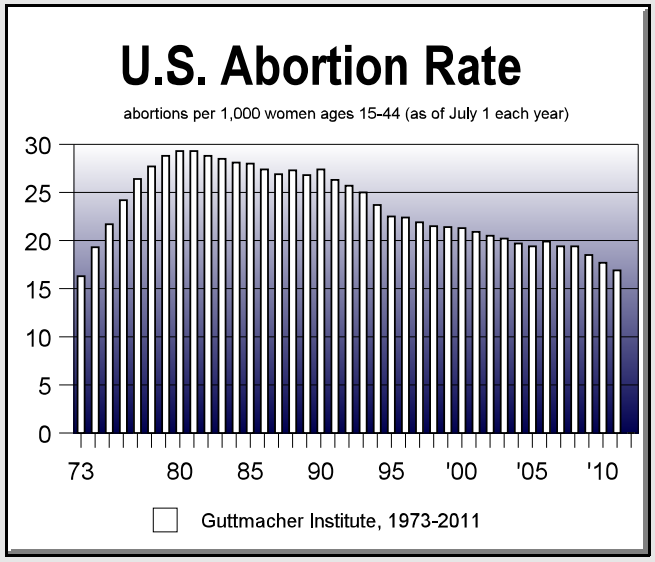
Cumulative abortions since 1973 were generated using GI figures through 2011 and then using the 2011 number as aprojection for 2012 and 2013. Then a 3% undercount GI estimates for its own figures was added, yielding the total below.

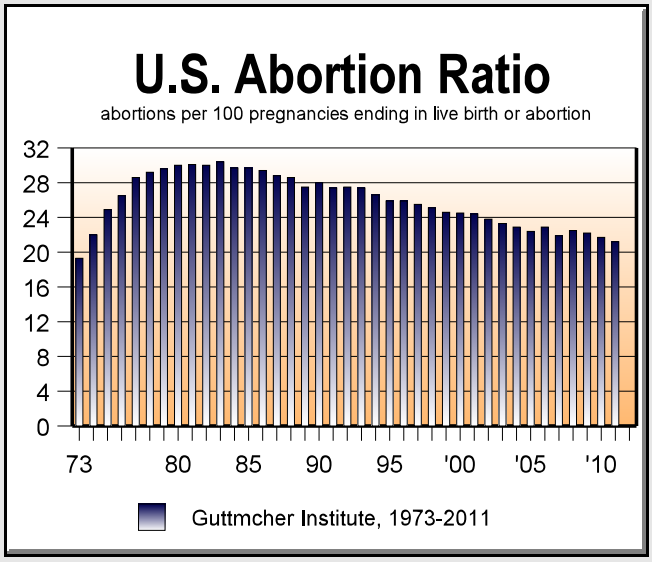
## The Consequences of *Roe v. Wade*

# 56,405,766

## Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2011, with projections of 1,058,490 for 2012-13. GI estimates a possible 3% under reporting rate, which is factored into the overall total. 2/14




# Factors Affecting Abortion Trends

Not surprisingly, abortions surged when they were first legalized in states like Colorado, California, and North Carolina in the late 1960s, and then in the nation as a whole in 1973 under *Roe v. Wade.* They continued to climb throughout the 1970s as the number of abortionists grew and many in society began to acclimate themselves to the idea of abortion on demand.

A large segment of the public, though, saw abortion for what it was – the destruction of innocent human life – and undertook legislative, educational, organizational, and practical steps to protect the lives of unborn children and their mothers. Over the years, this began to have an impact.

Abortions as a whole first reached around 1.55 million in 1980 and hovered at this level for about ten years. After peaking at 1.6 million in 1990, they fell by about 34%, reaching an annual level of about 1.06 million in 2011.

Several factors can impact the numbers of abortions. If there are fewer women of reproductive age (15-44) in one year rather than another, and if that group skews older, from population shifts or bubbles, that will reduce the numbers of abortions even if the likelihood of abortion for any given woman stays the same.

In theory, anything that impacts female fertility, such as a successful national teen abstinence campaign, the large scale use of birth control, or even high rates of reproductive injuries or diseases, can reduce the likelihood of pregnancy and hence abortion.

Economic factors may play a role as well, but their impact is unclear. Many women cite a sense of inability to afford the care of a child in their decisions to abort, but this may also affect their willingness to risk pregnancy.

Abortion rates and ratios, which measure the prevalence of abortion in a society and the choices made by pregnant women, give a little clearer idea of what may be going on.

Guttmacher measures the **abortion rate** as the number of abortions per 1,000 women aged 15-44 as of July 1 in a given year. This gives us an idea of how common abortion is in our culture at a particular time.

Looked at in this way, abortion reached its highest prominence around 1980, when there were about 29.3 abortions for every thousand women of reproductive age. Though, owing to population, the raw number of abortions stayed the same or even rose during the decade, the prevalence of abortion, with a higher population, began to decline from around 1982 on.

By 2011, the rate had dropped to 16.9, nearly half the peak rate, meaning abortion was a significantly less common feature in women's lives in 2011 than it was in 1980. Population changes don't tell the whole story, however.

The **abortion ratio**, for Guttmacher, is the number of abortions per 100 pregnancies that end in either abortion or live birth (miscarriages and stillbirths are not counted). This number is significant, since it tells us the likelihood that any given pregnant woman will choose to abort or give birth to her baby.

Like the rate and the raw numbers, the abortion ratio rose swiftly after *Roe*, reaching 30 by 1980. Though estimated to have gone as high as 30.4 in 1983, it trended down after that point, dropping to 21.2 in 2011.

This is an indicator that real changes in attitudes and behaviors are involved, as a higher proportion of pregnant women are choosing life, rather than death, for their babies.

