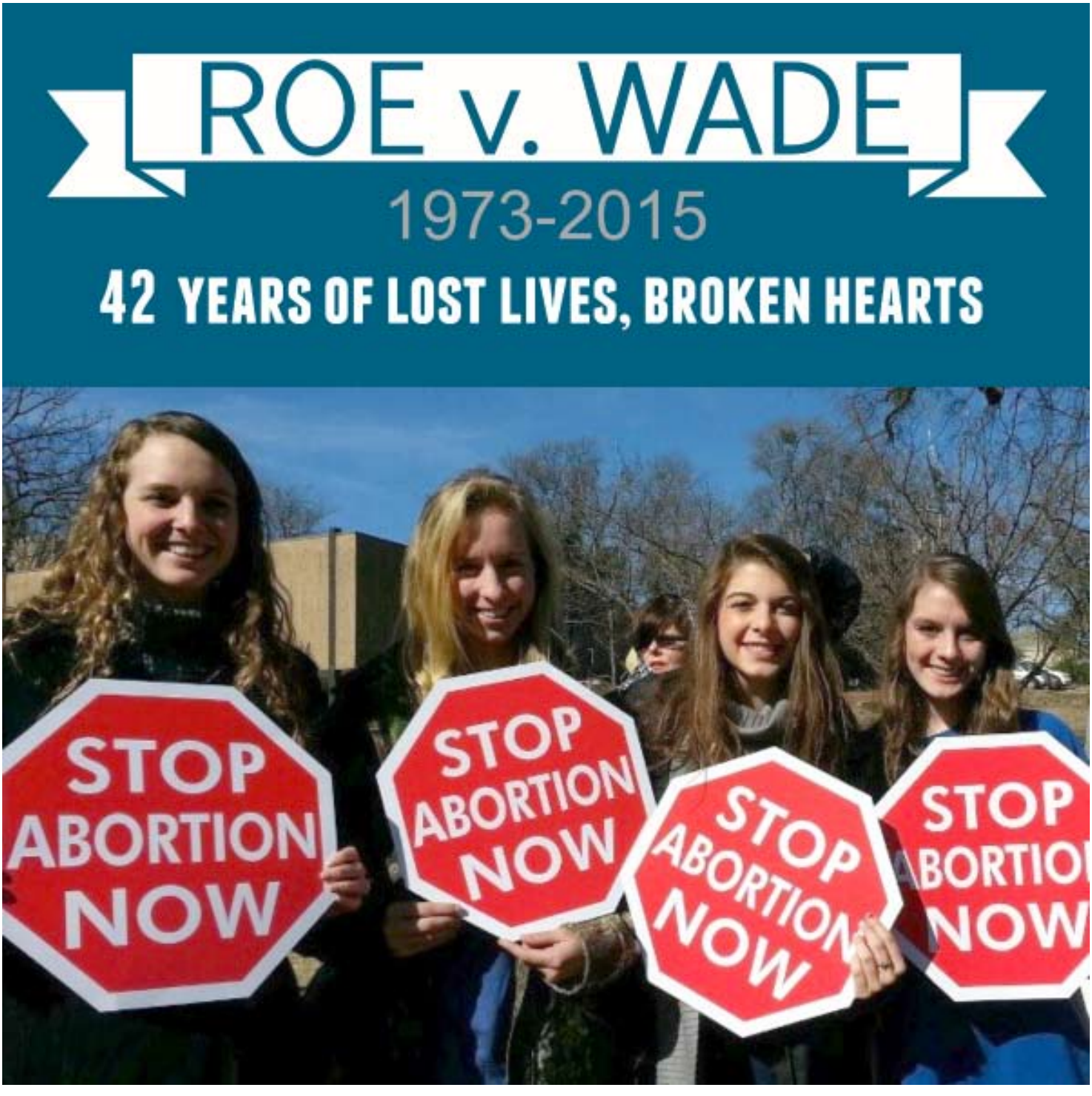
National Right to Life News

January 2015



national RIGHT TO LIFE NEWS

Groundbreaking Dismemberment Abortion Ban in Kansas Kicks off Right to Life Movement 2015 Legislative Agenda

WASHINGTON – In a move that will transform the landscape of abortion policy in the United States, National Right to Life announced a major new component of the right to life movement's 2015 legislative agenda with introduction in Kansas of the Unborn Child Protection from Dismemberment Abortion Act. The wave of pro-life victories in the 2014 election helped set the stage for this first-of-its-kind legislation, which would protect unborn children from the brutality of dismemberment abortion.

"Dismemberment abortion kills a baby by tearing her apart limb from limb," said National Right to Life Director of State Legislation Mary Spaulding Balch, J.D. "Before the first trimester ends, the unborn child has a beating heart, brain waves, and every organ system in place. Dismemberment abortions occur after the baby has reached these milestones."

Sponsored by state Sen. Garrett Love (R-Montezuma), the Unborn Child Protection from Dismemberment Abortion Act is the top state legislative priority for National Right to Life's affiliate, Kansans for Life (KFL). In announcing the bill at a press conference in Topeka, KFL Legislative Director Kathy Ostrowski observed, "With the discussion about, and passage of this bill, the public will see that dismemberment abortions brutally – and unacceptably – rip apart small human beings who have all of their internal organs and who have perfectly formed fingers and toes."

D&E dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States.

See "Dismemberment" page 27

National Right to Life Congressional Action Alert

U.S. House of Representatives to vote January 22 on Pain-Capable Unborn Child Protection Act!

WASHINGTON (January 13, 2015) — The Republican leadership of the U.S. House of Representatives indicates that it intends to bring a major pro-life bill to the House floor for a vote onThursday, January 22, 2015.

The bill is the Pain-Capable Unborn Child Protection Act (H.R. 36), which would extend general protection from abortion to unborn children nationwide beginning at 20 weeks fetal age, based on congressional recognition that by this point in development, if not earlier, the unborn child is capable of experiencing pain. H.R. 36, sponsored by Reps. Trent Franks (R-Az.) and Marsha Blackburn (R-Tn.), is based on model legislation developed by National Right to Life that has already been enacted in 10 states.

Please go to www.capwiz.com/nrlc/issues/alert/?alertid=64029806&type=CO to visit the NRLC Legislative Action Center, where an easy-to-use tool will assist you in quickly sending an e-mail message to your representative in the U.S. House, urging him or her to cosponsor H.R. 36 and to vote to advance the bill on January 22.

To view an always-current list of House cosponsors of the bill, arranged by state go to www.capwiz.com/nrlc/issues/bills/?bill=64025386&cs_party=all&cs_status=C&cs_state=ALL

Note: In the U.S. Senate, Senator Lindsey Graham (R-SC) plans to introduce the Pain-Capable Unborn Child Protection Act very soon. To send an email message to your two U.S. senators, urging them to sign on as original cosponsors of this vital legislation, please go to www.capwiz.com/nrlc/issues/alert/?alertid=64029901&type=CO

Editorials

Roe at 42 is creaky, indefensible, and ready to be retired

As I'm finishing these remarks, we are only six days away from the March for Life, which brings together hundreds of thousands of pro-lifers of every stripe from all over the world to our nation's capital to somberly commemorate the 42nd anniversary of the deadly *Roe v. Wade* decision. You might be asking, Can anything new be added to a story whose narrative is how we have allowed over 57 **million** unborn Americans to die a hideous death?

In one limited sense, no. *Roe* (and its sister decision *Doe v. Bolton*) are unjust today for the very same reasons they were in 1973 when Justice Harry Blackmun stitched together penumbras and "emanations" to weave a right to abortion which was hiding (in Blackmun's view) in plain sight. On the ruling from seven unelected justices, we arbitrarily excluded from the circle of protection an entire class of human beings simply because they are powerless and because seven of the nine justices were willing.

That was a stain on our nation's honor 42 years ago. It is an even greater slander against our character today, both because we have not put an end to the slaughter and because *Roe's* logic has facilitated the onslaught against other vulnerable populations such as newborns with disabilities and the medically dependent.

However, in every other sense, each month something new happens that highlights the incongruity between executing a million unborn babies a year and extolling the beauty of unborn children in ultrasound pictures, ads, and albums. If we ever had an excuse, that day has long since passed, making our accountability all the greater, all the more obvious.

Let's work backwards for a second.

NARAL just issued its annual "Who Decides?" analysis in which NARAL assigns a "D" to the country for how well—or in this case, how "poorly"—it promoted the agenda of the Abortion Establishment. But how could 16 states pass 27 "anti-choice" measures (with others moving the ball forward) if the electorate didn't agree that these laws made sense?

Informed consent? Parental involvement? Giving women a chance to ponder a life-and-death decision? Putting an end to aborting children capable of experiencing hideous pain? Ensuring that abortion clinics are not havens for the likes of Kermit Gosnell? Demanding that abortionists have admitting privileges at a local hospital when they botch an abortion?

These are "extreme" and will, according to NARAL, stir a "backlash"? How silly.

There **are** extremists in the abortion debate but they have pitched tent in the pro-abortion camp. They are particularly at home at places like RhRealtyCheck.org which will write just about anything.

Jodi Jacobson, its editor-in-chief, really does believe that pro-lifers are just as bad as the terrorists who murdered people in France for publishing "offensive" cartoons. In an exchange of tweets, her bluff was called. Did she really believe that?

> **Jodi Jacobson @jljacobson**
> **Yes, cuz U C, there's no difference whn ideology is used 2 kill, maim, imprison women thru denial of healthcare or other violence.**

Why do I bother to mention this? For several reasons,

First, the tighter the noose—the more protective laws are passed—the zanier pro-abortionists get. This grows more evident by the day.

Second, they are continually reassessing their strategy in light of the slew of defeats. Some deep thinkers believe a change of slogan will suffice—as if somehow that will fool anyone. (They really do have contempt for the intelligence of the American people.)

Third, others believe—as does Jacobson—that with enough help from a cooperative "mainstream" media, they can so demonize pro-lifers that we will finally be excluded from the conversation. But this thread-worn plan goes back to the 1970s—it's never worked, no matter how hard they tried or how low they sank--and besides pro-lifers have alternative sources through which to get their life-affirming message out—aka *NRL News* and *NRL News Today*.

And fourth, the bedrock counter-offensive is to turn the abominable act of killing your own child into not just a "good"—pro-abortionists live by that delusion—but to so weave it into the culture that executing babies can be turned into a sick joke—see the dreadful "Obvious Child" film. Which is also why they want women to "tell their abortion story."

But as both the film and the decision by Emily Letts to actually videotape her abortion and put it on YouTube illustrate, before you know it, this turns into a mockery. The very same people they want to win over are offended—how could they not be by such callousness, such mockery of our best instincts?

This edition of *National Right to Life News* is the thirteenth since we went from printing *NRL News* to sending you the same great content via the Internet. I personally think it is the best issue yet. Please forward, if not the entire edition, selected stories using your social networks.

I hope you find it as agreeable to read as I did to put it together. Be sure to take part in your state's January 22-related activities and to read *NRL News Today* each day, Monday through Saturday.

From the President
Carol Tobias

Life: It isn't merely an "Issue"

I love my country. This truly is "America, the beautiful" with its mountains and shores, farmland and cities. This is the "land of the free and the home of the brave." But this is also the nation that has killed 57 million innocent, helpless people. 57 million unborn babies in 42 years.

These children would have grown to be teachers, scientists, doctors, and entrepreneurs. Some would have been bus drivers, construction workers, and hotel clerks. Some would have been musicians and poets. And some would have ended up in Congress or as President of the United States.

Parents and grandparents will never know how much love and joy they would have received from their (grand)children and how much comfort those (grand)children could have provided in the "golden" years.

LIFE—the protection of unborn children--should be an all-encompassing, all-consuming issue. Better yet, it shouldn't be an "issue" at all. By labeling abortion as just another issue, it becomes just one of many in a long list of issues—taxes, education, economy, environment, etc—making it merely one among many rather than preeminent.

That mistake is compounded when, as an "issue," abortion gets compartmentalized. It's a political issue. Or it's a religious issue. Or it's a woman's issue. Or a young person's issue. Or a personal issue. By putting the decision to intentionally destroy unborn children into its own little box, too many people are able to make all manner of excuses.

To be clear, I am not saying abortion isn't a political issue. It surely is. Our Founding Fathers declared that all life is created equal and that we are endowed with certain unalienable Rights, chief among them being Life. The laws of this great nation should protect the life of the innocent and the vulnerable. However, by reducing abortion to only a political issue, those who oppose abortion but aren't interested in politics have an excuse not to get involved.

And yes, abortion is a religious issue for many. People of faith believe that each life is a unique creation of God. But people who **could** pass laws to protect unborn children use the argument that abortion is only a religious issue as an excuse to say political involvement shouldn't be undertaken. Unfortunately, people opposed to abortion sometimes use this as a rationalization as to why they needn't vote for (and work for) pro-life candidates.

Is abortion a women's issue? Yes, it is. But it is also a human issue. Abortion advocates like to use this argument to stifle pro-life men from speaking out against abortion. But both women and men have the responsibility to speak up for the unborn child who has no voice.

Abortion **is** a young person's issue. But it is also an issue for senior citizens. Many say, "I/ We can't get pregnant anymore so the issue doesn't concern us." However, the killing of unborn children affects our nation as a whole—economically, spiritually, and everything in between. We kill our children; we lose our soul, whether we are young, old, or somewhere in between.

Finally is abortion a personal issue? Of course! Deciding whether or not to support the killing of innocent, unborn babies is a decision we each must make, individually. But it is also an issue for the country. We don't allow individuals to decide if and when they are going to kill another person. State and federal laws—as expressions of the citizenry--have something very important to say as well.

So what is a better way at looking at this? LIFE is comprehensive. It is universal. As Merriam-Webster defines universal—covering everything or all important points; present in all places and at all times.

An amazing number of people are active in the right-to-life movement, doing whatever they can to save babies and help the mothers of these little ones. Maybe some of us can take a closer look at our own activities to see if we can do more. It's mid-January, but it's not too late to make another New Year's resolution: eliminating excuses that prevent us from getting involved.

LIFE is too important for excuses

What excuses do we make for ourselves?

1. *I don't have time*. In this crazy, hectic world, many people are juggling jobs and families. But everyone can find at least a few minutes to do something. Sign up to get *NRL News Today*, which is automatically sent to your in-box Monday through Saturday. When you check your emails, forward the articles to your family and friends. Buy a t-shirt with a pro-life message and wear it to the store. Wear the precious feet pin on your lapel-- when someone asks what it is, explain that the pin shows the size of a baby's feet ten weeks after conception. Carry the sonogram picture of your unborn baby or grandbaby around and show it to someone you meet. There are so many ways we can make another person think about the humanity of the unborn child. Don't say, "I don't have time." Decide how much time you can give, either in hours or minutes, and do *something*.

2. *I'm afraid because I don't know enough about the issue.* Then learn about abortion and Life. The NRLC website (www.nrlc.org) has an incredible amount of comprehensive information.

3. *I'm too shy; I really can't talk to anyone.* That is the beauty of today's interconnected world; you can find your voice through the use of your computer. Start by posting comments on friendly, pro-life websites, then add your voice to comments under news articles. Send a letter to the editor of your local newspaper. Send a letter or email to your state legislator or member of Congress.

LIFE is too important to be put into a box or added to a list of other "things" to be addressed. LIFE is too important to be put on the back-burner. And LIFE is too important for excuses.

Our founding fathers knew that without LIFE, we wouldn't need liberty or happiness.

national RIGHT TO LIFE CONVENTION 2015

New Orleans July 9, 10, & 11

Join us for the annual meeting of America's pro-life family!

WE ARE A **VOICE** *for the voiceless*

John McCormack
The Weekly Standard

Gov. Bobby Jindal

Carol Tobias
NRLC President

Three days of dynamic speakers, dozens of workshops covering countless pro-life topics, over 100 speakers, and pro-life exhibitors!

Mark your calendars now!
You will be inspired, educated & empowered to be a voice for the voiceless!

visit **NRLConvention.com**

Ban on Dismemberment Abortions among Right to Life Movement's top agenda items for 2015

By Carol Tobias, National Right to Life President

One of the great humanitarian achievements of the Right to Life movement was the exposé of partial-birth abortion by National Right to Life. Our massive public education campaigns and our innovative laws to ban partial-birth abortion moved millions of Americans to take a second look at abortion, and millions of them switched to the pro-life side.

One of those who was shocked by partial-birth abortion wrote the majority decision in upholding the national ban on that procedure that we passed in 2003: U.S. Supreme Court Justice Anthony Kennedy.

Kennedy had a record of indecision on abortion. But the majority decision he wrote in the PBA case showed a man appalled by the brutality of partial-birth abortion, in which an innocent unborn baby is induced to delivery and then killed by stabbing her in the head just as she emerges from the womb. Kennedy provided the decisive vote to ban this practice, which remains banned throughout the United States today.

