

The logo features a stylized blue figure-eight shape with a red flame inside the top loop.

national
RIGHT TO LIFE
NEWS

July 2014



Pro-Life Senate Minority Leader Mitch McConnell (R-Ky.) with NRLC President Carol Tobias after Sen. McConnell delivered a stirring speech at a general session titled "Challenging the Nation to Respect Life."

Photo credit: Bill Molitor



National RIGHT TO LIFE NEWS

Narrow Supreme Court decision in Hobby Lobby underscores deeper abortion-expanding aspects of Obamacare

Editor's note. The following is National Right to Life's analysis of the Supreme Court decision in *Burwell v. Hobby Lobby*.

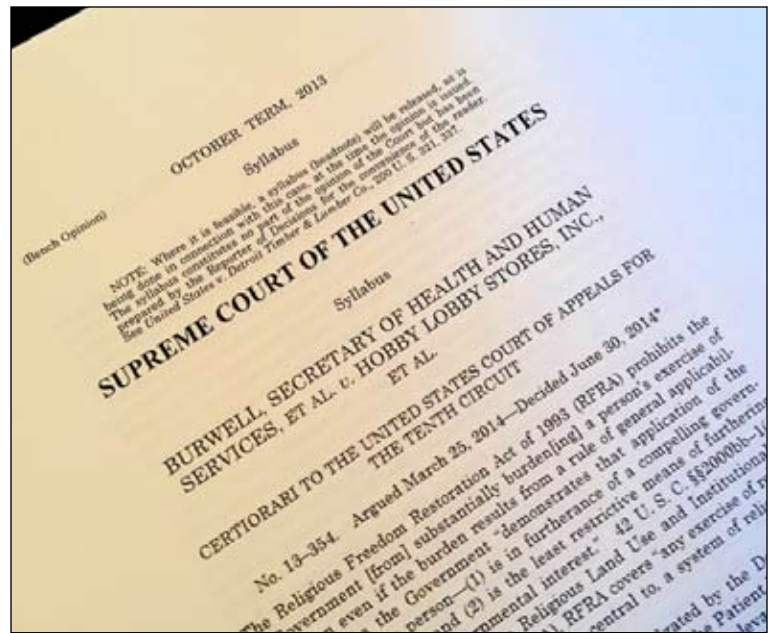
The ruling provides a modest victory for religious conscience rights. However, as explained further below, the ruling does not truly correct any of the major abortion-expanding problems created by Obamacare.

The five-justice majority rejected the Obama Administration's attempt to force family-owned for-profit corporations to directly purchase health insurance covering certain drugs and devices that violate the employer's religious and moral beliefs. The Court

held that this application of a provision of Obamacare violates a federal statute, the Religious Freedom Restoration Act. The Court's majority recognized the gravity of the moral and religious objections raised by Hobby Lobby and Conestoga Wood Specialties in this case.

However, the Court left open the possibility that those objections might be satisfactorily resolved by a government mandate ("accommodation") that these employers' insurance carriers pay directly for the same drugs and devices. This leaves unresolved the status of many entities

See "Hobby Lobby" page 33



Pro-life women helping centers win in challenge to Austin, Texas ordinance

By Dave Andrusko

Another favorable decision in the ongoing battle to combating the pro-abortion assault on pro-life pregnancy help centers.

In a 15-page ruling U.S. Judge Lee Yeakel has held that an Austin, Texas, ordinance targeting these women-helping centers was "unconstitutionally vague and violates Plaintiffs' Fourteenth Amendment guarantee of due process."

NRL News Today has reported previously (nrlc.cc/1qZR9O3 and nrlc.cc/1zrXd4o) on the suit brought by the Roman Catholic Diocese of Austin, Catholic Charities of Central Texas, Austin Pregnancy Resource Center, and South Austin



Pregnancy Resource Center against the law, first passed in 2010.

The latest defeat for the Austin City Council came after the Council looked around at how other attempts to stifle the free speech rights of women help centers were going—not well—and revised its law (Chapter 10-9) in an attempt to be less obvious. (The council was also about to be sued.)

Originally, the ordinance were very much similar to similar ordinances in New York, Baltimore, and Montgomery County, Maryland. It mandated that the centers display 8½-by-11-inch entrance signs, in English and

See "Helping Centers" page 23

Editorials

A post-script to NRLC 44 and a look ahead to the crucially important November elections

There is enough terrain to cover since the June issue of *National Right to Life News* that the July issue could be half-again as large. However any editorial overview would be remiss if we didn't start with a few words about the jam-packed National Right to Life Convention which took place June 26-28 in Louisville.

We've devoted a lot of coverage to what more than one individual called the "best convention ever," beginning on page 10. That includes three pages of beautiful photos, taken by Bill Molitor.

Bill neatly captured the joy and the enthusiasm and the earnestness of the audiences which filled not only the general sessions, the Prayer Breakfast, and the closing Banquet, but also the 64 workshops as well. Whatever the "perfect storm" in reverse might be, that's what took place at the historic Galt House Hotel. Many, many good things came together to produce a memorable gathering of what Dr. Jean Garton calls "America's pro-life family." (See particularly, the stories on pages ten and sixteen.)

There were two Supreme Court cases which came down, one the Monday after the convention (the "Hobby Lobby" case). It is very important that you carefully read NRLC's analysis which begins on page one.

No victory for religious conscience rights, however modest, is to be minimized. At this juncture we cannot know how aggressively the Obama administration will attempt to reverse that "setback." But given this Administration's hostility to religious liberties, we can only expect the worse.

Having said that, from our single-issue perspective, "the ruling does not truly correct any of the major abortion-expanding problems created by Obamacare," as NRLC pointed out. For example, the Court's ruling in *Burwell v. Hobby Lobby* "comes nowhere near to correcting the heart of the problem," which is the overly expansive authority that the Obamacare law itself provides to HHS to define "preventive services."