What accounts for this? There were fewer abortionists, but a correlation between them and the number of abortions may say as much about demand as supply. Economic conditions?– mixed throughout the long decline.

It is notable that during the time of these changes, pro-life legislation has been passed in many states. Since 1989, 26 states have passed right to know legislation, making sure women know not only the risk and realities of abortion, but also of alternatives better for them and their unborn children. Caring volunteers at pregnancy care centers all around the country make these alternatives realistic.

Twenty-nine states now have substantive parental involvement laws in place, protecting teens from adolescent fears and exploitation by the abortion industry. Waiting periods, limits on taxpayer funding, and ultrasound viewing laws have surely played significant roles. Partial-birth abortion laws and laws protecting pain-capable unborn children have also brought awareness of the child's humanity to a broader public.

Millions of pieces of pro-life literature illustrating fetal development have been distributed, confirming what so many women have seen for themselves in sonograms and heard on fetal heartbeat stethoscopes, that abortion stops a beating heart and ends the lives of children with hands, feet, and faces.

The abortion industry has not abandoned the market, however, building glamorous new mega-clinics and pushing pills like RU-486 with false promises of easy, safe chemical abortions.

# Obama tells operatives they are doing "God's work"

By Dave Andrusko

Well, it is a free country, which I hope President Obama keeps in mind the next time, say, the FCC starts planning "to thrust the federal government into newsrooms across the country," as one of the FCC commissioners wrote last week.

So the President was rallying the troops Tuesday night—more specifically "Organizing for Action," the "outfit formerly known as his re-election campaign," as the Wall Street Journal's James Freeman drolly put it.

Rallying to do what? Primarily enrolling more Americans in ObamaCare's health exchanges, with some side comments about raising the minimum wage.

Which—wouldn't you know it?—God Himself has endorsed! Of his scaled back agenda, the President told some 300 invited donors, volunteers, and activists (according to POLITICO) that

"I can talk, my team can talk here in Washington, but it's not going to make as much of a difference as if you are out there making the case. The work you're doing is God's work. It is hard work."

It was President Obama's attempted divine co-opt that garnered most of the media attention. But that's just Obama being Obama.

Far more interesting is that for the 4 millionth time, he blamed Republicans for everything except the polar vortex. If I understood correctly, he had met earlier in the day with John Boehner, Speaker of the House, ostensibly to take a tiny step toward finding common ground.

So much for hands across the water, or, in this case, across the Reflecting Pool.

"You don't have the prerogative to just go around and say no to everything," Obama said. "You don't have the prerogative to just be cynical. You don't think that the country moves forward just on its own."

To which one might say to the President, "Physician, heal thyself."

*President Obama addressing Organizing for Action*

# South Dakota House votes overwhelmingly to ban sex-selection abortions

By Dave Andrusko

By an overwhelming 60-10 margin, the South Dakota House of Representatives on February 19 approved a bill to prohibit abortions sought because of a baby's gender.

HB 1162 moved to the state Senate for further action.

The action came less than a week after the House Judiciary Committee voted 9-3 in favor of the measure to ban sex-selection abortions.

South Dakota Right to Life explained on its Facebook account that the bill "will provide protections to the unborn and women being coerced into getting such abortions. Getting an abortion solely or partly due to the sex of the unborn child should not be legal in South Dakota."

The abortionist "would have to ask a woman seeking an abortion whether she was doing so because of the gender of the fetus," the Associated Press reported.

Rep. Jenna Haggar, HB 1162's main sponsor, said it is needed because there are now tests to determine a baby's gender earlier in a pregnancy.

Currently seven states have sex-selection abortion bans. They are (in order of when they were enacted) Illinois, Pennsylvania, Oklahoma, Arizona, North Dakota, Kansas, and North Carolina.

Sex-selection abortion is a form of prenatal discrimination that wages a war on unborn baby girls, typically. In April 2013, a poll conducted by the Polling Company found that 85% of respondents supported banning sex-selection abortions.

*South Dakota State Rep. Jenna Haggar*

# "It's the best and the worst at the same time": healthy baby born to brain-dead mom in Canada

By Dave Andrusko

The headline from one Canadian newspaper caught the bitter sweetness of what took place: "Victoria father welcomes healthy Baby Iver, says goodbye to wife."

Iver Cohen Benson was delivered by Cesarean section at 28 weeks. His mom, Robyn, had collapsed in December and had been diagnosed as brain-dead. However, at the direction of his dad, Dylan, Mrs. Benson was maintained on life support until doctors were able to successfully delivered Iver at two pounds, 13 ounces.

Here's Dylan's tender announcement on his Facebook account:

*Dear friends and family,*

*It is with a heavy heart but also with extreme proudness that I am posting this update…*

*On Saturday evening, my beautiful and amazing son, Iver Cohen Benson, was born. Iver is healthy and is the cutest and most precious person I have ever met. As to be expected, it will still be a bumpy ride for he and I as he continues to grow under the care of the wonderful staff at the hospital.*

*On Sunday, we had to unfortunately say goodbye to the strongest and most wonderful woman I have ever met. I miss Robyn more than words can explain. I could not be more impressed with her strength, and I am so lucky to have known her. She will live on forever within Iver, and in my heart.*

*Thank you to each and every one of you for your love, your kind words, and your support during this incredibly difficult time.*

*After holding Iver for the first time on Sunday, Mr. Benson spoke with Louise Dickson of the Victoria Times Colonist.*

*"It was the most incredible experience of my life so far," said an emotional Benson, 32. "He just looks perfect. I've never been more proud, and getting to hold him yesterday was something I will never forget and something I look forward to doing every day."*

