



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

**January 2016**



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# national RIGHT TO LIFE NEWS

## Counting Down the Pro-Life Highlights of 2015

### *Pro-Life Majority Took Reins of Power in U.S. Senate*

By Andrew Bair

In January, for the first time since 2006, a pro-life Senate majority was sworn into office after hard-fought victories in the 2014 elections. In addition to defending pro-life seats, the following either ousted a pro-abortion incumbent or flipped an open seat that had previously been in pro-abortion hands: Sens. Dan Sullivan of Alaska, Tom Cotton of Arkansas, Cory Gardner of Colorado, Joni Ernst of Iowa, Bill Cassidy of Louisiana, Steve Daines of Montana, Thom Tillis of North Carolina, Mike Rounds of South

Dakota, and Shelley Moore Capito of West Virginia. All of these freshman senators currently hold a 100% voting record with National Right to Life.

**Pain-Capable Unborn Child Protection Act passed House, got first-ever Senate vote.**

Sponsored by Rep. Trent Franks of Arizona, the historic

pro-life bill to protect unborn babies capable of feeling pain at 20 weeks and older passed in the U.S. House of Representatives on May 13, 2015 by a vote of 242-184 (with 1 present and 5 not voting).

Prior to 2015, when pro-abortion Sen. Harry Reid held the majority leader post, the bill was never even considered in the Senate. On September 22, 2015, 54 senators voted to advance the bill, including



*See "Highlights" page 18*

## Attend the March for Life and then go out and make a difference

By Jacki Ragan, Director, NRLC State Organizational Development Department

On January 22, 2016, and during the weeks preceding and following that tragic date, the right to life movement will mark the 43rd anniversary of *Roe v. Wade* with sadness at the loss of life but also with a growing reassurance we will ultimately carry the day for unborn children.

We **know** we have the truth and that we are gaining ground and growing closer to the day that we will be able to legally protect innocent human life.

Over 58,000,000 innocent unborn babies have lost their

lives to abortion. I don't believe that we can begin to understand how many 58,000,000 really is...I know I can't.

There are activities to commemorate the anniversary of the legalization of abortion all across the nation and you



are encouraged to participate, attend, and promote these events. Coming together to mourn the lost lives, and the maimed lives is something we do every year and we will not stop until the killing is stopped.

**If** this is your first year to March for Life (locally or in our nation's capital), or participate in a memorial service, or attend a prayer breakfast, that is wonderful. You are making a statement of faithfulness that cannot be ignored!

*See "March," page 17*



# Editorials

## Why our Movement is so upbeat as we enter 2016

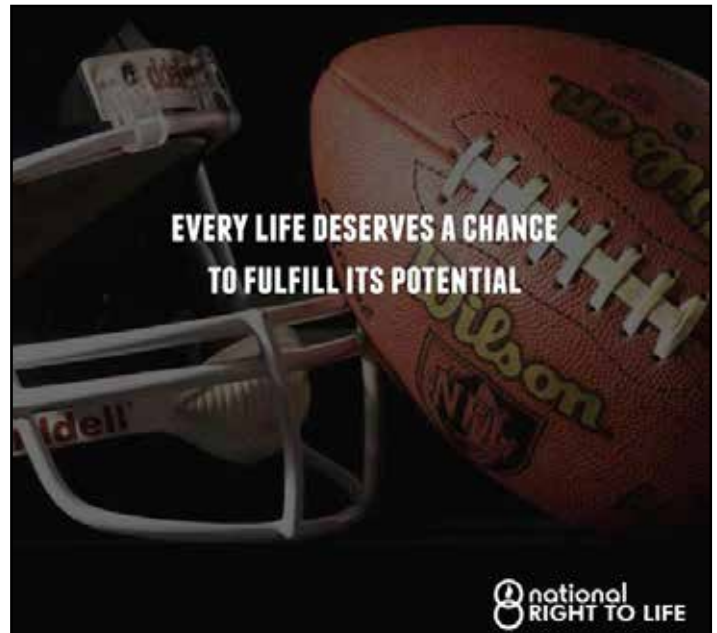
There is an underlying two-sided common theme to many of the stories and columns and commentary found in this the January digital edition of *National Right to Life News*, the “pro-life newspaper of record.” On one side are the accounts of pro-abortionists so shaky about their prospects, so nervous about the drift of the battle over abortion that they pounce on even their most dedicated congressional allies if the timbre of their pronouncements sounds off ever so slightly.

That would include House Minority Leader Nancy Pelosi (D-Ca.) and Democratic National Committee Chair Rep. Debbie Wasserman Schultz (D-Fl.) The latter was pilloried for daring to question whether younger pro-abortion feminists were sufficiently gung-ho for the nearly 69-year-old Hillary Clinton. The former was censured for telling *The Hill* that she wasn’t for abortion on demand. As always is the case with Pelosi, that was just a rhetorical ruse but it upset NARAL whose ears perked up when they heard Pelosi say those words.

On the other side are pro-lifers brimming with confidence. A Republican Congress has just passed a bill to defund Planned Parenthood for a year and repeal many parts of ObamaCare. That H.R. 3762 was vetoed by a president pro-abortion through and through only confirms that we need someone in the White House who respects life.

How did NRL, working with congressional leaders, thread the needle? The House of Representatives could (and did) pass bills to block PPFA from receiving federal funds. But 60 votes are needed to overcome filibusters by Democratic senators, for now an impossible hurdle to overcome. What to do? Block most federal funds from Planned Parenthood in a “budget reconciliation” bill.

As NRLC explained, “A budget reconciliation bill can be passed, at most, once a year, and complicated rules limit the types of provisions that a reconciliation bill can carry. But a budget



reconciliation bill has the great advantage of being immune from filibuster in the Senate.”

Naturally, running-on-fumes President Obama vetoed the bill but during the debate House Majority Leader Kevin McCarthy (R-Ca.) explained, “When a Republican president takes over next year, we can use reconciliation again.”

And then there is HB2, the 2013 Texas omnibus pro-life measure, which will be heard by the Supreme Court on March 2 with a decision in late June or early July. Pro-abortionists

*See “Movement,” page 38*

## Looking back at 2015 and ahead to the 2016 state legislative cycle deflates pro-abortionists, elates pro-lifers

We keep very close track of our benighted opposition here at *National Right to Life News* and *National Right to Life News Today*, and have for decades. In some cases it’s based on the principle that even a broken clock is right twice a day but often you can profit from the coverage found in their lamentations about action in the state legislatures.

Space and time permits addressing only the Big Boys: the Guttmacher Institute. Guttmacher, the former PPFA “special affiliate,” wields enormous influence in framing how the abortion issue is covered. Pro-abortion to its institutional gills, Guttmacher occupies a special niche in that without exception, the “mainstream media” accepts its every report as if it came down carved on stone tablets from Mt. Sinai.

As we came closer to the 43rd anniversary of *Roe v. Wade* and *Doe v. Bolton*, Guttmacher started cranking out reports furiously.

Which brings us to “Laws Affecting Reproductive Health and Rights: 2015 State Policy Review,” by Elizabeth Nash, Rachel Benson Gold, Gwendolyn Rathbun, and Zohra Ansari-Thomas. And as we always caution when reporting on their conclusions, Guttmacher has a different way of counting pro-life initiatives and

includes measures that fall outside our single-issue purview.

To begin with, and to state the obvious, because 2015 was a very good year for pro-lifers in the states, Guttmacher is very unhappy. But, as a pro-life friend, pointed out, they are even **more** unhappy because they (properly) placed 2015 in a larger context. Here are two key paragraphs:

**Including the 57 abortion restrictions enacted in 2015, states have adopted 288 abortion restrictions just since the 2010 midterm elections swept abortion opponents into power in state capitals across the country. To put that number in context, states adopted nearly as many abortion restrictions during the last five years (288 enacted 2011–2015) as during the entire previous 15 years (292 enacted 1995–2010). Moreover, the sheer number of new restrictions enacted in 2015 makes it clear that this sustained assault on abortion access shows no signs of abating. ...**

*See “Looking,” page 41*



# From the President Carol Tobias

## The Importance of November, the importance of you

I remember that night in 2012, as I'm sure many of you do, when we realized that Barack Obama had been re-elected president of the United States. I was heartbroken, knowing that the day we could protect all unborn children had been pushed off for a number of years. Since then, I've been looking forward to 2016, the year we can correct the course of this nation, using our ability as citizens of a great democracy to elect a new leader—one who values and respects human life; one who will work to protect all human life, born and unborn.

2016 is finally here! And we have a lot of hard work ahead of us so that we can celebrate the election of a new president. Our faithful *NRL News* readers know what is at stake in this election, but you may have family or friends who wonder if elections really matter. I urge you to share this column with them in the hopes that they will be as determined as you and I are to elect a pro-life president.

### **The president appoints judges to the federal bench**

State right-to-life groups have been extremely successful both in passing legislation to protect unborn children and their mothers to the extent possible under current law and pushing into new ground to see what the courts will allow. In recent years, we've seen laws enacted that would protect from abortion those unborn children who are capable of feeling pain, prevent the killing of unborn children using the dismemberment abortion method, or limit the ability of abortionists to prescribe a chemical abortion over the internet without

ever meeting the pregnant woman in person. Going in the opposite direction, the state of California has begun to impose restrictions on free speech at pregnancy resource centers, requiring that centers tell clients where they can get an abortion and that the state may even pay for it.

Many of these laws are challenged and brought before a judge, often a federal judge. What kind of federal judges will be reviewing these cases? Judges appointed by another Obama-type president, or a pro-life president?

Obama has had the opportunity to appoint two of the nine justices on the Supreme Court, more than 25% of judges on the U.S. Court of Appeals and more than 40% of all federal district court judges. Unfortunately, his appointments will have an impact on our laws for many years. If a pro-abortion president is elected this year with the opportunity to appoint more judges, our court system will be totally dominated by judges who do not value the dignity of human life or see the Constitution as protecting innocent human life.

### **The president signs or vetoes legislation**

The U.S. House of Representatives has passed a number of pro-life bills, among them the No Taxpayer Funding of Abortion Act, the Pain-Capable Unborn Child Protection Act, and the Born-Alive Abortion Survivors Protection Act. Unfortunately, pro-abortion Democrats are able to block these bills in the Senate by requiring 60 votes to overcome a filibuster.

A major issue for the pro-life movement has been the federal tax dollars received by Planned Parenthood affiliates. Pro-life leaders in the House and Senate were able to construct a budget reconciliation bill that would block most federal funding to Planned Parenthood. Because of laws and rules governing budget reconciliation bills, this bill required only a simple majority in the Senate, not a filibuster-proof vote of 60. As expected, President Obama, a staunch

advocate for Planned Parenthood, vetoed the bill.

This lays out for us the need to keep, and build on, our pro-life majorities in the House and Senate. Our battles are more difficult if we succeed in electing a pro-life president but we don't have a Senate to pass bills. We also need the extra insurance—if we get a president who doesn't place a high priority on protecting unborn children, we need pro-life majorities in Congress to stop him/her where possible.

### **The president affects not just abortion in this country, but around the world**

The president of the United States has the most powerful position in the world. The person holding this office has incredible power through administrative appointments and the use of executive authority.

A pro-life president can implement the Mexico City Policy so that International Planned Parenthood and other groups that perform abortions overseas, and lobby to change foreign abortion laws, will no longer receive U.S. tax dollars. A pro-life president can deny funds to the United National Population Fund, which supports China's population control program, which relies heavily on involuntary abortion. The US ambassador to the UN and the abortion philosophy of those heading up the State Department have a tremendous impact on what happens to unborn children around the world. Will these appointments be made by a pro-life president?

Will the Justice Department continue to view pro-lifers as terrorists? What will HHS do with Obamacare, and enforcement of laws restricting federal funding of abortion and protections for pro-life conscience rights?

I'm just touching the tip of the iceberg as to how important the presidency is and can't state emphatically enough the importance of this upcoming election. If you want to protect unborn children, do everything you can to elect a pro-life president this November.

# President Obama vetoes bill that defunded Planned Parenthood and repealed many parts of Obamacare, pro-lifers look ahead to election of pro-life President

By Dave Andrusko

On January 8, four days before he delivered his final State of the Union address, President Obama delivered another message when he vetoed H.R. 3762: nothing is more important than protecting Planned Parenthood and ObamaCare.

Two days before, for the first time, the Republican Congress cleared a bill that would block



*Pro-abortion President  
Barack Obama*

most federal funds from going to Planned Parenthood, and repeal many parts of Obamacare, including the program that provides tax-based subsidies for about 1,000 health plans that cover elective abortions.

The House of Representatives approved the “Restoring Americans’ Healthcare Freedom Reconciliation Act” on a nearly party-line roll call, 240-181 [<http://clerk.house.gov/evs/2016/roll006.xml>]. Only

one Democrat (Collin Peterson of Minnesota) voted for the bill. Only three Republicans (John Katko and Richard Hanna of New York, and Bob Dold of Illinois) voted against it.

The House will vote on the override on January 26. A two-thirds vote in each house of Congress is necessary to override a presidential veto.

The Planned Parenthood Federation of America (PPFA) is not specifically designated in any law to receive federal funds, but PPFA affiliates tap into various federal programs, primarily Medicaid, to an aggregate amount of roughly \$450 million a year. The House has repeatedly passed bills to block PPFA from receiving federal funds, but in the Senate such measures have fallen well short of the 60-vote supermajority needed to overcome filibusters by Democratic senators.

Last fall, Republican leaders in the House and Senate, in cooperation with National Right to Life and some other pro-life groups, came up with a new strategy — incorporating language to block most federal funds from Planned Parenthood in a “budget reconciliation” bill.

A budget reconciliation bill can be passed, at most, once a year, and complicated rules limit the types of provisions that a reconciliation bill can carry. But a budget reconciliation bill has the great advantage of

being immune from filibuster in the Senate.

On October 23, 2015, the House passed a reconciliation bill containing a provision that NRLC estimated would block about 89% of the federal funds



*House Speaker Paul Ryan (R-Wi.)*

that currently reach Planned Parenthood affiliates (the remainder being beyond the reach of provisions permitted in a reconciliation bill). Those funds would be redirected to community health centers. The bill also contained provisions to repeal some provisions of Obamacare.

In the Senate, attempts to remove the Planned Parenthood provision were narrowly rejected. The Senate also added new provisions to repeal additional provisions of Obamacare, including the program that provides tax-based subsidies to about

1,000 health plans that cover elective abortions. This amended bill then narrowly passed on December 3, 2015, 52-47, with support from all but two Republicans but no Democrats. (See “Pro-life forces score major win in U.S. Senate,” December *NRL News*.)

Having the bill clear Congress constitutes a pro-life landmark victory, with respect to both Obamacare and Planned Parenthood.

The day after the President’s veto, House Speaker Paul Ryan (R-Wi.) said, “We have now shown that there is a clear path to repealing Obamacare without 60 votes in the Senate.” Ryan added, “So, next year, if we’re sending this bill to a Republican president, it will get signed into law. Obamacare will be gone. ... It’s just a matter of time.”

NRLC President Carol Tobias agreed—the veto “is not the end of the story.”

**“Pro-lifers made their voices heard through their elected officials with their support for this bill, and we have demonstrated that we actually can get a Planned Parenthood funding cut and a repeal enacted into law when the next president takes office,” she said. “If that new president is pro-life.”**



# Saying no to abortion and yes to life: Love crosses oceans to bring children home to families

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

January 22 has been the most emotional day of the year for me since I was 14 and found out what abortion is and what it does to tiny, innocent people.

On my first January 22, as a newly minted advocate for unborn children (in 1985), I wore a black armband to school to protest the *Roe v. Wade* decision. It was a scary statement to make in a public school and I fully realized that I would have to explain my odd accessory to peers who disagreed with me. But it was important, and so I did it.

I remember being so honestly certain that this problem – this lack of understanding that life must be protected at all stages – would be corrected within a few years, that I threw myself into right-to-life work, knowing that it would be a short-term calling. (Did I mention that I was young and blissfully naïve?)

I figured we'd slay the abortion dragon and by my early 20s I'd be on the path to building a family, this horror properly behind us. I imagined myself telling a houseful of beautiful children (in every skin tone imaginable) about abortion, much the way I told them about slavery – as an evil that had been righted.

Thirty-one years later I'm still pouring myself into this cause – still hoping, praying and working toward a day when all life is respected, valued and protected in law. I didn't start a family in my 20s or even my 30s. I was too focused on eradicating abortion and euthanasia, figuring there would be plenty of time for family once the problem was

fixed. In fact, I was downright spinsterly, living happily with two dogs and working 80+ hours a week, when I realized that I probably shouldn't wait

Where, for years, I was devastated by the vast numbers of lives lost – of the toll a loss of that magnitude has on a nation – now I view every

resulted in her death.

When I think about how different my life and so many other lives would be without her funny little self, I weep from a whole new perspective. **Every** life lost is just as valuable as Clara's. **Every** child aborted leaves behind the same gaping hole in humanity. Just trying to imagine it leaves me in a puddle.

This January 22<sup>nd</sup> I was planning to be in Washington, D.C., surrounded by hundreds of thousands of others who share my passion. I would also spend the weekend sitting in a National Right to Life board meeting with a room full of the people I respect most in this world, deciding policy for an organization that has been a part of my life for more than 30 years.

But there has been a change in my plans, long in the making. Instead of journeying to our nation's capital, Clara and I, along with my sister-in-law, will be rising hours before dawn to get on an airplane and fly halfway across the world to a country whose abortion history is even more heinous than our own. To make a scared little girl who is currently an orphan into a daughter, sister, granddaughter, niece and American citizen.

Once again, January 22<sup>nd</sup> will have more meaning than most other days of the year, but this time for a different reason. And as we bustle out the door into sub-freezing temperatures, loaded down with bags and fueled by nervous anticipation,



*Joleigh and Clara Little meeting Annelise for the first time*

any longer to get going on that whole parenting thing.

To make a long story short, my vivacious, hilarious, engaging and passionate little girl came home from Bulgaria in May of 2012 and has kept me hopping ever since.

Now, as a mom, January 22<sup>nd</sup> has taken on new and even richer meaning.

single abortion through one lens. "That could have been my daughter." She was conceived in a country where, at one time, abortions outnumbered live births, to a mom who was young and had zero resources at her disposal and with a special need significant enough that, had it been diagnosed via ultrasound, it could have

# Baby delivered while mother in coma wakes her mom with a lick to the cheek

By Dave Andrusko

Up until her 37th week, Louise Bonfield of Waltham Cross, Hertfordshire, England had experienced an uneventful pregnancy. And when her right arm and leg began tingling, she was told by a doctor that it was merely a “trapped nerve.”

But subsequently when her mother, Maggie Bonfield, saw her daughter’s face sag and lose control of her body, she was sure Louise was having a stroke.

When Maggie and her husband arrived with Louise at the hospital

“She had blood coming from her mouth, nose and ears,” Maggie told Julia Sidwell of the *Daily Mail*. “It was really upsetting to see.”

Alas a CT scan “confirmed their worst fears,” according to Sidwell. “[S]he had a massive bleed on her brain.” Doctors told the family immediate help was required or Louise and her baby, already named Chloe, would die.

Transferred to a more specialized hospital, Louise drifted in and out of consciousness. “But nothing could be done until her water had broken,” Sidwell reported. “Luckily, it wasn’t long before they did and she was rushed into theatre to have an emergency C-section.

With Louise completely unaware, her little girl was delivered.”

The story, already harrowing, became more so. After Chloe was delivered, doctors performed surgery on Louise’s brain.