Back in 2010 when the battle over Obamacare was hottest, National Right to Life reminded all parties that HHS could use its "preventive



services" mandate to require that most employers also provide coverage for surgical abortions, or for doctor-prescribed suicide, that would be just as expansive as the contraceptive mandate issued by HHS. Nothing in the decision addressed that ominous prospect.

And, as NRLC also made clear, not even at issue in the cases before the High Court were the other major abortion-expanding provisions of Obamacare. That would include the massive tax subsidies that will assist millions of Americans to purchase health plans that cover elective abortion.

See "Post-script" page 24

"Mark every death. Remember every victim"

Perhaps you've seen the headlines about the tragic carnage that ensued last week in Chicago, especially over the holiday weekend.

"Fourteen people were shot to death last week throughout Chicago," wrote the *Chicago Sun Times's* Michael Lansu this past Monday. "Nine of the murders happened during the three-day holiday weekend, when at least 60 other people shot and wounded. Additionally, man and woman were fatally shot early Monday. Their identifies have not yet been released." (An unfortunate update: two people shot over the weekend have died, raising the total to 16.)

"By the administration's own tally, one person has been killed and five people have been shot, on average, every day this year in Chicago—and that was before the carnage over the Fourth of July weekend," according to Tom Bevan of Real Clear Politics. (Bevan is based in Chicago.)

Lansu's title? "Homicide Watch Chicago Editor."

As it happens, moments after I read Lansu's piece, I ran across a story on *MPR* (Minnesota Public Radio—we're from Minnesota and old loyalties remain strong) about what the *Chicago Sun-Times* is doing

to fulfill "its promise to treat every homicide in the city as something other than a rote, run-of-the-mill story."

Each death is reported on. We read of lives lost, families devastated, communities uprooted—all intended to remind us that no man is an Island, no death is a mere statistic.

If you look (as I just did) at the latest stories from Homicide Watch Chicago ("Mark every death. Remember every victim. Follow every case"), they begin with a father talking about the shooting death of his daughter; the charging of a man accused of killing a woman last month; "A South Side mother of five was shot and killed in an apparent drive-by shooting early Wednesday on the Dan Ryan Expressway — less than a year after a younger brother died the same way, family of the dead woman said."

An earlier story, alluded to by *MPR*, is of a photographer who approached a young man whom he hoped was alive. But when Vincent Johnson approached the 17 year old, he "was motionless with his big eyes staring up into the rain."

See "Mark Every Death" page 22

FROM THE PRESIDENT CAROL TOBIAS

The Right-to-Life Movement: Alive and Well



I've done some media interviews recently that encompassed variations on the question, "The pro-life movement seems to be growing. How do you account for that?"

I think some reporters are amazed that, after 40-plus years, the right-to-life movement, far from giving up the fight for unborn

children's lives, is instead becoming larger and stronger than ever. Our opponents in this struggle are exasperated that they still have to fight for what they think is a constitutionally-protected right to kill these little ones.

Abortion advocates sponsor contests to encourage women to talk about their abortions. For example, the Abortion Care Network ran what it called a "Stigma Busting" video competition. The most famous contestant was Emily Letts who, incredibly, videotaped her own abortion and put it on YouTube!

Letts, the 2nd place winner, wrote about her abortion on *Cosmopolitan* magazine's blog. That she is incoherent is putting it mildly.

Letts actually observed, "It will always be a special memory for me. I still have my sonogram, and if my apartment were to catch fire, it would be the first thing I'd grab." Why? If she had a tooth pulled, she wouldn't grab the tooth before running out the door.

Hollywood made a movie, a "romantic comedy," in which the "heroine" gets an abortion. The movie title? "Obvious Child." If you were going to make a movie and the story includes the death of an unborn child, wouldn't you think of a title a little more subtle than "Obvious Child"?

It's like they can't help it. Life just bursts forth; Life is too strong to hide or deny. It is a joyful gift to be celebrated and protected.

That is why the pro-life movement is growing; why we are alive and well.

Right-to-Life people have been working within their communities for more than 40 years to educate their neighbors about the humanity of the unborn child and how abortion affects women. Distributing literature, giving speeches, using social media, providing information to local libraries and schools, etc. It all has an impact, individually and cumulatively.

Pro-lifers have been very effective in passing pro-life legislation on a variety of specific topics, designed to protect unborn children and their mothers. Public debate over pro-life legislation helps to inform voters about the extreme position forced on America by the Supreme Court's 1973 *Roe v Wade* decision and allows people another avenue to get involved and make a difference.

Pregnancy Resource Centers heighten public awareness that the pro-life movement doesn't stop at trying to prevent abortions; we also want to help women through a difficult time in their lives. The compassion extended to these mothers brings another aspect to the pro-life movement that is encouraging and active.

More and more women who've had abortions are speaking out, encouraging others not to make the same mistake they did. These personal stories are a testimony to the opening arms of the pro-life movement and come from women who speak a tragic truth. They are very powerful.

Technology has greatly improved-- a baby's first photo is no longer that of being wrapped in a blanket, lovingly nestled in Mom's arms. The first photo is now an ultrasound, showing the baby smiling or maybe sucking her thumb, or at a younger age with the small developing body.

More and more people, every day, are faced with the reality that this really **is** another human being deserving of protection, not a blob of cells or mass of tissue. More and more people, every day, are coming to realize that they need to speak up; they need to get involved in this civil rights movement.

I also tell reporters that the pro-life movement is becoming stronger than ever because of the growing number of young people who are becoming a voice for the voiceless.