Mr. Benson added,

*"It's earlier than we planned," he said. "Over the past six weeks, we made life-changing decisions all the time. So we had hoped to get to week 30 before delivering, but we made it as far as we could. On Saturday, when Robyn was 28 weeks and one day, the time was right for us and for Iver."*

*Dylan described his son as looking like a mixture of his mom and dad. "He's showing hints of Robyn's red hair, not surprising. But I think he has my nose," Benson told Dickson.*

*Is that good or bad, Dickson asked?*

*"I'm kind of OK with my nose, so good I guess," Benson laughed. "It could be worse."*

*The young father is struggling to deal with the new joy in his life and the tragic, untimely death of his wife. "It's more than I can explain," he said. "It's the best and the worst at the same time."*

*Dylan Benson, whose wife Robyn had been on life-support, announced the arrival of his son Iver Cohen Benson on Facebook. (photo: Dylan Benson)*

Mrs. Benson's pregnancy was uneventful until December 28. According to Mr. Benson's blog, Robyn, just over five months pregnant at the time, complained of vomiting and a severe headache. Dylan went out for Tylenol and when he returned he found his wife on the floor.

"She was non-responsive. I tried to call her name and stuff but nothing would happen," he told Dirk Meissner of The Canadian Press.

Rushed to hospital, staff "discovered that my wife had a fluke random type of blood leak into the centre of her brain and that there was so much blood and damage that it is not reversible," he wrote on his blog.

Through all of the dark times Benson said he has felt support from all corners of the globe—messages from Ecuador, Spain India–everywhere. He told Dickson

*"The actual support of people who care enough to message and donate has made all the difference in the world. I want to send a big thank you to everyone who has reached out and shown their care and love for us," Benson said. "The community in Victoria has been amazing…. I don't have the words to express the gratitude I have for this city."*

Dylan Benson concluded,

*"I'll be able to hold him and help him grow into the awesome individual I know he's going to be."*

# 66 babies born alive after abortion in one year in Britain raise questions for parliamentarians

By Dr. Peter Saunders

*Editor's note. Dr. Saunders is a former general surgeon and is CEO of Christian Medical Fellowship, a UK-based organization with 4,500 UK doctors and 1,000 medical students as members. This appeared at pjsaunders.blogspot.com*

The problem of how to deal with babies born alive after abortion has been highlighted by a question asked at the Council of Europe.

The Committee of Ministers has been asked to act 'in order to guarantee that foetuses who survive abortions are not deprived of the medical treatment that they are entitled to–as human persons born alive–according to the European Convention on Human Rights'.

The question is highly relevant in view of a story in the Daily Mail which claimed that 66 babies survived NHS termination attempts in one year alone.

The figure came from the CEMACH [Confidential Enquiry into Maternal and Child Health] 2007 Perinatal Mortality report which covers the year 2005. It carries said figures on page 28. I quote:

'Sixty-six of the 2,235 neonatal deaths notified in England and Wales followed legal termination (predominantly on account of congenital anomalies) of the pregnancy ie. born showing signs of life and dying during the neonatal period. Sixteen were born at 22 weeks' gestation or later and death occurred between 1 and 270 minutes after birth (median: 66 minutes). The remaining 50 fetuses were born before 22 weeks' gestation and death occurred between 0 and 615 minutes after birth (median: 55 minutes).'


Daily Mail

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New controversy over the legal time limit for terminations

50 BABIES A YEAR ARE ALIVE AFTER AN ABORTION

I have checked the CEMACH reports for 2009 and 2011 (covering 2007 and 2009 respectively) and found no similar reference. But in the latter a diagram on page 51 (figure 6.2) does say that figures of early neonatal deaths following termination of pregnancy have been (deliberately) excluded. The strong implication is that they are still happening, but just not being reported.

An article in Prolife Ireland this week reports that the problem also exists in other countries, including Sweden and Italy, where in 2010 a 22 week 'foetus' was found alive 20 hours after being aborted. The baby was then placed in intensive care, where he died the next day. It further reports:

'Another child in Florence survived three full days after having been aborted. Such events are happening everywhere that late term abortions are allowed, but are rarely reported and made public…. To prevent these situations, Norway decided at the beginning of January to prohibit abortion completely after 22 weeks, the threshold of viability outside the uterus as determined by the World Health Organisation.'

The Committee of Ministers will provide a written response to this question in the coming weeks.

But given that abortion is legal up until 24 weeks in Britain, it seems inconceivable that babies are not still being born alive after abortion here.

But clearly whoever knows the facts is keeping quiet.

Perhaps someone should ask some questions in the Westminster parliament too.

# PPFA's political arms

*from page 4*

*"A determined, one-sided media together with a sequence of most unfortunate statements by candidates created a 'perfect storm' that played into and greatly augmented the pro-abortion narrative in this election. This effectively neutralized the usual pro-life advantage.*

*"The pro-life movement and pro-life candidates cannot ever let this happen again. We must see that the issue before the public is how and why abortion is actually used in this country, and, of course, the baby who dies. If this is done, then with a majority opposed to abortion on demand pro-life political victories will once again be the norm."*

Note, as we posted over the next few months, much of the advantage enjoyed by the pro-life candidate—neutralized in 2012—has returned.

The flipside is that this "War on Women" drivel is a backhanded admission of how chancy it is for pro-abortionists to ever allow the conversation to move to abortion. That is why they pounce on any comment, even those which are entirely innocuous, that they can morph into a bogus example of the candidate's supposed "misogynistic" views.