But Kennedy didn't only write about partial-birth abortion. He compared it to another abortion method that is so brutal it is truly hard to write about: Dismemberment Abortions.

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

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

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

Today, National Right to Life announces the 2015 Legislative Agenda for the Right to Life Movement. And along with passing the Pain-Capable Unborn Child Protection Act and the No Taxpayer Funding of Abortion Act, we are determined this year to bring the tragic issue of Dismemberment Abortions to the public's attention, beginning with passage of the Unborn Child Protection from Dismemberment Abortion Act, which is being introduced in the Kansas legislature today.

Your support for National Right to Life exposed the brutality of partial-birth abortion. You got it banned. Your support moved a nation to switch in polls to majority pro-life. Now your support is needed to educate about and ban the unspeakable evil of killing unborn babies by tearing them limb from limb.

Please help us tell the world that this brutality must end.

A gift of $100 or $500 will help us tell many thousands of Americans something too few even know: that the nation they love allows the dismemberment of tiny little babies too weak to defend themselves, too confined in their wombs to move away from the abortionist's knife, as films show babies desperately try to do when the cutting begins.

Your donation of $50 or any amount will help National Right to Life work to pass our legislative agenda, including this needed new initiative to stop Dismemberment Abortions. It will help us pass national legislation to protect unborn babies capable of feeling pain, stop the abuse of using taxpayer dollars to subsidize policies in Obamacare that cover abortions, and so much more.

Please, for these babies' sakes, help us today with a generous contribution. Let's make 2015 the year the tide turned against the brutality threatening these innocent unborn children.

How many is 57 million abortions?

By Dave Andrusko

Pro-lifers are nothing if not creative. Over the decades, they have produced thousands upon thousands of "visual aids," from the simplest black and white one-sheeter to full-blown movies—and everything in-between.

The common denominator is—to adapt a cliché—to help the public get its collective head around both the humanity we share with the unborn child and the sheer magnitude of the loss of lives since January 22, 1973.

A couple of years ago Oregon Right to Life, NRLC's terrific state affiliate, produced an outstanding 4 minute, 23 second long You Tube video titled, "How many is 55 million?" Oregon RTL has now updated that video to take into account that, tragically, the death toll is now 57 million.

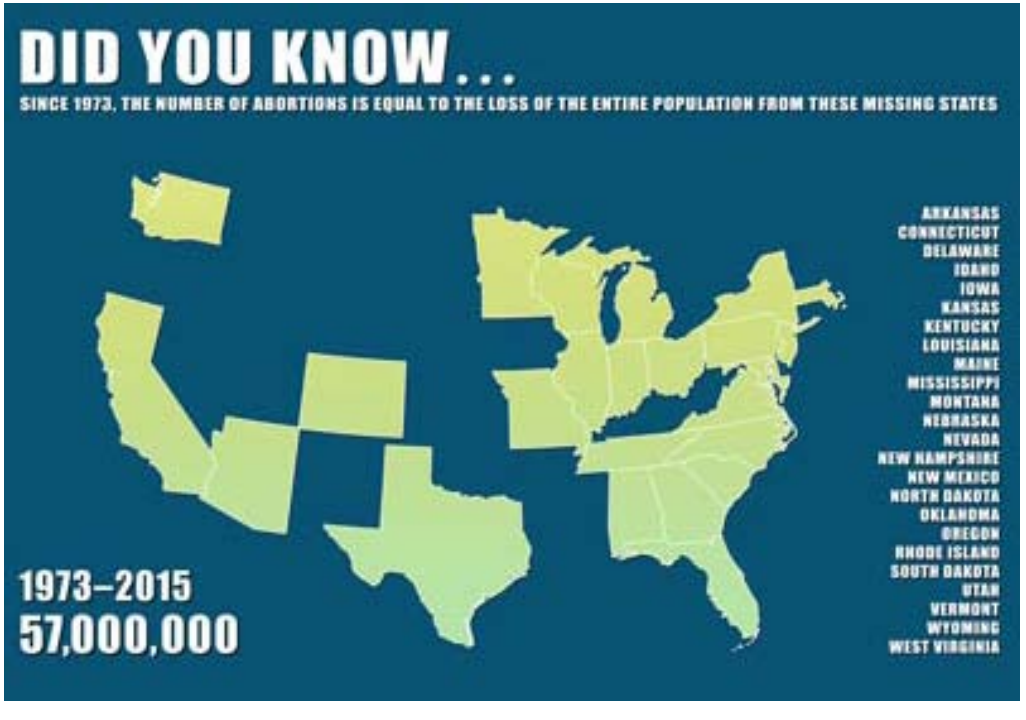
The technique is as simple as it is effective. Starting with the declaration, "The United States Legalized Abortion in 1973," the viewer watches as the numbers inexorably rise at an incredible pace. For example, by the beginning of 1983, the number had already reached nearly 13 million!

The numbers spin and whirl, like a kind of demented Dow Jones figure. That would grab your attention in any event.

The numbers roll directly under a map of the United States with the states in yellow. State by state "disappears" to represent the ever-mounting numbers of children who have disappeared over time.

The tolling of the bell is a grim reminder that (as you can see from the accompany graphic 57 million souls corresponds to the population of heartland of the United States.

Please take less than five minutes to watch, "How many is 57 million?" and share it using your social media contacts. It's at http://www.nationalrighttolifenews.org/news/2015/01/how-many-is-57-million/#more-39763

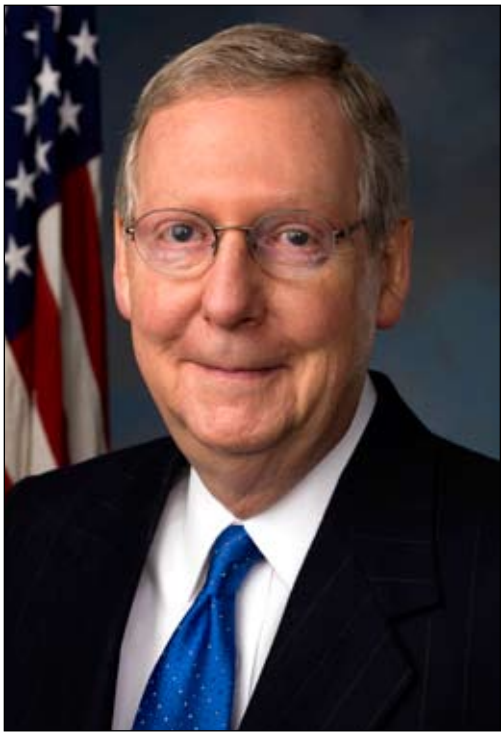


RIGHT-TO-LIFE EFFORTS AT THE FEDERAL LEVEL

Pain-Capable Unborn Child Protection Act

The right-to-life movement's top congressional priority for the new 114th Congress is the Pain-Capable Unborn Child Protection Act. This bill is based on NRLC-originated model legislation that has been enacted in 10 states. It would generally protect unborn children from abortion beginning at 20 weeks fetal age (the start of the sixth month), based on their capacity by that point, if not earlier, to experience excruciating pain during the abortion process.

The legislation passed the U.S. House of Representatives in 2013, by a vote of 228-196, but did not receive a vote in the Senate during 2013-2014. It was reintroduced in the House of Representatives as H.R. 36 on January 6, 2015, by Reps. Trent Franks (R-Ariz.) and Marsha Blackburn (R-Tenn.), and the House Republican



Senate majority leader, Mitch McConnell (R-Ky.)

leadership has indicated that the House will take up the bill on January 22 (the 42nd anniversary of Roe v. Wade).

Companion legislation will soon be reintroduced in the Senate by Sen. Lindsey Graham (R-S.C.). The new Senate majority leader, Mitch McConnell (R-Ky.), has vowed that the Senate will take up the bill at some point during the Congress.

"In the new Congress, every member of the House and Senate will go on record on whether to permit the continued killing of pain-capable unborn children," said National Right to Life Federal Legislative Director Douglas Johnson.

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

Some of the extensive evidence that unborn children have the capacity to experience pain, at least by 20 weeks fetal age, is available on the NRLC website at www.nrlc.org/abortion/fetalpain and also here: www.doctorsonfetalpain.com.

Sen. Lindsey Graham (R-S.C.)

Rep. Trent Franks (R-Ariz.)

No Taxpayer Funding for Abortion Act

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

to purchase private health plans that will cover abortion on demand.

The No Taxpayer Funding for Abortion Act, sponsored by Rep. Chris Smith (R-N.J.) and Sen. Roger Wicker (R-Miss.), would codify the principles of the Hyde Amendment on a permanent government-wide basis, with respect both to longstanding federal health programs (Medicaid, SCHIP, FEHB, etc.) and to new programs created by the Obamacare law. For example, under the bill, exchange-participating health plans that cover elective abortion would not be eligible for federal subsidies.

Further information about federal funding of abortion is available on the National Right to Life website at www.nrlc.org/federal/ahc.

An Issue of the Heart

By Joleigh Little, Wisconsin Right to Life Teen Director and Region Coordinator

There's a quote that has long stood out to me – it struck a chord even before I became a mom. Now it defines my daily reality, as I'm sure it does most of yours.

"Making the decision to have a child – it is momentous. It is to decide forever to have your heart go walking around outside your body."
-Elizabeth Stone

There is no question about its veracity. My own heart is five and a half, beautiful inside and out, funny, smart, a little too outgoing, and generally amazing. (I didn't create her so I can say all of these things with unabashed sincerity that doesn't ring of narcissism. I hope.)

But even before I was a mom – prior to there being a Clara – my heart still existed outside my body in many ways. If you care passionately about the right to life, this will make total sense to you. For everyone who invests themselves emotionally, physically and financially in the cause of life, the whole "heart outside of the body" thing is a reality. Except that our hearts exist outside our bodies in a more amorphous way -- and on a pretty vast scale.

We don't just "care a little" about unborn children, the medically vulnerable, people with special needs and women who face unintended pregnancies. We ache at the knowledge that an abortion happens every 25 seconds. We wept – openly and for weeks on end – when an innocent woman named Terri was brutally starved and dehydrated to death for no reason other than she had a brain injury and her estranged husband deemed her expendable. We mourn along with the women and men who realize, too late, that their abortions ended the lives of their children.

We pray, we speak, we advocate, we work and we live on behalf of the vulnerable. And contrary to what those on the other side of the aisle believe, we don't do it to subjugate women (most of us *are* women.) In fact, most of us don't spend ourselves on behalf of this cause to gain fame or fortune – quite the opposite.

We don't do it because it makes us feel good – although sometimes, when there's a victory on a legislative matter or we hear about a woman who chose life for her child – there is a rush of endorphins.

Instilling a respect for life in future generations is at the heart of what we do. Shown here at Wisconsin Right to Life camp, Noelle (12) and Clara (5) are already well on their way to understanding the importance of working on behalf of the vulnerable.

Most days, though, we just work hard. Really, super hard. We spend our hours pushing legislation that will protect unborn children and their mothers from the horrors of abortion. We are up late at night advocating on behalf of a medically vulnerable person whose care has been deemed "futile" based on their level of ability. We lobby, we write emails, we plan youth camps, we train new volunteers, we do mailings, we drive into the dark night to speak at rallies in front of hundreds… or, more often, at a church in front of dozens. We put our whole selves into saving people we have never met and most likely never will meet.

Why? Because protecting life is an issue of the heart. It is something that goes deeper and resonates more loudly than any other "issue of the week." Protecting life is what motivates us. Love for life is what keeps us going. It's what drives us to train generation after generation of new advocates. It's what leads us to donate hard-earned money to organizations that defend life. It's what motivates us to reach out to people – mothers, children and fathers we don't even know – to offer the support they need to choose life. It's what leads people to open their homes to children they didn't create, making them forever members of a family.

It's what will cause thousands upon thousands to brave a bitter January day to March through Washington to bring attention to a cause.

It's at the core of everything we pro-life parents teach our children. Life is precious. Babies are to be valued and protected. People with differing abilities are every bit as valuable as those of us who are "typical." And no matter what, we never, ever throw people away.

What we do – it's not just "opposing abortion" as so many mistakenly believe. Our life – our heart's work – is to embrace life on every level. To share with everyone who will listen that being big or strong, super intelligent or beautiful, capable or charming isn't what makes you valuable. Being human is. So until that day when ALL innocent life is protected from conception to natural death, we'll still be here. This issue is too important for us to fall silent. This issue is more than just an issue. It is our heart.

Triplets with rare condition saved by operation in the womb; surgeon uses laser to separate blood supply between babies

By Dave Andrusko

Although this miraculous story appeared in December, I just learned about it in early January, courtesy of *Life News*. There is a medical condition we've written about in the past– Twin to Twin Transfusion Syndrome (TTTS)—a very rare condition in which one twin gets too much of the blood supply endangering both babies for opposite reasons. But a recent case of TTTS in Great Britain came with a very unusual twist.

Last year Laura Slinger and her partner Martyn Halliwell discovered Ms, Slinger was expecting triplets, conceived naturally, according to reporter Lucy Laing. At 17 weeks it was found that two of the girls, Eilah and Elsie, were identical twins and sharing their blood supply from the placenta –TTTS.

The smaller twin, Elsie, was receiving too little and not developing properly. Bigger sister Eilah was receiving too much, which was placing a strain on her heart.

Survival of the identical twins obviously required surgery (to divide the twins' blood supply) but there was a risk to the third triplet as well. According to Laing

Although the independent triplet, Erin, was not affected by the shared blood supply, her life could have been in danger if the condition led to an infection in the womb or premature labour, or if the surgery went wrong.

Mr. Halliwell, 29, a sales manager, said: 'It was devastating when we knew all their lives were at risk and that they were literally killing each other.

'We were worried about the operation as we knew that in itself it could be fatal for the babies, but we knew we had no option if we wanted to try to save their lives.'

Dr. Amar Bhide used a laser to separate the twins' blood supply and the parents were left to wait to see if the blood supply was working properly.

"It was very nerve-racking but the doctors and hospital staff were wonderful and reassuring," Mr. Halliwell told Laing. "We knew the operation was risky but there were also risks afterwards. Six hours later the triplets' hearts were all still beating which was such a relief. We were so thrilled when we heard that the operation had worked and we hadn't lost any of the girls."

Doctors scanned Miss Slinger every week after the operation and delivered the triplets at Liverpool Women's Hospital, not in January as scheduled, but in October. "Their premature birth meant they were all kept in hospital for weeks and they were transferred to Burnley General Hospital to be closer to their parents' home," Laing reported. Elsie was the last of the three made to it home–Christmas Eve—meaning the family was able to celebrate their first Christmas together.

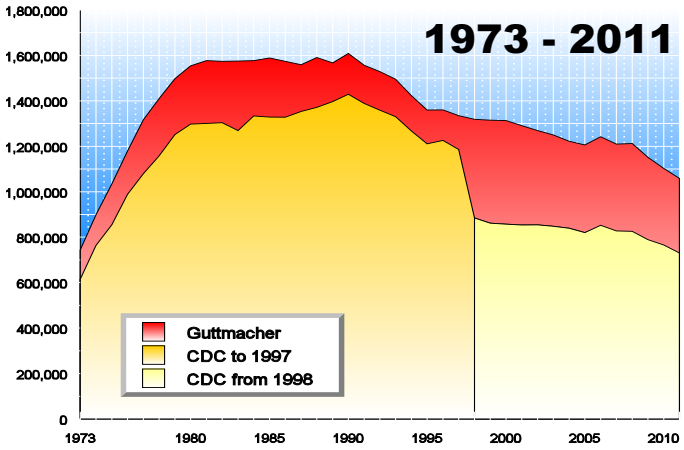
For his part, Dr. Bhide told Laing he had only carried out a handful of such operations:

"It is a rare operation in twins and even rarer in triplets as each normally have their own placenta.

"It is a tricky operation with triplets as the extra baby and its placenta can make reaching the other two babies difficult. I'm delighted that the triplets have been born healthy and safe."

Triplets Eilah, Erin and Elsie underwent a risky operation performed while they were still in the womb after they developed a rare condition which threatened to kill them all - and were born tiny but healthy.

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	730,322*
2012-14	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 2011. For areas that did report, overall declines were seen from 1998 through 2011. The CDC showed a decline of nearly 100,000 abortions from 2007 to 2011.

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 a projection for 2012 through 2014. Then a 3% undercount GI estimates for its own figures was added, yielding the total below.

The Consequences of *Roe v. Wade*

57,496,011

Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2011, with projections of 1,058,490 for 2012-14. GI estimates a possible 3% under reporting rate, which is factored into the overall total. 1/15

Under the New Dome – It's a New Day in D.C.