Some years ago, Frances Kissling, then head of "Catholic for a Free Choice," commented that the "anti-abortion camp" is getting younger; the "abortion-rights" movement is not. Young people see the unborn child as a younger brother or sister that needs protection. They realize that somewhere between 1/4 and

1/3 of their peers are missing, having been aborted as a matter of "choice."

At our recent convention in Louisville, I asked attendees of the National Teens for Life Convention what we could do to make next year's Teen convention even better. The first response was, "This was great. We need to get even more kids here next year." I challenged them to all come to the convention in New Orleans next year and bring others with them. A couple of them thought they would try to bring a busload of teens from their states next year, just as Wisconsin did this year.

A 2010 Gallup poll found "Support for making abortion broadly illegal growing fastest among young adults." Young people-- bold, intelligent, compassionate, energized-- are, and will continue to be a major force in the right-to-life movement.

Protecting unborn children is, as Dr. Alveda King told the NRLC Convention Prayer Breakfast, the "continuation of the Civil Rights Movement." She added, "Abortion is one of the greatest Civil Rights issues of our time." As such, the Right to Life Movement attracts a large variety of people, regardless of age, gender, faith, or political philosophy. The message of Life is a positive one. It is too strong to hide or deny.

*The message of life
is too strong to hide
or deny.*

They may not be Death Panels, but they are Death Advocates, and they are back

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

In a recent *Politico Magazine* article titled, “Let’s Talk About Death Panels,” Harold Pollack urges reviving one of the most notorious proposals that did not make it into the Obama Health Care Law – “advance planning consultations.”

During the debate over Obamacare’s enactment, there was considerable controversy over a provision in an early version under which health care providers would have been paid by Medicare to discuss with their patients whether they would want life-saving medical treatment.

After former Alaska governor and vice-presidential candidate Sarah Palin dubbed the planning sessions “death panels,” the provision was dropped from the law ultimately enacted.

As Pollack acknowledges, “*The ‘death panel’ charge stuck because it tapped into the primeval fears of millions of Americans. It’s only human to worry that we might someday be abandoned when we are old and sick, and thus judged to be*

a social burden. Such worries run especially deep among senior citizens, who had the most reason to feel vulnerable, and who perceived that they had the least to gain from the ACA.”

In the time since the “advance care planning” provisions were struck from the Obama Health Care law, there have been several attempts to resurrect the concept through various stand-alone bills in the House and Senate. Now, according to media reports, the American Medical Association (AMA) is working directly with the Obama Administration to implement reimbursement by administrative action, bypassing Congress.

In a Stateline Article from the Pew Foundation titled, “Feds to Consider Paying for End-of-Life Planning,” Michael Ollove writes, “*The current effort began last year, when the Illinois State Medical Society recommended that the AMA adopt specific medical codes for the reimbursement of doctors for advance care conversations. Medical codes provide a*

uniform description of hundreds of medical procedures and services and are used by medical providers, hospitals and insurers across the country. In response to the Illinois request, an AMA panel approved a new code for advance planning.”

The AMA is expected to submit the proposal to the Centers for Medicare & Medicaid Services soon so that providers all across the country can be reimbursed for these “advance planning conversations.”



The Obama administration is considering whether to reimburse doctors for conducting end-of-life conversations with patients. © AP

Such federally funded “advance care planning” conversations pose a very real danger, because they are likely to be used to nudge people to reject life-saving medical treatment they might otherwise want.

Advocates of using tax dollars to pay for “advance care planning” claim it is intended to promote neutral, fully informed planning by which patients can be assisted to implement their own values through legally valid advance directives. Unfortunately, however, there is abundant evidence that a combination of cost pressures and the ideological commitment of a significant number of health care providers to limitation of life-saving treatment for those deemed to have a “poor quality of life” would in practice lead to many federally funded advance care planning sessions being used to exercise subtle – or not-so-subtle – pressure to agree to reject life-preserving treatment.

While the advance care planning provision in the early version of what became Obamacare

was being debated in Summer 2009, author and blogger Lee Siegel, in general a strong advocate of President Obama’s approach to health care restructuring, wrote:

[O]n one point the plan’s critics are absolutely correct. One of the key ideas under end-of-life care is morally revolting.

....
The section, on page 425 of the [original House] bill, offers to pay once every five years for a voluntary, not mandatory, consultation

with a doctor, who will not blatantly tell the patient how to end his or her life sooner, but will explain to the patient the set of options available at the end of life, including living wills, palliative care and hospice, life sustaining treatment, and all aspects of advance care planning, including, presumably, the decision to end one’s life.

The shading in of human particulars is what makes this so unsettling. A doctor guided by a panel of experts who have decided that some treatments are futile will, in subtle ways, advance that point of view. Cass Sunstein, Obama’s regulatory czar, calls this “nudging,” which he characterizes as using various types of reinforcement techniques to “nudge” people’s behavior in one direction or another. An elderly or sick person would be especially vulnerable to the sophisticated nudging of an authority figure like a doctor. Bad enough for such people who are lucky enough to be supported by family and friends. But what about the dying person who is all alone in the world and who has only the “consultant” to turn to and rely on? The heartlessness of such a scene is chilling.

It has become widespread to now talk about treatment as being costly and burdensome, depending on one’s “quality of life.” Pollack himself illustrates this, writing, “*Under the current system, physicians can bill Medicare for aggressive imaging, procedures and*

“Challenging and Exciting”: Beginning the Academy

By Chelsea Shields, Co-Program Director, National Right to Life Academy

When pro-lifers meet to learn from each other, nothing can beat the energy they share. This could not be more true as National Right to Life Academy students began their summer journey meeting with activists from all around the country at NRLC’s 2014 Convention.

“There couldn’t have been a better introduction to the Academy” than the June 26-28 convention in Louisville, Sarah Trice, an Academy student, explains. “Convention was one of the most encouraging events I have ever attended.”