The final two paragraphs in Burn's account is the core of the story and no doubt will be used by PPFA's political arms to raise even more money:

*"At least for the time being, Democrats remain confident that they have the upper hand on any issue that can be placed in the broad category of 'women's health' — and that Planned Parenthood's investment in the 2014 campaign will be a clear net positive for the party.*

*"Tom Lopach, chief of staff to Montana Sen. Jon Tester and an adviser to the Democrat's 2012 reelection campaign, said Planned Parenthood had been a ubiquitous presence in that race, 'knocking on doors in their pink shirts. They were running their own program, but their volunteers were also active, showing up and making calls for us,' Lopach said. 'I think people's minds often go immediately to abortion services, but in reality Planned Parenthood talks about so much more.'"*

This tells us the heart of the strategy: subsume everything that isn't nailed down under "women's health," eviscerate any Republican candidate who doesn't agree with every component, and make sure, above all else, to send the message that Planned Parenthood is about "so much more" than abortion.

The job of those running against candidates supported by the Planned Parenthood Action Fund and Planned Parenthood Votes is to remind them that the issue is not "family planning," not "women's health," not a "War on Women," but abortion.

# The National Right to Life Academy: Equipping young pro-life leaders to lead the pro-life movement into the future




By Andrew Bair

In just a few months, a group of young pro-life leaders will meet in Washington, D.C. for an unforgettable summer that will equip them with the knowledge and skills to lead the pro-life movement into the future.

At the National Right to Life Academy, an intensive five-week training program, pro-life convictions are transformed into action. The curriculum for the program covers abortion, euthanasia, health care reform, stem cell research, bioethics, human development, legislation, history of the pro-life movement, media relations and grassroots organizing.

What truly makes the Academy stand out is the hands-on training for effectively articulating the pro-life message. Students do not just learn about the issues, they are challenged to argue the issues! In a series of exercises, program instructors play abortion proponents and pose the tough questions to the students who then defend the pro-life position drawing from their lessons. In addition, students receive training in persuasive writing, speech delivery and media interviews.

Academic credit is available for students who successfully complete the program. Students have the opportunity to earn 3 college credits from the Human Life Studies program at the Franciscan University of Steubenville.

Applications are still being accepted for the 2014 National Right to Life Academy, which runs from June 26-August 1, 2014. Interested college students should contact academy@nrlc.org. More details about the program are available at www.nrlc.org/academy.



Since the program's inaugural year in 2007, nearly 75 students have graduated. Empowered by the Academy, those graduates are making a real difference across the country for life! Graduates are working for state right-to-life groups, forming local chapters, volunteering for pregnancy resource centers and organizing pro-life student groups on their college campuses.

Devyn Nelson, the executive director of North Dakota Right to Life and a 2010 graduate, said of the program, "The National Right to Life Academy served me well in preparing me for this position. Not only did the Academy give me a thorough understanding of all the life issues, it helped me become comfortable and confident in speaking the truth about the life issues in public."

Heather Wilson, the Southeastern Regional Coordinator for the Pennsylvania Pro-Life Federation, said this upon her graduation from the Academy, "I know that I will draw on the knowledge and experience of this Academy's training for years to come."

In 2007, Politico ran a story about the National Right to Life Academy, noting, "The students were also schooled in how to deal with the press and how best to appeal to potential audience members. Vanessa Faith-Daubman, a 19-year-old- nursing major from the University of Pennsylvania and acting president of the campus group Penn for Life, explains that they were taught not to use the term 'pro-choice' to describe people who support abortion rights but to use 'pro-abortion' instead. 'Simplifying the phrasing of words brings back the emotional impact,' said Daubman."

2011 graduate, Sarah Ryan, remarked, "The Academy was truly a challenging program, but it was rewarding in so many ways. I thought I had an in-depth knowledge of the Pro-Life movement, including legislation and strategies, but my eyes were really opened."

As a 2009 graduate myself, I cannot begin to describe how meaningful the program has been for my pro-life work. Even years later, I continue to draw from the lessons I learned at the National Right to Life Academy. I recommend it to any young person looking to take their pro-life activism to the next level.

# Roe v. Wade and Christian witness, 41 years later

By Archbishop Charles J. Chaput, O.F.M. Cap.

*Editor's note. Charles J. Chaput is the Archbishop of Philadelphia, and (as anyone who reads NRL News Today already knows) someone from whom I have learned a great deal and quote frequently. The following is excerpted from his weekly column and was written just prior to the commemoration of the awful Roe v. Wade decision.*

January 22 marks the 41st anniversary of the Supreme Court's Roe v. Wade decision, legalizing abortion on demand. Thanks to Roe, abortion has killed more than 50 million unborn children over the past four decades – the equivalent of roughly one in six living Americans; an entire generation extinguished. But alongside the killing spree, and despite the contempt of abortion activists and unfriendly media, the prolife counter-witness of millions of Americans has also continued.

The "March for Life" this January, like every January over the past several decades, reminds the nation that killing an unborn child is never a private matter. Abortion is a uniquely intimate form of violence – but violence with bitter public consequences. Catholics eagerly join the March for Life each year because we believe in the God of life and joy; a God who creates every human being with innate dignity and rights, including above all the right to life.

And in an election year, as in every year, that bears closer reflection.

What we really believe, we conform our lives to. And if we don't at least try to conform our lives to what we claim to believe, then we're fooling only ourselves, because God cannot be fooled. When we claim to be "Catholic" but then don't advance our beliefs about the sanctity of the human person as the basis of law, it means one of two things. We're either very confused, or we're very evasive.

All law involves the imposition of somebody's beliefs about the nature of truth, charity and justice on everyone else. That's the reason we have marches, debates, elections and Congress–to peacefully turn the struggle of ideas and moral convictions into laws that guide our common life. …

There's a very old Christian expression that goes like this: "Hope has two beautiful daughters. Their names are anger and courage; anger at the way things are, and courage to see that they do not remain the way they are."