By Karen Cross, National Right to Life Political Director

Have you heard? A wonderful thing happened January 6 under the Capitol dome when the 114th Congress convened.

With pro-life Speaker John Boehner's re-election to serve another term, and pro-life Senator Mitch McConnell's election to serve as the U.S. Senate's majority leader, both houses of Congress are now under pro-life leadership.

It was an honor to join with members of New York State Right to Life in the Capitol Visitor's Center to celebrate and welcome three new pro-life members of New York's congressional delegation to Washington, D.C.: Lee Zeldin (R), John Katko (R), and Elise Stefanik(R).

Newly sworn-in pro-life congreswoman from New York's 21st congressional district, Elise Stefanik (center) with Karen Cross, NRL political director, and Jessica Rodgers, New York State Right to Life.

Pro-life Majority Leader Mitch McConnell speaking at a general session during National Right to Life's 2014 convention in Louisville, Kentucky. Mitch McConnell has been a key supporter of every major pro-life initiative to come before the U.S. Senate during his tenure.

Both Lee Zeldin and John Katko defeated pro-abortion incumbent Democrat House members, while Elise Stefanik, the youngest woman ever elected to Congress, won the open seat previously held by a pro-abortion Democrat. All three new members won in districts which voted for Obama in 2012.

Similar celebrations were being held elsewhere for other states in the halls of Congress. A total of 13 freshmen U.S. senators were sworn in, as were more than two dozen freshmen members of the U.S. House of Representatives.

National Right to Life's political entities were actively involved in 74 federal races nationwide: 18 in the U.S. Senate and 56 in the U.S. House. We won 76% of those races!

Approximately 3.3 million identified voter households were contacted; 1.3 million pieces of literature were hand-distributed by NRL's grassroots volunteers; and 33,000 radio ads were aired on more than 1,200 stations in crucial districts leading up to the election, exposing the vast differences on life issues between the candidates, including their positions on the Pain-Capable Unborn Child Protection Act, the use of tax dollars to pay for abortion, and the pro-abortion, pro-rationing Obamacare law. These activities were conducted by NRL PAC and NRL Victory Fund independently of the candidates' campaigns.

Post-election polling (The Polling Company/ Woman Trend, Nov. 4, 2014) revealed how important the abortion issue was in the 2014 election. Twenty-three percent of voters across the nation said that the abortion issue affected their vote and voted for candidates who oppose abortion. Just 16% said abortion affected their vote and voted for candidates who favor abortion. This 7% net gain for pro-life candidates made the difference in many races.

See "New Dome" page 18

Pro-life Speaker John Boehner received National Right to Life's "Legislative Leadership Award" at NRL's 2010 convention in Pittsburgh, Pennsylvania. John Boehner has been an outspoken supporter of the most vulnerable members of our society. Throughout the battle over President Obama's health care bill, he worked tirelessly to defend the rights of unborn children, the elderly, and the medically dependent and disabled.

National Right to Life Academy is currently accepting applications for its 2015 program, golden opportunity for young pro-lifers

By Andrew Bair

Far too often, young people in the pro-life movement are referred to as "future pro-life leaders." While that statement is undeniably true, it omits the current impact young people are having across the country. Young people are not just the future, we are the present!

Young people are stepping up to share the pro-life message at their high schools, college campuses and through social media. Young people constitute the overwhelming majority of the attendees at the annual March for Life. Young people are volunteering their time at local pregnancy centers and taking on key roles within local right-to-life chapters.

Equipping young leaders with the skills and knowledge to carry the pro-life movement into the future is critical for long-term success. For this reason, National Right to Life created an innovative program called the National Right to Life Academy.

The National Right to Life Academy empowers young pro-life leaders through a dynamic five-week summer course held at National Right to Life headquarters in Washington. Students are challenged not only in learning the arguments but also effective communication skills and grassroots organizing. Topics covered include abortion, euthanasia, stem cell research, healthcare, legislative strategy, history of the pro-life movement, medical ethics, development of the unborn and lobbying.

Through the National Right to Life Academy, students also have the opportunity to earn 3 college credits, which may be transferred to their university.

Since its inception in 2007, the National Right to Life Academy has graduated nearly 75 students. Many of these graduates are currently making a difference through state or local right-to-life groups, college pro-life clubs or pregnancy resource centers.

Devyn Nelson, a 2010 graduate and current Executive Director for North Dakota Right to Life, noted, "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."

Chelsea Shields, a 2011 graduate and the new Legislative/PAC Director for Wisconsin Right to Life noted,

"While lectures and practicum require a great deal of stamina and brainpower, the whole experience prepares Academy students to be highly effective advocates for life."

Speaking as a graduate myself, I can testify that nothing has had a greater impact on my pro-life advocacy than the National Right to Life Academy. The program gave me the tools and knowledge to take my deeply held pro-life convictions and put them to work to make a real difference. Even now as I work full-time in the right-to-life movement and blog for LifeNews, I continue to draw upon the lessons learned at the Academy.

Each of us in the pro-life movement has a part to play. We each have unique gifts and talents that can be used to share the pro-life message. It's up to us to get off the sidelines and take action.

I am reminded of the inspiring charge of late Father Richard John Neuhaus; "Whether, in this great contest between the culture of life and culture of death, we were recruited many years ago or whether we were recruited only yesterday, we have been recruited for the duration…And, in this the greatest human rights struggle of our time and all times, we shall overcome."

The National Right to Life Academy is currently accepting applications for its 2015 program, which runs July 9- August 14, 2015. For more information, go to www.nrlc.org/academy/ or email: academy@nrlc.org

EWTN to Air Five-Part NRLC Mini-Series

Become an Expert in Forming the Best Pro-Life Response to Pro-Abortion Arguments

By Ernest Ohlhoff

The Eternal Word Television Network (EWTN) will air a five-part mini-series later this year featuring Olivia Gans Turner, the NRLC's Director of American Victims of Abortion. The '**When They Say, You Say**' mini-series was taped at EWTN studios in Birmingham, Alabama in early December. This mini-series is based on a workshop developed by Mary Spalding Balch, NRLC's director of State Legislation, and Olivia Gans Turner and has been presented at our National Right to Life Conventions and state affiliate conventions for many years.

Olivia Gans Turner with EWTN Director Michael Holmes

Olivia and I have been working on this project for almost a year, preparing and refining proposals and content for the mini-series. This series marks an important first for NRLC, and we are exploring other venues in which NRLC can be part of EWTN's programming.

'**When They Say, You Say**' is built around the basic idea that there are really no new questions in the abortion debate and that every question falls into one of five major pro-abortion arguments. Understanding those arguments can help anyone to become an excellent pro-life advocate!

Olivia explains how to better present pro-life issues, speak in sound bites, and get the pro-life message across to family, friends, and the public. Suggestions and examples show how to respond in a positive manner when discussing abortion - even the hard issues.

I had the honor of being present during the taping, and I heard many compliments from EWTN staff regarding Olivia's stage presence, communication skills, and knowledge of the abortion issue.

EWTN producers, directors, audio and camera crews were extremely helpful in taping the five 30-minute segments over a two-day period. Their attention to detail and professionalism helped make the taping process a great success.

EWTN Global Catholic Network, in its 33rd year, is available in over 230 million television households in more than 140 countries and territories. EWTN is the largest religious media network in the world.

EWTN plans to make the mini-series available for purchase in DVD format.

Olivia Gans Turner

Olivia Gans Turner, EWTN Producer Taylor Hancock, and Ernest Ohlhoff

Planned Parenthood 2013-2014 Annual Report: Pro-Abortion, Prosperous, and Proud

By Randall K. O'Bannon, Ph.D.

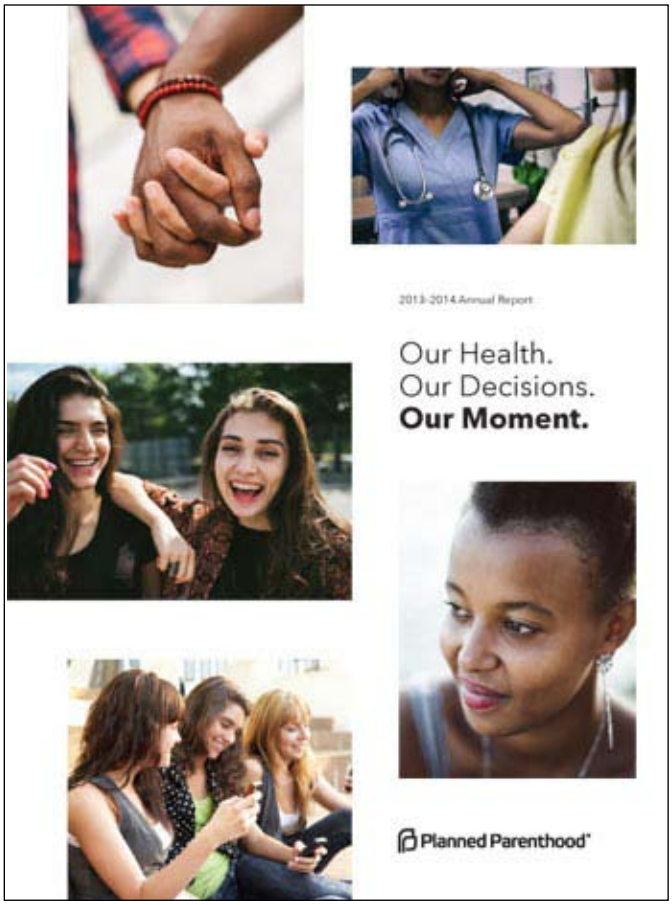
Despite the closing of some clinics (usually in pursuit of greater profits) and constant complaints about "assaults on reproductive rights," Planned Parenthood again made hundreds of millions last year off of abortion as the country's largest "abortion provider," which is today responsible for about a third of all America's abortions.

PPFA's overall $1.3 billion income for the fiscal year ending June 30, 2014, was a record. Put in perspective, according to 2013 figures from the World Bank, a country with a gross domestic product this high would rank ahead of Greenland, Grenada, Tonga, Micronesia and several other independent countries.

To be clear the aforementioned $1.3 billion in income is not all directly from abortion, but a substantial portion of it is and a lot more is indirectly connected. (See below.)

According to Planned Parenthood's 2013-2014 Annual Report, "Our Health, Our Decisions, Our Moment" (www.plannedparenthood.org/files/6714/1996/2641/2013-2014_Annual_Report_FINAL_WEB_VERSION.pdf), clinics affiliated with the Planned Parenthood Federation of America (PPFA) performed 327,653 abortions in 2013. This is up slightly from 2012's 327,166, but just a bit below 2011's record 333,964.

The stability of Planned Parenthood's abortion count – between 324,000 and 334,000 since 2008 – is remarkable, given that national figures for abortions have been in a nosedive since 2008; they have dropped 13% in just the last three years. Planned Parenthood's ability to continue to prosper in a "down market" is a testament to PPFA's unchallenged role as the overwhelmingly dominant provider of abortion and its powerful political connections.



Abortion income: direct and indirect

At the going rate for standard surgical abortion at 10 weeks ($451 is the figure from Guttmacher for 2009), the 327,653 abortions performed by Planned Parenthood would represent at least $147.7 million. That does not account for the greater cost of chemical abortions, which are a big part of Planned Parenthood's total and are heavily promoted and widely available at its clinics.

Nor does the figure take into consideration that many PPFA clinics offer considerably more expensive second trimester abortions (over a hundred clinics, with more than a dozen of those offering abortions at 20 weeks or more), meaning that $147.7 million is likely an extremely conservative figure.

Not often talked about is that when women come into Planned Parenthood for abortion, they are also sold pregnancy tests, contraceptives, and may be tested and treated for sexually transmitted diseases or infections. These will be counted and costed as separate "services" but all may be connected to the abortion visit.

For all their talk about "choice" and allowing women to make their own determinations with regard to their pregnancies, the services such women receive at PPFA clinics are decidedly one-sided. According to the annual report, the breakdown of services rendered specifically to pregnant women shows Planned Parenthood's clear institutional bias: prenatal care 5.4%, adoption 0.5%, abortion 94.1%.

Looked at another way, these figures tell us nearly 19 out of every 20 pregnant women who got these services at Planned Parenthood were sold abortions. And notice that abortions outnumbered adoption referrals by a more than a 174 to one.

Using Tax Dollars, Angling For More

Despite of (and sadly, in some places, perhaps because of) its clear abortion agenda, Planned Parenthood continues to receive an inordinate amount of its funding from taxpayers. We learn from the report that 41% of its revenues are from "Government Health Services Grants & Reimbursements."

These are services or programs paid for by local, state, or federal governments. While law prevents federal dollars from paying directly for abortion (those dollars mean more private funds available for that purpose, though), many state and local governments do fund abortions, helping to keep the abortion giant running.

PPFA is fully aware of the significance of its government ties, seen not only in the dollars and energy expended in recent elections (see www.nationalrighttolifenews.org/news/2014/11/political-money-mobilization-unable-to-buy-elections-for-planned-parenthoods-political-arm/#.VK2KJivF_mY), but in their concerted effort to promote ObamaCare, which could deliver them customers for years to come.

The annual report notes that Planned Parenthood reached "more than 1.7 million people in 18 cities across eight states" with information about their eligibility for new health insurance and says it was able to help over 100,000 fill out their applications. It also noted, in the same sentence, that it had registered 15,000 people to vote.

Abortion Defense and Advocacy

Planned Parenthood bills itself not only as "the nation's leading reproductive health care provider" but also adds "and advocate." It is

See "Planned Parenthood" page 15

Planned Parenthood 2013-2014 Annual Report: Pro-Abortion, Prosperous, and Proud

from page 14

clear from this latest annual report that they take that "advocate" role seriously, and that the defense and promotion of abortion is a central part of that advocacy.

While Planned Parenthood's abortion agenda was being thwarted in many statehouses across the country, the group trumpets the claim that "We won court victories protecting abortion access." They have in mind restrictions placed on chemical abortions in Arizona that enforced the protocol approved by the U.S. Food and Drug Administration and a rule in Iowa requiring physicians to be present when chemical abortions are prescribed (which is not the case with so-called "web-cam abortions" where the abortionist only interacts with his patient over the internet). And appeals were pending at the time of the report.

Planned Parenthood also hailed a federal judge's decision on an Alabama law that would have required abortionists to have admitting privileges at a local hospital, a reasonable regulation designed to insure the abortionist be able to accompany his "patient" to a local hospital when emergencies arise.

What is remarkable is not that Planned Parenthood temporarily won in some courts what they could not win in the legislatures – this is, after all, the legacy of Roe v. Wade – but that they were only partially, and one hopes, temporarily successful in that regard.

The photo from one section of "Our Health, Our Decisions, Our Moment" features a woman wearing a "Stand with Texas Women" T-Shirt, a state where Planned Parenthood invested enormous amounts of money and publicity. Their political star—pro-abortion state Senator Wendy Davis—was obliterated in her race for governor, and the courts are still listening with varying amounts of skepticism to a flurry of lawsuits filed against Texas' H.B.2. Planned Parenthood also says they're "pushing back" against other laws in Louisiana, Mississippi, Oklahoma, and Wisconsin where they have seen limited success.

Aiming for the Next Generation

Planned Parenthood touts the existence of 200 college campus groups, 182% more than they had just three years ago, and the deployment of 1,503 "peer educators" – young advocates for Planned Parenthood's agenda – to reach "nearly 100,000 of their peers across the country.

A quote featured in this section shows where this outreach is headed. After "Dakota" mentioned learning about Planned Parenthood when visiting the clinic with her mother and eventually getting involved in the peer educator program there, she shares, "My plan is to go to medical school and become an abortion provider. Being part of Planned Parenthood gives me the space to do this work."

Just how saturated the report is with spin is made apparent in the section proudly proclaiming that "We fought abortion stigma in popular culture." The discussion here centers around the awful film "Obvious Child" which featured the story of a woman unapologetically getting an abortion. It was supposed to be a comedy. Planned Parenthood calls it "edgy, hip, funny, remarkably honest" though there was little-to-no honesty about either the humanity of the "obvious child" or the psychological pain that follows many women after their abortion.

Planned Parenthood hailed the movie as a "major breakthrough" when it came out, but failed to highlight the integral role it played in bringing the story to screen. Now here in the annual report PPFA mentions how they "worked for years with the film's writer, director, and producers to shape the story, helped them film it in a Planned Parenthood Hudson Peconic health center, and oversaw its release to widespread critical and commercial success."

While there were some of the usual media sycophants that gave "Obvious Child" the politically correct praise that might be expected, it is a far stretch to call the film a "commercial success." According to Box Office Mojo, the domestic total gross for the film was just $3,123,963. The highest it ever ranked in any week of its release was #19. For the year, it came in #158, behind "The Lunchbox," "Vampire Academy," and the 30th anniversary re-release of "Ghostbusters."