The five-week summer program for pro-life college students always begins at National Right to Life’s Convention. Hearing from

renowned right-to-life leaders and experts, Academy student Scout Yarbrough declares, “reminded me of why I wanted to be part of this movement.”

The energy of learning from other pro-lifers now continues back in Washington, D.C., where students are diving head first into informative lectures and intense practicum sessions that are “thought-provoking, challenging, and exciting,” as student Brock Schmeling describes. While lectures and practicum require a great deal of stamina and brainpower, the whole experience prepares Academy students to be highly effective advocates for life.

Now, the Academy students of 2014 are excited as they anticipate the coming weeks

ahead. As Brock reveals, “...the NRLC Convention and first week of the Academy have challenged me to reflect on many facets of the pro-life movement and the innovative solutions that will help us all foster a respect for human life.”

Scout agreed. “I already feel more prepared to defend life in my own state and on my campus,” he proclaims.

Interested in learning more about the Academy? Visit www.nrlc.org/academy.



Politics and Elections

Why does the public believe Obama is the worst President in nearly 70 years?

By Dave Andrusko

The headline for *ABC News*' "The Note" said it as well as it can be described: "Obama Bottoms Out."

In a Quinnipiac University Poll released July 2, President Obama found himself described as the worst President since World War II. Thirty-three percent told Quinnipiac that Obama was the worst, compared to 35% who tapped Ronald Reagan as the best President in that same time span.

And in a classic illustration of buyer's remorse, 45% of the 1,446 adults surveyed believe the nation would be better off had Mitt Romney defeated Obama in 2012 compared to 38% say the country would be worse off under a President Romney.

"Would Mitt have been a better fit?" asked Tim Malloy, assistant director of the Quinnipiac University Poll. "More voters in hindsight say yes."

"[President George W.] Bush left office in January 2009 with very low poll numbers," wrote *CNN* Political Editor Paul Steinhauser. "But according to a recent *CNN/ORC* International survey, his favorable rating now stands at 46%, up 11 percentage points over the past five and a half years. His favorable rating, according to the *CNN* poll, is now on par with Obama."

Actually, in most polls, President Obama's favorability numbers are well under 46%—and dropping almost by the month! For example in

the Quinnipiac Poll, 53% disapprove of the job Obama is doing to only 40% percent who approve.

And Gallup numbers, also released July 2, are almost exactly the same—40% approval to



Pro-abortion President Barack Obama

54% disapproval.

Why the disastrous numbers for President Obama? Beyond the obvious—for example, "American voters say 54–44 percent that the

Obama Administration is not competent running the government"—there is this tantalizing result from the Quinnipiac Poll:

"The president is paying attention to what his administration is doing, 47 percent say, while 48 percent say he does not pay enough attention."

Did you get that? The public has figured out what Ed Rogers recently explained in *Washington Post*:

"It looks like we have officially entered the world of the post-Obama presidency. President Obama's recent speeches and remarks make it obvious that he is not making any serious effort to govern or to drive world events. Except for covering the basics, he seems to have taken something like an early retirement."

One other quote from the analysis that accompanied the numbers that explains why the public believes Obama is the worst President since World War II.

"Today, the president gets negative scores of 10 – 88 percent from Republicans, 31 – 59 percent from independent voters, 37 – 57 percent from men and 42 – 49 percent from women. Democrats approve 79 – 13 percent."

"The president gets mixed grades for character as voters say 48 – 48 percent that he is honest and trustworthy and 51 – 47 percent that he cares about their needs and problems. He gets a negative 47 – 51 percent for leadership qualities."

Harry Reid's love of demagoguery and the 2014 elections

By Dave Andrusko

Two separate but related stories in POLITICO speak—make that shout—volumes.

The first, written by James Hohmann, is headlined, “2014 Senate rankings: Map favors GOP.” Bearing in mind that there have already been and will no doubt be more “waves”—some where GOP prospects ebb, others where they will flow—Hohmann’s lead sentence is, “With four months until Election Day, Republicans are as close to winning the Senate as they’ve been since losing it in 2006.”



Senate Majority Leader Reid (D-Nv.)

The reasons are not complicated. Incumbent Republican senators are looking solid; there are “top recruits” taking on first-term Democratic senators; and “Obama’s approval rating continues to hover around his all-time lows, especially in the GOP-leaning states that will decide control of the upper chamber.” And, of

course, there are many more Democrats up for re-election in 2014 than Republicans.

With that in mind, consider a remarkable piece by Kenneth P. Vogel which ran under the title, “Behind Harry Reid’s war against the Koch brothers.” Our single-issue concern is not the Koch brothers per se but what Senate Majority Leader Reid (D-Nv.) is attempting to do with what can be—at best—characterized as a demagogic attack on two rich men who (like their Democratic counterparts) are, in this case, contributing millions to nonprofits that support conservative candidates and hammer liberal candidates.

Here are just a few of the characterizations of Reid’s habit of saying whatever comes to his mind, the more vicious the better. The first is the opening of Vogel’s story:

“At first, it seemed like just another example of Harry Reid being Harry Reid.”

“The Senate majority leader, whose unscripted attacks can veer into bellicosity and take liberties with facts, spoke on the Senate floor last October and appeared to blame billionaire industrialists

Charles and David Koch for the government shutdown.’

Yup, Harry being Harry. Then there’s *“His staff affectionately refers to such ad libs as Reid ‘getting out ahead of his skis.’”*

How cute.

About a third of the way in, Vogel writes

“Still, Reid’s attacks have drawn cries of McCarthyism from around the political world, including MSNBC host Joe Scarborough and Mother Jones editor Daniel Schulman. And they’ve even created discomfort among liberal big-money donors and operatives, who worry the argument might expose them to charges of hypocrisy, while they also question the effectiveness of running against donors who won’t appear on any ballots.”