Are we troubled enough about what's wrong with the world — the killing of millions of unborn children through abortion; the neglect of the poor, the disabled and the elderly? Do we really have the courage of our convictions to change those things?

The opposite of hope is cynicism, and

*Archbishop Charles J. Chaput*

cynicism also has two daughters. Their names are indifference and cowardice. In renewing ourselves in our faith, what Catholics need to change most urgently is the lack of courage we find in our own personal lives, in our national political life, and sometimes even within the Church herself.

Every year in these weeks between the end of Christmas and the beginning of Lent, I reflect on what the Church means when she talks about the season of "ordinary time." Ordinary time is where we spend most of our lives — raising families, doing our jobs, helping others, making the daily choices that shape the world around us. Ordinary time is the space God gives us to make a difference with our lives. What we do with that ordinary time — in our personal choices and in our public actions — matters eternally.

As Alexander Solzhenitsyn once wrote, "the line separating good and evil runs not through states, nor between classes, nor even between political parties, but right through the center of each human heart, and every human heart." That includes you and me.

Next week hundreds of thousands of good people will march for life in Washington. It's an opportunity to prove the strength of our convictions; to show to the world what we really believe about the sanctity of human life. I'll be there. And I ask you to join me.

## Two Years Ago *from page 4*

Would anyone—**anyone**—have believed that security at Victoria's Secret in New York City's Herald Square would find a dead baby in a teenager's shopping bag after they stopped the girl and a friend suspected of shoplifting?

Two years ago would we have anticipated the British publication The Daily Mail running a story this week which claimed that 66 babies survived abortion attempts in one year alone?

Wouldn't we have been surprised, two years ago, to learn that boyfriends nowadays are becoming more and more sophisticated in their plots to kill their unborn children? That the most famous—the recently convicted Andrew Welden—would forge a prescription for a drug that induces abortion, scratch off the label and relabeled it as a common antibiotic, and then tell his pregnant girlfriend that his physician father said she had an infection and should take the mislabeled medication?

You get the message, of course. While it is silly, even stupid, to recycle old news as if it is breaking news, it is also true that what was almost unimaginable just a few years ago is now an ugly reality, with worse in the offing.

Let me end quickly but with an all-important point. There is only one non-partisan, trans-denominational, single-issue countervailing force. And that the Pro-Life Movement of which National Right to Life and its 50 state affiliates have been the standard bearer going back to the late 1960s.

Please, be sure to read National Right to Life News and NRL News Today, found at www.nationalrighttolifenews.org, and pass this vitally important information along to pro-life friends and family. Make the time every day to visit NRLC's webpage at www.nrlc.org.

I can't emphasize enough how much will be taking place over the next nine months that will directly affect unborn children and the medically dependent.

Come here and become equipped to meet the challenges.

# Use of ultrasounds to determine baby's sex condemned by two Canadian medical organizations

By Dave Andrusko

A new joint policy statement from the Society of Obstetricians and Gynaecologists of Canada and the Canadian Association of Radiologists calls for "a halt on using ultrasound for the sole purpose of determining the sex of a fetus,"


according to Sharon Kirkey of Postmedia News. "The position statement comes amid mounting concerns that in Canada, people are using ultrasound to determine the sex of a fetus early in pregnancy and to have it aborted if it is a girl."

Sex-selection abortion is a very touchy subject in Canada, which has no abortion law whatsoever.

A survey conducted by Abingdon Research between January and March 2013 showed not only that 87% percent of Canadians think that gender-selection abortion is wrong, but that more than 25% of Canadians say that sex-selection abortions are happening right in their own communities.

The poll's results, which were not new, came around the time that MP Mark Warawa asked Parliament to issue a simple statement—not a law—declaring "That the House condemn discrimination against females occurring through sex-selective pregnancy termination." But Motion 408 was declared "non-votable" in March 2013.

According to Kirkey, last November the government of Prime Minister Stephen Harper condemned gender-selection abortions "while Canada's leading medical journal has urged medical licensing bodies across the country to rule that doctors should not reveal the sex of the fetus to any woman before about 30 weeks of pregnancy 'when an unquestioned abortion is all but impossible.'"

As we reported two years ago an editorial that appeared in the Canadian Medical Association written by editor-in-chief Dr. Rajendra Kale called on health care professions not "to reveal the sex of the fetus to any woman before, say, 30 weeks of pregnancy because such information is medically irrelevant and in some cases harmful." ("Editorial in Canadian Medical Association Says Health Professions should not reveal unborn baby's sex until 30 weeks"). Kale wrote

"Female feticide happens in India and China by the millions, but also happens in North America in numbers large enough to distort the male to female ratio in some ethnic groups. Should female feticide in Canada be ignored because it is a small problem localized to minority ethnic groups? No. Small numbers cannot be ignored when the issue is about discrimination against women in its most extreme form. This evil devalues women."

Dr. Kale cited studies in both Canada and (a smaller one) in the United States to document his argument that sex-selective abortion has reached North America.

# "A Baby's First Months" brochure in stock and ready to be ordered

National Right to Life just received a shipment of the wonderful and educational pamphlet "A Baby's First Months!" We are fully stocked and ready to take your orders.

"A Baby's First Months" is a truly remarkable, full-color brochure which follows the development of the unborn child in utero from fertilization until birth. It documents the development milestones that occur during a baby's first months of life, including the development of her fingers and toes, ears, and her capacity to feel pain. A must-have for every pro-lifer!