Like much of the rest of Planned Parenthood's talk about abortion and the unborn child, there's more spin than substance to their claims.

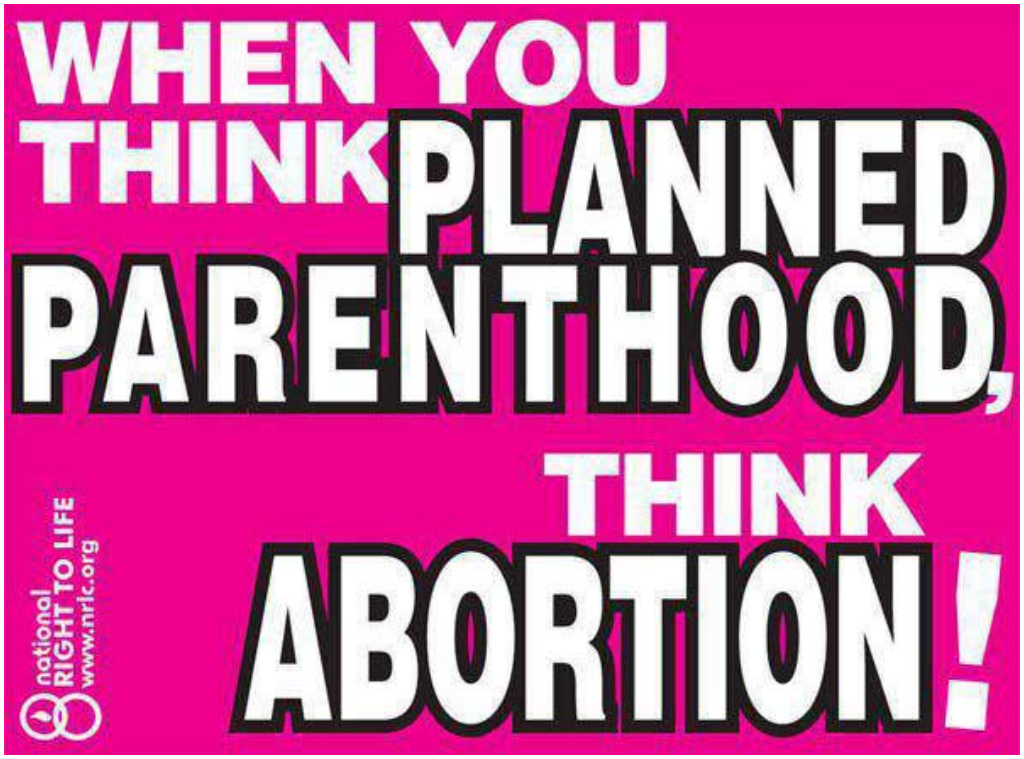
Leaner … and Meaner

Planned Parenthood does not mention how many clinics it closed or affiliates it merged in the year, but notes the "25 percent increase in productivity" that followed efforts to help "35 affiliates strengthen their operations."

Planned Parenthood claims to have opened 10 new "health centers," though one of the three it specifically mentions (Tacoma, WA) appears to be a relocation and another (Fayetteville, NC) seems to be a mega-clinic that opened in 2009.

PPFA affiliates all over the country have been building and opening giant new megaclinics over the past ten years, massive modern new facilities that can not only process many more abortions a day, but also can meet new health codes being passed by many state legislatures.

So, in a nutshell, even as the culture around them grows increasingly uncomfortable with their signature product, Planned Parenthood is as committed to abortion as it ever was and is looking for ways to defend and expand its abortion empire.



Pregnant British mom refuses doctors advice to abort premature baby, one year later son is healthy

By Dave Andrusko

It was a classic case of a pregnant mother told her baby was "non-viable," who refused to succumb to what she says was pressure by doctors to abort.

Clearly little Jett Morris, who eventually was born prematurely at 25 weeks, wasn't listening to the gloom and doom scenarios. In spite of all the dire predictions, he has now grown into a healthy one year old, according to Jessica Fleig of the British publication, *The Mirror.*

Mhairi and Paul Morris say their son, born at just 1.4lbs, would not be here today if they had given in to pressure from medics at East Surrey Hospital. Here's the narrative, as reported by Fleig.

Just after having an ultrasound scan at 20 weeks, which revealed everything was perfect, Mhairi's water broke.

"The doctor said 'we're going to get you into theatre [operating room]. You have to have a termination because there's nothing we can do'."

She added: "I understand doctors have to tell you the worst case scenario and be blunt, but no two people on this Earth are exactly the same and doctors didn't even give Jett a chance.

"When he came back in and Paul and I had talked we told him I wouldn't be going into theatre and the doctor looked at his watch and rolled his eyes at me, as if I was wasting time.

"I said to Paul 'we have to get out of here'."

It gets worse, according to Mhairi and Paul. They told reporter Fleig that they'd been given just five minutes to make a decision—and that a trolley [a gurney] had actually been wheeled in to take Mhairi to the operating room.

Mhairi had suffered preterm premature rupture of membranes and later was diagnosed with placenta previa – where the placenta forms underneath the baby and can cause bleeding and infection.

Mhairi was told she was likely to go into labour within 48 hours and her baby would die. But a few days later she had not given birth and was allowed to go home.

It was 12 days later when she started bleeding and was rushed back to the hospital. But they soon had to travel to another hospital 80 miles away because East Surrey Hospital was not equipped to handle a baby born before 28 weeks.

According to the family, doctors at Portsmouth Hospital "warned their son could be brain damaged and would probably die at birth because his lungs would not be developed," Fleig reported.

But Jett defied the odds and came out kicking and wriggling on December 6, 2013 – and even let out a small "squeak" before being rushed to an incubator.

He suffered with chronic lung disease and jaundice – which he quickly recovered from after his lungs and organs developed.

He was finally allowed home on March 5 – almost three weeks before his original due date of March 24.

As noted above, it's not as if Jett did not face challenges. He also has two small holes in his heart, but "it is not thought they will ever cause a problem for him and he was taken off an oxygen machine in May." He is one resilient infant.

Jett Morris

Mhairi told Fleig

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

"I was given such a bleak outlook that I kept thinking 'he's not supposed to be healthy' and was waiting for something to happen, but it never did."

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

Paralyzed, unable to speak, and dismissed as a "vegetable," Martin Pistorius could hear everything, eventually "awoke" from locked-in syndrome

By Dave Andrusko

A little over three years ago we reposted a story—remarkable in every sense of the word—of Martin Pistorius.

Dr. Peter Saunders wrote

> ***The Sunday Times*** **today tells the story of Martin Pistorius, a South African man who ended up paralyzed and comatose following a throat infection at the age of 12. His awareness began to improve four years later and by the age of 19 had fully returned.**
>
> **However it was a further five years before a therapist noticed that he was trying to communicate. The penny eventually dropped that he had been aware of everything going on around him for almost ten years whilst everybody had assumed he was unconscious.**

As the opening question in what *NPR* says is a new program on human behavior called "Invisibila" ["how invisible things shape our behavior and our lives"], Lulu Miller asks

> **What would you do if you were locked in your body, your brain intact but with no way to communicate? How do you survive emotionally when you are invisible to everyone you know and love?**

Miller writes in more detail, but the picture of Martin's early years is grimly the same. In the late 1980s, at age 12 he came down with a mysterious disease which got progressively worse (the best guess doctors could make was cryptococcal meningitis). Interestingly, Miller never mentions uses what came to be the final diagnosis: locked-in syndrome

Martin Pistorius sometime between 1990 and 1994, when he was unable to communicate. Courtesy of Martin Pistorius

Eventually he lost even his ability to make eye contact and finally his capacity to speak. His parents were told to take him home to prepare for his death, but Martin did not die.

His parents' steadfast commitment to his care is remarkable. For example, his dad, Rodney, got up at the crack of dawn, Miller writes, and would

> **get him dressed, load him in the car, take him to the special care center where he'd leave him.**
>
> **"Eight hours later, I'd pick him up, bathe him, feed him, put him in bed, set my alarm for two hours so that I'd wake up to turn him so that he didn't get bedsores," Rodney says.**

That was their lives, for 12 years

Still Miller does not paint Martin's parents as some sort of plaster saints. Joan Miller, not thinking her son was "there" to hear her,

> **vividly remembers looking at Martin one day and saying: "'I hope you die.' I know that's a horrible thing to say," she says now. "I just wanted some sort of relief."**

What she couldn't know of her boy who "just kept going, just kept going," was that the now-39-year-old Martin heard her perfectly, not from the beginning of his "vegetative" state, but from about two years later when he was around 14.

"I was aware of everything, just like any normal person," Martin says, according to Miller. But he could not move his body, even though he could see and understand everything.

"Everyone was so used to me not being there that they didn't notice when I began to be present again," he told Miller. "The stark reality hit me that I was going to spend the rest of my life like that — totally alone."

In a very compressed space, Miller explores the succession of amazing strategies that Martin employed, once he concluded he was "doomed."

With no exit, Martin "figured his only option was to leave his thoughts behind"—what he calls "disengaging his thoughts," which he proved to be very good at.

"You don't really think about anything," Martin told Miller. "You simply exist. It's a very dark place to find yourself because, in a sense, you are allowing yourself to vanish."

See "Martin Pistorius" page 29

The unique beat to Kelly Clarkson's new song—the heartbeat of her unborn daughter slowed down

By Dave Andrusko

A tip of the hat to Josh Shepherd at Bound4life.com who reported this week that pop/country superstar Kelly Clarkson's "Heartbeat Song," first previewed on Twitter, was released in its entirety on Monday. Clarkson was, of course, American Idol's" first winner and has gone onto tremendous popularity.

Kelly Clarkson's "Heartbeat Song" is set to her baby's prenatal heartbeat (Photo: Instagram)

What's unique, Clarkson explained in a radio interview, is "that the track's beat is "actually River's heartbeat slowed down from when she was in my tummy!"

Clarkson's and husband Brandon Blackstock's baby girl, River Rose, was born June 12, 2014.

If you watch Clarkson and River Rose, you'll be left in stitches.

The premise is that the little girl is listening to "Heartbeat Song" and "dancing" along to the beat. A moment later, she is fiddling with the mixing board. It really is adorable.

River Rose

Under the New Dome – It's a New Day in D.C.

from page 11

The poll also found that 28% of voters recalled receiving, hearing, or seeing information or advertising from National Right to Life. Voters also recalled other pro-life groups involved in the election: 17% recalled receiving information or hearing advertising from the National Right to Life affiliate in their state; 9% recalled hearing from Susan B. Anthony List; and10% recalled hearing from Americans United for Life.

Visitors to the U.S. Capitol see the outward signs of newness being prepared with scaffolding on the dome, while on the inside, under the new dome, today we watched with excited anticipation as new pro-life leaders were sworn in.

It's a new day in Washington. And none of this could happen without your support: your involvement, your votes, and your prayers.

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

Autos for Life rolls into 2015!

By David N. O'Steen, Jr.

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

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

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

Please, keep them coming!

Recent donations to Autos for Life include a 1999 Honda Odyssey from a pro-life family in Florida, a 1997 Oldsmobile 88 from a pro-life gentleman in Georgia, and a 1998 Ford Explorer from pro-life supporters in Texas. As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life!

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

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

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

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

Autos for Life
c/o National Right to Life
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Doctors give baby zero chance of survival before he gives them a 'true miracle'

By Nancy Flanders

Aaron and Amy Vawter were eagerly awaiting the arrival of their second bundle of joy. Already parents to Micah, then 18 months, the couple went to have the routine 20-week ultrasound for baby number two when doctors discovered some frightening problems with their baby's heart. They were referred to a specialist at Seattle Children's Hospital, where the prognosis for their baby only worsened.

"They could only see three chambers of his heart," explains Amy, "three days of testing, hours of ultrasounds head to toe with three hours spent just on his heart. And at the end of it all they were telling us that this baby had so many problems, there was a zero percent chance of survival."

The Vawters' unborn son had severe heart defects including hypoplastic left heart, which means the left side of his heart was too small to support life. He also had a hole between the top chambers of his heart (complete atrioventricular canal) and a hole between the bottom chambers. The two valves in the middle of his heart were fused into one leaky valve. His aorta was also underdeveloped, and doctors said it was too small to supply enough blood to his body. But in addition to his heart problems, the baby had two clubbed feat, a missing nasal bone, fluid around his kidneys, and enlarged ventricles in his brain.

Devastated, the couple listened as the cardiologist told them about four open heart surgeries that could be done to attempt to fix the problems. But still, the prognosis was not good, and it would be worse if tests came back positive for Down syndrome. The doctor informed them that of the ten babies with hypoplastic left heart and Down syndrome who had been born at Seattle Children's, none had survived.

"If it was just the hypoplastic, then it was fixable," says Amy. "So with all the problems combined there was nothing to do. Doctors told me, 'You're young. You can try again. There's no reason to put yourself and your body through the rest of the pregnancy.' We said no, we don't believe in that. We're going to carry this baby for as long as we have him."

But the doctors didn't table the abortion discussion. When Aaron took Micah out of the room for a break, the doctor turned to Amy and said:

Don't let your husband influence what you do with your body. We can take you upstairs today and do the abortion. You shouldn't have to do this. You shouldn't have to go through this pregnancy.

Amy simply told him, "No."

Matthew Vawter

After an amniocentesis and further testing, it was discovered that the baby did indeed have Down syndrome. This sealed his fate, according to Amy. Doctors reminded the couple that any child with Down syndrome and severe heart defects would not survive. Because Amy and Aaron were against abortion, a doctor offered another option – inducing early labor when the baby would be too young to survive. But Amy knew that that was the same thing as abortion.

The Vawters soon found themselves switching to a Catholic hospital in Spokane, WA because it was closer to family and their support network. The doctors there didn't once pressure Amy to abort, and she says she was very happy with their attitude toward her and her baby. Still, Amy and Aaron were scared for their son. From her blog:

Over the next several weeks, we mourned the loss of our baby. We sobbed, we prayed, and eventually we came to accept the situation. We felt as if we had already lost our son, yet we longed to hold him. We prayed that we would be given a few moments with him before he died. My husband said, 'If all he ever knows is that he's loved, that will be enough.' Our family and friends were all on their knees, too, and somehow this gave us some comfort in the midst of the thick fog of our grief.

We named him Matthew, meaning "gift of God." His middle name would be Nicholas, for St. Nicholas of Tolentino, the patron saint of dying babies. We really didn't expect a miracle or even dare to pray for one. We just hoped to hold our son.

Despite the poor prognosis and lack of hope, as the pregnancy went on, ultrasounds showed that the problems with the baby's kidneys and brain had improved, and the left side of his heart had even grown. This improved his chances for successful surgery after birth, but it was still wait-and-see.

See "Zero Chance" page 38

Pro-abortionists respond to re-introduction of Pain-Capable Unborn Child Protection Act

By Dave Andrusko

It was on the first day of the newly constituted 114th House of Representative that two Republicans reintroduced the Pain-Capable Unborn Child Protection Act. The bill passed the House 228-196 in June 2013 only to be bottled up by the then-Democratically controlled Senate.

Fortunately, the Senate Majority Leader is now pro-life Mitch McConnell (R-Ky.), who replaced pro-abortion Harry Reid (D-Nv.)

This landmark legislation would provide nationwide protection for unborn children who are capable of feeling pain, beginning at 20 weeks fetal age, as demonstrated by abundant medical evidence. The bill is based on model legislation developed by the National Right to Life Committee.

In the House, Rep.Trent Franks (Az) and Rep. Marsha Blackburn (Tenn) did the honors on Tuesday in introducing H.R. 36

Rep. Franks said

"I would just deeply encourage all interested parties, including fair-minded reporters, to simply read this bill. It is one all humane Americans can support if they understand it for themselves.

"Throughout America's history, the hearts of the American people have been moved with compassion when they discover a theretofore hidden class of victims, once they grasp both the humanity of the victims and the inhumanity of what is being done to them.

"America is on the cusp of another such realization."

Rep. Blackburn added

"The United States is one of the few remaining countries in the world that allows abortion after 20 weeks. That is why today we renew our efforts to protect the lives of babies and their mothers with the introduction of the Pain-Capable Unborn Child Protection Act. Rep. Franks and I have been a good team moving this legislation through the House as we continue to lead the fight to ensure the unborn are provided the same protection that all human life deserves."

Not expecting anything new, I was curious nonetheless to see what pro-abortionists would say. Here are a couple of examples.

The first is from Emily Crockett, described as a "Federal Policy Reporter" for the pro-abortion website RH Reality Check. Of course, the ability of the unborn child to experience pain at 20 weeks fetal age is "a discredited notion." It's nothing of the sort, but it does remind you that pro-abortionists believe if you say something enough times, people will either be worn down or accept it as the truth.