“It was a nerve-racking time and I sat with Chloe praying

**her chest,’ Maggie said. ‘I whispered, “This is your mummy”. I was desperate for them to bond.’**

And then something just this side of miraculous occurred. “One day, I placed Chloe next to Louise like I always did,



*Bonding: Louise and Chloe together during the early days. 'I really didn't think Chloe was my baby,' she admits*

Louise would survive to meet her,” Maggie told the *Daily Mail*.

**When Maggie next saw her daughter, she was in a coma. She was told that she would come out of it when she was ready.**

**‘I took Chloe to see Louise and lay her on**

and she licked her mother’s cheek,” Maggie told Sidwell. “Suddenly, Louise’s eyes began to flutter. I couldn’t believe it. Chloe had brought her mum out of a coma.”

But, understandably, Louise was confused. She did not recognize anyone, including Chloe.

“Then she pointed to her

swollen tummy and I knew she still thought she was pregnant,” Maggie told the *Daily News*. “It was heartbreaking.”

There were still major challenges ahead. Louise fell into a second coma.

When she eventually came around, it was not until four months later that she recognized that Chloe was her daughter. She did not leave the hospital for seven months.

Louise started physiotherapy—she could barely stand up at first—and then speech therapy—where she “had to learn the alphabet from scratch.”

Sidwell ended her story with comments from Louise:

**Louise’s memory of what happened is patchy, but she knows she’s been through an ordeal.**

**She said: ‘Looking back, I can’t believe everything I’ve been through. After the stroke, I was left with one-sided weakness, and I couldn’t do anything for myself. It was such a confusing time.**

**‘I didn’t think Chloe was my baby but Mum persisted, helping us bond. If it wasn’t for her, I really don’t know would have happened.’**

# Pregnancy: an everyday miracle

By Tamara El-Rahi

A few weeks before I knew I was pregnant, something felt different. I avoided soft cheese when offered, just in case. And I continued to wonder whether maybe, just maybe, there might be a special little life growing inside of me.

When I did take the at-home pregnancy test, my husband and I both cried and laughed with joy. We were parents! After seeing a doctor the next day to confirm, we orchestrated a set-up for our families to come over the following week and kept our mouths shut until

On the other hand, who knew that this tiny thing could also change my body and my life so much? I guess I had never before paid proper attention to pregnant mothers in their first trimesters, but as it turns out, babies make an impact long before they're born.

I couldn't eat what I normally liked and lost my appetite a lot of the time, I was absolutely exhausted, being on the go for too long made me queasy, I could smell anything whether it was a mile away or cooked in my house a week before, scents

I also grew in a feeling of responsibility towards our tiny person – everything I do at the moment can affect it. What I eat, how I sleep, what activities I partake in, how I'm feeling. It's probably a small taste of the responsibility I'll feel when our child is born – the duty to bring it up to be healthy, happy and a good person.

We may have only been married for a few months now but my first-trimester symptoms proved to me even more that I had chosen a good husband. I was sick and worn out but

his full day of work and post-work activities, even when it was I who generally gets home first). And although this was so tiring for him, I'm so impressed that he's still willing to stick to our dreams of a big family.

We experienced our first ultrasound at nine weeks, and we just couldn't believe what we were seeing. How can anyone say that a fetus isn't a human being until it leaves the womb? We could already see our little one's arms and legs moving around, the tiny heart beating, and could even see the way it rested in a holiday-esque style with its arms behind its head. What a little miracle!

I look at my mother, after nine pregnancies, with new and admiring eyes. My mother-in-law, my aunts, my friends – even mothers and pregnant women I see on the street: I applaud them all. How impressive for women to carry on, working, living, loving, while dealing with the often uncomfortable symptoms of pregnancy.

But even amongst all the “weakness” of the symptoms I'm experiencing, I feel strong. I feel in awe that my body can support the growth of a child and will know how to nourish it once it's born.

Sure, my body might never be the same again, the worry will set in and I might never have another good night's sleep – but for now my skin's glowing, I get to carry my child around with me all the time, and life is full of the excitement of wondering what our baby will be like.

How cool is that?!

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



announcing the news then. Who would have known that this “bunch of cells” inside of me could cause so much jumping and shouting and so many happy tears?

I used to like now horrified me, and there was a constant metallic taste in my mouth.

But would I change any of it? Not for the world – it's all so worth it!

I didn't have to worry about my share of the household duties – his already protective nature ramped up and he's been looking after me, making me rest and cooking for me (after



# As the anniversary of Roe approaches, a preview of the 2016 Elections

By Karen Cross, National Right to Life Political Director

Much is at stake in the 2016 elections. Voters will elect a new president; and control of the U.S. Senate and U.S. House of Representatives will be determined.

Across the board, for president, U.S. Senate and U.S. House, races and ratings will fluctuate, and will change following primary elections, when voters know who

With recent departures, the field is “narrowed” down to eleven Republican and three Democrat contenders. The eleven Republican presidential candidates support protection for unborn children, while all three Democrat candidates support abortion on demand.

A summary of those presidential candidates’ positions on abortion may be

Because pro-life Senator Marco Rubio (R) is running for president, Florida’s seat is open. The nominees to replace him will not be determined until the August 30 primary, but it will very likely be a pro-life versus pro-abortion contest.

Nevada’s seat is open due to pro-abortion Sen. Harry Reid’s (D) retirement. Pro-abortion former Attorney General Catherine Cortez Masto (D) will likely face pro-life Rep. Joe Heck (R) in the general election. Nevada’s primary will be held on June 14.

In Wisconsin, pro-life Senator Ron Johnson (R) is facing a rematch from pro-abortion former Senator Russ Feingold (D).

In New Hampshire, pro-life Senator Kelly Ayotte (R) is facing a tough challenge by pro-abortion Governor Maggie Hassan (D).

In Pennsylvania, pro-life Senator Pat Toomey (R) will likely face either pro-abortion Katie McGinty (D) or pro-abortion former Rep. Joe Sestak (D). The Democrat nominee will be determined on April 26.

Ohio’s pro-life U.S. senator, Rob Portman (R), will face an undetermined pro-abortion challenger to be decided on March 15. The Democrat race appears to be between pro-abortion Cincinnati Councilman P.G. Sittenfeld (D) and pro-abortion former Governor Ted Strickland (D).

In Colorado, pro-abortion Senator Michael Bennet (D) is expected to have a difficult race. His opponent will be determined on June 28.

North Carolina’s pro-life Senator Richard Burr (R) will

know who his challenger will be following the state’s March 15 primary. Burr’s likely opponent is pro-abortion former Assemblywoman Deborah Ross (D). Burr’s race is considered “lean Republican.”

In Arizona, pro-life Senator John McCain (R) faces a likely challenge by pro-abortion Rep. Ann Kirkpatrick (D). This is considered a “likely Republican” race.

## U.S. House Races

The U.S. House of Representatives is likely to remain under pro-life leadership, as Democrats need a net gain of thirty seats to regain control of that body.

Most of the head-to-head races will shape up after the primaries, which begin in Texas on March 4, and run all spring, summer and into the fall. The final congressional primary will be held on November 8, in Louisiana.

Watch for updates as the congressional primaries take place.

## Will abortion be an issue in the 2016 elections?

A March 2015 Gallup poll found that 21% of Americans would “only vote for a candidate who shares their views on abortion,” which means it’s a top issue for more than one-fifth of voters.

In the 2014 election, 39% of all voters considered the issue of abortion when voting. Of those 39%, 23% voted for pro-life candidates, while 16% voted for pro-abortion candidates.



the remaining candidates in the races will be.

Following is a preview of the 2016 elections.

## Race for the White House

Voting for the presidential election is set to begin February 1, in Iowa, followed closely by New Hampshire on February 9, South Carolina on February 20, and Nevada on February 23. Voters in Alabama, Alaska, Georgia, Massachusetts, Minnesota, Oklahoma, Tennessee, Texas, Vermont, and Virginia will vote on March 1.

All fifty states and the territories will have conducted their presidential primaries by June 7.

found online at: <https://t.co/uCjGR2UhWq>

## Competitive U.S. Senate Races

Currently, the U.S. Senate is under pro-life leadership, which is why Congress was able to send a pro-life reconciliation bill largely defunding the nation’s largest abortion provider – Planned Parenthood – to the president.

In order for pro-abortion Democrats to regain control in the U.S. Senate, they need a net gain of five seats. There are 24 Republican seats and ten Democrat seats up for election this cycle.

There will be a number of very close Senate races.

# Assisted Suicide Bill Dies in New Jersey Senate

## *An important victory that bolsters opposition nationwide*

**Trenton, NJ** – “The New Jersey Alliance Against Doctor-Prescribed Suicide applauds the New Jersey Senate for



recognizing the dangers to older people and those with disabilities and allowing S 382, legislation to legalize assisted suicide, to die without a vote on the floor of the Senate,” stated Kate Blisard of Not Dead Yet. “People are surprised to learn that all major national disability groups that have taken a position on the issue oppose the legalization of assisted suicide because the dangers of misdiagnosis, coercion and abuse put us at great risk.”

“A bi-partisan group of New Jersey Senators took the time to listen to the disability-rights community and to understand why it is important that doctor-prescribed suicide not become law in New Jersey,” continued Democratic Senator Peter Barnes. “It became

clear that this bill would have a detrimental impact on vulnerable populations and expose them to abuse, coercion and possible denial of health care because it costs more than suicide drugs. While the bill’s few, vocal supporters educated legislators as to their personal concerns, it became clear that there are other solutions than doctor-prescribed suicide to address end-of-life pain. For that reason, there was never a groundswell of support for this bill and, on balance, we heard from many more voices opposed to this bill.”

The New Jersey Alliance exposed the following flaws in S 382:

- No requirement of mental health evaluation or pain relief consultation.
- Permits an heir to witness a death request.
- Requires no oversight on whether the patient was willing to take the lethal drugs.
- No requirement that a medical person be present to supervise the ingestion of lethal drugs. Allows a third party

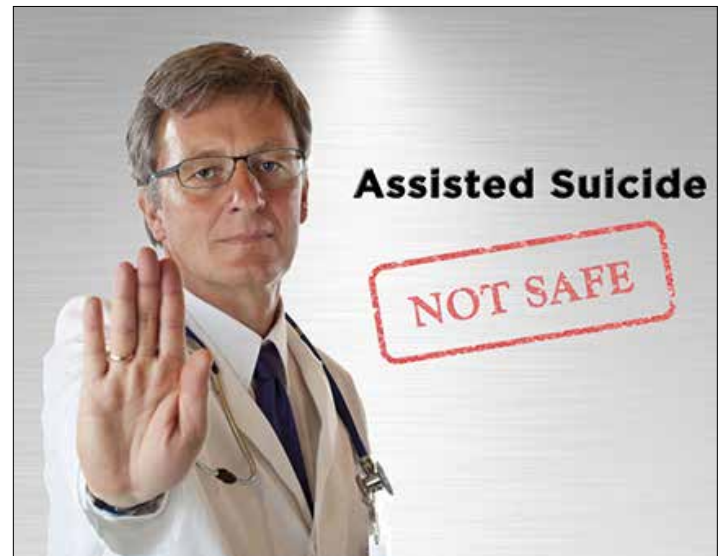
familiar with how the patient communicates to make the death request.

- Permits lethal drugs to remain in a patient’s home without securing them.
- Relies on the inaccurate premise that a doctor can

- No required notification of family members.

Immunizes from prosecution anyone participating in administering lethal drugs, even if their participation was coercive and out of self-interest. Falsely certifies the cause of death.

The New Jersey Alliance Against Doctor-Prescribed



predict death within six months.

- No distinction as to whether the death prediction is with or without treatment of the patient.

Suicide is a broadly-based, diverse coalition of organizations strongly opposed to the legalization of assisted suicide.



# Planned Parenthood in South Carolina fights fine for cooking the remains of aborted babies

By Holly Gatling, Executive Director, South Carolina Citizens for Life

South Carolina has a long history of grotesque abortion stories -- from aborting a baby who lived 21-days to documenting an abortionist grinding up babies' bodies in a common sink disposal.

The most recent disgusting revelation involves all three abortion facilities in South Carolina, but most prominently Planned Parenthood in Columbia, S.C. According to the duly authorized investigation by the S.C. Department of Health and Environmental Control (DHEC), the PPFA

scientific research. But the DHEC citation of Planned Parenthood noted that there had been 23 shipments of aborted babies that had been "steam sterilized." In my book that is nothing more than cooking the bodied of aborted babies and that is illegal in South Carolina.

Planned Parenthood South Atlantic got caught and heavily fined for illegally disposing of the "products of conception," the technical name for aborted babies. Now the abortion giant is fighting to keep from paying the fine while shrieking that the government is

Legislative Oversight Committee continues its investigation of the three free-standing abortion facilities in the state. The purpose of the investigation is to determine if any abortion facility traffics in baby body parts as some Planned Parenthood facilities have been caught doing in other states.

To deflect attention from the other illegal practices that have been unearthed, Planned Parenthood officials and supporters smugly crow that the probe has shown no evidence that the local

As a result, DHEC is recommending tightening abortion clinic regulation to include mandatory ultrasounds to determine gestational age before an abortion. The current regulations require an ultrasound if the baby's guesstimated age is 12-weeks or older.

Another positive to come out of the investigation is the DHEC recommendation to require hospital emergency rooms to report post-abortion complications. That is a positive step forward because we know that women have serious complications that are not documented and the abortion facilities are not held responsible.

Planned Parenthood along with two other private abortion businesses and two waste disposal companied face fine of up to \$51,000. Only Planned Parenthood, the most lucrative abortion business in the country, is contesting the fines.

Back in September when Melissa Reed, the Vice president of Planned Parenthood South Atlantic told reporters the South Carolina investigation of abortion facilities was a politically motivated "witch hunt," the story of Hansel and Gretel came to my mind. The hideous witch in the Brothers Grimm Fairytale killed an cooked children.

I think Ms. Reed protests too much.



staff has been illegally cooking the bodies of aborted babies who were then dumped in garbage landfills.

It is bad enough that the law requires the babies' bodies to be cremated or donated for

on a politically motivated "witch hunt." Never mind that DHEC uncovered the nauseating "health care" practices in the state's abortion industry.

Begun in September of 2015, the South Carolina House

abortion businesses trafficked in the bodies and body parts of aborted babies. Be that as it may, the investigation is shining a cleansing light on the pit-of-hell practices that go on in the state's abortion businesses.

# National Right to Life's annual report examines "The State of Abortion in the United States"

WASHINGTON – On January 13, National Right to Life issued its third annual report examining The State of Abortion in the United States.

The report summarizes key legislative developments at the state and federal level, finds that the annual number of abortions continues to decline,

Planned Parenthood Federation of America's annual report, which covers a one-year period ending June 30, 2015. National Right to Life's analysis finds that while the nation's largest abortion provider performed slightly fewer abortions than the previous year, their abortion business is still a major

version of the bill, based on the National Right to Life model legislation, on May 13, 2015, 242-184. In a nearly party line 54-42 vote in September, Senate Democrats blocked consideration of the bill. (60 votes were needed to take the bill up for debate.)

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 and also here: [doctorsonfetalpain.com](http://doctorsonfetalpain.com).

## Unborn Child Protection from Dismemberment Abortion Act

During the spring state legislative session, Kansas and Oklahoma became the first two states to enact National Right to Life's model legislation prohibiting the use of dismemberment abortions.

On September 15, 2015, Rep. Chris Smith (R-N.J.) introduced the Dismemberment Abortion Ban Act (H.R. 3515), based on the National Right to Life model.

The federal bill would prohibit nationally the performance of "dismemberment abortion," defined as "with the purpose of causing the death of an unborn child, knowingly dismembering a living unborn child and extracting such unborn child one piece at a time or intact but crushed from the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child's body in order to cut or rip it off or crush it."

"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."**

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

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..."

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.

*The State of Abortion in the United States* report is available from the National Right to Life Communications Department at [www.nrlc.org/uploads/communications/stateofabortion2016.pdf](http://www.nrlc.org/uploads/communications/stateofabortion2016.pdf).

## THE STATE OF ABORTION IN THE UNITED STATES

JANUARY 2016

and shows that a majority of Americans continue to oppose the vast majority of abortions allowed under the doctrine of *Roe v. Wade*.

**"Even after seven years of pro-abortion policies from the Obama Administration, the right-to-life movement is making tremendous gains on behalf of mothers and their unborn children,"** said Carol Tobias, president of National Right to Life. **"As the November election approaches, the right-to-life movement stands ready to protect our pro-life majorities in Congress and elect a pro-life president."**

As detailed in the National Right to Life report, recent data from the U.S. Centers for Disease Control and Prevention (CDC) indicate that the annual number of abortions continues to decline. The most recent CDC report, released in November 2015, found that in the 47 jurisdictions that volunteered data, there was a 4.2% drop in the number of abortions from 2011 to 2012.

The report also provides analysis of the Planned

cornerstone of their billion dollar empire.

The Planned Parenthood annual report covers the period ending just before videos from The Center for Medical Progress surfaced that exposed the harvesting and trafficking of baby body parts, often involving Planned Parenthood affiliates.

The Planned Parenthood videos underscore the need for enactment of two of National Right to Life's top legislative priorities: the Pain-Capable Unborn Child Protection Act and the Unborn Child Protection from Dismemberment Abortion Act.

*The State of Abortion in the United States* details efforts to pass the bills at both the state and federal level. Twelve states have passed the Pain-Capable Unborn Child Protection Act, which 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. The U.S. House of Representatives passed a



# Pro-abortionists lament “glaring omission” of abortion references in State of the Union address

By Dave Andrusko

When I first thought about posting about President Obama’s final State of the Union address, I thought I would hone in on those remarks that were so affirmative, except for the blatant inconsistency that they did not include the unborn child.

For example

**So, my fellow Americans, whatever you may believe, whether you prefer one party or no party, our collective future depends on your willingness to uphold your obligations as a citizen. ...To stand up for others, especially the weak, especially the vulnerable, knowing that each of us is only here because somebody, somewhere, stood up for us.**

But then over the course of that day I ran across posts at pro-abortion sites that were, shall we say, hugely uncomfortable with President Obama for not discussing (in his interminably long speech) “reproductive rights.”

For example, there’s Julie Zeilinger’s “Why Obama’s Omission of Abortion at the State of the Union Matters.”

To be sure Zeilinger gives Mr. Obama props for having “supported women’s reproductive rights both rhetorically and in terms of policy” during in his two terms as president, including his recent veto of a bill (in NRLC’s words) “that would block most federal funds from

going to Planned Parenthood, and repeal many parts of Obamacare, including the program that provides tax-based subsidies for about 1,000 health plans that cover elective abortions.”



*Pro-abortion President Barack Obama*

But....

**Many noticed a glaring omission in the president’s speech: He failed to address the dire state of women’s reproductive rights in the United States, including the many blatant attacks waged on them both during Obama’s presidency and in the years sure to come.**

Zeilinger rehearses the numbers as crunched by the pro-abortion Guttmacher Institute and comes to the conclusion, “Reproductive

rights are a pertinent, even dire, issue for millions of Americans.”

Zeilinger doesn’t speculate why Obama was silent on abortion/reproductive rights. (We will, below.) She just ends

with this lament:

**This State of the Union address not only reached a huge audience, but set the tone of Obama’s legacy as well as his plan to address other issues in his last year as president. Leaving out the recent attacks on reproductive rights, and how he will continue to address them, seems like an unsettling oversight.**

As always, context is imperative. The Abortion

Establishment and its many blogosphere defenders are on High Alert. They read some (not all) of the tea leaves the same way we do and thus their antennae are poised to detect any evidence of a less than 100% total and absolute commitment to their radical agenda.