And then these intriguing passages:

“Coincidentally, in the midst of that early strategizing, Senate Democrats huddled for their annual retreat at Nationals Park, where they heard a presentation from business-messaging gurus Chip and Dan Heath, who touched on the effectiveness of identifying foils.”

“Their breakout book, ‘Made to Stick: Why Some Ideas Survive and Others Die,’ asserts that in order to gain traction for ideas, it’s helpful to replicate some facets of urban legends and conspiracy theories. They encourage readers to make their ideas about people, rather than abstractions and to tap into emotions such as ‘fear, disgust, suspicion.’

“The Heath brothers didn’t respond to a request for comment.”

“But an operative who has worked with Reid said the presentation ‘had some impact. In some ways, it affirmed what we were considering with the Kochs.’”

These are the kind of loathsome tactics that Reid embraces: appeals to fear, disgust, suspicion—and don’t forget to mix in “some facets of urban legends and conspiracy theories.”

“War on women” anyone?

Hillary Clinton's awful month and the mantra of "safe, legal and rare" abortions

By Dave Andrusko

If you've paid much attention the last couple of weeks, you already know Hillary Clinton's been through an awfully rough patch of water for someone who (somehow) had heretofore been designated as the likely Democratic candidate for President in 2016.

You know the litany. To name just a few... the skin-crawling-inducing comments about being "broke" and "in debt" coming out of the White House; mixing up the names of the political parties in England (embarrassing, coming from a former Secretary of State); very unflattering details of her defense years ago of an accused rapist; and (as noted at Newsbusters' "Hillary's 'Hard Choices' Plunges Below

she picked up from her husband, former President Bill Clinton.

There is nothing in the history of either of the Clintons that suggests they ever meant a syllable (in this case) about limiting abortion. What did either do to make abortion "rare"? Nothing. Indeed, the Clintons were and are big into recognizing abortion as an "international right"—to be used as a battering ram against any and all protective abortion laws anywhere. (President Clinton endorsed the Freedom of Choice Act which would have swept aside virtually every state limitation on abortion.)

Mrs. Clinton has her own long track record of abortion advocacy. When Hillary Clinton was

look at what Valenti is criticizing virtually all pro-abortion politicians for. She writes

"In a 2010 research article, Dr Tracy Weitz, Director of Advancing New Standards in Reproductive Health (ANSIRH) program at the University of California, San Francisco, wrote that 'rare suggests that abortion is happening more than it should, and that there are some conditions for which abortions should and should not occur.'"

"It separates 'good' abortions from 'bad' abortions," she added."

Then

"Weitz wrote that calling for abortions to be rare has tangible negative consequences for women and women's health because it legitimizes efforts to legally restrict abortion – i.e., make it more 'rare.' Worse yet, it 'negates the mandates for routine training in abortion,' since students and teachers wonder why they should get medical training for something that supposedly should be rare."

"We want there to be as many abortions as there needs to be," [Steph]Herold told me."

And finally

"And like pregnancy, contraceptive-use, miscarriage or childbirth, abortion is often just one part of a normal woman's larger reproductive life. ... One reason is not better than another, but saying the procedure needs to be rare creates a hierarchy of 'acceptable' and 'unacceptable' abortions that runs counter to the notion that abortion is a legal right, a personal decision and a matter of bodily integrity."

So, abortion=miscarriage=adoption because each is part of a "normal woman's larger productive life."

The number of abortions—one or 20—misses the point. It's a "personal decision and a matter of bodily integrity." A woman should have as many abortions as she "needs."

And most of all, any reason (or no reason) is a good reason to have an abortion. On second thought I take that back.

A woman doesn't need a reason. If she did, it would suggest that some abortions (sex-selection abortions; abortions at 8 and 9 months; abortions even though a baby would endure unimaginable pain, for example) are "bad."

Valenti may bemoan that even the most solidly pro-abortion politician has to pretend they want a limit to abortion. But the Hillary Clintons of this world know that's the cover story they must employ.



Hillary Clinton

Amazon Top 100 Less Than Month After Release") the fact that the sales of her new book have plummeted, meaning the publisher will lose millions and millions just on the advance alone—a staggering \$14 million dollar—not to mention the warehouses full of unsold books. The list could be extended...and extended.

And then there is the polite jab Clinton unfairly took earlier this week in a piece written by pro-abortion-to-the-hilt Jessica Valenti for *The Guardian* newspaper. Valenti critiqued Clinton for recycling the abortion should be "safe, legal and rare" mantra which

President Obama's Secretary of State, access to abortion became a substantial component of U.S. foreign policy, and U.S. funds are flowing to many abortion-promoting entities overseas. At a 2009 House committee hearing, Secretary of State Clinton openly proclaimed that "we are now an administration that will protect the rights of women, including their rights to reproductive health care," that "reproductive health includes access to abortion," and that the Administration intends to advocate for this right "anywhere in the world."

But it worth a few additional paragraphs to

Limited Access to Top Health Care Providers in California Obamacare Exchanges

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

Californians are finding themselves paying large amounts of cash or being turned away when they seek out many top health care specialists and hospitals, according to a *Los Angeles Times* article.

In a piece entitled, “Confusion over doctor lists is costly for Obamacare enrollees in state,” reporter Chad Terhune noted

Limiting the number of medical providers was part of an effort by insurers to hold down premiums.

But confusion over the new plans has led to unforeseen medical bills for some patients and prompted a state investigation.

... Nationwide, about half of all exchange plans feature narrow networks, according to consulting firm McKinsey & Co., which has closely tracked the new insurance market. Those narrow network plans cost up to 17% less on average than plans with broad networks.