You can read just some of the extensive evidence that unborn children have the capacity to experience pain, at least by 20 weeks fetal age, on the NRLC website; and also at www.doctorsonfetalpain.com.

Second, they remain acutely sensitive to the legacy of abortionist Kermit Gosnell and the need to segregate Gosnell who Crockett calls a "criminal abortion provider." An interesting choice of words; usually they prefer to cast Gosnell into the outer darkness, dismissing him as an "outlier" or a "rogue."

But what tells you just how out of touch abortion advocates like Crockett are is her comment that

Invoking Gosnell has been a favorite strategy of Republicans eager to disgust Americans with the idea that abortions after 20 weeks are "late-term." The 20-week mark falls in the middle of the second trimester, and is the point in pregnancy at which many devastating fetal anomalies are detected.

Well, to the overwhelming majority of the American population, it is disgusting that huge unborn babies, extremely well-developed, can be put to death often employing means that can only be described as barbaric. Which is why it is so crucial that the Abortion Industry keeps peddling the line that babies at 20 weeks (and, of course, beyond) cannot (repeat cannot) feel pain.

Then there is Tara Culp-Ressler, writing at Thinkprogress.org. To save time, let's just briefly talk about her concluding paragraph:

A 2013 poll commissioned by Planned Parenthood found that when voters learn more about those reasons why a woman may need a later procedure, they oppose 20-week abortion bans.

We've addressed that phony baloney poll previously. There have been a series of genuine polls testing where the public is.

For example, in a nationwide poll of 1,003 registered voters in March 2013, The Polling Company found that 64% would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks — when an unborn baby can feel pain — unless the life of the mother is in danger. Only 30% opposed such legislation. Women voters split 63%-31% in support of such a law, and 63% of independent voters supported it.

We will keep you updated on the progress of the Pain-Capable Unborn Child Protection Act.

Kansas medical board issues final order of license revocation for abortionist Neuhaus

By Kathy Ostrowski, Legislative Director, Kansans for Life

Late on Friday, January 9, the Kansas Board of Healing Arts issued a final order of license revocation for abortionist Kris Neuhaus, calling her "incapable of successful rehabilitation." Kansans for Life applauds the resolve of the Board in protecting the public from her.

Neuhaus' license had been revoked

Kansas abortionist Kris Neuhaus
(AP Photo/John Hanna, File)

in 2012. She had failed to follow both standard of care and record-keeping protocols when providing the legally-required "second independent medical opinion" that enabled 11 young girls (ages 10-18) in 2003 to obtain third-trimester abortions at the Wichita abortion clinic of the late George Tiller.

Neuhaus challenged that revocation in state district court. While upholding the Board's findings that Neuhaus repeatedly failed to document patient histories properly, Judge Franklin Theis vacated the standard of care charge and sent the matter back to the Board for a "do-over" on Dec. 11.

The Board upheld using the sanction of revocation for record-keeping misconduct, because this was Neuhaus' "third strike " in this arena.

Neuhaus had been involved in two prior disciplinary actions from the Board between 1999-2001. As part of retaining her medical license then, she had legally PROMISED to correct her admitted record-keeping failures in the future.

Creating and maintaining proper medical records is not a trivial matter. The Board asserted that the "the interest of the patient is paramount. …Failure to properly document denies the patient of the opportunity to receive proper follow up care and treatment."

The Board particularly cited the youth, inexperience and vulnerability of the 11 patients, "who may have had a unique need for follow up because [Neuhaus] testified that some exhibited suicidal ideation or other indicators of mental illness or psychiatric problems."

The Board found that Neuhaus:

* intentionally, willfully and knowingly committed multiple violations of the Kansas Healing Arts Act;
* "has not learned from prior disciplinary actions [and] fails to express contrition or otherwise acknowledge the wrongful nature of her conduct";
* feels "justified in her actions and showed no signs of remorse."

Neuhaus' attorney, Bob Eye, had pressed that Neuhaus had already suffered a sufficient penalty because she had not had her Kansas medical license for the past few years during litigation. However, the Board disagreed, saying continued revocation and court costs were warranted under their sanctioning guidelines.

The Board upheld using the sanction of revocation for record-keeping misconduct, because this was Neuhaus' "third strike " in this arena.

Attorney Eye told the Associated Press "that procedurally, Neuhaus could ask for a rehearing or appeal to the district court."

Pro-choice author interviews abortion providers, reveals horror of abortion

By Sarah Terzo

Live Action contributor Lauren Enriquez wrote an article a week ago about pro-choice author Magda Denes. Denes, who survived Nazi Germany, held on to a pro-choice viewpoint even when confronted with the horrors of abortion while researching her book, *In Necessity and Sorrow: Life and Death in an Abortion Hospital*. Her book, though written many years ago, reveals some basic truths about abortion. Here are some quotes from the book that illustrate key points.

Abortion takes lives

Denes quotes three different abortion doctors. One says:

When you do a D & C most of the tissue is removed by the Olden forceps or ring clamp and you actually get gross parts of the fetus out. So you can see a miniature person so to speak, and even now I occasionally feel a little peculiar about it because as a physician I'm trained to conserve life and here I am destroying life.

Another says:

In the beginning I was mixed up because I was taught by the Hippocratic Oath not to take a life.

And a third:

It [abortion] goes against all things which are natural. It's a termination of a life, however you look at it.

"Babies" are killed

A clinic worker says:

A lot of people say they're killing their baby. You get a lot of that. Some people afterwards get very upset and say 'I killed my baby.' Or even before, they say 'My circumstances are such that I can't keep it, but I'm killing my baby.' They wouldn't rather have the baby, and give it up for adoption either. If you go into that with them they will say that they could never do that…and yet they still consider it killing the baby…well, they are killing a baby. I mean, they are killing something that would develop into maturity…

Doctors know it's murder

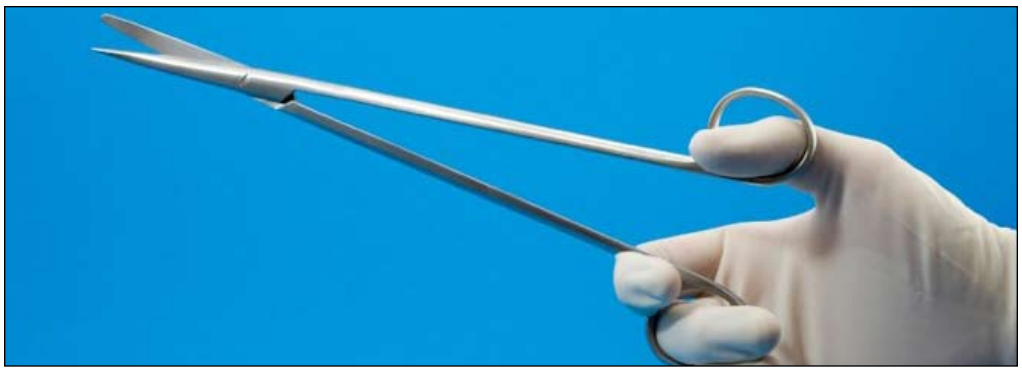
Denes was interviewed in a newspaper about her book and said:

There wasn't a doctor, who at one time or another in the questioning did not say, "This is murder." (Daily News [Chicago] October 22, 1976, Quoted in Abortion: The Silent Holocaust by John Powell, S.J. p 67)

Abortion is profitable

So Denes, although she was pro-choice, documented how abortion providers in one busy abortion clinic all acknowledge that they are in the business of taking lives. Why do they do it? One doctor gives a reason:

It's not a purely altruistic …. The money that's involved is also a big factor in why to do this. And I think that most doctors who do abortions also do them for the money's sake. It's a big motive, and certainly it's nothing to be hypocritical about.



Another doctor says:

I practice medicine not to make a living and yet I like to make money at it. We made a lot of money in abortions. ….. For the first two or three months I didn't do any of the abortions… Then I suddenly realized I had all the headaches because whenever they ran into trouble I got involved. I took over gradually and work two days a week and I found that I work very hard, but it made an awful lot of money.

And some abortionists think women aren't deserving of respect

One doctor says:

The patients are subservient to us, and when they rebel it's very simple: Go to somebody else….What better relationship can a man have with a woman? …

Clinic workers sometimes criticize the doctors:

I really feel that about several of the doctors. That there's really pathological things and their involvement with abortion. Like Dr. Roderigo. [pseudonym] He is very sarcastic and he really, you know, like goes after people. Recently he had a horrendous fight with Rachel [another clinic worker]. It was absolutely, totally disgraceful. It happened right in the nurse's station. He flew at her. Cursing, screaming out loud, yelling, you could hear it all over the whole floor. It was incredible, I mean, imagine the kind of feeling that gives the patients on the floor. He was just out after her and it had to do with her being a woman, in her position, kind of…"

And reveal a lack of concern about patient care:

Our surgeons have a technique, even though I shouldn't really say this, where they don't really scrub between cases. They'll scrub once and they'll do a case and they'll go next door to the next room and put on a new gown and gloves. Without scrubbing between.

Clinic workers silence their consciences

Clinic workers describe how they have hardened themselves to the death of the babies:

I'm not one to see blood and mess and things like that. But I have since gotten so excited about it that I thought about going back to nursing school. When you think about it on a certain level, it's a really interesting thing that is happening. It's fascinating, when you can think about it clinically and not get involved in the people, or the babies. What happened when I was first working here was that I just thought about the baby and that was very upsetting. I'm very pro-abortion…

See "Pro-Choice Author" page 34

What beauty have we missed?

By Mark Leach

An exhibit in Brooklyn, New York features the work of an artist who was once called "profoundly retarded" but whose work is now considered "genius."

Judith Scott was born in 1944, a member of the baby boom generation. But, per the standard of care, because Ms. Scott was born with Down syndrome, she was institutionalized.

She became deaf as a child, but was not diagnosed until she was in her 30s. Her childhood spent in silence cost Ms. Scott the opportunity to develop speech. From this neglect, she was diagnosed as profoundly retarded and ineducable.

That was until her fraternal twin Joyce became Ms. Scott's guardian and moved her to San Francisco where Ms. Scott was enrolled in a creative arts program.

Initially, Ms. Scott worked in "traditional" mediums: drawings with colored pencils and paintings. But, then she took a class taught by fiber artist Sylvia Seventy. Ms. Scott had found her medium.

The exhibit at the Elizabeth A. Sackler Center for Feminist Art at the Brooklyn Museum is a showcase of Ms. Scott's fiber art sculptures. At their core, these sculptures are mostly everyday objects, like an umbrella or a shopping cart, but then, through hours and hours of toil, Ms. Scott covered them in yarn, silk, wire, and other fibers knotted and intertwined with one another. They are covered so completely that it is near impossible to tell what began at the center of the sculpture, with the exception of the very large pieces like a shopping cart or a chair.

David Byrne, the former lead singer of the Talking Heads, is an admirer and collector of her works. She has had shows around the world. Holland Carter wrote a review of the Brooklyn Exhibit, explaining Ms. Scott's process:

Although her materials were pretty much determined by what was in stock at Creative Growth at any given time, what she did with what she had was her decision alone, and the decisions were genius.

And so, a woman diagnosed as ineducable later has her decisions described as genius by a New York Times art critic.

In a commentary on Ms. Scott and her work, Lawrence Downes concluded his piece on the Times' Op-Ed pages, beautifully:

Ms. Scott's pieces are colorful, oddly shaped yet graceful, unself-consciously beautiful. That is also a good way of describing a human being, which Ms. Scott — against overwhelming odds, and the larger world's denial, and without saying a word — declared herself to be.

Pieces of Judith Scott's artwork

Judith Scott didn't move to San Francisco and become enrolled in her art studio until she was 43. She produced work that has received international acclaim, but did so only in the last 18 years of her life. As wonderful as the critical reviews and commentary written about her are, reading them left me wondering:

What beauty have we missed by shunning those with disabilities?

Recall, when Ms. Scott was born, it was simply the norm to believe a child such as she couldn't amount to anything. So they were warehoused in institutions, shut off and segregated from society, left to age and ultimately die. Things have progressed for the better, but still people with Down syndrome and other intellectual disabilities remain a minority group for which most of society has very low expectations.

The example of Ms. Scott should challenge all of our preconceived notions about our fellow human beings. We all believe ourselves to have some creative spark, in one way or another. For you it may be how well you host a holiday party, or decorate your house, or play an instrument, or, in my case, try to write something of significance. And, yet, how many of us has looked at another person, a person who has a more obvious disability, and not even considered that they too have the creative spark we humans are all endowed with?

Had Joyce not gone and removed her sister from that institution an entire exhibit hall in Brooklyn would be devoid of works of art described as mysterious and beautiful. How many more exhibit halls may have been filled if those who were left behind at that institution or have limits placed on them by school administrators with low expectations or never had the chance of being born because of biased, coercive, negative counseling, instead had been given the chance to express their creative spark?

How much beauty have we deprived ourselves because of how we have treated those with Down syndrome?

Editor's note. This appeared at downsyndromeprenataltesting.com

Pro-abortion Sen. Boxer to retire at end of 2016: a look back at her "legacy"

By Dave Andrusko

When pro-abortion Sen. Barbara Boxer (D-Ca.) announced January 8 she'd decided to retire when her current term ends in 2016, you would've expected—and you got—a combination of speculation about what will be a wild and woolly fight to succeed her, an appreciation for being one of the first females in the Senate in the modern era (she was elected to the Senate in 1992, "The Year of the Woman") , and, of course, praise for her role as a stalwart defender of "choice."

NRLC's Andrew Bair did a terrific job explaining Boxer's "legacy" in context. If you happened to have missed it, I highly recommend you take a few minutes to read his analysis at http://nrlc.cc/14xcncL and pass it along to pro-life friends.

Before we take a further look at her famous exchange with pro-life former Sen. Rick Santorum, I would like to add a few additional thoughts.

As a part of looking ahead, the *Washington Post* (in a gushing tribute) reminded readers that California's "jungle primary" system "dispenses

Pro-abortion Sen. Barbara Boxer

with party affiliation." In other words, "primary voters can cast their ballot for any candidate of any party in the summer primary, sending the two top vote-getters into the November general election," according to the *Post's* Paul Kane. That alone could be very, very interesting.

In addition, it's not known whether pro-abortion Sen. Dianne Feinstein (who is 81) will seek re-election in 2018—the same year pro-abortion Gov. Jerry Brown's latest term is up, "setting up the possibility of three blockbuster statewide races within two years," Kane adds.

Kane reminisces about Boxer's early days in the Senate, beginning in 1993, when there were just two females, both pro-abortion Democrats, and how they had to battle for equality in the

Pro-life former Sen. Rick Santorum

male-denominated Senate.

Unfortunately, that gave Kane another chance to recycle the slanderous attack against then Supreme Court nominee, Clarence Thomas. Twenty-three years later and they still can't let go of what Thomas rightly called a "high-tech lynching."

In noting that there are now 20 female senators, certainly a commendable development, Kane manages to miss the small but growing number (4) of pro-life female Republican senators. The irony is pretty hard to miss. Female senators collectively were once essentially invisible. Now only pro-life female senators have to fight to be sighted on the media's radar.

For veteran pro-lifers, Boxer will always be remembered for "I Am Not Answering These Questions!" I have reproduced below the 1999 back and forth with former Sen. Santorum over on Birth & Partial-Birth Abortion.

Boxer's "how can you be so dense?" responses speaks for themselves. But if you watch the exchange two conclusions jump out.

First, Boxer clearly believed if she said the same thing enough times—in this instance, "I support the *Roe v. Wade* decision"—people (in this instance Sen. Santorum)—would just give up and allow her to avoid answering the question.

Second, Boxer told Santorum—in 1999—that once the baby is "born," she or he "would then have every right of every other human being living in this country." Even then, and much more so today, there are "bioethicists" who challenge that conclusion—that being "born" is clear-cut line of demarcation.

They would tell you (based on a wide variety of arguments) that there is nothing particularly significant about birth; it's rather whether the child meets certain criteria. When he or she doesn't, the child's rights are in peril.

Take a few minutes and read the transcript. Twenty four years later and it still is riveting.

I Am Not Answering These Questions!" A Senate Exchange on Birth & Partial-Birth Abortion

Editor's Note. When the Senate considered the Partial-Birth Abortion Ban Act on October 20, 1999, perhaps the most revealing part of the debate was the exchange that is reproduced below, between the chief sponsor of the bill, Senator Rick Santorum (R-Pa.), and the leading opponent, Senator Barbara Boxer (D-Ca.). This discussion appears on pages S12878-80 of the October 20 Congressional Record. We have corrected minor errors in transcription and punctuation based on review of a videotape of the C-SPAN broadcast.