For instance, NARAL trashed House Minority Leader Nancy Pelosi (D-Ca.) for saying in an interview that she is not for abortion on demand or for abortion used as a method of birth control. Sounds like “twisted GOP talking points,” even if Pelosi raised them only to say she disagrees with them.

And then there is the aforementioned Obama veto of H.R. 3762. No fanfare, no whoop de doo, just a quiet veto message. That (as they say) did not go unnoticed.

Then there was the DEFCON 1 response to Democratic National Committee chair Rep. Debbie Wasserman Schultz’s answer to a question about younger women and their, ahem, lack of enthusiasm for Hillary Clinton. As you may remember from *NRL News Today*, Wasserman Schultz was asked by the *New York Times Magazine*

**Do you notice a difference between young women and women our age in their excitement about Hillary Clinton? Is there a generational divide?**

*See “Omission,” page 26*

# Latest annual report documents Planned Parenthood's aggressive abortion agenda

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

To say that 2015 was not the year Planned Parenthood dreamed of would be putting it mildly. The release of a series of undercover videos that showed high-level executives haggling over the price of intact fetal livers, kidneys, and lungs brought a firestorm of outrage and launched congressional investigations. It required a presidential veto to prevent a redirection of most of PPFA's funding to community health centers. In a word 2015 was more like a nightmare for the nation's biggest abortion performer and promoter.

Planned Parenthood showed, though, that however impacted by the publicity it might be, it was still adroit at evading the truth and rallying its supporters in the media and on Capitol Hill. PPFA muddied the waters with bogus claims that the videos were "heavily edited," defending their callous cruelty by trying to argue that no laws were broken.

But that misses the point. The videos shed light on the barbarity of legal abortion itself, and the subsequent callous attitudes toward human life and practices that dehumanize the unborn that are part and parcel of the abortion culture in the United States.

What ultimate effect this debacle will have on the group's reputation and revenues has yet to be determined. Abortion clinics stayed open even where undercover videos exposed some of Planned Parenthood's most horrific practices and, as noted, President Obama vetoed legislation that would have put a halt on most of the organization's federal funding for a year. But with a national election ahead and the issue fresh on voters' minds, a new administration may chart a

different course.

Planned Parenthood is already preparing for the future. It recently endorsed staunchly pro-abortion Democrat Hillary Clinton and can be counted on to spend tens of millions to elect other pro-abortion candidates this year, just as it has in the past.

in those pages not only what really matters to Planned Parenthood, but also where they concentrate their energy and efforts, particularly when things get tough.

Unsurprisingly, the one constant at Planned Parenthood is an unyielding commitment to abortion. Even as the

Revenues stayed up too, despite the drop in services and the economic downturn. Planned Parenthood can thank the taxpayers for that, with governments kicking in about half a billion dollars a year, just to keep a "non-profit" afloat that has tens of millions of dollars of "excess of revenues over expenses" left over each year.

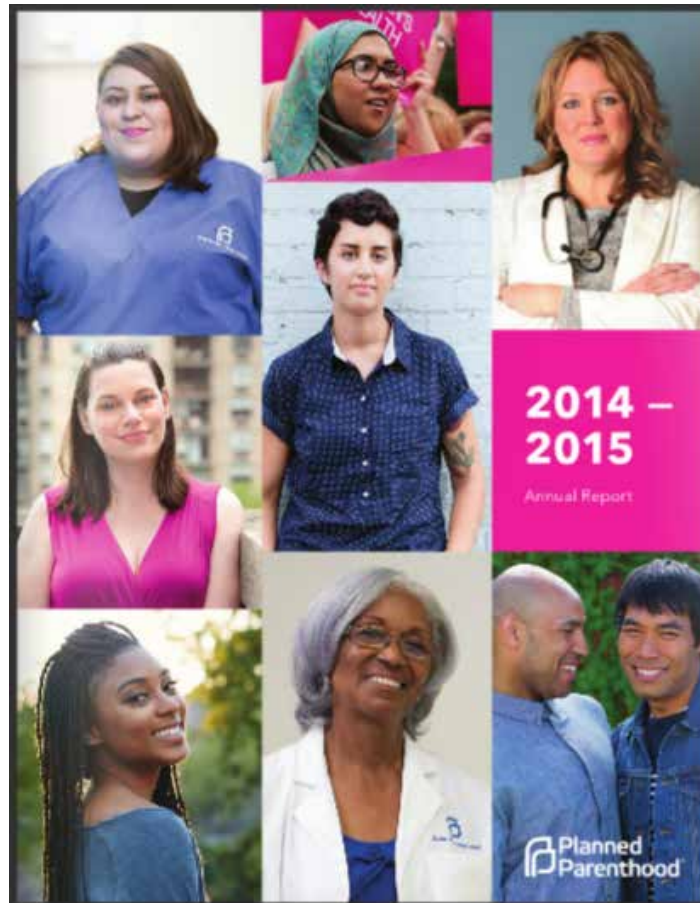
## Maintaining its position as nation's top abortion chain

Clinics affiliated with the Planned Parenthood Federation of America performed 323,999 abortions in 2014. That's just over three thousand fewer than it performed in 2013 (327,633) but right about what it did in 2008 (324,008).

After first breaking the 300,000 barrier in 2007 (305,310), Planned Parenthood's abortion numbers hovered between 320,000 and 330,000 for the past eight annual reports, peaking at 333,964 in 2011.

Though we don't have national abortion figures for the past couple of years yet, these steady abortion totals from Planned Parenthood are all the more remarkable, given that they come during the time from 2008 to 2011, when abortions nationally fell by nearly 13%—from 1,212,230 to 1,058,490, according to the Guttmacher Institute.

As discussed elsewhere in the December digital edition of *National Right to Life News*, for 2012, the Centers for Disease Control (CDC) showed a continued decline, although the CDC's national totals are missing data from



## Planned Parenthood's annual report revealing

The latest annual report of the Planned Parenthood Federation of America came out around the turn of the year. Officially it covered only the period through June 30, 2015, before the undercover videos from the Center for Medical Progress were released. But one finds

number of abortions has fallen substantially nationwide, abortions at Planned Parenthood have remained steady. This was true as Planned Parenthood's total delivered services, such as contraceptives and its vaunted "cancer screenings" dropped, and even as many of its clinics closed and its smaller affiliates disappeared in mergers.

*See "Aggressive," page 14*



## Latest annual report documents Planned Parenthood's aggressive abortion agenda

*From page 13*

several states. This means Planned Parenthood not only maintained its business, but gained market share.

### Other services decline

All this while the rest of Planned Parenthood's services, including its oft-cited "cancer screenings," were in a steep decline. And, it's important to remember, these "services" never included mammograms.

Planned Parenthood said it delivered 11,238,414 patient "services," just five years earlier, in 2009. But by 2014, the number was down to 9,455,582, according to this latest annual report.

"Cancer screenings" fell from 1,830,811 to just 682,208 in that same period of time. "Breast exams/breast care" fell by more than half, from 830,312 in 2009 to 363,803 in 2014 and Pap smear tests dropped nearly two-thirds, from 904,820 to 271,539.

The surprise is not the overall drop off in the number of services – many businesses were struggling in America during that time – but that Planned Parenthood was able to keep its abortion business humming when everything else was in decline.

### Another year, another billion in revenues

Annual revenues in 2015 (measured through June 30, 2015) dipped only ever so slightly from their all-time high of \$1.3 billion (\$1,303,400,000) last year, to \$1,296,100,000. When you're dealing with figures that large, a dip that size is essentially a rounding error

Planned Parenthood has managed to keep revenues above \$1 billion in the last few years, even with the declining services and clinic closings.

A steady stream of abortion income has helped immensely, as has about a half billion dollars every year from U.S. taxpayers. This comes in the form of what Planned Parenthood terms "Government Health Services Grants and Reimbursements."

This is why Planned Parenthood is so heavily invested in the success of ObamaCare, which they hope offers them a steady stream of new customers and cash.

It also makes obvious why Planned Parenthood protests so loudly whenever there is talk of rerouting its government funding to community health centers. Though PPFA is delivering fewer and fewer services to clients, they depend on that revenue to keep salaries paid and the doors open. They could give up abortion in hopes of muting the opposition, but that is the one commitment that is non-negotiable for Planned Parenthood.

### More mergers and megaclinics

Planned Parenthood has been merging a few affiliates and closing several clinics over the past several years. Planned Parenthood said it had 88 affiliates and 840 "health centers" in its 2009-2010 report; the latest report for 2014-2015 indicates just 59 affiliates and 661 clinics. This alone should account for some of the decline in services.

But, with abortion numbers remaining virtually stable, what is clear is either that most of the clinics that closed were not abortion performing clinics or that Planned Parenthood has built giant new mega-clinics built to take their place. The new centers do not appear to have picked up the lost cancer screenings, but they do appear to have kept the lucrative

abortion business humming.

For the past dozen years or so, while it was closing smaller clinics, Planned Parenthood affiliates embarked on a major building program. They constructed more than 25 modern, high capacity

mega-clinics of 10,000 square feet or more in cities all across the U.S. High profile projects built or underway in Houston, Texas; Portland, Ore.; Aurora, Ill.; Fayetteville, N.C.; New Orleans, La.; St. Paul, Minn.; and others were joined by new facilities being built in San Antonio, Texas; Spokane, Wash.; and Queens in New York City.

These are high volume regional abortion clinics where patients from smaller Planned Parenthood satellite offices can be referred. They also function as high profile corporate headquarters and centers for political organizing, and mobilizing pro-abortion activists.

Planned Parenthood is more than just a "reproductive health care provider" with a sizable and profitable abortion sideline. Their latest annual report not only shows how abortion is a huge profit center for their business, but is also a chief focus of Planned Parenthood's public and political advocacy campaigns.

### Challenging pro-life, pro-woman laws

Planned Parenthood lists its advocacy on behalf of "safe and legal abortion" as one of its top achievements in 2015 and headlines early in the 2014-2015 annual report state that "We protected and expanded access to abortion."

Planned Parenthood trumpets court victories against clinic regulations and physician requirements in Indiana,

Louisiana, and Wisconsin. These laws were designed to make sure (a) that facilities were safe, sterile, and capable of accommodating emergency equipment or personnel in the event of a medical emergency; and (b) to ensure that the abortionist handling those cases could accompany his patients to area hospitals if needed, by having admitting privileges.

In mentioning these laws, Planned Parenthood expresses no concerns for the health and safety of women having abortions at its clinics. Instead the report complained about how such laws "would have severely limited the practices of abortion providers as well as abortion facilities and made it much harder for women to access safe and legal abortion care."

What about that whole "pro-choice" mantra where women are supposed to be presented with **all** their options? Planned Parenthood proudly mentions that its attorneys were able to block an ultrasound law in North Carolina that would have made sure that women visiting its clinics were able to see an ultrasound of their unborn baby before having an abortion.

Despite statements elsewhere that ultrasounds before abortions are "the medical standard" to confirm gestational age (*Commentary*, 2/22/12), Planned Parenthood says in the annual report that these ultrasounds "had no medical purpose and would have only served to shame women accessing basic health care." If Planned Parenthood was already performing an ultrasound, it seems the only real "danger" was that women

*See "Aggressive," page 43*

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# Banning Dismemberment Abortions is West Virginians for Life's top priority

By Dave Andrusko

Last year state legislators overwhelmingly overrode Gov. Earl Ray Tomblin's veto, allowing The Pain-Capable Unborn Child Protection Act to become law. As the new 60-day session begins, West Virginians



*S.B. 10 lead sponsor,  
Senator Dave Sybolt*

for Life (WVFL) is hoping the state's legislative body will pick up where it left off and pass another pro-life bill.

This time around, WVFL is

seeking passage of a Dismemberment Abortion Ban. Recent undercover videos released by The Center for Medical Progress have shown high-ranking executives of Planned Parenthood abortionists casually discussing the way that they can dismember babies to obtain intact fetal body parts such as heads, hearts, lungs and livers, which can then be sold.

West Virginians for Life wants to protect our babies from these barbaric dismemberment abortions by passing The Unborn Child Protection from Dismemberment Abortion Act (S.B. 10/H.B. 4004), which will ban this particular abortion procedure. This bill is already law in Kansas and Oklahoma.

## What is a Dismemberment abortion?

S.B. 10/H.B. 4004 would outlaw a form of abortion that uses a variety of sharp-edged

metal clamps and tools. Like the Partial-Birth Abortion Ban Act, it bans a particular type of abortion technique.

This particularly barbaric form of abortion is one that is commonly used when the baby



*H.B. 4004 lead sponsor  
Rep. Lynne Arvon*

in the womb is between 14 and 24 weeks. Dismemberment abortion is defined in the law as "purposely to dismember a living unborn child and extract

him or her one piece at a time from the uterus."

"We need to eliminate this practice that could lead to the sale of baby body parts wherever that may occur," said WVFL President Dr. Wanda Franz. "Passing this law would prevent abortionists from doing the type of abortion that allows them to harvest baby body parts as described in the undercover videos."

According to S.B. 10 lead sponsor, Senator Dave Sybolt, "Dismemberment abortion is a barbaric practice that we wouldn't even do to a criminal. It's time we protect West Virginia's children from the violent procedure.

H.B. 4004 lead sponsor Delegate Lynne Arvon said, "This is a commonsense follow-up to what we've seen in our country with Planned Parenthood this past year. I'd like to see our state continue moving forward from what we did last year to protect West Virginia's babies."

# STOP

# DISMEMBERMENT

# ABORTION



# PPFA's Political Arm says Sen. Rubio is their "worst nightmare"

By Dave Andrusko

Like most of the Republican presidential candidates, Sen. Marco Rubio (R-Fl.) is an unabashed, straight-forward pro-lifer. Why he garners particular hatred and fear from pro-abortionists is a subject for another post.

But our brief discussion here touches on one example of why Dawn Laguens, vice president of the Planned Parenthood Action Fund, said that "Marco Rubio's American dream is a woman's worst nightmare," adding, "If he had his way — women wouldn't be able to access safe, legal abortion — even in cases of rape and incest."

Laguens' January 6 hyperbole came one day after Senator Rubio released a video ad in which he excoriated President Obama on a host of issues.

Pertinent to pro-lifers was when he said, "Instead of fighting to fund our troops, he fights to fund Planned Parenthood."

You might say Sen. Marco believes Mr. Obama is the babies' worst nightmare.

This ad undoubtedly struck a nerve.

As we explained in several *NRL News* stories in this edition, the Republican led Congress passed a bill that would block most federal funds from going to Planned Parenthood, and repeal many parts of Obamacare, including the program that provides taxbased subsidies for about 1,000 health plans that cover elective abortions.

Sen. Rubio ended with this:

**"America needs a real commander in chief and a president who will keep us safe."**

And unlike President Obama, pro-life Republican presidential candidates such as Sen. Rubio would include unborn babies among the "us" they would keep safe.



Sen. Marco Rubio

## Attend the March for Life and then go out and make a difference

*From page 1*

But the question is, what are you going to do afterwards?

After you leave the March or the Rally or the Prayer Breakfast, what are your plans? How are you going to make a pro-life difference in the coming year?

Make no mistake: 2016 will be a long, and in many ways, difficult year. We need every voice possible, including yours.

So after you attend the pro-life events of your choosing, contact your local chapter or state affiliate and get involved. If there is not a local chapter in your area, then we will work with you to help you get one started!



You can email us at [stateod@nrlc.org](mailto:stateod@nrlc.org) or call 202.378.8843.

The important immediate thing to do is attend the March for Life, but then go on and continue to make a difference.

Be a voice for the unborn. Get involved and stay involved.

We at National Right the Life, the largest and most effective single-issue pro-life organization, are here to help you and support you in all ways possible.

It is in working together as a team that we will continue to make THE difference.

Welcome aboard!

## Counting Down the Pro-Life Highlights of 2015

*From page 1*

3 Democrats, while 42 voted against. Unfortunately, pro-life lawmakers fell short of the 60 votes required to invoke cloture and advance the bill.

See how your elected officials voted at [www.capwiz.com/nrlc/home](http://www.capwiz.com/nrlc/home).

### **Dismemberment Abortion Ban enacted in 2 states, introduced in Congress.**

An innovative new bill, based on model legislation drafted by National Right to Life, was signed into law in Kansas and Oklahoma. The law protects unborn babies from a gruesome abortion method that involves tearing their tiny bodies limb from limb. The bill specifically prohibits the following:

**“ k n o w i n g l y dismembering a living unborn child and extracting such unborn child one piece at a time from the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off...”**

In September, Rep. Chris Smith of New Jersey introduced a federal version of the bill (the Dismemberment Abortion Ban Act, H.R. 3515). The legislation, in addition to protecting unborn babies, has tremendous persuasive power in the national abortion debate. The pro-abortion movement is forced to play defense when confronted with the brutal reality of what happens to an unborn child in an abortion.

### **Pain-Capable Unborn Child Protection Act became law in West Virginia and Wisconsin.**

West Virginia and Wisconsin became the two latest states to protect unborn babies 20 weeks and older from abortion, by which point scientific and medical evidence shows they can feel pain. Wisconsin’s bill advanced through the Legislature and was signed into law by pro-life Governor Scott Walker. In West Virginia, the Legislature pulled off a major victory when it mustered the votes to override the veto of Gov. Earl Ray Tomblin.

### **Latest CDC Report Showed Abortions at Record Low.**

The latest report from the Center for Disease Control found that in 2012, 699,000 unborn babies lost their lives to abortion. That’s a decline from the previous year when that number was 730,322–31,000 fewer abortions in just one year’s time! According to the report, “The abortion rate for 2012 was 13.2 abortions per 1,000 women aged 15–44 years, and the abortion ratio was 210 abortions per 1,000 live births.” The report also notes that chemical abortions (RU-486) rose in 2012 and now constitute 20.8% of all abortions.

As NRL Director of Education Dr. Randall K. O’Bannon explained, “Relying on reports from 47 state health departments, the CDC reported the lowest figure the agency has recorded since 1973, the year the Supreme Court first legalized abortion on demand. This figure, however, does not include abortions from California, the nation’s most

populous state, or from New Hampshire or Maryland.”

### **Undercover Videos Exposed Planned Parenthood Practices.**

One of the most newsworthy events of the year was the release of a series of undercover videos from the Center for Medical Progress that exposed Planned Parenthood’s harvesting and trafficking of aborted baby body parts. If you haven’t seen them, you can watch all the videos on YouTube.

The videos sparked a broad inquiry into the practices of Planned Parenthood, the nation’s largest abortion provider. Two congressional hearings were held on the topic. National Right to Life’s General Counsel Jim Bopp testified that existing laws and regulations are not sufficient to prevent these abuses and protect the unborn.

In addition, on several occasions in 2015, both the U.S. House and Senate voted on bills that would bar federal funding for Planned Parenthood. Both legislative bodies approved a reconciliation bill that would defund the abortion provider. (The House will approve the final version of the bill in early January.) See how your elected officials voted here: <http://www.capwiz.com/nrlc/home/>

### **2016 Presidential Race Kicked Off in Earnest.**

Even if you don’t live in early voting states like Iowa or New Hampshire, you probably heard about the upcoming presidential race in 2015. The Democrats and the Republicans offer a stark contrast on pro-life issues. The major contenders

for the Republicans are pro-life while the major contenders for the Democrats support a policy of abortion on demand. Want to learn where all the candidates stand on key pro-life issues? Check out this fact sheet from National Right to Life.