In forming tighter networks, insurers tried to persuade doctors and hospitals to accept less money in exchange for a higher volume of Obamacare patients.

Terhune quoted Mark Morgan, president of Anthem Blue Cross, a unit of industry giant WellPoint Inc., who said, “These narrow networks are making a huge difference in terms of affordability,” adding, “We found in convincing numbers that people value price above all else.”

Of course, there are those who simply cannot afford adequate health insurance

plans. However, to the extent those with some discretion in how they spend their money choose rock-bottom priced insurance, they are foolishly risking the lives of their family members. Children or spouses who die for

want of adequate medical care will not be able to enjoy vacations, eating out, or other luxuries for which money “saved” by picking insurance solely on price is intended.

It seems more likely, however, that the real culprit is the Obamacare provision under which exchange bureaucrats must exclude insurers who offer policies deemed to allow “excessive or unjustified” health care spending by their policyholders.

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

This means that insurers who hope to be able to gain customers within the exchanges have a strong disincentive to offer any adequately funded plans that do not drastically limit access to care. So even if you contact insurers directly,

outside the exchange, you are likely to find it hard or impossible to find an adequate individual plan. (See documentation at www.nrlc.org/medethics/healthcarerationing.)

When the government limits what can be charged for health insurance, it restricts what people are

allowed to pay for medical treatment. While everyone would prefer to pay less—or nothing—for health care (or anything else), government price controls prevent access to lifesaving medical treatment that costs more to supply than the prices set by the government.

Critical access to top health care providers is already being severely restricted in the individual health insurance plans on the Obamacare exchanges and there is reason to believe that when the exchanges are expanded to employees of all businesses, many employers will end their present coverage and force their workers into the constricted exchange plans. While Obamacare continues to be implemented in 2014, it is important to continue to educate friends and neighbors about the dangers the law poses in restricting what Americans can spend to save their own lives and the lives of their families.

You can follow up-to-date reports here: powellcenterformedicalethics.blogspot.com

Confusion over doctor lists is costly for Obamacare enrollees in state

NRLC 44: “Best Convention Ever”

Five Reasons why NRLC 44 may have been the best convention ever

By Dave Andrusko

During one of the general sessions, the moderator exclaimed with certainty that NRLC 44, the three day convention in Louisville, was the best convention ever. Living up to that characterization is a tall order. I’ve had the privilege of being at every National Right to



Margie Montgomery, executive director of Kentucky RTL, waves a flag as the audience gave her a hardy round of applause. David N. O'Steen (left), NRLC Executive Director, Douglas Johnson, NRLC Federal Legislative Director, and Diana Maldonado, Kentucky RTL President, joined in the tribute.

Photo credit: Bill Molitor



The 2014 National Right to Life Oratory Contest contestants. Photo Credit: Lisa Andrusko

Life Convention since 1980 and it does seem as if each convention surpassed the one before. However here are five quick reasons why the June 26-28 convention at the historic Galt House Hotel may well rank at the top of the list.

#1. The historic Galt House Hotel. We were told by Kentuckians that the pro-life educational event of the year—what Dr. Jean Garton aptly described as “the annual gathering of America’s pro-life ‘family’”—most assuredly must be held at this beautiful hotel. They were so right. The setting was beautiful, the staff ultra-courteous, the rooms for the general sessions and the workshops just gorgeous.

#2. Virtually every workshop I attended was packed. Not close to being packed from front to back, but packed. Ditto for the five general sessions, the Prayer Breakfast, and the closing Saturday night banquet. Whether you are a speaker or a member of the audience, it is very, very difficult to exaggerate the importance of having rooms filled with pro-lifers who listen attentively and then ask thoughtful questions.

#3. The caliber of those who spoke. We’ve talked about them coming into the convention and since. To list some (even many) is to risk down-playing the contributions of dozens and dozens and dozens of others. But from the initial General Session that tackled “The Real War on Women” to the final Banquet that closed the 44th convention, you simply couldn’t ask for more knowledgeable, engaging, thought-provoking speakers.

#4. Along the same lines, these articulate pro-life champions were

given topics of real substance to explain to their audiences. I have never attended an NRLC convention that I did not come away much more equipped than when I arrived. But that was never truer than our convention in Louisville.

#5. The go-the-extra-mile philosophy of our host—Kentucky Right to Life. What an effort they made to make us all feel at home,



Carol Tobias, NRLC President, presents the trophy to Tiffanie Birrell from Texas, who won the NRL Oratory Contest and delivered her speech at the closing Banquet.

Photo credit: Bill Molitor

to fill us in every sense of the term. This really was Southern hospitality at its finest. Thank you!

What a challenge for Louisiana Right to Life which will host the 2015 convention July 9-11 in New Orleans. But I have no doubt that Louisiana, like Kentucky, a solidly pro-life state, will be up to the task

NRLC 44: "Best Convention Ever"



*The Most Rev. Joseph E. Kurtz, the archbishop of Louisville, delivered some well-received opening remarks at the Saturday night banquet. Joining him (to the left) is Fr. Dennis Day, NRLC treasurer.
Photo credit: Bill Molitor*



Margie Montgomery, executive director of Kentucky Right to Life, interviewed at NRLC 44



*Left to Right: Bioethicist Wesley J. Smith, NRLC Executive Director David N. O'Steen, Ph.D., and Burke Balch, JD., director of the Robert Powell Center for Medical Ethics.
Photo credit: Bill Molitor*



Dr. Angela Lanfranchi, the featured speaker at "What if ALL Women knew ALL the Facts?," one of the many packed general sessions at NRLC 44.