Senator Santorum: I think the issue of where we draw the line constitutionally is very important. And I'm sure the senator from California [Senator Boxer] agrees with me. I think the senator from California would say that she and I, and the senator from Illinois and the senators from Arkansas and Kansas here, we are all protected by the Constitution with a right to life. Would you agree with that, senator from California – – [would you] answer that question?

Senator Boxer: I support the *Roe v. Wade* decision.

Santorum: So you would agree any child that's born has the right to life, is protected under the Constitution? Once that child is born?

Boxer: I agree with the *Roe v. Wade* decision. And what you are doing goes against it and will harm the women of this country. And I will speak to that issue when I get the floor myself.

See "Barbara Boxer" page 39

"Oversold" and "misunderstood" prenatal screening tests "prompt abortions"

By Dave Andrusko

NRL News and *NRL News* Today tries to keep up with the latest diagnostic tests that are marketed to pregnant women, usually as a way of determining the baby's sex or whether he or she has Down syndrome. And the reason is obvious!

What critics call the "de-selection of our children"–abortion–is the result anywhere from 70% to more than 90% of the time when the mother is told the test has found that the baby has Down syndrome. And, of course, the menace of sex-selective abortions is no longer largely confined to China, India, and South Korea.

The Chapmans

The results of an in-depth investigation by The New England Center for Investigative Reporting, reported in the *Boston Globe,* reveals that there are an alarming number of false positives in the newest wave of prenatal screening tests with babies being aborted as a result of the error. [1]

The headline for the *Globe* story, written by Beth Daley and New England Center for Investigative Reporting, is "Oversold and misunderstood Prenatal screening tests prompt abortions."

There are numerous problems but at the core, according to Daley, is that these companies

> **are overselling the accuracy of their tests and doing little to educate expecting parents or their doctors about the significant risks of false alarms.**

> **Two recent industry-funded studies show that test results indicating a fetus is at high risk for a chromosomal condition can be a false alarm half of the time. And the rate of false alarms goes up the more rare the condition, such as Trisomy 13, which almost always causes death.**

Put another way, there is

> **a huge and crucial difference between a test that can detect a potential problem and one reliable enough to diagnose a life-threatening condition for certain. The screening test only does the first. … [S]ome companies blur the distinction between the results of their screening tests and a true diagnosis, potentially confusing patients and doctors about the trustworthiness and meaning of their test results. Illumina, for example, claims its Verifi screen has "near-diagnostic accuracy," a term medical experts say has no meaning.**

The three-month investigation concluded, Daley wrote, that "Companies selling the most popular of these screens do not make it clear enough to patients and doctors that the results of their tests are not reliable enough to make a diagnosis."

And babies die as a result. Evidence is building from this "overselling" of screening techniques

> **that some women are terminating pregnancies based on the screening tests alone. A recent study by another California-based testing company, Natera Inc., which offers a screen called Panorama, found that 6.2 percent of women who received test results showing their fetus at high risk for a chromosomal condition terminated pregnancies without getting a diagnostic test such as an amniocentesis.**
>
> **And at Stanford University, there have been at least three cases of women aborting healthy fetuses that had received a high-risk screen result.**
>
> **"The worry is women are terminating without really knowing if [the initial test result] is true or not," said Athena Cherry, professor of pathology at the Stanford University School of Medicine, whose lab examined the cells of the healthy aborted fetuses.**

People put so much faith in these tests that one "woman actually obtained a confirmatory test and was told the fetus was fine, but aborted anyway because of her faith in the screening company's accuracy claims," Daley wrote. "'She felt it couldn't be wrong,' [Prof. Athena] Cherry said."

An interesting sidebar in the story is that there is a loophole that allows unregulated tests that goes back to the mid-70s—back when there were just a few simple tests performed in a single lab. However

> **In the past decade, for-profit companies have used that regulatory running room to develop complex tests to diagnose or screen for conditions ranging from cancer to Lyme disease and now, fetal chromosomal conditions. Not all of the tests undergo robust independent review and it is challenging for the public to distinguish good and bad tests, according to medical experts.**

The story of Stacie and Lincoln Chapman is the narrative Daley builds her story around. Fortunately, it has a happy ending.

Dr. Jayme Sloan told Stacey Chapman the test (called MaterniT21 PLUS) has a 99 percent detection rate—and that her three-month-old son had Edward syndrome . "Though Sloan

See "Oversold" page 30

Republican-controlled New York State Senate refuses to take up abortion-expansion proposal

By Dave Andrusko

As a reminder once again that elections do have consequences, last Monday the Republican-controlled New York state Senate approved eight out of nine remaining bills in the package known as the Women's Equality Act but refused to take up a component that would greatly expand abortion "rights" in a state that already aborts an incredible number of unborn babies.

NRL News Today ran a series of stories last year in which the state Senate, which then had a power-sharing arrangement between Republicans and Democrats, fended off the efforts of pro-abortion Gov. Andrew Cuomo to package an extreme expansion of third trimester abortion with nine other points that are related to a myriad of issues, including equal pay, housing discrimination, and protections for victims of human trafficking. (The tenth proposal, having to do with domestic violence, passed separately in 2014.)

In last November's elections, Republicans won an outright majority in the Senate. Last year the state Assembly (controlled by pro-abortion Democrats) passed the omnibus version with the abortion plank included.

"We will not be taking that [abortion] provision up," Senate Majority Leader Dean Skelos, R-Nassau County, said. "The other planks or bills have been passed twice in house I think unanimous" [in 2013 and 2014].

"It is a new year and time to put progress over politics by passing effective measures that provide women with the protections they need and the opportunities they deserve," he added. "The Senate is making the passing of these bills an immediate priority because women need the politics to end so that New York can enact a Women's Equality Agenda without further delay."

Pro-abortionists in the Assembly want all nine of the bills in the Women's Equality Act voted on, insisting unpersuasively that the ninth bill merely brings state law into line with the 1973 *Roe v. Wade* decision.

Groundbreaking Dismemberment Abortion Ban in Kansas Kicks off Right to Life Movement 2015 Legislative Agenda

from page 1

In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off." Justice Kennedy added in the Court's 2007 opinion, Gonzales v. Carhart, which upheld the ban on partial-birth abortion, that D&E abortions are "laden with the power to devalue human life…"

"When abortion textbooks describe in cold, explicit detail exactly how to kill a human being by ripping off arms and legs piece by piece, civilized members of society have no choice but to stand up and demand a change," added Spaulding Balch. "When you think it can't be uglier, the abortion industry continues to shock with violent methods of abortion."

A medical illustration of a D&E dismemberment abortion is available here.

Background materials on the bill are available on the National Right to Life website. Included in the background materials is the testimony of Anthony Levatino, M.D., before the U.S. House Judiciary Committee Subcommittee on the Constitution and Civil Justice in May 2013, in which he described in great detail the D&E dismemberment abortions he once performed.

Marcia Angell Enthusiastic for Euthanasia

By Wesley J. Smith

Just as an illustration of where too many among the intelligentsia and technocratic classes are concerning euthanasia: I would like to briefly review a book review by former *New England Journal of Medicine* executive editor–and assisted suicide booster–Marcia Angell.

Angell reviews *Being Mortal: Medicine and What Matters in the End*, by Atul Gawande. I have read the book and written a review, not yet published, so I can't expound on that here. But I would like to focus on Angell's increasing zeal for legalizing assisted suicide–and now, in this review, euthanasia.

Angell spends about a quarter of her long review discussing just the few pages about assisted suicide in the book.

From, "A Better Way Out," published in the *New York Review of Books*:

> **He writes, "For the terminally ill who face suffering that we know will increase, only the stonehearted can be unsympathetic," but then goes on to say, "I fear what happens when we expand the terrain of medical practice to include actively assisting people with speeding their death. I am less worried about abuse of these powers than I am about dependence on them."**
>
> **The implication is that we might begin to substitute assisted dying for palliative care and hospice. He points to the experience in the Netherlands, where he says the fact that "one in thirty-five Dutch people sought assisted suicide at their death is not a measure of success. It is a measure of failure."**

Angell resents the implication:

> **Why, moreover, does Gawande simply assert that the one in thirty-five assisted deaths in the Netherlands are too many? Given the prevalence of terrible deaths from cancer, as Gawande describes so well in his book, why is it not the right number? In Oregon, the number is one in five hundred deaths. Is that the right number?**

To show you where she is coming from, Angell previously said that "too few" people "request" assisted suicide in Oregon.

Moreover, the number of Netherlanders who die at the hands of doctors is far higher than that stated by Gawande–if you include

Marcia Angell, MD

intentional terminal sedation (artificial coma/removal of food and water), non-voluntary euthanasia, and intentional overdose of pain control drugs with the intent of causing death. Indeed, I have calculated that doctors kill in up to 14% of all Dutch deaths–a startling number considering that approaching half of deaths are sudden, such as cardiac arrest or auto accident.

Perhaps Gawande's point, ignored by Angell, is that Dutch doctors euthanize well beyond the terminally ill, including the elderly "tired of life," the mentally ill, and the disabled. Once killing becomes blasé, it can become the course of least resistance.

Angell also notes correctly that most Oregonians who commit assisted suicide have been in hospice. But hospice that omits suicide prevention isn't hospice. It is like saying that the person was in hospice–but not given morphine for pain. In other words, mere enrollment isn't the same thing as receiving the proper care that hospice was designed to provide.

And then, with assisted suicide unequivocally legal in only 3 states–not the 5 she suggests (it's complicated)–Angell embraces outright euthanasia–even for those who can't ask for it themselves:

> **After my husband's death, I have come to favor euthanasia as well, for home hospice patients in the final, agonal stage of dying, who can no longer ingest medication orally. These patients are usually no longer mentally clear enough to give contemporaneous consent, but if they have earlier made it known that this is what they would wish, I believe that a duly appointed proxy should be able to have that wish carried out.**

What could go wrong?

You see how it works? Accepting the premise of killing as an acceptable answer to suffering unleashes forces against which there are no brakes. Angell is a good example of how the slippery slope slip-slides away–even before the monster is completely unchained and out of its cage.

Editor's note. This appeared on Wesley's great blog at http://www.nationalreview.com/human-exceptionalism/396181/marcia-angell-enthusiastic-euthanasia-wesley-j-smith

Martin Pistorius could hear everything, eventually "awoke" from locked-in syndrome

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But—irony of ironies—some things did occasionally elicited un-ignorable thoughts–like "Barney."

Dismissed as a "vegetable," Martin was plopped down in front of a television where cartoons played day after day after day at the special care center. "I cannot even express to you how much I hated Barney," Martin says.

Martin and Joanna Pistorius

Once he had decided he'd "had enough," Martin wanted to gain some shred of control over his existence. For example, by watching the sun move across his room, he was able to learn how to tell time.

Then, according to Miller

Eventually Martin found a way to reframe even the ugliest thoughts that haunted him. Like when his mother said, "I hope you die."

"The rest of the world felt so far away when she said those words," Martin says.

But he began to wrestle with it. Why would a mother say that?

"As time passed, I gradually learned to understand my mother's desperation. Every time she looked at me, she could see only a cruel parody of the once-healthy child she had loved so much. "

Over time, Martin began re-engaging with his thoughts.

And slowly, as his mind felt better, something else happened — his body began to get better, too. It involved inexplicable neurological developments and a painstaking battle to prove that he existed.

According to Dr. Saunders," 'Locked-in syndrome' is a rare neurological disorder characterized by complete paralysis of voluntary muscles in all parts of the body except for those that control eye movement. It may result from traumatic brain injury, diseases of the circulatory system, diseases that destroy the myelin sheath surrounding nerve cells, or medication overdose. Individuals with locked-in syndrome are conscious and can think and reason, but are unable to speak or move."

There are other very famous stories of patients with locked-in syndrome. For example, we've written of Jean-Dominique Bauby, the French editor of Elle magazine. As Saunders explained, "Aided by a therapist he learnt to communicate by blinking his left eye, the only part of his body that wasn't paralyzed. He described his experiences in the book he 'dictated' letter by letter, '*The Diving Bell and the Butterfly*', which was later made into a 2007 film of the same name. He died three days after the book was published in 1997.

What Miller does not address but Dr. Saunders has in many columns is that this condition is a favorite tool of pro-euthanasists. (Great Britain's Tony Nicklinson, who died in 2012, is the most famous case.)

Yet, as Saunders reminds us, "Most people with locked-in syndrome [LIS] are happy, according to the biggest survey of people with the condition." Michael Cook added, "[T]he largest-ever survey of chronic LIS patients has found that only 28% were unhappy." Cook observes that "Very few of them were interested in euthanasia – only 7% — or had suicidal thoughts."

You can read the full story at www.npr.org/2015/01/09/375928581/locked-in-man. There is also a link there to the podcast.

Record low number of abortions in Utah illustrates impact of pro-life legislation

By Dave Andrusko

The best news is the straightforward fact that in 2013 the fewest number of women in Utah had abortions than at any time since 1977. These encouraging results came about even though the number of women in their childbearing years has doubled in the intervening 36 years.

National Right to Life President Carol Tobias

Utah Department of Health's Maternal and Infant Health Program reported that 2,893 women had abortions in 2013–only 4.6 abortions in every 1,000 women. While generally a confirmation of longstanding trends, the results also raise some intriguing questions.

Among other pro-life provisions on the books, in 2012 Utah was the first state in the nation to enact a 72-hour period of reflection. That three-day period does not begin until the mother has a face to face meeting with an "abortion provider."

National Right to Life President Carol Tobias explained that the impact of pro-life legislation in Utah is making the difference it was designed to make. She told the *Salt Lake Tribune*

> **The legislative efforts of the right-to-life movement, and significantly, the resulting national debate and educational campaigns surrounding pro-life legislation should not be minimized when discussing the decline in abortion numbers.**

The *Tribune's* Matt Canham went into considerable detail in his story. Under the heading "numbers," he wrote that Laurie Baksh, with the Utah Department of Health's Maternal and Infant Health Program,

> **has watched the statistics closely. She's seen that from 1997 to 2008 Utah's abortion rate was relatively flat, hovering around six abortions per 1,000 women of childbearing age, which is 15 to 44 years old.**

That rate dropped to five in 2011. And it fell to 4.6 in 2013, the most recent data published by the state health department.

The rate was 7.2 when first calculated by the state in 1975 and it reached a high of 11.1 in 1980. Through the years, Utah has always been far below the national level.

Canham also addressed an explanation that pops up frequently: that abortions go down during economic downturns, the latest of which began in 2008 and which has been slow to recover. Baksh told Canham

> **They are probably working a little bit harder not to become pregnant because now is not the time.**

But Canham looked deeper. He wrote

> **It is just a theory driven by the calendar: When the economy took a nosedive, so did abortions. Statistics, though, don't show similar drops during previous economic downturns in the early 2000s or the 1980s.**

In Utah, the decline in the number of abortions came not from unmarried women having fewer abortions. The numbers were virtually identical in 2011 (1,821) and 2013 (l,838).

The explanation is the behavior of married women, according to Canham.

Abortions among married women actually spiked in the last few years, jumping from 762 in 2008 to 987 in 2011, then fell back to 705 in 2013. This recent reduction in married women having abortions is the reason that Utah saw its abortion rate drop to a record low in 2013.

The 72-hour informed consent law, passed in 2012, was sponsored in Utah's House of Representatives by Rep. Steve Eliason. According to Canham

He said the point was to offer "a cooling-off period," during which he hoped women who felt pressured to get an abortion by a husband or boyfriend would be able to reconsider.

"I will make no excuse for policy that helps reduce the number of abortions," he said. "In this case though, it wasn't the situation where, like other states, you are trying to restrict access to clinics. It simply makes sure there's informed consent."

"Oversold" and "misunderstood"

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offered additional testing to confirm the result, a distraught Chapman said she wanted to terminate the pregnancy immediately," Daley wrote.

As she was "steeling herself" to abort, Dr. Sloan called her back and urged her to wait. Stacie Chapman did.

> **Chapman had a diagnostic test and learned her son did not have Edwards syndrome. A healthy Lincoln Samuel just turned 1 and has a wide smile that reminds Chapman of her recently deceased father.**
>
> **However briefly considered, their decision to abort — informed by the MaterniT21's advertised 99 percent detection statistic — haunts them to this day.**
>
> **"He is so perfect," Chapman, 43, said, choking up as she watched her son play with a toy lamb. "I almost terminated him."**

And while they were very grateful that Dr. Sloan called back, Stacey Chapman is "conflicted." She told Daley that "Sloan did not stress that the test was just a screen that could be wrong."