### **SCOTUS announced it will hear the case challenging the 2013 Texas pro-life omnibus bill known as HB2.**

In what will be a very significant abortion case, the Supreme Court will weigh in on two components of Texas’s HB2, passed in 2013 after temporarily being stalled by a filibuster led by state Senator Wendy Davis. The first requires Texas abortion facilities to be regulated as ambulatory surgical centers and the second requires abortionists to have admitting privileges at a nearby hospital for situations of medical emergencies. The decision will have ramifications beyond Texas since other states have enacted similar legislation. The timing of the case could also have an impact on the 2016 presidential race. The court announced in December that the case will be heard on March 2, 2016. The decision will likely come by the end of June, right in the midst of the presidential contest.

### **Successful National Right to Life Convention in New Orleans**

Pro-life leaders and grassroots activists gathered in New Orleans for the 45th annual National Right to Life Convention on July 9-11, 2015. The three-day conference included a presidential forum

*See “Highlights” page 19*

# Equipping Young Leaders for the Future: The National Right to Life Academy

By Emily Derois, graduate, 2015 National Right to Life Academy

This past summer I left my little town in Pennsylvania and journeyed to Washington D.C. with one intent: to learn how to become a voice for the voiceless. Just what this entailed, I had no idea. The Pennsylvania Pro-Life Federation and the



Emily Derois

Knights of Columbus Council 15351 generously offered me partial scholarships to attend the National Right to Life Academy. So with only a basic understanding of what the next five weeks would hold, I applied. Now that the experience is over and my work completed, I would heartily recommend the academy to any

students interested in the pro-life movement.

## Empowering Youth

We live in a society so focused on being politically correct, most of us hesitate to take a stance against the injustice of abortion and euthanasia. Yet it is imperative that we defend the unborn and helpless. If you're anything like me, these grand words are too abstract and distant. After all, what can the average student actually do to make any real impact? The academy empowers the youth, as they teach practical and real strategies that further the movement.

## Life at the Academy

The academy is held in Washington D.C., at the National Right to Life headquarters. The course involves five fast-paced weeks of reading, practicum, and hearing from leaders in the pro-life movement. The topics covered deal not only with abortion, but also physician-assisted suicide, stem-cell research, and the history of the pro-life movement. I found the

pro-life movement's history surprisingly helpful, as you recognize the mistakes made and learn from the implications of these failed strategies. There is also a weekend spent learning Robert's Rules of Order, providing students with the skills to conduct structured meetings. After this brief course in parliamentary procedure, you will become a registered member of The National Association of Parliamentarians. The five weeks is well utilized, as each subject is studied in depth. Each of the students left confident in our thorough understanding of these core life issues.

## Learning from the Leaders

Leaders in the movement, such as Dr. David Prentice and Burke Balch, give the lectures. And the practicums prepare each student to successfully defend life against every attack used by abortion advocates. Several times a day, the student will give an impromptu speech or answer pro-abortion questions while being filmed. The videos are replayed so the student can hear and see his or her

arguments and receive advice. Although the initial thought of practicum was intimidating, this is an extremely helpful and necessary preparation. It is a very friendly environment, and the criticism is constructive. Everyone is trying to achieve the same goal, and the focus is on giving you the skills needed to effectively defend the helpless.

## An Invitation to Students

Some state affiliates of NRLC offer scholarships to help students defray the tuition for the Academy as the Pennsylvania Pro-Life Federation did for me. Students can e-mail [academy@nrlc.org](mailto:academy@nrlc.org) to find out which states offer scholarships. National Right to Life equips students with the knowledge and skills to become leaders in the pro-life movement. You can apply and find further information about this course by visiting National Right to Life's website at: [www.nrlc.org/academy](http://www.nrlc.org/academy).

*Editor's note. This first appeared at squarespace.com.*

## Counting Down the Pro-Life Highlights of 2015

featuring Dr. Ben Carson, Gov. Rick Perry, Sen. Rick Santorum and Sen. Marco Rubio. Gov. Jeb Bush and Sen. Ted Cruz were unable to attend but prepared video messages for attendees. On a special night of the convention, Louisiana Gov. Bobby Jindal also addressed attendees. Speakers at the convention also included Dr. George Delgado, the doctor who developed a

technique aimed at reversing RU-486 abortions, Rachel Campos-Duffy, Mary Matalin, Sen. Bill Cassidy, Sen. David Vitter, John McCormack of The Weekly Standard, and Duck Dynasty stars Alan, Lisa and Miss Kay Robertson.

The 2016 National Right to Life Convention will be held in the Washington D.C. area on July 7-9. For more information, check out [nrlconvention.com](http://nrlconvention.com).

These events were certainly highlights for the pro-life movement. In addition, a flurry of states enacted measures aimed at protecting unborn babies and their mothers, including webcam abortion bans, parental involvement laws and informed consent laws. The pro-life movement's successes in 2015 led pro-abortion writer Michelle Goldberg to label 2015 "a terrible year for

abortion-rights." Ilyse Hogue, the president of NARAL Pro-Choice America, warned her organization's members that the very end of *Roe v. Wade* was around the corner. We must work to build on the successes of 2015 and pave the way for the day when every child is welcomed in life and protected under law.

*From page 18*



# How a preeminent pro-abortion think-tank views 2015 (Hint: they are not happy)

By Dave Andrusko

The Guttmacher Institute, the former PPFA “special affiliate,” wields enormous influence in framing how the abortion issue is covered. Pro-abortion to its institutional gills, Guttmacher occupies a special niche in that without exception, the “mainstream media” accepts its every report as if it came down carved on stone tablets from Mt. Sinai.

Which brings us to “Laws Affecting Reproductive Health and Rights: 2015 State Policy Review,” by Elizabeth Nash, Rachel Benson Gold, Gwendolyn Rathbun, and Zohra Ansari-Thomas. And as we always caution when

**abortion restrictions just since the 2010 midterm elections swept abortion opponents into power in state capitals across the country. To put that number in context, states adopted nearly as many abortion restrictions during the last five years (288 enacted 2011–2015) as during the entire previous 15 years (292 enacted 1995–2010). Moreover, the sheer number of new restrictions enacted in 2015 makes it clear**

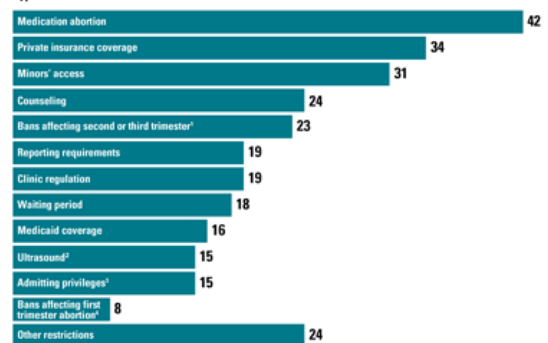
**of states, which together adopted 94 new restrictions, responsible for a third of all abortion**

ingenious manner in which pro-life legislators are hedging in the unbridled “right” to abortion. These laws are passing not only because there



States have taken many routes to restricting access to abortion over the last five years.

Type and number of abortion restrictions enacted between 2011–2015



\*Includes provisions related to abortions after viability and bans of abortions at 20 weeks' postfertilization and of second-trimester abortion methods. †Includes provisions related to fetal heartbeat testing. ‡Includes provisions related to transfer agreements. \*Includes bans for race or sex selection and for genetic anomaly.

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**restrictions enacted nationwide over the last five years. Kansas has the dubious distinction of leading the pack with 30 new abortion restrictions since 2010.**

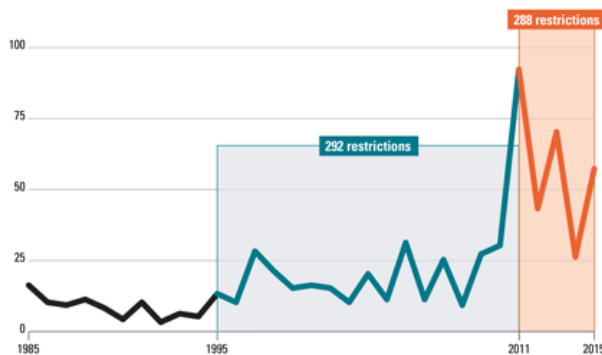
There is a lot we could say in response, although to do it justice would require far more than the roughly 2,400 words it took the quartet of Guttmacher authors to state their case. In addition, we need to leave room to say a few words about Guttmacher's take on the abortion case the Supreme Court is currently considering.

First, while Gold in particular will offer reporters sizzling explanations for what is (to Guttmacher) a parade of horrors, this report does not talk about the why. It lays out in great detail the thorough,

are a ton of pro-life elected state officials, but also because they resonate with most people.

Second, although obviously some regions of the country enact more provisions than other, it's interesting that Guttmacher writes “Thirty-one states—spanning all regions of the country—enacted at least one abortion restriction during the last five years.” There is a ripple effect when pro-life laws are passed, not just in the individual state, but elsewhere.

And third (again to state the obvious), Gold, Rathbun, and Zohra Ansari-Thomas put the pro-abortion spin on everything. “This year,” they write, “will be remembered not only because 17 states enacted a total of 57 new abortion restrictions, but also



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reporting on their conclusions, Guttmacher has a different way of counting pro-life initiatives and includes measures that fall outside our single-issue purview.

Here are two key paragraphs:

**Including the 57 abortion restrictions enacted in 2015, states have adopted 288**

**that this sustained assault on abortion access shows no signs of abating. ...**

**Four states—Arkansas, Indiana, Kansas and Oklahoma—each enacted at least 20 new abortion restrictions, making this handful**

See “Think-Tank,” page 21

## How a preeminent pro-abortion think-tank views 2015 (Hint: they are not happy)

*From page 21*

because the politics of abortion ensnared family planning programs and providers as well as critical, life-saving fetal tissue research.”

“Ensnared family planning programs and providers”? See below.

Ensnared “critical, life-saving fetal tissue research”? Dr. David Prentice debunked that favorite pro-abortion canard.

Suffice it to say, as he told me in an interview,

Numerous claims, some ridiculously exaggerated and all unsupported, have been made about the scientific and medical benefits of human fetal tissue from abortions. One of the most egregious is contained in the consent forms for fetal tissue donation used by various Planned Parenthood clinics, for women about to undergo an abortion.

The forms state that “tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson’s disease, Alzheimer’s disease, cancer, and AIDS.” The statement

is obviously false; fetal tissue transplants have been attempted since the 1920s, yet with largely dismal and sometimes catastrophic results for the patients.

Meanwhile, over 1.2 million patients have received adult stem cell transplants for dozens of conditions, and adult stem cells are considered the gold standard for patient

moving forward with the procedure.

There is one other (among many) passages I’d like to hone in on. Guttmacher writes

2015 may also be memorable for setting the stage for what is widely anticipated to be one of the most significant Supreme Court rulings on abortion since 1992. In November, the Court agreed to hear

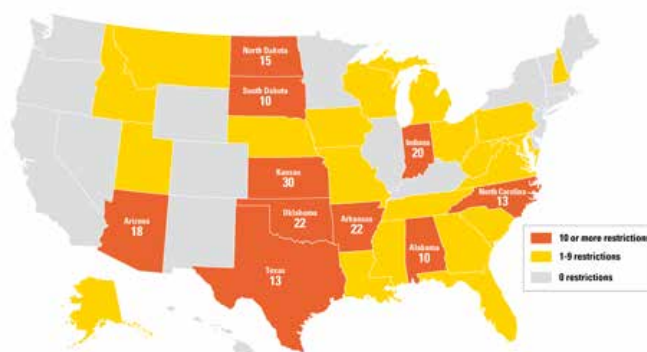
at a local hospital. At stake is the question of how far states may go in regulating abortion before their actions amount to an unconstitutional “undue burden” on women’s ability to access care. The Court will hear the case in March 2016, with a decision expected in June; it is still considering whether to review a Mississippi admitting-privileges law.

This is pretty much spot-on. To Guttmacher this is “ensnared family planning programs and providers,” but to us (and I believe most Americans) this is Texas passing commonsense laws to protect women.

Is it really “unnecessary” to require abortion clinics to meet building standards that states require of medical professionals who do much less controversial (and safer) procedures?

Abortionists shouldn’t follow the woman to the hospital for follow-up care when they botch an abortion, which requires that they have admitting privileges?

For all its shortcomings and biases, “Laws Affecting Reproductive Health and Rights: 2015 State Policy Review” is worth reading.



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transplants. The misleading Planned Parenthood statement was crafted to exert undue influence on a woman who may still be uncertain about

a challenge to a Texas law requiring abortion providers to adhere to the standards set for ambulatory surgical centers and to have admitting privileges

# Remind Everyone: Abortion Costs Lives!

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

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

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



Ordering is easy! Choose from these three options:

- 1.) Order online at [righttolifestore.com](http://righttolifestore.com)
- 2.) Call in your order at 202-378-8843
- 3.) Or, mail in this form with a check to: NRLC Bulletin Inserts, 512 10th St., NW, Washington, DC 20004.

Organization: _____ Contact Person: _____ Address: _____ City, State, ZIP: _____	Phone: _____ Email: _____ Inserts come in packs of 50 _____ packs <b>“More Than Numbers” Inserts</b> @ \$8 / pack = \$_____
Total includes regular US Mail or FedEx Ground shipping unless otherwise specified by customer.	
<b>NOTE: ALL ORDERS SHIP STARTING JAN 4, 2016.</b>	



# Clinton hits all the pro-abortion hot buttons in accepting Planned Parenthood Action Fund endorsement

## *Promises to gut Hyde Amendment*

By Dave Andrusko

In early January we posted about the inevitable—Planned Parenthood Action Fund, the political action arm of PPFA, announced that it was going to endorse pro-abortion Hillary Clinton for president, a change from the long-standing policy of not endorsing candidates in presidential primaries.

Planned Parenthood Action Fund's endorsement followed a similar enthusiastic expression of support from NARAL Pro-Choice America. Together they represent the beginning of the consolidation of the feminist pro-abortion establishment behind Clinton who is in a dog fight with Democratic Socialist Bernie Sanders in both New Hampshire and Iowa (where the first presidential caucuses take place February 1).

On Sunday, January 10, Planned Parenthood Action Fund staged a rally in Manchester, New Hampshire, site of the nation's first presidential primary, to make it formal.

In gratitude for the endorsement, Clinton, the former Secretary of State, pledged her bona fides maximus to the largest abortion provider in the world.

One particularly illustrative example is the following.

**“First of all, I will always defend Planned Parenthood, and I will say, consistently and proudly, Planned Parenthood should be**

**funded, supported, and appreciated—not undermined, misrepresented, and demonized. I believe we need to protect access to safe and legal abortion, not just in principle, but in practice. Any right that requires you to take extraordinary measures to access it, is no right at all. ... and**



**not as long as we have laws on the books like the Hyde Amendment making it harder for low-income women to exercise their full rights.”**

What does that mean?

In reverse order, first, that if Hillary Rodham Clinton becomes president she will do her best to make sure that low-income women “exercise their full rights” [abort] by gutting the Hyde Amendment. For newcomers who may not

understand the full importance of that promise, the Hyde Amendment is an annual appropriations rider which eliminates public funding for abortion except in the cases of rape, incest or to save the life of the mother.

Prior to its passage in 1976, the federal Medicaid program paid for 300,000 abortions a year. Conservative estimates are that there are well over one million people are alive

the program that provides tax-based subsidies for about 1,000 health plans that cover elective abortions.

What does PPFA do with the annual \$500 million + tax payer dollars? “Planned Parenthood dismembers or chemically poisons a baby to death every two minute—killing over seven million innocent children since 1973,” said Congressman Chris Smith, Co-Chair of the Bipartisan Pro-Life Caucus, who characterized the nation's preeminent abortion “provider” as “Planned Parenthood is Child Abuse, Incorporated.”

And as Clinton told her audience, “[T]he only thing, as Cecile [Richards, PPFA president] said, stopping them from making that the law of the land was President Obama's veto pen.” Clinton assured her audience she would “have your back” on this and other abortion-related issues.

And to make sure she touched all the bases, Clinton warned her audience that “I shudder to think about what the Republicans would do, if given the chance.” Clinton added, “We know any Republican president would accelerate the assault on access to safe and legal abortion. And think about this: The next president could easily appoint more than one justice to the Supreme Court.”

Couldn't have made that latter point better myself.

today because of the Hyde Amendment.

To this day pro-abortionists grind their teeth when they speak of the Hyde Amendment. For them the “right” to abortion never meant only the legal right to abort. It required that you and I and every other tax payer fund their abortions.

Second, keep the federal spigot turned on. The House and the Senate have passed legislation that would block most federal funds from going to Planned Parenthood, and repeal many parts of Obamacare, including

# END DISMEMBERMENT ABORTION!

## Brutal method is used to harvest baby body parts.



**Recent undercover videos have exposed one of the ugliest sides of the abortion industry--the trafficking in baby body parts (tiny livers, hearts, brains, lungs, limbs, etc.). Many of these baby body parts are obtained by dismemberment abortions.**

**Whereas,** dismemberment abortion is a common and brutal method of killing unborn children by tearing them limb from limb;

**Whereas,** these abortions are performed on developing unborn children who have beating hearts, detectable brain waves, legs, arms, eyelids, toes, fingerprints, and every organ system in place;

**Whereas,** this procedure involves using forceps or similar instruments to grasp parts of a living, developing unborn child (many of whom can feel pain), and using these tools to twist and tear away pieces from the child until her entire body is removed from the womb;

**Therefore, we the undersigned support legislation that would protect unborn children from barbaric dismemberment abortions.**

1	Print Name	Address
	Phone	
	E-Mail	
2	Print Name	Address
	Phone	
	E-Mail	
3	Print Name	Address
	Phone	
	E-Mail	
4	Print Name	Address
	Phone	
	E-Mail	
5	Print Name	Address
	Phone	
	E-Mail	

# \$20 online purchase saves baby born with one lung, and almost all of the left half of her heart missing

By Dave Andrusko

This is a story of inventive, creative, almost magical surgical innovation that saved the life of a month-old baby, Teegan Lexcen.

Reading the story, written by Elizabeth Cohen, *CNN* Senior Medical Correspondent, reminds you of the “Apollo 13 movie” in which NASA’s Crew Systems Division “put together an improvised adapter using all sort of weird and random parts, like a flight manual cover, suit parts, and socks,” to borrow an explanation from Jesus Diaz.

Cohen’s story is long and complicated. I will only highlight her very readable account, but the full story is well worth your while.

Teegan was born with a condition doctors in Minnesota (and elsewhere) had never seen: only one lung, and almost all of the left half of her heart is missing. According to Cohen, her doctors said “there was nothing they could do. Soon after she was born, they sent her home with a hospice nurse and medications to make her as comfortable as possible.”

When the baby (whose twin was doing fine) did not pass away, the parents started looking for a second opinion. Eventually the images of Teegan’s heart were seen by a team of 30 cardiac doctors and nurses at Nicklaus Children’s Hospital In Miami in November.

Some were skeptical anything could be done; they,

too, had never seen a child with this condition. Then, Dr. Redmond Burke, the chief of cardiovascular surgery

**asked Dr. Juan Carlos Muniz, a pediatric cardiologist who specializes in imaging, to make a 3-D model of Teegan’s heart. It had**



*A toy-like cardboard contraption that sells for less than \$20 online has helped save the life of a baby who was so sick that doctors told her parents to take her home to die. Google Cardboard looks like a set of big square goggles. Credit: CNN*

**helped in complicated cases before.**

**A few hours later, Muniz reported bad news: Their 3-D printer was broken. “Technology always goes on the fritz at the worst possible time,” he lamented.**

**But it turned out to be the best possible**

**time, because it forced Muniz to come up with an option that worked better.**

By that Cohen meant, as odd as it may sound, virtual reality, specifically a Google Cardboard device that you can buy for less than \$20 online. He was able to

What made this so critical is instead of having to make a series of drastic—and potentially fatal incisions—Dr. Burke (with the use of the virtual image) “figured out a way to do just the normal midline incision and spare her the dreaded clamshell cut.”