All pricing includes regular United States Postal Service (USPS) or ground shipping in the USA. There is a minimal order of 5 pamphlets.

To place your orders, please email us at stateod@nrlc.org. If you are ordering from outside the United States, call 202-378-8843 for shipping information.

The prices of the pamphlets are:

| | |
|---|---|
| **5 – 99** | **$.50 each** |
| **100 – 499** | **$.40 each** |
| **500 plus** | **$.30 each** |

So stock up now and get your order in early for one of the best educational tools available in the pro-life movement!


# Cute as a button: A sweet video about the unborn child's nine month journey

By Dave Andrusko

There are a lot of ways to "document" the nine months of pregnancy. You can go heavily into prenatal development, providing pictures and/or illustrations that take you from well before the union of sperm and ovum to the conclusion–the birth of a child. A great example is "The Biology of Prenatal Development," which is 42 minutes long, although it is so breathtakingly beautiful, it seems more like ten minutes.

Or you can take the approach of this light-hearted video here.

In a dash over a minute and a half, we see the mom from barely showing to very large and about to deliver to the arrival in her arms of their little one. The video is very sweet and is subtly built around the continuity of the baby's development and the constancy of the couple's love for one another and their baby.

Very nice. Take 1:36 seconds and watch the video at http://youtu.be/nKnfjdEPLJ0

# Planned Parenthood's Aggressive Push for ObamaCare

*from page 1*

[*see* http://www.nytimes.com/2014/02/19/us/proven-models-break-down-in-search-for-the-uninsured.html?_r=1]

The effort is modeled after the Obama campaign's voter turnout operation in the 2008 and 2012 elections, with a former member of the Obama re-election team generating the lists of households to target.

The Obama Administration had hoped to have seven million people signed up for ObamaCare by March 31; they claim 3.3 million had done so by the end of January. Planned Parenthood is ramping up its efforts to assist them. In addition to going door-to-door, Planned Parenthood announced on February 14 that it was launching digital ads as part of its "ramped up" campaign on behalf of ObamaCare. On February 11, Planned Parenthood announced its participation in a national coalition effort to enroll Latinos in ObamaCare through events hosted by the coalition in 15 cities with sizable Latino populations.


Voter registration is also a part of Planned Parenthood's ObamaCare outreach activities. A Planned Parenthood job announcement posted on HillZoo.com sought 16 Affordable Care Act (ACA) outreach organizers for a campaign that will last through December 2014 at locations in San Antonio, Miami, Albuquerque, Las Cruces, Phoenix, Tucson and Denver. In the first phase of the campaign (through April 2014), the outreach organizers will focus on ACA outreach. In the second phase, which lasts through December 2014, the organizers will focus on "Latino engagement and coalition building." In addition to educating the uninsured on the Affordable Care Act, an outreach organizer would "provide them the opportunity to register to vote" as well as inform them about Planned Parenthood's health services. The organizers' activities would have an emphasis on the Latino populations. [*see* http://hillzoo.com/dc-jobs-archives/aca-outreach-organizer/2014/01/08/]

Likewise, a Planned Parenthood job announcement posted on Linkedin sought several ACA outreach organizers for a campaign that would last through March 2014 at locations in Houston (TX), Dallas (TX), Forth Worth (TX), Philadelphia (PA), Palm Beach (FL), Tampa (FL), Broward County (FL), and Cleveland (OH). These Planned Parenthood ACA outreach organizers would also be expected to provide women "the opportunity to register to vote," in addition to helping them obtain health coverage and telling them about Planned Parenthood services. [*see* http://www.linkedin.com/jobs2/view/9271785]

Will Planned Parenthood exploit these Obamacare-related voter registrations to mine data for future Planned Parenthood get-out-the vote efforts?

Why is Planned Parenthood working so hard to ensure that ObamaCare does not fail? What does it stand to lose if the ObamaCare law is repealed?

**Inclusion of Planned Parenthood in Exchange Plan Networks.** ObamaCare requires Exchange health plans to contract with a certain percentage of "essential community providers" for low-income individuals in the plan's service area. An "Exchange" is a marketplace for the purchase of health insurance. ObamaCare requires an Exchange to be established in every state.

Among these "essential community providers" are clinics that receive Title X family planning funds, such as Planned Parenthood clinics. It should surprise no one that the Obama administration has designated over 580 local Planned Parenthood centers as "essential community providers." Many of these also just happen to be abortion clinics.

Back in June 2013, the *Examiner's* Washington Secrets column wrote about this new requirement being placed on insurance plan networks: "While insurers currently cover doctors and health facilities in their networks, Obamacare demands that they also cover at least 20 percent of 'essential community providers' in their coverage area, including Planned Parenthood, AIDS clinics, pain management centers and even alternative medicine providers. 'We've never covered these sorts of things,' a Wisconsin insurance provider told Secrets." [*see* http://washingtonexaminer.com/obamacare-demands-insurers-cover-planned-parenthood-clinics/article/2531277]

But Planned Parenthood was determined early on not to be left out of the new ObamaCare plans' provider networks that would provide health care to millions of uninsured people, launching in June 2009 a multimedia campaign to deliver the message: "Planned Parenthood is an essential community health care provider." [*see* http://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-multimedia-campaign-delivers-message-planned-parenthood-an-essential-communi-29128.htm]

**Planned Parenthood Gearing Up for Growth.** Planned Parenthood clinics across the country are eagerly anticipating a new influx of business, as many of the previously uninsured enroll in federally-subsidized Exchange plans or the new Medicaid expansion (where it is available).