> **"I didn't seek this test out — this test was offered to me by the doctor's office. They should know how it performs," Chapman said, adding that she would never have considered a pregnancy termination if she had better understood the odds that her result could be wrong.**

[1] There are also false negatives; parents are told their baby does not have (say) Down syndrome or Edwards syndrome when the child does. *The Globe* story does not investigate this aspect much, but as we have reported on many occasions, parents can and do sue for either "wrongful life" or "wrongful birth," saying they would have aborted had they know the baby's condition.

Told to abort, mother seeks second opinion and baby—"a fighter" —is born healthy

By Dave Andrusko

Not to pick on the medical profession as a profession, but where have you heard this before? A baby, Angel Gomez, is alive—and doing well—but wouldn't be here at all if the mother had listened to her doctor.

Yesenia Torres was 21 weeks pregnant when (as she told *KPIX 5*) her doctor told her that because the large mass growing in her baby's chest made breathing impossible, the baby could not survive. According to Torres, he (or she) said, "it would be better to have an abortion."

But Torres told *KPIX 5's* John Ramos, "I thought I would get a second opinion"—in this instance Stanford's University's Lucile Packard Children's Hospital, where the staff agreed to try to save Angel.

The staff didn't discount the reality that Angel's life was in grave danger.

"Given the space-occupying lesion of the tumor, I wouldn't think the baby would be able to survive," Dr. Jane Chueh, the hospital's director of prenatal diagnosis, told Ramos.

No sooner had the baby been delivered (nearly six weeks early) than Angel was rushed from one operating room to another. "There, surgeons opened Angel's tiny chest and removed the mass before he ever took his first real breath," Ramos reported. As of last week, the baby is happily breathing on his own.

Why? According to Ramos because his mother had "the courage to question a doctor's decision."

Torres said, "It is hard. But I said, it can't be possible, you know, doctors also make mistakes."

Torres told Ramos, "she didn't give up because she knew her son was a fighter, and in this case, it takes one to know one."

Said lead surgeon Dr. Karl Sylvester,"At the end of the day, it's a personal decision and it's really a matter of human trust"—meaning, "Do I feel good about what these people are telling me?"

As of last week Angel was still learning to take feedings by mouth. "Once he can, Angel should be able to go home and live a normal life," Ramos wrote

How my child with Down syndrome "Opened my eyes to unconditional love"

By Dave Andrusko

Robert Fulghum is best known for his humongous best seller, *All I Really Need to Know I Learned in Kindergarten: Uncommon Thoughts on Common Things*. I still re-read it every so often, along with Richard Carlson's *Don't Sweat the Small Stuff–and it's all small stuff*.

But when I read Kathy Ostrowski's wonderful "If They had a Voice: Down Syndrome and medically challenging prenatal diagnoses" about Jack Barr's remarkable video, my first thought was of another Fulghum book written

in 1999—"*Words I wish I wrote: A Collection of Writing That Inspired My Ideas*." Here's why.

Barr's video is a confessional—of how badly he had behaved when he learned that his now three-year-old daughter had Down syndrome. Here's what Fulghum wrote that is so helpful in appreciating Barr's total attitudinal transformation. (Fulghum is looking back at a personal credo he was asked to write while in graduate school): "Now, in my sixtieth year, I'm curious about what lasts and what changes in this evolving credo. My reconsideration is well described in the words of playwright Lillian Hellman, in the introduction to her biographical reflection entitled 'Pentimento.'" [Hellman wrote].

> **"Old paint on canvas, as it ages, sometimes becomes transparent. When that happens it is possible, in some pictures, to see the original lines: a tree will show through a woman's dress, a child makes way for a dog, a large boat is no longer on an open sea. That is called pentimento because the painter 'repented,' changed his mind. Perhaps it would be as well to say that the old conception, replaced by a later choice, is a way of seeing and then seeing again."**

It'd be hard to imagine a more complete "seeing and seeing again" of having "repented" than Barr's commentary that accompanies the video and the aching, poignant nature of the questions from (and pleas by) a 16-week old unborn child who has Down syndrome, to his mother.

Here's what Barr wrote:

> **"When my 2-year-old daughter was born, I told my wife I did not want her. I spent an entire year depressed because I believed everything society told me about having a daughter with Down syndrome. Now two years later she is the joy of my life. She is not a monster, she is not ugly, she is not retarded, and she is not a burden on our family. She is a beautiful little girl that brings joy to our daily lives. I understand the fear of having a child that is different, so I want to encourage you to consider taking the road less traveled and see the beautiful things a child with Down syndrome can show you.**

Alert: when you watch the 4 minute, 3 second long video [www.youtube.com/watch?v=rpmLc8s4OWM], you will cry like a baby. I know I sure did. But they are productive tears, they are human tears, they are the kind of tears that might help to wash away any residue of prejudice against babies who dare to be imperfect.

Why is "If They Had a Voice" so transformational? Because the baby ("speaking" through Mr. Barr) asks the kinds of questions that expose what Barr obviously feels were his own dismissive and angry attitudes.

The baby is so understanding. She tries to soothe her mom who has had a very difficult day. Her mom has first learned the diagnosis—that her baby had Down syndrome—and later "daddy" lashed out saying, "I don't want a retarded baby."

The baby says she thought her mom would be happy that she had something 'extra'—the extra chromosome that is associated with Down syndrome. Instead, her parents have fought and the baby asks (although they've only been together 16 weeks), "Have I ruined your life already?"

And then the part that just about slew me. She says,

> **"Mommy, I just want to be with you. Maybe the doctor can change me? So you can keep me."**

Unspoken but implicit is that the need for change was not a change in the baby's condition, but a change in Mr. Barr's heart.

The baby has heard the word "burden" and she asks what a "burden" is. "Does that mean you don't want me anymore?"

She lists what the doctor says she might have, "but he forgot to tell you about the good things": hugs and kisses and high-fives and compassion and most of all love.

The remainder of this beautiful video is a gentle prod to confront the ugly stereotypes, the put-downs that color people's attitudes towards children who are "different." (Barr is obviously talking about—and to–himself.)

If you aren't blubbering by this point, the end will get you. "If you choose to end my life…." well, go to www.youtube.com/watch?v=rpmLc8s4OWM.

The final comments on the screen are a wonderful tribute from Barr to his wife.

> **"Dedicated to my wife who gave me strength when I didn't want the daughter, who opened my eyes to unconditional love."**

British "Miracle Baby" comes home, mom says abortion limit should be significantly lowered

Born at 23 weeks, one week under legal limit to abort

By Dave Andrusko

When "Miracle Baby" Bella Davison came home January 8, after spending her entire life outside the womb (six month) under the care of medics at Newcastle's Royal Victoria Infirmary, it was joyous news not only to her parents, Vicky Jackson and Graeme Davison, but also to all the Facebook friends Bella had made via Vicky's daily posts detailing Bella's life in the Special Care Baby Unit.

Bella with her mom, Vicky

Bella and her twin sister, Sophia, were born by C-Section at only 23 weeks. Bella weighed just over 1lb. However, Sophia, a similarly diminutive size, suffered complications and doctors were unable to save her.

Vicky, 30, who lives in Morphett, Northumberland (in the northeast of England), told reporter Helen Rae, "It was very emotional to bring Bella home as there was a time when we thought this might not happen."

The 23-week number is hugely important. In most situations in most hospitals in Great Britain, if a baby has not reached 24 weeks gestation, staff will do little for them. Not coincidentally 24 weeks is also the legal limit at which babies may be aborted, although as *NRL News Today* has explained many times, there is next to no limit if the baby is diagnosed with "imperfections."

"The day after Bella was born we were told she would not survive the night but she did and now she is home – it's amazing," Vicki told Rae. "It is great to see how well Bella's doing as she looks like any other baby, and you would not know that she was premature, she is just a little miracle."

Bella, she added knowingly, "100% wanted to be here and she has just dealt with everything, she has such a strong little character."

And because of her very premature birth, Bella will be seen regularly by nurses and "she will be monitored by experts to see if she is developing as expected," Rae reported.

Vicky told Rae,

"Like any first-time parent, I am a little nervous having her home and I'm constantly watching her to check that she's okay. But it's very exciting and I'm used to sleepless nights as I've been staying with Bella in hospital."

Referring to her many followers on Facebook, Vicki said, "Some of the messages we get from people around the world are really inspirational," adding, "Some of them are from people who have been or are going through similar situations." The posts were initially for family and friends, Rae explained, "But messages of support have come from across the Atlantic as far away as Texas, America."

As you might expect having a baby who was just one week under the legal limit to abort has had an impact. She told Rae

"I think the abortion limit should be significantly lowered to 10 weeks unless there is a medical reason. Bella shows that babies can survive at 23 weeks old if they are given a fighting chance. More premature babies are surviving all the time due to advances in medical treatment."

Abandoned newborn survives two hours of exposure in extremely cold weather

By Dave Andrusko

JEFFERSON COUNTY, AL– Jefferson County deputies told WBRC that a newborn baby girl is in good condition after her 15-year-old mother left her outside a neighbor's home in extremely cold weather for two hours.

The girl had hidden her pregnancy from her parents, according to Melynda Fox and Karen Church, and gave birth alone in a bathroom at her home the afternoon of January 6.

When the girl's parents came home at 6pm, the girl slipped out of the house and placed her baby on the ground near the neighbor's front door.

"The baby was wearing a short-sleeved onesie and wrapped in a towel, Chief Deputy Randy Christian said," the Fox News station reported. "Her umbilical cord was still attached."

Feigning that she was checking the mail, the teen mom told her neighbor Vickie Zeigler that she heard a baby crying, according Sgt. Jack Self.

"I went to the door and I said 'Who is it?' and she told me, 'It's your neighbor,' and so when I opened the door, she had a bundle, it was wrapped up in a brown towel," Zeigler said.

"She said, 'I found this baby on your yard, I went to the mailbox and I heard this cry,'" Zeigler said.

Zeigler brought the baby inside home and called the Jefferson County Sheriff's Office. "The baby was so precious, though, she was very strong and, wow, just courageous, I would say," Zeigler said.

"Zeigler says she realizes the infant could have frozen to death or been attacked by dogs, since there are several dogs in the area."

According to *Fox News* the baby is reportedly in good condition at Children's of Alabama Hospital. The young mother initially denied being the mother but after deputies left, "the teen's parents called law enforcement and investigators learned the 15-year-old had given birth to the baby hours before."

Whether the baby goes into foster care will not be decided until she is released from the hospital. The teen's parents are reportedly interested in taking the baby.

Sgt. Self says the teen mom could be charged because she first told deputies that the baby wasn't hers.

Vickie Zeigler is the neighbor who took in the baby and called the Jefferson County Sheriff's Office. Source: WBRC video

Pro-choice author interviews abortion providers

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several times I saw really beautiful things happen, I mean it's physically beautiful… Sometimes you can see the vagina opening up in the entire thing coming at once.

Another says:

[Abortion] hasn't had any effect on me at all. …. I don't know if it's because I'm a male, but when I leave here I don't feel worried, as if I've done something wrong. It's like any other type of surgery, I just consider it a job. I once did say to myself, "Gee, suppose I'd one day have a dream and see thousands of fetuses running after me." ….I feel funny sometimes taking on a fetus by D&C even, when you can see the heart beating. Even with D&C's you get these feelings that you are doing something wrong. Especially when you see arms and legs coming out. It comes out in so many pieces. We had nurses that couldn't adjust to this type of work. Many of them quit."

Denes herself becomes hardened to the babies' deaths.

She watches clinic workers looking through the remains of an aborted child for a lost ring, barely noticing the horror of it.

Sensibility is blunted through exposure. After weeks of trailing Holzman [an abortionist] from OR 1 to OR 2, my sense of meaning dulls. I begin to see "cases," "cervical apertures," "fetal tissue."… One time the circulating nurse loses her wedding ring during surgery. She discovers the loss at the end of the operation as the orderly is about the fold the bloodied sheets on the floor. She takes the filled plastic bag from the wastebasket and empties it into the middle of the sheets. Both kneel and with their bare hands rummage frantically in the pile of placental tissue and blood and body parts. "It has to be here," she says nearly in tears. "We'll find it," he reassures her. I am all for them. Is frightful to lose one's wedding ring.… Hours later, when the scene reasserts itself in my mind, I do not recognize myself.

And eventually, Denes and the clinic workers just sit around joking about eating aborted babies.

… Several of us sit in the cafeteria around a luncheon table, eating overdone, tasteless stew. "What do you think this is made of?" Someone asks. "Venison," I say. "Pigeon," says Betsy. "Don't be silly," says one of the counselors "there is a hell of a lot cheaper meat to be found around here." All of us laugh, guffaw, splutter, and slap each other on the arms. It is the funniest thing we have heard in years… "Get a hold of yourself, ladies," Rachel says. "This is unseemly." She is right, of course, but all of us laugh again. "I think it's a Greek dish," says Teresa, laughing so hard that tears begin to roll down her face and we can barely understand her. "It's fetustu." There is no containing any of us now. "There is mincemeat pie for dessert," someone shouts. "And that isn't tomato juice you're drinking, " adds somebody else. Most of us are doubled over. The air is filled with the shrieks, and gasps, and gurgles. My sides begin to ache."

Denes has written a book that shows the horror of abortion. That it comes from a person who is dedicated to the pro-choice belief system is even more disturbing.

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

Feminist Marcotte Calls Pregnancy a 'Broken Leg,' Abortion a 'Cast'

By Katie Yoder

Fresh pro-abortion talking points for a new year! Who said feminism was out of ideas? This time around, feminist writer and moral pygmy Amanda Marcotte is asserting that pregnancy is a disease, with abortion as the cure.

In a recent piece for RH Reality Check entitled, "Nicki Minaj and the Inevitable Politicization of Celebrity Abortions," Marcotte argued that women regret pregnancy – not abortion. Referencing singer Nicki Minaj, she urged that pregnancy is like "when you break your leg" and abortion is the "cast."

When the media reported on Minaj's abortion as a teenager, they "perpetuate[d] abortion stigma," Marcotte wrote. The media, Marcotte continued, "suggest[ed] that she did something shameful and terrible." Like, OMG! What about the fun of abortion? Snuffing out innocent lives is cause for a party!

The fault, according to Marcotte lay in the "politicization of abortion." Women, she admitted, "feel pangs of regret" when recalling their abortions – but "not because … they think they should have had the baby." Instead, what women regret is "a situation that required an abortion."

To prove her point, Marcotte compared pregnancy to breaking a bone:

> **It's like when you break your leg and you ruefully look at the cast later. You're regretting that you made the mistake that led to a broken leg, but you're not mad that medical science was on hand to fix the problem.**
>
> **"The anti-choice movement has successfully pushed the idea that women are – or should be – torn up with shame about the abortion itself," she lamented, and, as with Minaj's case, "the mainstream media all too often plays along."**

Yes, those puritanical, women haters in the media. Why, the 2014 Climate March received 4.5 times more network TV coverage than the 2014 March for Life. And it's such a shame nobody gives Marcotte's allies forums in which to push abortion as a "moral" choice or champion women who don't regret abortion – and censor those who do.

But Marcotte thought she knew better. "If you did nothing but read the headlines, you'd get the impression that Minaj is saying she wishes she'd chosen to blow off her wildly successful career as a pop and hip-hop star for the less exciting pleasures of life as a teen mother," she mind-read. She called out four headlines in her piece:

* "Nicki Minaj 'haunted' by early abortion," USA Today
* "Nicki Minaj opens up about her teen pregnancy and abortion. It 'haunted me all my life,'" Washington Post
* "Nicki Minaj details decision to have abortion in Rolling Stone Interview," Daily Mail
* "Nicki Minaj Opens Up About Her Abortion: 'I Thought I was Going to Die,'" Billboard

Her problem was with the last: "[a]s for the 'thought I was going to die' comment, that isn't because the abortion was some terrible physical ordeal," Marcotte said of Minaj, but, "the comment is in reference to how she felt when she got pregnant."

For Marcotte, that proved how "the anti-choice movement's relentless propaganda about 'abortion regret' has done some real damage when it comes to women being able to tell their abortion stories in the public sphere." (To be more precise, try replacing "the anti-choice movement" with "the anti-life movement.")

Marcotte made other laughable comments including, "If you express any mixed feelings about the situation, prepare to have the conservative media – or, as with Minaj, more mainstream outlets, too – flatten your experiences to fit a narrative about how women always regret their abortions."

Because, in today's world, "talking about reproductive decisions in a nuanced, personal fashion seems impossible to do without feeding the machine that suggests that any feelings of regret whatsoever means that abortion is bad for women." Because regret means… nothing.

Let's try a thought experiment. How would Marcotte headline Minaj's story?

* "Nicki Minaj reminisces about her abortion. It 'empowered me all my life.'"
* "Nicki Minaj enthuses about decision to have abortion in Rolling Stone Interview."
* "Nicki Minaj Opens Up About Her Abortion: 'Pregnancy was Such an Inconvenience, I Thought I was going to Die.'"