Dr. Burke knew that Teegan’s unique defects and anatomy meant he could not employ the usual surgical technique. Aided once again by the virtual image, “Burke invented a new surgery, shoring up and rerouting her one ventricle so it could do the work of both ventricles long term,” Cohen wrote. She ends her fascinating story on the highest of high notes:

**The night before Teegan’s surgery, Burke lay in bed imagining her heart based on the Google Cardboard image, mapping out the precise steps he would take in the operating room.**

**When he opened her up the next day, her heart was exactly the same as the image. He proceeded with no surprises. “Sometimes that’s what makes the difference between life and death,” he said.**

*Tip of the hat to lifenews.com.*

download images of the child’s heart onto his iPhone using an app called Sketchfab.

“They were similar, yet different from 3-D images they’d been using on computer screens,” Cohen explained. “With the goggles, it was possible to move around and see the heart from every angle — to almost be inside the heart checking out its structure.”



# With your help Autos for Life rolls into 2016!

By David N. O'Steen, Jr.

We are already half-way through the month of January and 2016 has the potential to be a pivotal turning point for the pro-life movement. National Right to Life's educational work needs your help more than ever!

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

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

Please, keep them coming!

Recent donations to Autos for Life include a 1995 Buick Century from a pro-life family in New Jersey, a 1979 Lincoln Town Car from a pro-life gentleman in Pennsylvania, and a 2003 Jeep Liberty from a pro-life supporter in New York. As always, 100% of the sale amount for these vehicles

went to further the life-saving educational work of National Right to Life.

As pro-lifers know, this year will be very important to our Movement. 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](mailto:dojr@nrlc.org)

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

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

"Autos for Life" needs your help in making 2016 a great year for the pro-life movement! Please join us in helping to defend the most defenseless in our society.

We are so grateful for your ongoing partnership and support! We thank you, and the babies thank you!

## Pro-abortionists lament "glaring omission" of abortion references in State of the Union address

*From page 12*

To which Wasserman Schultz responded:

**Here's what I see: a complacency among the generation of young women whose entire lives have been lived after *Roe v. Wade* was decided.**

Talk about stirring a hornet's nest...

My point is a very, very simple one. We are told a hundred times a day and two hundred times on Sunday that being pro-abortion is a winning position for candidates, including

presidential candidates.

That isn't true, and never has been. Why else bundle abortion up into "reproductive health," except to make it easier for the likes of Hillary Clinton to make the preposterous argument that if you are against abortion you

are really against Pab smears.

I understand the abortion crowd's hypersensitivity. Why? Because they have plenty to be worried about.

# Longtime abortionist opposes late-term abortions and D&Es

By Sarah Terzo

British abortionist Dr. Vincent Argent has been doing abortions for over 30 years and was once the medical director of one of England's largest abortion providers. But when legislation was proposed that would lower the country's abortion limit from 24 to 20 weeks, Argent supported it. In fact, despite his commitment to providing abortions, Argent wanted the law to go even further.

In an article in *The Telegraph*, Argent says that even twenty weeks is too late to do an abortion. He preferred a limit of 16 weeks.

**The Conservative MP Nadine Dorries is campaigning to reduce the limit to 20 weeks. In the full knowledge of what is involved in late abortions, and the widespread distaste for them among the medical profession, I would go further, and support an amendment proposing 16 weeks.**

At 16 weeks, the baby is fully formed. He or she has every body system and organ she will have at birth. She "breathes" amniotic fluid in order to prepare her lungs for taking in air. Her heart has been beating for months, and her rapidly developing brain gives off brainwaves. She also has her own unique set of fingerprints. No human being who has ever lived or ever will live will have the same fingerprints, just like no other person will ever have the same DNA or genetic makeup.

Argent opposes abortions after this fetal age, but he is still a practicing abortionist and is pro-choice. He says:

**I do believe in a woman's right to make decisions about her own body. The days of**

**backstreet abortions were dangerous and I am glad, in this country, that they are long gone. In fact I would support amendments**



*Abortionist Vincent Argent*

**to the Bill which would make it easier to get an abortion earlier, perhaps by removing the need to get the consent of two doctors.**

He goes on to explain why he finds late term abortions so disturbing:

**Most people do not realize just how distressing late abortions can be. The procedure remains the last taboo. While heart and brain surgery are regularly shown on television, the reality of a late abortion has never been seen on British screens.**

He then describes how late term abortions are performed:

**There are two main types of procedure; the medical type, which kills the baby via medication, meaning that the woman miscarries a stillborn. If the baby is 22 weeks or older, it will be given a lethal injection in the womb,**

**to ensure it is not born alive. Alternatively, the surgical procedure uses instruments to remove parts of the dismembered body from the uterus, limb by limb. It is hard to describe how it feels to pull out parts of a baby, to see arms, and bits of leg, and finally the head.**

The surgical procedure that involves dismembering the child is a D&E procedure. It is the most common late term abortion procedure in the United States. Below you can see a diagram that shows how such an abortion is performed. As Argent says, it requires pulling the baby apart, usually while the baby is still alive (although some providers poison the baby first with digoxin.)

The violence of these late term procedures are one reason why Argent says abortion is so stigmatized in the medical community:

**Now, with increasing specialisation in gynaecology, many younger doctors are avoiding abortion completely, preferring to go instead into areas such as IVF or cancer treatment. Abortion has become the part of gynaecology that no one wants to be associated with, and late abortion is the least popular type of work of all.**

**For some doctors their objections are religious or ethical. Often, as with me, it is based on a distaste for carrying out a procedure which is so traumatic.**

If the procedure is "traumatic" for the abortionist, we can only

imagine how traumatic it must be for the preborn baby!

Another thing about late term abortion practice troubles Argent:

**Given the nature of this experience, it greatly concerns me how lightly some of these decisions are made.**

**For every woman who comes late to the clinic because she did not realize she was pregnant, there will be another who feels it is simply their right to have an abortion whenever they like, and feels no need to explain herself at all. A third will seek a late abortion because her circumstances have changed. It might be a change of job; a relationship has broken down; her partner is now in prison; perhaps money is tight. For me, these are no reasons to carry out such a distressing procedure.**

**Recently, one woman came to me at the age of 42. After years of IVF treatment, she had finally conceived for the first time. Yet, when she found out she was carrying twins she wanted to have one aborted.**

The situation is much the same in the United States. Pro-choicers like to perpetuate the myth that late term abortions are only done for the direst of reasons, such as a horrible deformity of the baby or a risk to the woman's health. But a 2006 study in *Perspectives on Sexual and Reproductive Health* contradicts this claim.

*See "Abortionist," page 29*

# Media's coverage of pro-abortion Supreme Court briefs snobbish elitism on steroids

By Dave Andrusko

On January 5 the Obama Administration submitted a friend of the court brief in support of the pro-abortion challenge to portions of HB 2, the 2013 Texas pro-life bill. There were many other briefs filed as well—45 in all, at least according to media accounts.

The state of Texas' own brief defending HB2 is due to the court January 27. Friend of the court briefs in support of the law are due February 3. My question is this.

Do you believe for even a nanosecond that when those briefs come in they will receive 1/100 of the servile, puff pieces that have appeared with unceasing regularity ever since January 5?

Will we read equivalent stories such as this one which began

**More than 100 women lawyers joined in a**

**brief to tell the U.S. Supreme Court about their own abortions and why their reproductive freedom was pivotal**



**to their personal and professional lives. The extraordinary brief, filed Monday, was signed by former**

**judges, law professors, law firm partners, public interest lawyers and law clerks, though none who clerked for**

**the high court itself.**

Or, referring to "a brief submitted by 10 professional women," **Those telling their**

**stories generally became pregnant while attending prestigious universities such as Harvard and Stanford, a way station to their successful careers. Had they not decided on abortions, they said, their lives would have been changed forever by a single mistake.**

A "single mistake," as if they became pregnant by osmosis; as if that "mistake" wasn't "rectified" by the death of a totally helpless unborn child; as if it's REALLY okay to tear your kid limb from limb if you attend Harvard or Stanford.

I wonder if editors edit anymore? If they do, they would have seen these stories for what they are: a snobbish elitism on steroids.

## Love crosses oceans to bring children home to families

*From page 5*

I will carry with me more than clothing, orphanage gifts and toys to keep my girls occupied for two weeks in a hotel room.

I will carry with me the memory of millions and millions of lives that have been lost to abortion, both here and around the world. I will carry with me the knowledge that both of my girls are gifts that, for various reasons, almost didn't happen. Both of my daughters are unique, precious treasures – treasures that so easily could have been lost at any point in their perilous journeys first into my heart and finally into my arms.

I will spend this coming weekend while my friends and colleagues are marching, meeting and planning, hopping from flight to flight in foreign

airports and consoling a tiny, beautiful girl whose life has already seen too much trauma. We will be with her as she says good-bye to the caregivers who have taken her from lost and frightened waif and helped her become the plucky, funny little soul that she is today. I will cry, too, because I will miss these precious people who I had the rare opportunity to spend a week getting to know over Thanksgiving at a camp sponsored by our adoption agency.

And I will be painfully aware as I watch Annelise begin the transition from her homeland to ours, and from a large orphanage to a small cottage in the woods, that she is one of the lucky ones. One who survived incredible odds, as did her big sister -- as do all the children who are

blessed to be born,--especially in circumstances where their existence isn't met with joy.

All lives matter. American lives, Bulgarian lives, Asian lives, black, white, beautifully coffee and cream colored lives. Rich lives, poor lives, young lives, old lives. Lives that are "planned" and anticipated, and lives that begin and are then met with terror and disbelief. Every single child carries within him or herself, from the very moment of conception, the power to change the world and the need to be loved.

A fellow single adoptive mama friend of mine recently got a t-shirt that says "Love crosses oceans." On Friday, January 22<sup>nd</sup>, my love will do that literally. And as I go, I would so greatly covet your prayers not only for my family,

but for all of the children whose lives are in danger in our country and around the world. I want to challenge you to ask what boundaries your love can and should cross to save lives.

Love crosses oceans to bring children home to families. It also crosses school hallways to talk to the pregnant girl who fears for her future if she carries her baby to term. It crosses streets to talk with abortion-minded women who might choose life if only someone offers them hope.

Love crosses town to volunteer at a pregnancy center or attend a local right-to-life chapter meeting. Love crosses states to lobby on behalf of pro-life legislation. And love crosses the nation by car, bus and airplane to march in the frigid cold to commemorate a deadly anniversary.



## 2015 was a big year for pregnancy resource centers

*Editor's note. This appeared at Secular Pro-Life and is reprinted with permission.*

A couple weeks ago, we blasted *USA Today* for a very badly worded polling question that skewed the results in a pro-Planned Parenthood direction. So today, allow us to present an example of polling done right.

The poll was sponsored by the Charlotte Lozier Institute (CLI), a pro-life research group. Concerning pregnancy resource centers, it asked:

**These centers provide free medical services and other support to women with an unexpected pregnancy and encourage them to give birth to their babies. They do not offer or refer women for abortions. Do you have an overall opinion of organizations of this kind?**

I always find it funny when abortion supporters point the finger at pregnancy centers and cry "They don't do abortions!" Well, duh. That's not a secret and it never has been, despite all pro-choice weeping and wailing to the contrary. They claim pregnancy resource centers trick people into thinking

they're abortion businesses, but when you drill down those claims, they are usually based on a fundamental philosophical disagreement (how dare they call themselves a 'Women's Clinic,' everyone knows anti-choicers hate women's health!) or are just plain stupid (pregnancy centers locate themselves near abortion businesses so that



sidewalk counselors can easily redirect women who change their mind, not because women can't tell the abortion business and the pregnancy center apart; do you think women are idiots? and if that were the case, wouldn't pregnancy centers also lose women to the abortion business?).

And the CLI poll shows that there's no need for deception, because a simple, forthright description of what pregnancy centers do—encourage birth over abortion—yields a positive result:

An impressive 80 percent of respondents reported a "favorable view" of pregnancy centers with 46 percent of

from abortion in 2015.

The CLI poll went on to ask about abortion centers:

**There is another type of organization which works with pregnant women. These organizations help women who do not want to become or stay pregnant. They do offer abortions and refer women for abortions. Do you have an overall opinion of organizations of this kind?**

I find this question to be very generous to the opposition; it assumes that abortion helps women and makes no reference to the fact that many abortion centers are for-profit while pregnancy resources centers are uniformly not-for-profit. CLI must have worked hard on the wording of the question, because you can't tell that it's from a pro-life organization at all.

And yet, even with this pleasant wording, only 49% of respondents reported a favorable view of abortion centers.

The future of pregnancy care is bright. Let's save even more lives from the abortion industry in 2016!

## Longtime abortionist opposes late-term abortions and D&Es

*From page 27*

Perspectives on Sexual and Reproductive Health is a publication of the Alan Guttmacher institute, which has been affiliated with Planned Parenthood throughout its history. It is definitely not biased in proliferators' favor. The study concluded that abortions done between 13 and 27 weeks were done for the following reasons:

- 68% had no pregnancy symptoms

- 58% didn't confirm the pregnancy until the second trimester
- 45% had trouble finding an abortion provider
- 37% were unsure of the date of last menstrual period
- 30% had difficulty deciding on abortion

There was not one case of fetal disability or danger to women's health. Even more disturbing, the study found that nearly a third of women getting late term abortions had gotten a late term abortion before.

This data indicates that late-term abortions in the U.S. are being done for elective, not medical, reasons. You can read more about this here.

Late term abortions are so gruesome that even an abortion

provider with 30 years of experience balks at performing them. The dismemberment D&E procedure, in particular, is so horrifying and violent that it repulses even hardened abortionists.

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

# Surrogate Mom refuses to abort, files suit challenging constitutionality of California's surrogacy law

By Dave Andrusko

A little over two weeks ago we posted on two women who have refused to abort babies they are carrying as surrogates: Melissa Cook and Brittneyrose Torres.

Cook had entered in a contract in which she would be paid \$33,000 to carry a baby conceived through IVF using a 50-year-old Georgia man's sperm and a 20-year-old woman's eggs. The contract specified \$6,000 for each additional child. Three ovum were implanted. The man eventually insisted that Cook "selectively reduce" –abort– one of the three babies, and Cook, who describes herself as pro-life, refused.

Ms. Cook has now filed a lawsuit asserting that California's surrogacy law is unconstitutional because it violates due-process and equal protection rights. In her 47-page complain, Cook said she is "the legal mother of the triplets and seeks custody of at least one who was targeted for abortion," reported Carl Campanile of the *New York Post*. "A custody hearing would determine the fate of the other two."

Cook told the *Post* that last fall she'd been sent a letter by the man's attorney, Robert Warmsley,

**asking her to undergo 'selective reduction' (abortion of one of the fetuses). He stated that failure to adhere to the**

**agreement could lead to 'loss of all benefits under the agreement, damages in relation to future care of the children [and] medical costs associated with any extraordinary care the children may need.'**

The *Daily Mail's* account is much more complete.

Ashley Collman said Cook and the man had a "falling out this fall when he grew concerned at the prospect of having to raise three children at once and asked her to abort one of the embryos," citing financial considerations.

According to Cook's complaint, that's when she became anxious and offered to adopt the third baby. By the end of September she said she would not abort any of the babies and by November the Georgia man [identified only as "C.M.,"] finalized his decision to ask Cook to abort one of the babies.

Collman writes

**When Cook again stated that she would not go through with an abortion, C.M.'s lawyer told Cook that his client 'understands, albeit does not agree, with your decision not to reduce' – and threatened to sue Cook for damages and child support if she didn't**

**go through with the abortion, citing a clause in the surrogacy contract that gives Cook the option to ask her to abort**

"The surrogacy contract in this case and the California Surrogacy Enabling Statute will not withstand constitutional scrutiny," Cook's lawyer said. "The notion that a man can

demand that a mother terminate the life of one of the children she carries by an abortion, and then claim that she is liable for money damages when she refuses, is cruel to the mother," he added.

Cook's position could not be more clear. "They are human beings," Cook told the *Post*. "I bonded with these kids. This is just not right."



*Melissa Cook*



# Criticizing the Newsweek cover because the baby looks like....a baby!

By Dave Andrusko

In late December we debunked a cover story in *Newsweek*, a pompous pro-abortion exercise in self-congratulation masked as giving both sides a fair shake.

“Debunking another sledgehammer attack on the Movement” demonstrated that Kurt Eichenwald’s preposterously self-important insistence that as a representative of the “rational middle,” he had come to “examine the hypocrisy and flaws in the activists’ positions and finally bring this war to an end” was sheer pro-abortion propaganda.

But having carried all that water for his fellow pro-abortionists, Eichenwald’s reward was to be hammered by pro-abortion extremists times ten, such as Katha Pollitt. She hated the column for their own reasons but grudgingly conceded in her story for *The Nation*

**What makes Eichenwald’s “both sides do it” claim so strange is that his piece is actually a sustained and detailed attack on the anti-choice movement.**

But Pollitt had nothing on Sady Doyle whose head scratcher of an essay, “WHY DOES NEWSWEEK’S ‘ABORTION WARS’ COVER SHOW A CARTOON FETUS INSTEAD OF A WOMAN?” appeared at *Elle*.

Doyle’s subhead nicely captures what peeves her so: “By focusing exclusively on

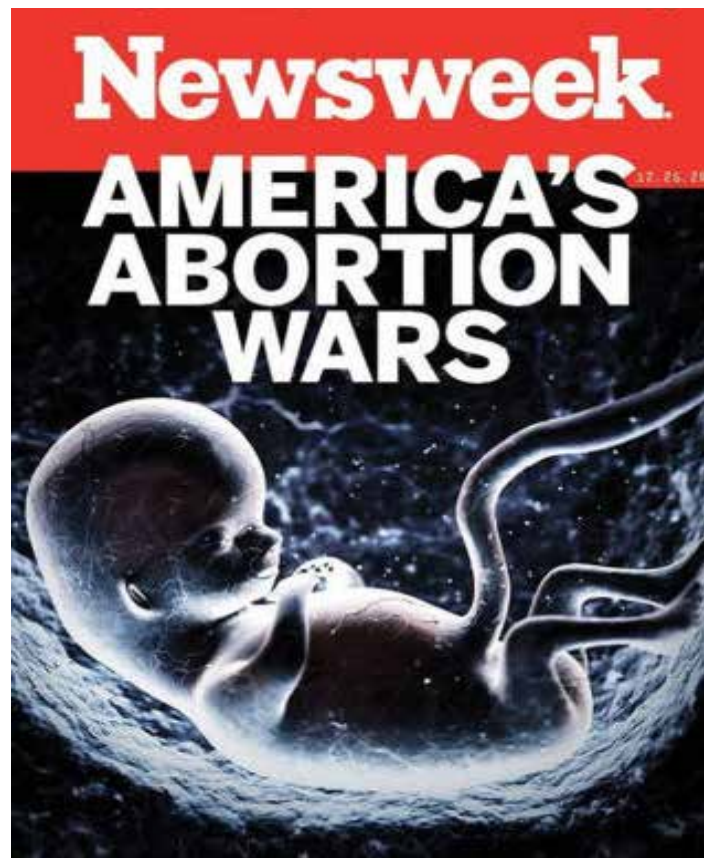
a Pixar-cute fetus, *Newsweek* is ignoring the people most affected by ‘The Abortion Wars’: people with uteruses.”