See "Aggressive Push" page 28

# Planned Parenthood's Aggressive Push for ObamaCare *from page 27*

"This new surge of thousands of people becoming insured is going to bring a lot of new clients to Planned Parenthood," said Brigid Leahy, director of government relations at Planned Parenthood of Illinois, according to the *Medill Reports*. The *Portland Business Journal* reported in July 2013 that Portland's Planned Parenthood Columbia Williamette "expects to provide services to more patients as access to health care grows under the Affordable Care Act. That will likely mean adding more hours and/or clinicians. 'We're definitely anticipating growth,' said Stacy James, who became the organization's new president and CEO on June 1."

And Planned Parenthood's CEO of New York's Planned Parenthood of the Southern Finger Lakes told the *Ithaca Times* last November that "as 'Obama Care' expands insurance coverage we expect it to help grow our organization."

As NRL News Today reported in November 2013: "The more people that Planned Parenthood signs up for ObamaCare, the more patients they expect to have coming to their clinics. And, in California alone, they anticipate such significant numbers that they are already thinking in terms of the 'redevelopment and building of new clinic facilities across the state.'" [*see* http://www.nationalrighttolifenews.org/news/2013/11/obamacare-key-to-planned-parenthood-expansion/#more-29774]

**Massive federal subsidies for abortion coverage**. Under ObamaCare, massive federal premium subsidies will flow to Exchange plans that cover all abortions (a sharp departure from the longstanding policy of the Hyde Amendment), and every enrollee in the plan will have a portion of the enrollee's premium placed into a separate account for elective abortions (dubbed the "abortion surcharge"). As a result, the federal government will be helping uninsured individuals purchase plans that cover abortion, and in turn, Planned Parenthood stands to benefit because the abortion will be paid for by insurance, a reliable source of payment. (However, this particular concern does not apply to the states that have enacted laws to prevent Exchange-participating insurance plans from covering abortions. Twenty-four states have done so. An up-to-date listing is posted on the NRLC website here: http://www.nrlc.org/uploads/ahc/InsuranceCoverageAbortionRegs.pdf).

**School-Based Health Clinics**. ObamaCare directly appropriates $200 million for the construction and expansion of school-based health clinics. (It also authorized additional funding for operational services through 2014, but funding was not appropriated. Efforts are ongoing to extend the authorization).

How much of a foothold Planned Parenthood will get into these school-based health clinics over time remains to be seen. In July 2011, the Los Angeles Unified School District was awarded $489,888 in ObamaCare funding to enhance and expand the school district's school-based health centers, such as for renovations and updating equipment. In announcing the receipt of the funding, the LA school district said that it had "requested the funds to renovate the clinic at Roosevelt High School," as well as for other clinics. [*see* http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_LAUSD_NEWS/FLDR_PRESS_RELEASES/TAB1255189/TAB1255232/CLINICGRANTKU_SC.PDF]. A year later, in June 2012, the *Los Angeles Times* reported that Planned Parenthood was providing "a medical assistant, the contraceptives and the pregnancy and STDs testing" at the Roosevelt High School clinic, through a collaboration after the school nurse practitioner reached out to Planned Parenthood. [*see* http://articles.latimes.com/2012/jun/05/local/la-me-planned-parenthood-20120605]

Referrals for abortions on minors by ObamaCare-financed school-based clinics is also a concern. Lake County, Illinois is the site of a controversy regarding the construction of a $500,000 school-based clinic, with the half a million dollars in funding coming from ObamaCare. Concerns were raised that the future clinic would make abortion referrals for minor girls without their parents' consent. A June 2013 article in the *Daily Herald* only reinforces these parents' concerns, with the *Herald* stating that "pupils would need a consent form signed by a parent or guardian to enroll at the health center. . . . Illinois law allows for a minor to receive an abortion referral from a medical provider, including school clinics, without parental notification." [*see* http://www.dailyherald.com/article/20130610/news/706109925].

**But the list goes on:** Four Planned Parenthood affiliates alone – in Virginia, Texas, and two in Florida – received a total of $3.3 million in ObamaCare PREP funds to provide comprehensive sex education. In addition, the state of California awarded a total of $1 million in ObamaCare PREP sex education funds to certain Planned Parenthood centers in California. [*see* http://www.cdph.ca.gov/programs/mcah/Documents/MO-CAPREP-RFAFinalAwardNotice.pdf] (Efforts are ongoing to extend this ObamaCare program past Fiscal Year 2014).

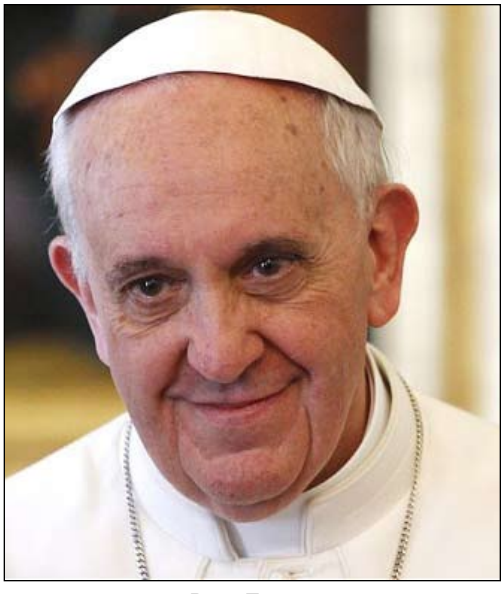
Is it any wonder that Planned Parenthood is working so hard to keep ObamaCare from failing?

# Washington Post distorts yet again what Catholics believe about abortion

By Dave Andrusko

The inestimable Mark Twain once wrote, "There are three kinds of lies: lies, damned lies, and statistics." I wonder what he would have done with the chart that appeared in the February 16 Washington Post.