Marcotte commits the same offense that she accuses the media of doing: misrepresenting women who have had abortions. As with Marcotte, the media routinely overlook women who regret abortion. They don't exist – just as those in the womb don't exist.

In regards to pregnancy and abortion, Marcotte is right about legs getting broken – they just aren't the woman's.

Editor's note. This appeared at newsbusters.org

Doctors Said Our Son's Life Wasn't Worth Saving Because He Has Trisomy 18

By Sheryl Crosier

Editor's note. This first appeared in the newsletter of Missouri Right to Life, NRLC's state affiliate.

Before Simon's arrival my husband, Scott, and I lost six children through miscarriage. With each loss the sting of pain was greater. After we lost our daughter Faith in September 2008, we rid our home of most of our baby items.

Losing a child is a pain so deep that is difficult for anyone to grasp. It can be like falling down a chasm that seems to have no bottom. The chasm is lined with thorn branches that scrape and pull at your skin when you remember what you have lost.

When we learned we were expecting in early 2010, Scott and I, along with our sons Samuel, at the time age 7, and Sean age 5, were filled with joy and yet terrified at the thought of losing another baby.

On the day of Simon's birth we embraced our son with sheer happiness, despite his cleft lip and clenched fists. Although doctors were concerned, our family felt only hope.

On day two of Simon's life the echocardiogram revealed that his heart was broken . . . . and so was mine. My son had major heart defects that prevented the efficient oxygenation of his blood, resulting in pulmonary hypertension and severe apnea episodes during which he would stop breathing.

On Simon's third day of life, he was diagnosed with trisomy 18, also known as Edward's syndrome. This condition involves an extra chromosome in the sequence of 18 — just as trisomy 21 affects the 21st chromosome for people with Down syndrome.

I will never forget when the Neonatologist walked into Simon's room and said, "The results are in. Simon has full trisomy 18. She then said, "I'm sorry," and walked out of his room.

Our precious son was now labeled "incompatible with life." The medical community looks at statistics and too often decides special needs kids are not worth the effort. Ninety percent of trisomy 18 babies have heart defects and 95 percent aren't brought to full term. Many are aborted when their conditions are revealed during prenatal testing. Only one in 6,000 comes into the world.

After Simon was diagnosed with trisomy 18, his care and treatment changed dramatically. We began to hear doctors say "Not for Simon" when aggressive treatment options were considered.

Struggling with the fragility of Simon's life was one thing. Fighting the popular, pragmatic culture that measures human life in terms of dollars rather than dignity, is quite another. As St. Louisan Dr. Steve Cantrell, a parent of Ryan, a deceased trisomy 18 child, stated, "Our kids are not disposable and deserve every consideration. The souls and spiritual essence of our children are not disabled. Their physical handicaps exist, but their desire to thrive is not diminished."

Physician Dr. Stephen Braddock, Director of Pediatric Genetics at Cardinal Glennon Children's Medical Center in St. Louis, adds: "I always teach new physicians that children with chromosomal conditions haven't read the statistics. These families deserve an informed and thorough discussion of challenges and options they face."

Dr. John Carey, a pediatrician and specialist in medical genetics at University of Utah, believes: "It's important for those of us who have the privilege of caring for children with complex conditions to stop, listen, contemplate, take off our shoes and walk with our fellow traveler."

Although we prayed Simon would become strong enough for surgery to repair his damaged heart, he spent the next 88½ days on a roller coaster of good and bad days. In retrospect, every one of those days was a blessed learning and loving opportunity or everyone who knew Simon. That includes his nurses who recognized his special qualities of peace and perseverance, many of his doctors, and our friends and family members who were privileged to meet this remarkable ambassador of love.

At 10:45 a.m. on December 3, 2010, the tears poured from our eyes as Simon left this world for his eternal home. In my struggle to deal with my grief and understand Simon's purpose during his short life, I decided to write a book to honor him. Simon's story is being revealed to people all over the world. The name of Simon's book is "I'm Not a Syndrome — My Name is Simon." If you look closely at the cover, Simon says "I Love You" in sign language.

A friend and fellow trisomy mom, writer, and researcher, Pamela Healey, Ph.D., describes the book this way: "Sheryl Crosier's memoir, "I Am Not A Syndrome — My Name is Simon," of her journey during her pregnancy and her infant son Simon's short but important life, is a story of the heart and spirit. It is also a story of the head that explores the capabilities and constraints of modern medicine and policy, parental rights, and ethical decision making."

God did not bless us with a syndrome. God blessed us with a son. His name was Simon. Simon's story is filled with compassion and outrage. It is a story of a child knit together by the hand of God. Each of his days was written and ordained.

Three days before Great Britain resumes debate, the Daily Mail publishes alarming look at increase in "assisted dying" in the Netherlands

By Dave Andrusko

On Friday the British House of Lords resumed its debate on Lord Falconer's very dangerous "Assisted Dying Bill." *The Daily Mail* is to be highly commended for its thorough—and thoroughly alarming—look last Monday at euthanasia in the Netherlands, the overall

Prof. Theo Boer

number and more specifically those who were diagnosed as "mentally ill."

Proponents will say that "only" 42 people with mental illnesses were euthanized in 2014. Note the curve: that is triple the number who were euthanized in 2012.

Likewise there has been a whopping 15% increase in "assisted deaths" in the Netherlands in that same two year span, according to the Daily Mail's Simon Caldwell: 4,188 cases in 2012 and 4,829 cases last year.

Caldwell turned to two experts—Theodore Boer and Peter Saunders—to put these numbers into context. He writes

> **The incremental rise is consistent with a 13 per cent increase in 2012, an 18 per cent rise in 2011, 19 per cent in 2010 and 13 per cent in 2009.**
>
> **The rise is also likely to confirm the fears of Dutch regulator Theo Boer who told the Daily Mail that he expected to see euthanasia cases smash the 6,000 barrier in 2014.**

Dr. Peter Saunders

> **Overall, deaths by euthanasia, which officially account for three per cent of all deaths in the Netherlands, have increased by 151 per cent in just seven years.**
>
> **Most cases – some 3,600 people – involved cancer sufferers but there were also 97 people who died at the hands of their doctors because they were suffering from dementia, the figures show.**
>
> **The figures, however, do not include cases of so-called terminal sedation, where patients are given a cocktail of sedatives and narcotics before food and fluids are withdrawn.**
>
> **Studies suggest that if such deaths were added to the figure then euthanasia would account for one in eight – about 12.3 per cent – of all deaths in the Netherlands.** [Emphasis added]

Dr. Saunders (whose columns we regularly repost at *NRL News Today*) told Caldwell flatly, "Euthanasia in the Netherlands is way out of control."

What if the numbers were extrapolated to Britain? "The House of Lords calculated in 2005 that with a Dutch-type law in Britain we would be seeing over 13,000 cases of euthanasia per year," Saunders said. "What we are seeing in the Netherlands is 'incremental extension'–the steady, intentional escalation of numbers with a gradual widening of the categories of patients to be included."

Saunders cautioned that this expansion is not confined to the Netherlands. A similar pattern exists in Belgium, Switzerland, and Oregon.

"The lessons are clear," Saunders said. "Once you relax the law on euthanasia or assisted suicide steady extension will follow as night follows day."

He added, "Britain needs to take warning as debate on the Falconer bill continues."

Doctors give baby zero chance of survival before he gives them a 'true miracle'

from page 20

Then, at one of the appointments, doctors discovered that Matthew's heart rate was dropping. Amy and Aaron drove to Spokane for an emergency C-section. Matthew was born at just over four pounds, and, to the delight of his parents, he was alive. The left side of his heart was still too small to support life, and while he could have surgery, the cardiologist said that it wouldn't improve his chances. So the couple opted to take their baby boy home with the knowledge that he mostly likely wouldn't live longer than three months.

Matthew spent his first months of life on and off oxygen and feeding tubes, occasionally strong enough to eat from a bottle. Around four months old he became more active – smiling and giggling. Then at six months old, the Vawters brought their son in for a check-up.

"They were astounded," says Amy. "The cardiologist said, 'Sometimes we speak of miracles in a casual sense, but this is a true miracle. We've never seen a heart grow and repair itself the way this one has.'"

It turned out that the left side of his heart and his aorta had both grown to normal size. This meant that doctors could perform just one surgery in order to patch the two holes in his heart, and this would give Matthew a full life expectancy. All the Vawters needed to do was help Matthew gain some weight.

At eight months old, weighing just ten pounds, Matthew went to the hospital for his one and only heart surgery. A pre-surgery scan of his heart showed that the hole between the bottom two chambers had closed on its own. Now doctors only needed to close the one hole. After four days in the hospital, Matthew and his family returned home, where he was more active than ever before. As Amy says, he "has been a little champ ever since." As for the doctors, they now present Matthew's case at medical conferences.

Today, Matthew is a typical seven-year-old boy, and he and Micah are now big brothers. Amy homeschools the children, and Matthew is learning to read, with about 40 sight-words under his belt. He loves animals of all kinds as well as cars and trucks. He loves to sit and look at books, ride horses for therapy, snuggle, and take care of his little sister. Amy notes that Matthew's heart is so healthy that he is now able to go two years between cardiology checkups.

"He loves taking care of anybody, really," says Amy. "He loves to help clear the dishes, set the table, and help bring people things they need. He loves to be the helper. He feeds the chickens. And he learns at his own pace, but his speech gets better all the time. […] We don't even think about where we were six years ago. It seems like a different life. He's healthy and happy and active and hilarious!"

Matthew's miraculous story has been reaching far and wide. Just this month he was featured on the website What to Expect, reaching millions of readers. Because of this, Matthew is helping to change our culture, showing people that everyone deserves a shot at life and that everyone's life has value. Parents who are receiving a diagnosis for their unborn child can find hope for their baby through Matthew's story.

On her blog, Amy recalls that one of Matthew's prayer warriors, Benedict, prayed that Matthew would live "so that others could see the glory of God through him." It seems that's exactly what's happening. As Amy says:

We hope that people who read his story will just think of Down syndrome differently, because right now the percentage of people who will abort is so high. We really hope his story and seeing how well he's doing and what a beautiful guy he is will help people give people with Down syndrome a chance. [That they won't] jump to abortion. And that it will change the way people see people with Down syndrome when out and about in society. We hope he'll make a difference.

Amy wants all parents of children receiving such a diagnosis to not give into fear. She says, "It might not be what you expected, but it's beautiful. It's not always easy, but it's always worth it."

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

Pro-abortion Sen. Boxer to retire at end of 2016: a look back at her "legacy"

from page 25

Santorum: But I would like to ask you a question. You agree, once that child is born, is separated from the mother, that that child is protected by the Constitution and cannot be killed? Do you agree with that?

Boxer: I would make this statement: That this Constitution, as it currently is – – some of you want to amend it to say that life begins at conception. I think when you bring your baby home, when your baby is born – – and there is no such thing as partial-birth – – the baby belongs to your family and has all the rights. But I am not willing to amend the Constitution to say that a fetus is a person, which I know you would.

But we will get into that later. I would prefer to address – – I know my colleague is engaging me in a colloquy on his time, and I appreciate it – – I will answer these questions.

I think what my friend is doing, by asking me these questions, is off point. My friend wants to tell the doctors in this country what to do. My friend from Pennsylvania says they are "rogue" doctors. The AMA will tell you they no longer support you. The American nurses don't support you. The obstetricians and gynecologists don't support you. So my friend can ask me my philosophy all day. On my own time I will talk about it.

Santorum: If I can reclaim my time: First of all, the AMA still believes this is bad medicine. They do not support the criminal penalties provisions in this bill, but they still believe – – I think you know that to be the case – – that this procedure is not medically necessary, and they stand by that statement.

I ask the senator from California, again: you believe, you said "once the baby comes home." Obviously, you don't mean they have to take the baby out of the hospital for it to be protected by the Constitution. Once the baby is separated from the mother, you would agree – – completely separated from the mother – – you would agree that baby is entitled to constitutional protection?

Boxer: I will tell you why I don't want to engage in this. You did the same conversation with a colleague of mine, and I never saw such a twisting of his remarks. [Editor's note: See Nov. 14, 1996 NRL News, page 24, for transcript of an exchange between Santorum and Senator Russ Feingold (D-Wi.).]

Santorum: Well, be clear, then. Let's be clear.

Boxer: I am going to be very clear when I get the floor. What you are trying to do is take away the rights of women and their families and their doctors to have a procedure. And now you are trying to turn the question into, "When does life begin?" I will talk about that on my own time.

Santorum: What I am trying to do is get an answer from the senator from California as to where you would draw the line? Because that really is the important part of this debate.

Boxer: I will repeat. I will repeat, since the senator has asked me a question– I am answering the question I have been posed by the senator. And the answer to the question is, I stand by Roe v. Wade. I stand by it. I hope we have a chance to vote on it. It is very clear, Roe v. Wade. That is what I stand by. My friend doesn't.

Santorum: Are you suggesting Roe v. Wade covered the issue of a baby in the process of being born?

Boxer: I am saying what Roe v. Wade says is, that in the early stages of a pregnancy, a woman has the right to choose. In the later stages, the states have the right, yes, to come in and restrict. I support those restrictions, as long as two things happen: They respect the life of the mother and the health of the mother.

Santorum: I understand that.

Boxer: That is where I stand. And no matter how you try to twist it, that is where I stand.

Santorum: I would say to the senator from California, I am not twisting anything. I am simply asking a very straightforward question. There is no hidden question here. The question is – –

Boxer: I will answer it again.

Santorum: Once the baby is born, is completely separated from the mother, you will support that that baby has, in fact, the right to life and cannot be killed? You accept that; right?

Boxer: I don't believe in killing any human being. That is absolutely correct. Nor do you, I am sure.

Santorum: So you would accept the fact that once the baby is separated from the mother, that baby cannot be killed?

Boxer: I support the right – – and I will repeat this, again, because I saw you ask the same question to another senator —

Santorum: All the person has to do is give me a straight answer, and then it will be very clear to everybody.

Boxer: And what defines "separation"? Define "separation." You answer that question. You define it.

Santorum: Well, let's define that. Okay, let's say the baby is completely separated. In other words, no part of the baby is inside of the mother.

Boxer: You mean the baby has been birthed and is now in its mother's arms? That baby is a human being.

Santorum: Well, I don't know if it's necessarily in its mother's arms. Let's say in the obstetrician's hands.

Boxer: It takes a second, it takes a minute — I had two babies, and within seconds of their birth – –

Santorum: We've had six.

Boxer: Well, you didn't have any.

Santorum: My wife and I had babies together. That's the way we do things in our family.

Boxer: Your wife gave birth. I gave birth. I can tell you, I know when the baby was born.

Santorum: Good! All I am asking you is, once the baby leaves the mother's birth canal and is through the vaginal orifice and is in the hands of the obstetrician, you would agree that you cannot abort, kill the baby?

Boxer: I would say when the baby is born, the baby is born, and would then have every right of every other human being living in this country. And I don't know why this would even be a question, to be honest with you.

Santorum: Because we are talking about a situation here where the baby is almost born. So I ask the question of the senator from California, if the baby was born except for the baby's foot, if the baby's foot was inside the mother but the rest of the baby was outside, could that baby be killed?

Boxer: The baby is born when the baby is born. That is the answer to the question.

Santorum: I am asking for you to define for me what that is.

Boxer: I don't think anybody but the senator from Pennsylvania has a question with it. I have never been troubled by this question. You give birth to a baby. The baby is there, and it is born. That is my answer to the question.

Santorum: What we are talking about here with partial birth, as the senator from California knows, is a baby is in the process of being born – –

Boxer: "The process of being born." This is why this conversation makes no sense, because to me it is obvious when a baby is born. To you it isn't obvious.

Santorum: Maybe you can make it obvious to me. So what you are suggesting is if the baby's foot is still inside of the mother, that baby can then still be killed.

Boxer: No, I am not suggesting that in any way!

Santorum: I am asking.

Boxer: I am absolutely not suggesting that. You asked me a question, in essence, when the baby is born.

Santorum: I am asking you again. Can you answer that?

Boxer: I will answer the question when the baby is born. The baby is born when the baby is outside the mother's body. The baby is born.

Santorum: I am not going to put words in your mouth – –

Boxer: I hope not.

Santorum: But, again, what you are suggesting is if the baby's toe is inside the mother, you can, in fact, kill that baby.

Boxer: Absolutely not.

Santorum: OK. So if the baby's toe is in, you can't kill the baby. How about if the baby's foot is in?

Boxer: You are the one who is making these statements.

Santorum: We are trying to draw a line here.

Boxer: I am not answering these questions! I am not answering these questions.