Doyle spends the first part of her turgid essay bemoaning that the *Newsweek* cover of an unborn baby is too big; too

Gerber baby,’ more ‘lentil-sized clump of cells.’”

But for Doyle, the image, “to be blunt,” is toxic because it looks

**More like a baby. And, given the presence of the word “ABORTION”**



detailed (or, in her words,” too replete with “digital improvements”), and the like. She appears to be guessing the baby is around 13 weeks.

But *Newsweek*, as far as I can tell, doesn’t give us the baby’s age so it seems odd to trash the publication because most abortions take place before 12 weeks. Then in the tone that runs through the piece. Doyle sneers, “the embryo being removed is less ‘futuristic

**in all caps, we can assume it’s not going to be around for long. Intentionally or not, the *Newsweek* cover sums up what’s wrong with how we talk about abortion: Everything is about the fetus, which is humanized, and the actual pregnant person is erased.**

What? Since the baby is

“not going to be around for long”—she will be killed—the cover personifies, so to speak, everything that’s wrong about the abortion discussion. The woman, who will be out and about, is “erased.”

Of course it is the baby who is erased, but no matter.

So, I’m guessing the ideal cover is to obliterate the child altogether. If *Newsweek* is going to write about the “Abortion Wars,” the cover should be that of a freshly aborted woman, right?

After that exercise in tedium, Doyle spends the bulk of the remainder of the essay trying to “prove” this point:

**Furthermore, even in cases in which someone aborts a pregnancy after twelve weeks, the pregnancy is in many cases not healthy: Second and third-trimester abortions often happen because the mother’s life is at risk, or because of severe birth defects that don’t show up until later in the pregnancy.**

But that is simply not true. As NRLC’s Dr. Randall K. O’Bannon has shown, researchers at the University of California, San Francisco (UCSF), whose commitment to unbridled abortion cannot ever be questioned, have shown that the reasons women have abortions have precious little to do with the “tough” cases.

*See “Newsweek,” page 44*



# Media Always Shocked at Visible Euthanasia Truths

By Wesley J. Smith

I have been working against euthanasia/assisted suicide since 1993. During that time, I have seen a lot.

But there has been one consistent theme that cuts across Kevorkian, to the Hemlock Society's Compassion and Choices' agendas, to the Netherlands: The utter refusal of the media to see what is before their eyes and accurately report the truth about the movement.

Pondering the media's blatant pro-culture of death bias, I have often thought they know what they don't want to know.

The reporting around Philip Nitschke—Australia's answer to Jack Kevorkian—epitomizes this phenomenon. Nitschke has always stated that he believes in an absolute right to assisted suicide, to death on demand.

Indeed, way back in 2001, he told *NRO's* [*National Review Online's*] Kathryn Lopez that he thought suicide pills should be available to "troubled teens."

From the interview:

**Lopez: Would there be any restrictions on who could be served on your [euthanasia] boat? Do you see any restrictions that should be placed on euthanasia generally? If I am depressed, do I qualify? If an elderly woman's husband dies and she says she no longer has anything to live for, would you help her kill herself? What about a troubled teen? Who qualifies? Who decides if a life is worth living?**

**Nitschke: This difficult question I will answer in two parts. My personal position**

**is that if we believe that there is a right to life, then we must accept that people have a right to dispose of that life whenever they want. (In the same way as the right to freedom of religion has implicit the right to be an atheist, and the right to freedom of speech involves the right to remain silent.)**

**I do not believe that telling people they have a right to life while denying them the means, manner, or information necessary for them to give this life away has any ethical consistency. So all people qualify, not just those with the training, knowledge, or resources to find out how to "give away" their life.**

In August of that year, I was brought Down-Under to tour the country [Australia] in what, in essence, was an anti-Nitschke tour. I accused Nitschke of advocating death on demand, including for teenagers. It created a media firestorm, with television stations chasing me down for interviews in restaurants, and eventually a front page story of me accusing him of importing suicide bags.

Happily, that story began Nitschke's long line of legal troubles recently culminating with the loss of his medical license.

I noticed during the two week national tour, that reporters seemed emotionally invested in disproving or denying what I

was saying about Nitschke. One day, he admitted his advocacy in the Sydney Morning News. The next day he denied my charges. A talk radio host told me, in seeming triumph, that

**controlling the time of their death should be a fundamental right," he told the NT News from Switzerland yesterday. "It's not the majority**



I had been refuted and my charges discredited.

I replied, "If you call *lying* effective refutation, perhaps so." And then I read Nitschke's quote from the previous day's *Morning Herald*. Unsurprisingly, the host immediately changed the subject without acknowledging the truth of my assertions.

Now, the media seems surprised (AGAIN!) that Nitschke believes in assisted suicide for social reasons. From the News.com.au story:

**DOCTOR** Death Philip Nitschke has again courted controversy, saying he sees many people now "who want to die for social reasons".

**The controversial doctor, who burned his medical certificate in Darwin last month over frustrations with the Medical Board of Australia, said people should not need to be sick to seek voluntary euthanasia. "A person**

**of people, but it's a growing number of people, who have come along for reasons that would not be considered suffering of a terminal illness. "They've made a rational decision, thought through all the issues and now they think it's an appropriate time to go."**

Excuse me: *How is this news?* Nitschke has been saying this very kind of thing for more than a decade. A week from now, they will forget until the next time.

You see, when it comes to the culture of death, the media know what they don't want to know.

*Editor's note. This appeared on Wesley's great website ([www.nationalreview.com/human-exceptionalism/429084/media-euthanasia-bias-and-ignorance](http://www.nationalreview.com/human-exceptionalism/429084/media-euthanasia-bias-and-ignorance)).*

# How Planned Parenthood, both nationally and in Texas, is aggressively increasing its market share through the creation of state-of-the art ‘mega-clinics’

By Teresa Stanton Collett

*Editor's note. This is reposted from "Symposium: Ensuring abortion safety in a declining market for abortion services." Collett is a professor at the University of St. Thomas School of Law. The views she expresses are hers alone.*

*Whole Woman's Health v. Cole* involves two contested provisions of a Texas law, referred to as HB2. The first requires abortion practitioners to have admitting privileges at a hospital within thirty miles of where they perform abortions, and the second requires abortion facilities to meet ambulatory-surgical-center ("ASC") standards governing operating protocols, physical plant, and general safety.

tonsillectomies).

Abortion providers have attacked these provisions as offering little medical benefit to women, while reducing access to abortion. Ironically the main thrust of their argument is that the Constitution requires both that Texas allow abortion clinics to operate at a lower standard of care than other facilities at which surgeries are routinely performed and that abortion doctors be exempt from the requirement of admitting privileges to nearby hospitals. This bizarre combination of objections leads to the very real possibility that when an injury or complication occurs during or after an abortion, the clinic will be less equipped than an ambulatory surgical center to

case of Dr. Kermit Gosnell, the infamous Philadelphia abortionist convicted of three murders and involuntary manslaughter arising from his practice. The Pennsylvania Grand Jury Report describes the scene investigators found when they entered Gosnell's abortion clinic:

**There was blood on the floor. A stench of urine filled the air. A flea-infested cat was wandering through the facility, and there were cat feces on the stairs. Semi-conscious women scheduled for abortions were moaning in the waiting room or the recovery room, where they sat on dirty recliners covered with blood-stained blankets.**

....

**Investigators found the clinic grossly unsuitable as a surgical facility. The two surgical procedure rooms were filthy and unsanitary – Agent [Stephen] Dougherty described them as resembling "a bad gas station restroom." Instruments were not sterile. Equipment was rusty and outdated. Oxygen equipment was covered with dust, and had not been inspected. The same corroded suction tubing used for abortions was the only tubing available for oral airways if assistance for breathing was needed. There was no functioning resuscitation or even monitoring equipment,**

**except for a single blood pressure cuff in the recovery room.**

At the conclusion of the report, the Philadelphia district attorney's office made a set of recommendations, including that abortion clinics be regulated as ambulatory surgical centers.

Recommendation 5 on page 247 of the report concluded that "[t]here is no justification for denying abortion patients the protections available to every other patient of an ambulatory surgical facility, and no reason to exempt abortion clinics from meeting these standards."

## Trend toward abortions in ASCs

The legislators in Texas (and several other states) agreed with this recommendation and passed HB2 in 2013. This was long after an increasing number of abortions were being performed at Texas clinics classified as ASCs. Annual reports from the Texas Department of Health show that the trend of abortions being performed in ASCs began in 2005 and by 2013, the last year for which statistics are available, almost one-quarter of all abortions in the state were performed at ASCs.

\*Numbers are drawn from the Texas Department of State Health Services, Vital Statistics Annual Reports for years 2001-20013, Table 37.

\*Numbers are drawn from the Texas Department of State Health Services, Vital Statistics Annual Reports for years 2001-20013, Table 37.

Year	Number of Abortions by Ambulatory Surgical Centers*	Total Abortions for Year*	% of all abortions performed in ACS
2001	0	77,537	0
2002	0	79,929	0
2003	37	79,166	≤ 0.1
2004	257	75,053	0.3
2005	5,387	77,374	7.0
2006	6,374	82,056	7.8
2007	6,189	81,079	7.6
2008	6,503	81,591	8.0
2009	4,652	77,850	6.0
2010	9,821	77,592	12.6
2011	16,237	72,470	22.4
2012	14,361	68,298	21.0
2013	14,491	63,849	22.7

The state argues the admitting-privileges requirement ensures ease of transfer and continuity of care for women needing hospitalization due to injuries or unanticipated conditions arising from their abortions. The ASC requirement is designed to make certain that abortion clinics meet the general safety standards applied to other facilities that operate primarily to provide surgical services (such as cataract removal, colonoscopies, knee arthroscopies, and

address the problem on site and more likely to transfer care to an emergency room where the abortion practitioner has no relationship with any of the medical staff. In short, their arguments make it appear that abortion activists care more about access to abortion (safe or unsafe) than they do about protecting women's health.

## Impetus of the legislation

The Texas legislature was prompted to pass HB2 in part by concerns arising from the

*See "Mega-clinics," page 34*

## How Planned Parenthood, both nationally and in Texas, is aggressively increasing its market share through the creation of state-of-the art ‘mega-clinics’

From page 33

This historical snapshot undercuts any argument that requiring abortion clinics to comply with ASC standards is unrelated to promoting women’s health.

### Admitting privileges and the need of coordinated responses

Similarly, historical experience supports the state’s concern regarding effective and coordinated response between abortion providers and hospital personnel when injuries occur during an abortion. For example, Dr. Leroy Carhart, often identified as a hero of the pro-abortion movement, has been investigated repeatedly for dangerous and unprofessional practices. Most recently he was investigated for the death of his patient, Lisa Morbelli. According to a complaint filed with the Maryland Board of Physicians, “[a]fter Morbelli’s abortion, while still appearing ‘weak and pale’ according to witnesses, Carhart released her to return to her hotel. He then left town. As Morbelli’s condition worsened, in the ensuing hours, Carhart could not be reached by family members or later by hospital emergency room staff.” While the board imposed no discipline, the case illustrates the danger to patients when abortion providers are not integrated into the local medical community.

The danger from lack of coordination is even more acute outside major metropolitan areas where specialized emergency care is limited, if available at all. Researchers at the nonpartisan Center for Studying Health System Change have found that “[t]wenty-one percent of patient deaths or permanent injuries related to ED [emergency department] treatment delays are attributed to lack of availability

of physician specialists” and “[t]wo-thirds of ED directors in level I and II trauma centers say that more than half of all patient transfers they receive stem from lack of timely access to specialist physicians at the referring hospital.” These issues are of particular concern in a state the size of Texas with broad swathes of rural areas.

A 2011 survey of Texas health care revealed that of the 254 counties in Texas, 144 did not have a gynecologist or obstetrician, 138 did not have a pediatrician, and 29 did not have a primary care physician. These access problems are compounded by the fact that there simply is no emergency care to be had in a growing number of counties. Across Texas, ten rural hospitals have closed since 2012, according to data from the National Rural Health Association. The simple fact is that ensuring access to quality health care for people living outside major metropolitan areas is difficult, and Texas is no exception to this rule.

That said, nothing in Supreme Court jurisprudence or common sense requires legislators to exempt abortion from state efforts to ensure the safety of patients undergoing invasive procedures by regulating both the clinics where abortions are performed and the doctors who perform them.

### Constitutional challenges ignore economic realities

Abortion activists disregard these facts and instead argue that enforcement of HB2 has and will result in more and more abortion clinics closing, thus unconstitutionally burdening women’s access to abortion. It is clear that abortion clinics are

closing in Texas, but exactly why they are closing is hotly disputed.

Some of the decline in the number of abortion clinics can be attributed to the fact that fewer women are seeking abortions. This summer the Associated Press found that there has been a decrease in abortions of about twelve percent since 2010 nationwide. In the same period Texas abortions declined twelve percent. And this decline is part of an even larger decline when the time period is expanded. In Texas there were almost 20,000 fewer abortions reported in 2013 than were reported in 2006. Activists are quick to claim that the decline is due to oppressive state regulations, yet as the AP report noted “[f]ive of the six states with the biggest declines – Hawaii at 30 percent, New Mexico at 24 percent, Nevada and Rhode Island at 22 percent, Connecticut at 21 percent – have passed no recent laws to restrict abortion clinics or providers.”

What is true is that abortion clinics are trying to survive in a shrinking market for their services. This is causing an economic restructuring of the abortion industry, in which economies of scale and cost efficiency are increasingly important.

Planned Parenthood, both nationally and in Texas, is aggressively increasing its market share through the creation of “mega-clinics,” making it difficult if not impossible for independent providers to compete. In 2010 Planned Parenthood opened a new 78,000 square foot facility in Houston. According to a May 20, 2010 article in the Houston Chronicle, the new facility provided “room to increase Texas clients by 30 percent, from 90,000 visits to

those 10 locations in 2009 to roughly 120,000 annually.” In 2014 Planned Parenthood in San Antonio opened a new 22,000-square-foot facility. Planned Parenthood Affiliate President Jeffery Hons told the local newspaper that the new center will perform about 2,800 abortions a year — an increase of 1,000 over the number provided two years ago, before HB 2.” That’s an increase of 30,000 visits in Houston plus 1,000 new abortions performed in San Antonio. This sort of increase in capacity makes continued existence of small competitors more difficult regardless of the regulatory environment.

### Conclusion

All of these facts – proven cases of unsanitary and dangerous conditions in some abortion clinics; declining numbers of women seeking abortions; restructuring of the abortion industry; shrinking numbers of emergency care providers in rural areas; and greater regulation of health care in general – make the case that the Texas law will improve women’s health care.

The objection of abortion activists to the efforts of Texas can easily be read as demands of a protectionist industry that cares little about the quality of care it delivers and more about its ability to survive in a shrinking market for its services. It would be a height of judicial pretention to constitutionalize these claims into a basis for striking down the Texas law.

Posted in *Whole Woman’s Health v. Cole*, Featured, *Whole Woman’s Health v. Cole* symposium

*This appeared at SCOTUSblog.*



# How the piercing light of unconditional love chases away the darkness

By Kurt Kondrich

As we approach the 43rd anniversary of the *Roe v. Wade* decision isn't it time we begin to "Embrace and not Erase" the most priceless gift and treasure we have in our world – Human Life? All human life?

Consider: In 1975 the Individuals with Disabilities Education Act (IDEA) was passed to ensure that children



with disabilities have the opportunity to receive a free appropriate public education, just like other children. This was a major step for including individuals with disabilities in their schools and communities, and it recognized that these

human beings are valued and accepted members of our society with many ABILITIES.

Prior to IDEA there were many misconceptions and prejudices about individuals with disabilities who were labeled uneducable, defective, or undesirable, and many were placed in an institution for a shortened life of exclusion. While such attitudes linger, they are far, far less pervasive.

My beautiful daughter Chloe was born in 2003 with a postnatal diagnosis of Down syndrome. Thanks to IDEA, she is currently attending 7th grade at her neighborhood middle school with typical peers reading at grade level and excelling in her academic and social life. My daughter has received many rights and protections because of her Down syndrome postnatal diagnosis.

In 1973, two years prior to IDEA passage, the *Roe v. Wade* Supreme Court decision introduced legalized abortion in our culture. Its terrible impact on babies prenatally diagnosed with Down syndrome is well known.

The rapid advance in prenatal screening means unborn children with Down syndrome can be identified, targeted, and eliminated prenatally at a very high rate (up to 90%). What

could be more an example of prejudice and negative profiling toward a group of people than this? It is a tragedy that these rights conferred by IDEA

false mandates for "perfection" in a misguided society.

Children with Down syndrome educate the world with an irreplaceable message



Chloe Kondrich

cannot be transferred to their unborn brothers and sisters.

As prenatal genetic screening allows for recognition of ever more genetic anomalies, we all need to ask who will be the next group of individuals to be targeted and terminated due to

about unconditional love, purity and kindness. Like my daughter Chloe, they teach us how the piercing light of unconditional love chases away much darkness.

And that is a lesson we all desperately need.

# So what does the new AP poll on abortion tell us?

By Dave Andrusko

The headline on the *Associated Press* story read, “Support for legal abortion rises to nearly 6 in 10 Americans, poll finds.” Let’s see what this poll “conducted after three people were killed last month in a shooting at a Planned Parenthood clinic in Colorado” does and doesn’t tell us.

According to the *AP*’s Nancy Benac and Emily Swanson, “Nearly six in 10 Americans — 58 percent — now think abortion should be legal in most or all cases, up from 51 percent who said so at the beginning of the year, according to the AP-

The poll results are far more interesting than the *AP* headline which crops up in news outlets across the country. With that in mind, let’s discuss four components.

#1. Are we really supposed to believe that support for abortion legal in all or most cases actually rose a total 7 points in eleven months—from 51% to 58%? Or did it represent an immediate visceral response to the deaths of three people at a PPFA clinic that was attributed, directly and/or indirectly, to pro-lifers? The obvious answer is we won’t know for at least a few more

direction, but that’s a different story.

#2. The categories are sloppy and poorly written. Here’s the questions:

**Which comes closest to your opinion on abortion? Abortion should be...**

Legal in all cases — 23%

Legal in most cases—35%

Illegal in most cases—26%

Illegal in all cases—12%

As *NRL News Today* has explained on countless occasions, when Gallup asks its abortion questions, it asks a follow up question to those who say abortion should be legal “under certain circumstances.” They are asked whether they believe abortion should be legal “in most circumstances or in only a few circumstances?” Generally speaking, there are three times as many who say “in only a few circumstances.”

Which means that in a Gallup poll taken earlier this year, there was a total of 55% who said abortion should be illegal in all circumstances (19%) or only a few circumstances (36%).

#3. This the AP managed to miss altogether:

**Should abortion laws in the United States be...**

Total more strict—37%  
(much more strict—19%;  
somewhat more strict—18%);

Left as they are—37%;

Total less strict—27%  
(much less strict—13%;  
somewhat less strict—14%)

To be clear more of the public wants stricter laws than wants much less strict laws, 19% to 13%.

#4. The AP-GfK survey also asked

“Do you have a favorable or unfavorable impression of Planned Parenthood? If you don’t know enough about Planned Parenthood to have an opinion, you can say that too.”

45%-30%-24%. What can we say about this? (The wording is slightly different in the following polls.)

When Gallup polled in 1989, 82% of Americans had a favorable impression of Planned Parenthood. In a February 2012 Quinnipiac University poll, 55% had a favorable opinion of PPFA, 22% an unfavorable opinion.

But a July 30-August 2, 2015, Monmouth University poll found 37% had a favorable view of PPFA and 26% an unfavorable view. A CBS News/New York Times September 2015 poll found 40% of Americans had a favorable opinion of PPFA and 27% an unfavorable opinion of PPFA.