The chart accompanied a story headlined, "Pope Francis faces church divided over doctrine, global poll of Catholics finds" and based on a new poll commissioned by the U.S. Spanish-language network Univision.



*Pope Francis*

NRLC is a non-denominational, non-sectarian organization which takes no position on most of the "social issues" Catholic respondents were asked about. We do have a position on abortion.

Stay with me on this, because the way the question was formulated and reported is staggeringly deceptive. It reads thusly:

"Do you think abortions should be allowed in all cases, allowed I some cases such as when the life of the mother is in danger, or should it not be allowed at all?

So seemingly we have the two polar opposites—allowed in all cases or not allowed at all. Only a miniscule percent of Catholics worldwide (9%) say abortion should be allowed in all cases. Exactly a third (33%) say abortion should not be allowed at all!

What about the "middle" ground? According to the poll, 57% say abortion should be allowed in some cases.

But what is the example of allowing abortion "in some cases"? When the life of the mother is in danger! That's hardly an example of someone occupying the "mushy middle." It is a hard-core pro-life position.

However the summary over the abortion question reads "65% of Catholics say abortion should be allowed in some or all cases." If you hadn't read the question, you'd think, wow! There really is a gap between Catholics in the pews and church doctrine on abortion (which, of course, is the whole point of the Post running the story in the first place).

Obviously a more honest, straightforward headline would read "A total of 90% of Catholics would not allow abortion either at all [33%] or only in some cases [57%]." And, oh by the way, the example of "some cases" is when the mother's life is in danger!

I know this shouldn't bother me. Like you, I've been reading distorted poll data for decades.

But this example is so egregious and its motivations so obvious that it just about gags you.

# An unflinchingly honest look at caring for a chronically ill child

By Dave Andrusko

The two items are related but not the same. The first is a story that ran Wednesday on NPR celebrating the latest 'advance' in diagnosing our unborn children. "Blood Test Provides More Accurate Prenatal Testing for Down Syndrome" is the headline.

The latter appeared in the New York Times and is an unflinching profile in the courage it requires to aggressively care for a child with a very, very serious medical condition.

There is the almost obligatory "let's think this over" from Brian Skotko, co-director of the Down Syndrome Program at Massachusetts General Hospital in Boston, whose work we have written about many times. He told NPR's Rob Stein

"People with Down syndrome are artists. They're poets. They're athletes. Their lives are happy ones and fulfilling ones. I have a sister with Down syndrome who certainly is a life coach for not only myself but for my entire family," says Skotko. 'If the new tests become a routine offering, then we have to start to ask: Will babies with Down syndrome slowly start to disappear?'"

But that one naysaying voice is the kind of "balance," alas, you'd expect from NPR. With more and more accurate tests earlier and earlier, it is quite true, as Stein notes, there is less chance of needing further tests that increase the likelihood of a miscarriage. And that is even more so (presumably) from a test that only "requires a blood sample from the mother. New high-speed genetic sequencing is then used to analyze tiny bits of DNA from the baby that float in a woman's blood when she's pregnant."

Stein then quotes Diana Bianchi, a pediatric geneticist at Tufts Medical Center who led the study published in The New England Journal of Medicine: "The blood test is counting sections of DNA, and if there is more DNA than would be expected, it suggests that the baby has an abnormality."

And, of course, not only is the test more expensive, the test is not perfect.

Michael Greene, an OB-GYN at Massachusetts General Hospital in Boston, who co-authored an editorial accompanying the study, told Stein, "I'm worried that without a proper sense of perspective on the test that women may use a positive screening test as the basis for terminating what would actually have been a normal pregnancy."

Which for pro-lifers and others who unconditionally support the full humanity of children with anomalies misses the whole point. It's not just that women will abort even though (it turns out) their child did not have a genetic anomaly. It's rather that, as Skotko explained, children with Down syndrome are to be treasured for their inherent worth. If their situation is accurately diagnosed with 100% certainty, that does not justify aborting them as some sort of "mistake." Theirs is not a "wrongful life."

The other story appeared in the New York Times a few days ago. "The Price of a Child I Wouldn't Let Go," by Amanda Rose Adams.

Ms. Adams does not seek our pity or our congratulations for a "job well done." She is fully cognizant of the tremendous costs caring for her chronically sick son have exacted. But she looks them straight in the eye and understands that this is the price "measured in time, blood and treasure" for the decision she made after learning that her unborn son had serious problems.

"Our son is almost 11, and since the revelation of his critical heart defects during my pregnancy, the cost of his survival increases each year. Yes, I could have terminated my pregnancy or accepted hospice care the morning after his birth. But, I wouldn't relinquish the child I felt and saw move inside my own body. I couldn't give up on him just hours after he survived his own precarious birth. So we've fought, and that fight has a six-figure price tag."

By "not giving up on him," her family made a courageous decision. Ms. Adams does not address what advice she was given when the diagnosis was first made. It's not hard to believe there was plenty of counsel that life would be "easier for everyone" if she aborted or if the family chose to passively accept his condition once he was born.

Read her essay in its entirety [http://parenting.blogs.nytimes.com/2014/02/23/the-price-of-a-child-i-wouldnt-let-go/?_php=true&_type=blogs&_r=0] and remember she is writing in a forum where pro-life readers are few and far between. It is all the more heroic because she neither sugarcoats their life nor regrets she chose life for their son. In her last paragraph Adams writes

"Believe I deserve this if you want. Believe me cruel for not aborting my son, or believe me crass for speaking my truth. …Eleven years ago, I made a choice to fight for my child's life, a choice I do not regret. Though I suffer occasional sticker shock, I willingly accept the price to keep what I hold so dear."