*Audiences were huge at NRLC 44
Photo credit: Bill Molitor*



*Dr. Alveda King (center), the Prayer Breakfast speaker, shown with Jim and Joy Pinto from EWTN.
Photo credit: Bill Molitor*



Pro-life radio talk show host Mark Larson (right) offered just the right combination of insight in humor at the closing Banquet. With Mr. Larson are David N. O'Steen, Ph.D, and Carol Tobias.
Photo credit: Bill Molitor



Pro-life youth, as always, were a major part of the success of the 44th annual NRLC convention
Photo credit: Bill Molitor



Professor O. Carter Snead (left) after his speech, "The Lessons of Fetal Pain and the Duty to Protect Unborn Children." Prof. Snead was joined by Tony Lauinger, Vice President of NRLC.
Photo credit: Bill Molitor



The opening general session was titled, "The Real War on Women." (Left to right). Kathryn Jean Lopez, Margie Montgomery, Carol Tobias, Dr. Jean Garton, and Joy Pinto
Photo credit: Bill Molitor



Christian Quincena, Jeremiah Velasco, and Daisy Baez, the three winners of the National Right to Life Video Contest.
Photo credit: Bill Molitor



Dr. Alveda King and NRLC President Carol Tobias following Dr. King's Prayer Breakfast speech, "The Future of Our Nation: The Choice Between Life and Death."
Photo credit: Bill Molitor

Camp Life Empowers Teens to Defend the Vulnerable

By Joleigh Little and Derrick Jones (with help from Meghan Hellrood, Evita Duffy, Jacinta Schimdt and Rachel Grosskurth of Marathon County Teens for Life in Wisconsin)

Empowered teens came together to learn the moral, ethical and logical values surrounding the pro-life movement at the 44th annual National Right to Life Convention, in Louisville, Kentucky, June 26-28.

Abortion survivor Melissa Ohden told her story to a spellbound audience as her daughter, Olivia, played in the back of the room with a friend. “If they had succeeded in taking my life, neither of my

appearance “on the outside” sometime in late July or early August.

“It was a very interesting experience,” said Collin Trice, 15, of Arkansas. “I learned a lot and made new friends. I know now how to get connected, and I can help the pro-life movement. That’s what I’ll take from this experience!” Collin has taken what he learned to heart and has been interviewed on the radio in his home state in preparation for Arkansas Right to Life’s Camp Joshua, coming up July 25-27 in Humphrey, AR. http://www.campjoshuaar.org/index.php?option=com_content&view=article&id=6&Itemid=5

The information shared by the speakers at the NTL convention has also helped to strengthen the teens’ arguments when debating the abortion issue among their peers. Young people have a unique voice in the right-to-life arena as they are both survivors of the abortion plague that has wiped out ¼ of their generation, and also the first line of defense when a peer discovers that she is pregnant.

“We need more teens who are willing to fight for life,” said Dale Casperson, 16, of Wisconsin. “I truly believe more people should learn about abortion.” Dale will be attending Wisconsin Right to Life’s summer



Babies are a regular fixture at National Teens for Life events. Here Christian Dobson joins in a group discussion with some of his older pro-life counterparts.

These teens attended “Camp Life” presented by National Right to Life’s official youth outreach program, National Teens for Life. The idea behind “Camp Life” was to give attendees an intense three-day training program that would enable them to return to their states invigorated and ready to take the message of life to their communities.

Hearing the stories and knowledge from various speakers, gave teens in attendance new inspiration to act on their pro-life views. Convention organizers made certain that the teens were treated to sessions with some of the brightest minds and leading experts in various areas within the movement. Author and attorney Wesley J. Smith and Dr. David Prentice teamed up to answer questions on stem cells, human exceptionalism and a number of other intense topics and congratulated the teens on being present and active in the cause of life.

daughters would be alive today,” Ohden said, indicating Olivia and referring to her other daughter, Ava, who will make her



Teens at the NTL Convention laughing during the opening general session.

See “Camp Life” page 33



In Case You Missed It...

Audio Recordings from
the **2014 National Right to Life Convention** are
now available to download!



Individual Recordings: \$5.00



Visit NRLConvention.com to download general sessions and workshops from the 44th annual NRL Convention!



Topics include: Abortion, euthanasia, health care rationing, unborn pain, the abortion-breast cancer link, adoption, grassroots organizing, fundraising, legislative strategy, social media, organizing on a college campus, abortion statistics, effective grassroots lobbying, communications and more!

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38 Weeks

Most of us are born around 38 weeks after we were conceived, but some of us are born later and some much earlier.

Recent evidence shows that in the last few months before birth, we may be able to learn from what we hear in the womb.



24 Weeks

By this stage, the baby weighs 1½ pounds and is the length (crown to rump) of a standard envelope.

In some extraordinary cases, babies have survived being born at **19-20 weeks**.



20 Weeks

By this point (perhaps sooner), the baby is able to feel pain. Scientists and medical professionals have seen these babies physically react to outside stimuli.

By **17 weeks** the baby is capable of dream (REM) sleep.



10-11 Weeks

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Who Sez You Can't Go Home Again!?!

By Dr. Jean Garton

You won't hear that statement from the overflow crowds that attended workshops, general sessions, and a prayer breakfast, at the annual National Right to Life convention held June 26-28 in Louisville, Kentucky.

Attendees came from every state in the Union along with attendees from Canada and Australia.

It was a working Convention with 64 different workshops that covered the gamut of pro-life issues. There were five general sessions, a prayer breakfast, and a closing banquet. NRLC 44 began with a general session devoted to debunking the allegation that those of us who oppose abortion are carrying on a "war" against women. There is a war, all right, but it is a war on facts about the humanity of the unborn and on the truth about the affects of abortion on women. And the war is being waged not by pro-lifers, but by pro-abortionists.