So the numbers for PPFA have dropped enormously, not just since 1989 but since February 2012. For the moment, they have stabilized, in no small part, I would guess, because of the countless news stories, columns, and editorials painting the \$1.3 billion “non-profit” as a victim.

My guess is the numbers will begin their decline again in the not-too-distant future. PPFA carries way too much baggage.



GfK survey.” The *AP* story tells us

**“The Associated Press-GfK poll on abortion was conducted by GfK Public Affairs and Corporate Communications Dec. 3-7. It is based on online interviews of 1,007 adults who are members of GfK’s nationally representative KnowledgePanel.”**

You can examine the numbers for yourself at <http://ap-gfkpoll.com/>

months but that it is plausible the figure will recede.

To quote the *Washington Post* (under the headline “Support for abortion rights hits two-year high after Planned Parenthood shooting”), “The rise in abortion support in the latest AP-GfK survey may be fleeting. Research has shown that Americans’ attitudes regarding abortion have been relatively consistent over the decades, despite the occasional fluctuation.” Actually, the numbers have moved in our

# NARAL bashes Pelosi, still more evidence Abortion Industry is on edge

By Dave Andrusko

When I first sat down recently to write about pro-abortion House Minority Leader Nancy Pelosi's comments that appeared in a story in Roll Call, it only took me a moment of reflection to figure out I should wait. Why? Because surely that the folks at places like Planned Parenthood or NARAL would get their noses bent out of joint.

Sure enough... NARAL put out a statement, bitterly complaining that Pelosi's remarks were "particularly disappointing and ill-advised" and fell "well short" of its standards.

What in the world could someone who has carried an ocean's worth of water for the Abortion Industry possibly have said to tick off NARAL Pro-Choice America?

Well, Pelosi (D-Ca.) actually uttered the unutterable, even if only to disagree. Stay with me.

According to POLITICO's Jennifer Haberkorn

**Pelosi said that she doesn't believe in "abortion on demand" or that "abortion is a form of birth control" — two phrases that abortion foes typically use to characterize abortion-rights supporters. NARAL**

**objected to Pelosi merely repeating those phrases, even if she said she doesn't agree with them.**

Understand, in the interview (which I watched), Pelosi just



*House Minority Leader Nancy Pelosi (D-Ca.)*

lambasted Republicans who had voted to reroute most of the federal money going to PPFA to women's health centers (a bill which Obama vetoed, of course). Haberkorn quoted and paraphrased Pelosi's response as saying this was

**an "insult to the intelligence and judgment of women," and that health care decisions should be**

**between a woman and her doctor.**

That was not enough for NARAL senior vice president for campaigns and strategy Sasha Bruce.

**"The Leader should stop using twisted**

**all reproductive-health care services, including abortion. We're confident the Leader does too, which makes her comments all the more troubling."**

Two quick points. First, Ms. Bruce is clearly not reading the pro-abortion blogosphere. They not only **do** demand abortion, they insist it is a "right" that transcends discussions of good and evil (although they obviously believe it is near the ultimate good).

Moreover, if you look at the ever-growing repeat abortion rate, surely we can rightly conclude that some women are using abortion as what they see as a kind of retroactive birth control.

Second, the Abortion Establishment is very, very nervous. Their candidate—former Secretary of State Hillary Clinton—has strengths to be sure but also massive weaknesses. They include that outside of hard-core Democratic circles, she is not liked or trusted by the wider public.

And, of course, Democratic Socialist Senator Bernie Sanders is giving Clinton fits in Iowa and New Hampshire, evidence—if any were needed—that Clinton is a deeply flawed candidate.

**GOP talking points about abortion and birth control," Bruce said. "We don't know women who demand abortion or use abortion as birth control. We do know women who make thoughtful decisions about how and if they want to start a family, and who need access to**



## Why our Movement is so upbeat as we enter 2016

*From page 2*

have gone to Red Alert. It's essentially the end of abortion if (1) abortion clinics must meet the same building standards as ambulatory surgical centers (ASCs); and (2) abortionists must have admitting privileges at a nearby hospital for situations of medical emergencies. The latter has already gone into effect.

They see a slippery slope if the justices uphold HB2. Who knows how many states will adopt similar laws? Many, I would suspect.

And there is another test case in the judicial pipeline: the "Unborn Child Protection from Dismemberment Abortion Act." The legislative logic is very similar to the Pain-Capable Unborn Child Protection Act which was upheld by the High Court in 2007.

The states enacting the Unborn Child Protection from

Dismemberment Abortion Act (so far Kansas and Oklahoma but with others on the way) are not asking the Supreme Court to overturn or replace the 1973 *Roe v. Wade* holding that the state's interest in unborn human life becomes "compelling" at viability. Rather, the states are applying the interest the Court recognized in the 2007 *Gonzales* case [upholding the federal ban on partial-birth abortions], that states have a separate and independent compelling interest in fostering respect for life by protecting the unborn child from death by dismemberment abortion. Further, the state is recognizing their compelling interest in protecting the integrity of the medical profession with passage of this law.

The pro-abortion fear and apprehension comes close to a kind of resignation. We talk about that in the second

editorial that also begins on page two.

One other hugely important point. Planned Parenthood is a \$1.3 billion "non-profit" with a political arm and plenty of Democratic allies in Congress. Yet as you know (and as we reported on page 4), only a presidential veto saved the nation's largest abortion provider from losing most of its federal funding for a year.

This is the most recent chapter in a book-length fight to rein in federal funding for the Planned Parenthood Federation of America. Ten years ago, even five years ago, this might have seemed a pipe dream. It is no longer. Why?

For one thing, thanks to the work of grassroots pro-lifers there are many, many more pro-life representatives and senators in Congress. That is necessary, but not sufficient. While we maintain, even increase our

numbers, we also need a pro-life president.

For another, PPFA's one-time pristine public image has taken a tremendous hit, thanks in large measure to the undercover videos taken by the Center for Medical Progress. Evil flourishes in the darkness. The CMP video shone a light on an industry that cannot tolerate sunshine.

Finally, there is the cumulative effect of calling evil, evil. If you watched the Republican presidential debates, you saw candidate after candidate call PPFA on the carpet. Many millions of people who may have had a fuzzy image of PPFA as some sort of benign provider of "women's health care" learned otherwise.

For these reasons and many more, as we enter 2016, our Movement is more upbeat than ever.

## As the anniversary of Roe approaches, a preview of the 2016 Elections

*From page 8*

Planned Parenthood Action Fund, the political arm for the nation's largest abortion provider, plans to spend \$20 million in the presidential and close Senate race states, including New Hampshire, Ohio, Pennsylvania and Wisconsin.

Cecile Richards, president of Planned Parenthood, said, "Let's be clear – reproductive rights and health are on the ballot in 2016."

Emily's List, a pro-abortion

group, expects to raise more in 2016 than the \$60 million it raised for pro-abortion Democrat women in 2014.

"We are going to play a bigger role than we have ever played," said Denise Feriozzi, Emily's List's political director. "There is going to be a level of excitement for our Emily's List community and from women and men around the country to elect the first woman president..."

Clearly pro-abortion groups are motivated.

Despite the huge financial disparity with the pro-abortion movement, National Right to Life is extremely successful in competitive head-to-head races. In 2014, National Right to Life's political entities were involved in 74 federal races nationwide. We won 76% of those close races!

The National Right to Life Victory Fund's and the

National Right to Life PAC's national network, combined with its experienced staff, volunteers, and grassroots base, make them a formidable force that is able to provide get-out-the vote efforts that are key to pro-life election successes.

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

# Contrary to pro-abortionists, having a baby is not a career-killer

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

In a move that seems oddly anachronistic, abortion advocates are now trying to convince the U.S. Supreme Court that a woman cannot achieve professional success if she has a baby.

*USA Today* quotes a brief submitted in the Texas case now before the High Court by female lawyers, professors, and law students who, it is said, were “united in their strongly held belief that they would not have been able to achieve the personal or professional successes they have achieved were it not for their ability to obtain safe and legal abortions.”

I heard one long-time pro-life advocate say that the abortion industry tends to copy the pro-life movement in approaching both the legislative branch and the courts. This truism is apparent in this case, which calls to mind the many, many post-abortive women who have offered testimony about the great harm they suffered from their abortions and how they came to regret those decisions. Those women have stood on the steps of the U.S. Supreme Court, courageously sharing the searing pain, the unspeakable heartache of babies lost to abortion.

As Supreme Court Justice Anthony Kennedy wrote in the 2007 decision on the federal partial-birth abortion ban, “Some women come to regret their choice to abort the infant life they once created and sustained.» It is in response to that observation that the abortion industry is going anecdotal, filing friend-of-the-court briefs in which having an abortion is celebrated as a career advancer.

As one brief says, the women involved “strongly believe that the right to access an abortion was and is crucial to their and every woman’s ability to define her own existence, determine her future, achieve her dreams and aspirations, and be an equal participant in our society.”

career advancement.

This is not to say that parenting is easy, or that placing a child for adoption is a quick decision, or that professional success can come without sacrifice.

But a baby is not a dream-killer. It is false to say that there is no way a woman can

is that somehow requiring abortion clinics to meet the general safety standards applied to other facilities that operate primarily to provide surgical services and abortionists to have admitting privileges at a nearby hospital is equivalent to overturning *Roe*.



But this is 2016, not 1973. An unexpected pregnancy does not have to forever close a professional door for a woman. Creative solutions allowing parenting women to pursue their education and their career goals abound. Not to mention the fact that many, many women see parenting itself as the greatest career path of all. Other women may view adoption as the best solution for themselves and their children which, again, would not pose an obstacle to their eventual

serve as a lawyer, a doctor, or a teacher if she experiences an unexpected pregnancy. Innovative solutions exist to the challenges she faces—solutions that are peaceful and do not harm a single unborn child.

Abortion promoters are saying the case has the power to overturn the U.S. Supreme Court’s *Roe v. Wade* decision which brought about abortion on demand for any reason essentially during all nine months of pregnancy. What they actually mean by that

Amazing.

Speaking of anecdotal evidence Nielsen Music reported that a mother’s melodies proved to be the top-selling album of 2015 in the U.S. The album was the work of the highly-gifted singer Adele, who has been quoted as saying that having her son was the “greatest thing I ever did.”

While she has also candidly spoken about how hard motherhood can be, she remains a chart-topper, even with a child in tow.

# How large a role will abortion play in 2016 presidential election?

By Dave Andrusko

The story ran under various headlines—“Abortion a sure litmus test in the 2016 elections”; “Activists believe huge political divide on abortion rights will dominate 2016 election”; “Abortion will be hot issue in 2016 presidential campaign, activists say.”

But the gist of the *Associated Press* story was captured in a subhead that ran in many publications: “With middle ground on this most emotional issue almost nonexistent, each side is pulling out all stops.”

As we publish the first 2016 digital edition of *National Right to Life News*, let’s take a few minutes to deconstruct the story written by David Crary. What is, if anything, different, and will that likely mean an all out blitz by pro- and anti-life forces? His story did not, and we do not, talk about anything but the issues that relate specifically to our cause.

Are we as a nation more divided on abortion? Perhaps. But the division Crary is talking about is something that has been coming to fruition for decades: at the federal level there are virtually no pro-life Democrats and almost all Republicans are pro-life.

It’s like iron filings and a magnet. If the unborn child is invisible or irrelevant to you, you are attracted by the Democrats, the party of death. If you believe, at a minimum, there are many, many reasonable limitations on abortion and protections for women, then the GOP is your natural home. This was not always the case. Many of us oldsters grew up in pro-life

Democratic households.

What else? The impact of congressional hearings, sparked by the eleven undercover videos released by the Center for Medical Progress. Crary weaves that topic in on a couple of different occasions.

Planned Parenthood and its legion of congressional

to take the offensive on abortion issues.” This is in part related to the undercover videos, a linkage Crary manages to miss. Their capacity to make concrete what can often seem to be fuzzy changes the way they, and we, can talk about abortion.

Consider this: pro-abortion Hillary Clinton, for a moment,



supporters and kindred organizations believe that in the end, many/most people will see this as “going too far.” I would argue just the opposite.

To the public at large, thanks to an unctuous major media, PPFA was purer than Caesar’s wife. No longer.

I won’t rehearse what we’ve written about a hundred times in the last few months but it safe to say that John and Jill Q. Public have a clearer picture of the nation’s largest abortion provider. That is why PPFA’s approval ratings—once astronomically high—now hover around 45%.

What else can we glean from Crary’s story?

“Another difference: Republicans in the presidential field and in Congress seem more willing than in past campaigns

liver, because we know that, so I’m not gonna crush that part, I’m gonna basically crush below, I’m gonna crush above, and I’m gonna see if I can get it all intact”?

Is Clinton going to be called to task for another woman, also captured on video, who spoke about how “We’ve just been working with people who want particular tissues, like, you know, they want cardiac, or they want eyes, or they want neural. ...Oh, gonads! Oh, my God, gonads”?

And in case anyone should ask, Dr. Carolyn Westoff, Planned Parenthood’s Senior Medical Advisor, added, “Everything we provide is fresh.”

Every four years we read stories about how this presidential election will be different. But for the aforementioned reasons and many more, “activists” will play a much more significant role.

For pro-lifers, we are determined not to allow President Obama to be succeeded by another pro-abortion militant with even closer ties to PPFA.

We saw the kind of justices Obama appointed to the Supreme Court. The next president could nominate as many as four. Would you want the next President calling for a meeting with PPFA, EMILY’s List, and NARAL to get their list of approved nominees?

Pro-lifers will be busy next year for all these reasons—and for the 58 million unborn children whose lives have already been consumed by *Roe v. Wade*.



# Looking back at 2015 and ahead to the 2016 state legislative cycle deflates pro-abortionists, elates pro-lifers

From page 2

**Four states—Arkansas, Indiana, Kansas and Oklahoma—each enacted at least 20 new abortion restrictions, making this handful of states, which together adopted 94 new restrictions, responsible**

ingenious manner in which pro-life legislators are hedging in the unbridled “right” to abortion. These laws are passing not only because there are a ton of pro-life elected state officials, but also because they resonate with most people.

Second, although obviously some regions of the country

Ensnared “critical, life-saving fetal tissue research”? Dr. David Prentice debunked that favorite pro-abortion canard as part of a story that appeared in *NRL News Today*. Suffice it to say it’s all hokum

Speaking of abortion “providers,” here’s one other (among many) passages I’d like to hone in on. Guttmacher writes

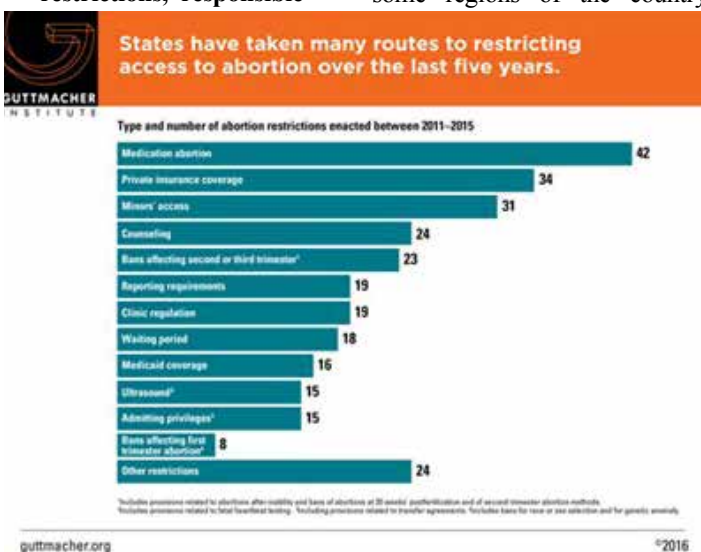
**2015 may also be memorable for setting the stage for what is widely anticipated to be one of the most significant Supreme Court rulings on abortion since 1992. In November, the Court agreed to hear a challenge to a Texas law requiring abortion providers to adhere to the standards set for ambulatory surgical centers and to have**

**ability to access care. The Court will hear the case in March 2016, with a decision expected in June; it is still considering whether to review a Mississippi admitting-privileges law.**

This is pretty much spot-on. To Guttmacher this is “ensnared family planning programs and providers,” but to us (and I believe most Americans) this is Texas passing commonsense laws to protect women.

Is it really “unnecessary” to require abortion clinics to meet building standards that states require of medical professionals who do much less controversial (and safer) procedures?

Abortionists shouldn’t follow the woman to the hospital for follow-up care when they botch an abortion, which requires that



**for a third of all abortion restrictions enacted nationwide over the last five years. Kansas has the dubious distinction of leading the pack with 30 new abortion restrictions since 2010.**

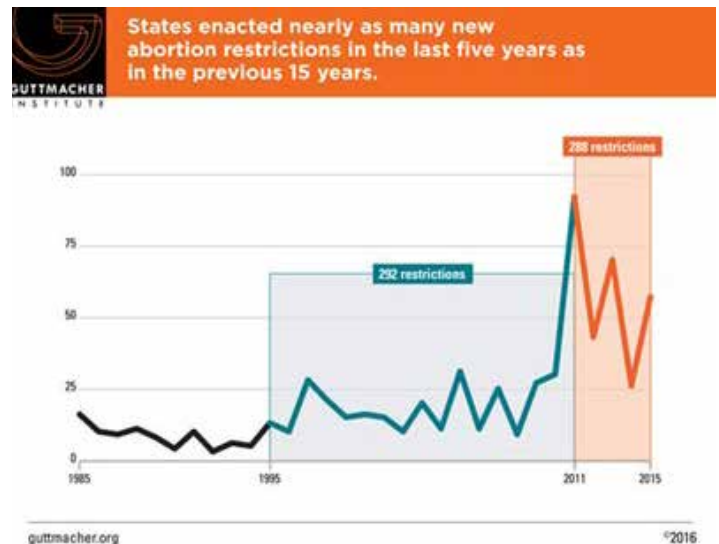
There is a lot we could say in response, although to do it justice would require far more than the roughly 2,400 words it took the quartet of Guttmacher authors to state their case. In addition, we need to leave room to say a few words about Guttmacher’s take on the abortion case the Supreme Court is currently considering.

First, while Gold in particular will offer reporters sizzling explanations for what is (to Guttmacher) a parade of horrors, this report does not talk about the why. It lays out in great detail the thorough,

enact more provisions than other, it’s interesting that Guttmacher writes “Thirty-one states—spanning all regions of the country—enacted at least one abortion restriction during the last five years.” There is a ripple effect when pro-life laws are passed, not just in the individual state, but elsewhere.

And third (again to state the obvious), Gold, Rathbun, and Zohra Ansari-Thomas put the pro-abortion spin on everything. “This year,” they write, “will be remembered not only because 17 states enacted a total of 57 new abortion restrictions, but also because the politics of abortion ensnared family planning programs and providers as well as critical, life-saving fetal tissue research.”

“Ensnared family planning programs and providers”? See below.



**admitting privileges at a local hospital. At stake is the question of how far states may go in regulating abortion before their actions amount to an unconstitutional “undue burden” on women’s**

they have admitting privileges? For all its shortcomings and biases, “Laws Affecting Reproductive Health and Rights: 2015 State Policy Review” is worth reading.

# Debunking another sledgehammer attack on the Movement

By Dave Andrusko

“America’s Abortion Wars (And How to End Them)” is a whopping 4,262 words long. By comparison, Hemingway’s novel, “The Old Man and the Sea,” is only 27,000 words long. Both are so tedious, they make you want to jump overboard. But be that as it may...

The hook (no pun intended) are Eichenwald’s opening three sentences:

**I am opposed to abortion. I believe women have the right to choose.**

**This is not a contradiction.**

Not if you are the latest sublimely self-assured journalist (after all he has written for the *New York Times* and *Vanity Fair*) to pronounce that as a representative of the “rational middle,” he has come to “examine the hypocrisy and flaws in the activists’ positions and finally bring this war to an end.”

How? By cutting the “Gordian knot,” even though he is already whining by the fourth paragraph that, like prophets of old, he will be misunderstood.

It’s one of those instances where the author, Eichenwald, covers so much ground, you could spend 4,262 words just correcting a few of his errors, glib assurances, and pretense at being even-handed. (After all, he is edifying “activists” on both sides, right?)

His typical style is to start with assertion “A,” slide over with nary a word of warning to “B,” throw in some unrelated “C” and we’re supposed to be dazzled by an argument that

the column for her own reasons, grudgingly conceded in *The Nation* that

**What makes Eichenwald’s “both sides do it” claim so**

and, obviously, that was never Eichenwald’s intention. Why would you bother with sustained critiques of both sides if pro-lifers are (for starters) stupid, habitually lie, “have no



jumps, frog-like from lily pad to lily pad.

But it’s just words strung together like beads and unrelated assertions which run together like train cars (to borrow from John McWhorter).

Every pro-life premise is too simple for his great brain, which does not prevent Eichenwald from simplifying to the point of parody.

You read his essay and it’s like a Power Point presentation where every point of contention in the abortion debate is spelled out with the pro-abortion side always the winner.

Even pro-abortion-to-the-max Katha Pollitt, who hated

**strange is that his piece is actually a sustained and detailed attack on the anti-choice movement.**

Ah, yes. Where is the trashing of pro-abortionists equivalent to the following?

**Abortion opponents, whether out of ignorance or obsession, have grown accustomed to lying in order to advance policies or block abortions, with complete disregard for consequences.**

There is none, of course,

comprehension of medicine,” and, indeed, “cannot be called pro-life”?

No wonder there is barely a word of even subdued criticism of pro-abortionists. By comparison, they are saints.

Would I recommend anyone, aside from Eichenwald’s immediate family, reading this hit-piece on the Movement? Of course not.

But it does illustrate the kind of mind that believes the public is so stupid it will not figure out by the eighth paragraph that they won’t be getting what they thought they were getting in the first three: an even-handed critique.

## Latest annual report documents Planned Parenthood's aggressive abortion agenda

From page 14

might change their minds, depriving Planned Parenthood of an abortion fee.

### Doing abortions without doctors

In the annual report, Planned Parenthood embraces the concept of "webcam abortions," celebrating a victory in the Iowa Supreme Court which struck down regulations put in place by the Iowa Board of Medicine that essentially banned the dangerous procedure.

Planned Parenthood protests that were such a law in effect, women in rural areas would have to make multiple trips hundreds of miles from home to get chemical abortions.

But Planned Parenthood chooses not to draw attention to the fact that the women would never be physically examined by a doctor; that their case might be managed by only a certified medical assistant with a couple of years of community college; and that the only help they might be able to access if they encountered problems was a visit to the local emergency room, however far away that might be.

You also won't find mention in the report that women taking these chemical abortifacients have bled to death, experienced dangerous ruptures from ectopic pregnancies, or contracted rare fatal infections.

Planned Parenthood's California affiliates were instrumental in helping pass a law there authorizing nurse practitioners, certified nurse-midwives, and physician assistants to perform first trimester surgical abortions. Planned Parenthood said this raised "abortion access to a gold standard" and increased the number of "providers."

Though there is no indication that new legislation expanding

the ranks of potential abortionists in California made abortion any safer (data actually indicate it made things worse; see *NRL News Today*, 2/20/13), this does not stop Planned Parenthood from praising the "advocacy work" of Planned Parenthood Affiliates of California in getting the law passed.

The truth is that abortionists are harder and harder to

justify their personal medical decisions," and that these are "complex," "complicated" decisions that women need to work out with their doctors, implying these are primarily medical determinations.

But newspaper factcheckers have noted that women's reasons for later abortions are similar to their reasons for earlier ones, thus exposing the

Parthenood is popular with the "in crowd."

Various well-known celebrities tweeted messages with Planned Parenthood's #IStandWithPP hashtag. Planned Parenthood proudly notes when Hollywood consults with them on films "to ensure they handled issues related to unintended pregnancy and pregnancy options, including abortion" accurately and sensitively."

That "sensitivity" does not include due consideration of the sentience, the rights, and the humanity of the unborn.

The report observes that Planned Parenthood arranged for MTV's *Virgin Territory* to film at one of their clinics and that they were able to get the very political actress, Lena Dunham, to feature a story line "destigmatizing abortion" on her HBO show, *Girls*. They also partnered with Dunham, who called those working at Planned Parenthood her "heroes," on her nine-city book tour.

Part of the abortion industry's new campaign to "fight abortion stigma" is to insist that there is nothing problematic, morally or otherwise, about abortion. With the "1 in 3 Campaign" (so-called for a claim that one in three women will have an abortion in their lifetimes), Planned Parenthood president Cecile Richards "led the way by sharing her own abortion story," thereby "amplif[ying] the voices of Planned Parenthood patients and supporters who have had an abortion."



come by, even in states with high abortion rates such as California. It is simply inconsistent with medicine's healing mandate, and good doctors don't want to be associated with it.

But Planned Parenthood is nothing if not adept at improvising -- even if that lowers medical standards so that they can find more (and lesser skilled) personnel to keep their profitable abortion clinics open.

### No limit to the killing

For Planned Parenthood, even a ban on abortions after 20 weeks, when medical science has demonstrated that unborn babies can feel pain, is too much. Planned Parenthood says

special medical justification as the red herring that it is (*Florida Times-Union*, 10/23/15).

Planned Parenthood neglects to mention in its annual report that it has a business interest in keeping late abortions legal. A recent count showed at least a dozen of its clinics performing abortions at 20 weeks or more (*NRL News Today*, 5/15/13).

### Creating a pro-abortion culture

Planned Parenthood's advocacy is not confined to Congress, the courts, or clinics. Sprinkled throughout the latest annual report are spunky references to various music, film, or rock stars, trying to make it clear that Planned

See "Aggressive," page 44



## Latest annual report documents Planned Parenthood's aggressive abortion agenda

*From page 43*

### **A more efficient killing machine**

Elsewhere in the annual report, Planned Parenthood talks about how it has streamlined patient access, making it easier to get appointments on-line, increased clinic productivity by reducing patient wait times, trained new affiliate CEO's to help them "build and leverage leadership skills," and "helped several affiliates return to financial health to ensure patients continued to receive the services they need."

Though these may seem like minor administrative tweaks and technology upgrades, these are the sorts of adjustments that help Planned Parenthood

stay economically viable as it maintains and expands its market share.

Efforts to reach out to Latino and African American communities, on which the organization depends for a lot of its business, are also a critical part of Planned Parenthood's expansion plan.

### **Failing to understand their opposition**

Again, though this latest annual report covers the period before the release of the videos from the Center for Medical Progress revealing Planned Parenthood's connection to harvesting intact fetal organs, it is clear that this exposure has

unnerved the organization.

In the opening letter, Planned Parenthood president Cecile Richards and chair Jill Lafer say that Planned Parenthood has been "tested in every way imaginable – and have emerged stronger than ever."

They say "no one would bother attacking Planned Parenthood if we didn't matter. Planned Parenthood's resilient staff and clinicians are making a huge difference in the field of reproductive and sexual health care and in the cultural landscape as well."

What they fail to consider is that the problem people have with Planned Parenthood is that they kill babies, for money,

with a cavalier indifference to unborn human life—and they have in mind to do more of it.

Their place as the nation's top abortion performer and promoter, and the fact that they do what they do not only with the official blessing of the U.S. government, but with hundreds of millions of our taxpayer dollars, is why they have been "tested in every way."

As the undercover videos clearly show, this commitment to abortion not only destroys human beings, but destroys our humanity. But Planned Parenthood is apparently committed to this cause, no matter how far down it drags America.

## Criticizing the Newsweek cover because the baby looks like....a baby!

*From page 31*

"Understanding why women seek abortions in the US" tells us, with respect to abortions that take place both in the first-trimester and later abortions, that "Reasons related to timing, partners, and concerns for the ability to support the child and other dependents financially and emotionally were the most common reasons women gave

for seeking an abortion."

As for delays, what is the most commonly cited reason women in the late-term abortion group gave? "[R]aising money for the procedure and related costs."

Doyle insists pro-lifers don't "see" (my word) "the actual person in whose uterus it [the baby] is presumably housed." Of course we do, which is why

there is an ever-expanding network of women-helping centers, legislation to provide a few dollars to help them provide for their saintly work, and laws that give women a chance to THINK before they abort their helpless and hapless and wholly innocent child.

The irony is, of course, lost on the Sady Doyles of this

world who are blind to how their ideology works as moral blinkers. Why does the unborn child not exist—why is no there there? Why is the "house"—the woman's womb—empty rather than full of life?

Because she says so.

# Flawed UCSF Study Claims Aborting Women are More Positive About their Future

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

There's a new study out there claiming to uncover evidence that having an abortion enables women to have what the *Huffington Post* describes as "more positive views on life." Really?

Here's a quick summary of just some of the problems with the study. This study isn't a random sample of women, or even aborting women. The measures it uses are somewhat amorphous and ambiguous.

Moreover, for women who did abort, the study tells us very little about their long-term reactions. It doesn't demonstrate that aborting women were better off than their non-aborting counterparts. And as so typical of these studies, it doesn't even show what the authors and their media allies want you to believe it shows!

And as we prepare to critique this latest study, recall an earlier *NRL News Today* analysis which found that within a week more than a third of those women who were "denied" their abortion were unwilling to say that having an abortion would have been a right decision.

## What the study studied

The study, "The effect of abortion on having and achieving aspirational one-year plans" appears in the *BMC Women's Health* journal, published online November 11, 2015. The authors, Ushma Upadhyay, Antonia Biggs, and Diana Greene Foster are all associated with the Bixby Center for Global Reproductive Health of the University of California – San Francisco.

UCSF has notoriously and deservedly been dubbed as America's "abortion academy."

This study uses the same data set as the flawed "Turnaway" study that we've examined in great detail previously. That study sought to compare the outcomes of women who had first-trimester abortions as well as those who had abortions right up to a clinic's gestational limit with those women who were "denied" abortions because they were so far along in their pregnancies, the clinic couldn't or wouldn't abort their babies.

Each of these was considered a separate "study group." It claimed women were happier if they received the abortions than if they were "denied" them. But as we explained in our earlier critique, it ignored or glossed over a number of important issues that neutralized a lot of the researchers' conclusions or put them, at a minimum, in seriously question.

This newly-released study is presented as if it uncovers significant new data supporting abortion's positive effects on a woman's life. In truth, its findings don't tell us a whole lot more than what the researchers tried to tell us in the original Turnaway study. And if you read carefully, by no means does it clearly support such a claim.

In their baseline interview at the Turnaway study's beginning, Upadhyay and the UCSF team simply asked the women a broad open-ended question about what their life expectations were for a year later. They kept in touch with those women and once twelve months had passed, asked them

whether those expectations had been realized.

Women's responses to that initial open-ended question ranged from how she expected to feel a year later to hopes

parenting their children met 46.2% of their aspirational goals.

Of those who had first-trimester abortions, fewer—44.7%—met their aspirational goals.



University of California  
San Francisco

that she might get a new car. Some women gave multiple responses.

Researchers tried to group these responses around eight general categories – child-related, financial, residence, employment, emotional, educational, relationship status, and other. Then they tried to identify these as positive ("aspirational"), neutral, or negative.

## What the study did ... and didn't find

The overwhelming impression in much of the news coverage is that women having the abortions were more successful in achieving their positive life goals than those who were "denied" abortions.

But this is not what the study actually claims! It couldn't.

The authors admit that "There was no difference by study group in the achievement of aspirational plans among the women who reported them."

Those who were "turned away" from their sought-after abortions and ended up

What about those who had abortions near the clinic's gestational limits? Only a minor uptick—48.3%.

(There were 64 women in a "non-parenting" Turnaway group who either ended up aborting elsewhere, miscarrying, or allowing their baby to be adopted; 52.3% of those women achieved their aspirational plans.)

The authors attempt to say that there was a difference in the initial projections of the women's expectations—in other words that those women who aborted expressed more positive aspirations in their initial interviews than those women who were "denied" abortions.

Upadhyay and colleagues said the expressed expectations of women who aborted were considerably more positive or "aspirational" in that first interview which took place within a week of the occurrence of their abortion than they

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were for women who did not abort : 84.3% for those who had a first-trimester abortions; 85.6% for those who aborted near the gestational limit; but 56.3% for those of the women “denied” abortions who ended up parenting a child.

## **In denial about denial**

This sounds profound and troubling until one puts this finding in context. These are the expressions of women right after they have had their abortions or after being “denied” an abortion they were expecting would solve their “problems.”

As those who have studied women’s post-abortion reactions know, a woman’s initial reaction after an abortion is often one of “relief,” a temporary feeling that the immediate crisis that has been hanging over her head is over and done with. The full psychological import of what has occurred is often not entirely realized until months or even years after the event, and reactions can be severe. But the immediate feelings and expectations may well be positive.

Women trying unsuccessfully to schedule late abortions would have wrestled with this decision for several months before coming to the conclusion that abortion is her way out. For her, it may initially be very upsetting to be told that she cannot have the abortion. Occupying her mind will be the idea that everything she thought had been resolved is going to have to be dealt with again, that she is going to have to make the big alterations to her life plans she had dreaded.

It is at precisely this point—within a week of that “denial”—and before the baby was born that researchers asked these women what their expectations were for the future.

## **A “measurable” difference?**

This gets tricky so stay with me. There is another way that the authors try to come at the issue. They argue that aborting women are both more likely to have aspirational goals and achieve them. This is a slightly different claim than the first and deeply misleading.

Percentage-wise, the likelihood that a given woman, aborting or not, would achieve her aspirational goals was about the same—generally less than 50%. But women who’d aborted initially expressed more positive goals. Thus, while the percentage would be essentially the same for all the groups, if aborting women express more goals, they had more chances of seeing one of their aspirational expectations ended up being fulfilled.

To make sure we’re clear, a woman who had aborted might express, say, four positive expectations. A woman “denied” an abortion and still coming to terms with her new future, might express only one.

It isn’t that the aborting woman was any more likely to see any of her particular positive goals fulfilled, but simply that she because expressed more of those kind of goals in the first place, so her chances of seeing at least one of those realized was greater.

And this is the statistical construct that the UCSF researchers are using to try to bolster their case.

So, because they expressed more of those aspirational [positive] goals, it could be said that 45.6% of women who aborted near the gestational limit and 47.9% of those who were “turnaways” who did not end up parenting (due to miscarriage, obtaining an abortion elsewhere, or allowing the child to be adopted) *had and achieved* a measurable aspirational plan. But only 30.4% of those who decided to have and raise their children after being “denied” abortions *had and achieved* their aspirational goals.

Why? Ultimately because they expressed fewer goals for reasons we’ve already addressed.

A percentage isn’t given, but data charts indicate that women who aborted in the first trimester had and saw more of their aspirational goals achieved than the parenting turnaways but less than those women who aborted near the gestational limit.

It is hard to critique this claim because authors do not offer much specific data for it.

Researchers say they attempted to separate “measurable” goals, e.g., having a job, from those they felt were not measurable, e.g., achieving greater “stability.” But which goals qualified as “aspirational” involved value judgments on the researchers’ part.

Graduating from school, finding a better paying job would obviously be positive, but whether a woman had moved to a different country, gotten a divorce, or ended contact with her partner were also considered “aspirational”

goals by researchers.

Researchers also measured emotional factors such as “satisfaction” or happiness that are hard to quantify and are particularly open to interpretation or suggestion. For example, what would a woman, who is being asked a year after her abortion about her feelings about that decision, be expected to tell a pro-abortion researcher?

Also evaluated were plans or statements about a women’s children, her expectations about what having the abortion or having the child would involve or how that would impact other children.

Some projections are obviously more positive than others (“my [other] daughter will be done with the first year of high school” versus “I’ll be running back and forth to day care having to pay someone to watch my child”). But the particular positive or negative focus of that initial expectation may be in part be due to whether a woman was in the midst of reassessing or recalibrating her goals in light of her recently being “denied” the abortion.

Despite a lengthy text and pages of charts, the authors do not break down these individual categories of aspirations by study group. So we do not know whether the additional aspirational goals researchers say were achieved by the aborting women a year out were across the board or clustered in the particular categories of child-related financial, residential, relationship,

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educational, employment, emotional or “other” goals.

The authors say that “turnaways” were less likely to have vocational goals compared to women having abortions and that there was a greater focus on relationship goals among women who aborted near the gestational limits, for example. But how this skewed the analysis or made it more likely for one group to achieve their aspirations than the other is not revealed. Certain goals, e.g., breaking up with a boyfriend, may be easier to achieve than others, such as getting a well-paying job.

## **We don’t learn much**

Contrary to the media hype, in the end, this study doesn’t tell us a whole lot. Is it any shock that women, right after having an abortion and being affirmed in that decision by clinic staffers, are more likely to experience a sense of “relief”? Or that they also are likely to be somewhat more optimistic about their futures than women who have just been told they can’t have the abortion they believed would solve their problems? This is not really surprising and doesn’t necessarily tell us something we didn’t already know or at least suspect.

We don’t have enough details in this study to tell us whether, or to what extent, women in any of these study groups were actually better off a year after their abortion or the birth of their baby. The best we know is to what some (vague) extent their initial expectations were met. And no one fares particularly well in this regard. Authors tell us that “While most women in all groups had positive one-year plans, fewer than half of the goals were achieved within one year.”

While some may get the impression that the study results, if valid, could be applied to the larger population of women, this is not some random sample, but specifically a sample of women who were all convinced at some point that abortion was their best option. Some had abortions, some did not, but all sought them, all believed abortion was their best solution.

Surprisingly, though, even within this group of women committed to abortion, there were women who ended up having children. Despite the biases and attitudes of the researchers, apparently these women saw and found a way forward. Some did so relatively

quickly, some as time went on.

This study says the parenting “Turnaways” were initially less optimistic (not surprising, given that they were just coming to terms with their abortion “solution” being taken away). However we know, from earlier data published by UCSF in the original “Turnaway” study that within a week after their “denial”—even before the baby was actually born—35% of those women were no longer willing to say that having the abortion would have been the right decision.

And we know that, one year after the birth, whatever their expectations, 86% were living with the baby, 59% perceived their relationships as good or very good, and nearly half (48%) had full-time jobs.

Outcomes for jobs or relationships a year out among women having abortions were not considerably better in the original Turnaway study, and we know from this latest study that having the abortion did not translate into a woman’s aspirations generally being met

## **Leaving women alone**

It is easy from coverage of the latest study to get the impression that having an

abortion enables a woman to achieve positive life goals like finishing school, finding a better job, or improving their relationships. But, to reiterate, this is not what this study shows.

If anything, it indicates that women seeking abortions often come to believe that having their baby killed will enable them to achieve these life goals, but the data presented here doesn’t support that.

What it does demonstrate is not that women aborting are better off, but perhaps that the abortion industry has been successful in marketing its deadly product with a certain segment of the population, making them believe that abortion offers them a brighter future.

But what do women actually get?

We do know that women “turned away” from having an abortion may get a blessing they never expected, the opportunity to see that child grow up and thrive over the years. This is something aborting women will never experience with their child, no matter what their aspirations.