THE WAR ON WOMEN was also covered in a general session moderated by NRLC President, Carol Tobias. Noting that abortion is the least regulated medical procedure, she asked why abortion defenders oppose "informed consent" for women seeking an abortion. If, as they argue, abortion is between a woman and her doctor, why do they promote webcam abortions which involve a doctor who never personally examines or even meets with the woman and, indeed, is simply on a TV screen and often in another State.

If abortion supporters really cared about women's well being why have they consistently opposed parental involvement for teenagers or a requirement that abortionists have hospital privileges close to the abortion clinic in the event a woman suffers complications from the abortion. And, why, if they really care about women do they oppose crisis pregnancy centers and try to close them down. So who is really waging a war on women?

END OF LIFE ISSUES were, as always, given a lot of attention, only more so. Among the many workshops offered on the growing concern for people at the other end of the life spectrum were "Doctor Prescribed Suicide," "Denial of Treatment Against Your Will" and "Medicine's Intentional Killing Through Dehydration." The criteria that have been used to justify the elimination of 56 million unborn children are now being used on those already born when they become unwanted, dependent, "nonproductive," and economically costly.

Dr. Alveda King, the niece of Dr. Martin Luther King Jr., who spoke at the prayer breakfast, said, "I used to talk about how we were treating our old people. Now I'm 64 and I'm really worried."

WORKSHOP TOPICS also included Lobbying, "Overcoming Apathy in Churches,"

"Raising Money to Build Chapters," Planned Parenthood, Legislative and Political Strategy, School Based Health Clinics, and dozens of other interesting and informative sessions.

Other featured speakers at general sessions included pro-life Senator Mitch McConnell of Kentucky who along with others addressed the topic "Challenging the Nation to Respect Life."

hair.

Eight times in the New Testament we are reminded of the words of Jesus who said there are two great Commandments. First, we are to love the Lord our God with all our heart, soul, mind and strength and, secondly, we are to love our neighbor as ourselves. We are never more intimately involved with a neighbor than when



Dr. Jean Garton and Dr. Joel Brind at the National Right to Life Convention held in Louisville, Kentucky.

Dr. Angela Lanfranchi, a New Jersey breast cancer surgeon who was named 2013 "Top Doc" for Women's Health in Breast Surgery, spoke convincingly of the undeniable link between abortion and breast cancer. Another general session, "Bioethics War on Humans" featured Wesley J. Smith, internationally known lawyer, author and bioethicist.

Among the good news. Last year's NRLC convention in Dallas was heavily attended. But there were even more people assembled at the Galt House Hotel in Louisville.

The number of young people continues to increase at each convention. Very good news! In fact, young people and middleagers far outnumbered those of us with white hair or no

we carry a "neighbor" in our womb.

The 2015 NRLC Convention will be held in New Orleans, Louisiana, on July 9, 10, 11. If you are interested in building a culture of life; in protecting the most defenseless among us; in helping women to find life-giving and life-affirming solutions to their problem pregnancy, then, as they say in the Louisiana part of the country, "Y'all come!"

Editor's note. Dr. Garton, author of the pro-life classic, Who Broke the Baby? spoke both at a general session at the National Right to Life Convention—"The Real War on Women"—and a workshop entitled "The Art of Pro-Life Persuasion: One Size does not fit all."

EWTN Presenters important contributors to NRLC's 'Stand for Life' Convention

By Ernest Ohlhoff, Director of Outreach

In referring to Christ's words at the last supper, "Remember me," Jim said. "That's the work of the National Right to Life, and *EWTN* wants to stand with you. That's the work of each and every one of us: Go and remember -- remember my children. Remember the weak, the disabled, the widow, the orphan, the unborn. Remember them and bring them to Me."

Jim also said, "I bring you special greetings from Michael Warsau, CEO and Chairman of the board, and Doug Keck, President of *EWTN* and Chief Operating Officer."

In concluding his talk, Jim said, "We are in partnership together in this fight. Be strong! Be courageous!"

Joy Pinto was a panelist on the Thursday opening general session joined by Kathryn Jean Lopez of National Review Online and Dr. Jean Garton, author of "Who Broke the Baby?" The session was entitled "**The Real War on Women**," and was moderated by NRLC President Carol Tobias.

Mrs. Tobias posed a series of questions designed to get at the truth--that the real war on women is abortion and all its ramifications. The real consequences of abortion for women can include medical complications, psychological damage, and--for many--lifelong guilt.

The panelists also addressed the almost total absence in the media and government of the true facts about abortion and its negative impact on women. Informed consent laws and other legislation are crucial in providing women with this information as they consider a choice between life and death for their unborn children.

Pinto, Lopez, and Garton felt that the '**The War On Women**' mantra was a propaganda tool used by the pro-abortionists to make it sound as if denying women unfettered access to abortion was a grave injustice. The real **War**

family is the place where God daily manifests Himself and the means by which He desires to transform the world."

EWTN, the largest Catholic cable and satellite network in the world, airs the Pinto's,



Joy and Jim Pinto (on the right), after a NRLC General Session with NRLC Executive Director David N. O'Steen, Ph.D. (next to Mr. Pinto), and Ernest Ohlhoff, NRLC Director of Outreach.

Photo credit: Bill Molitor

on Women is, in reality, legalized abortion.

Jim and Joy Pinto are Co-Hosts of Marriage & God's Plan · Eternal Word Television Network (*EWTN*), **At Home with Jim and Joy**.

Jim and Joy Pinto were born and raised in New Jersey, met in their teens, dated for six years and, after experiencing a profound conversion to Christ, married in 1977. The Pintos are blessed with four children and 15 grandchildren. For the Pintos: "marriage and

Marriage and God's Plan teachings throughout the day, making them available to over 150 million television households in more than 140 countries and territories. The Pinto's weekly *EWTN* Radio show, **At Home with Jim and Joy**, reaches over 258 million people.

“Accessing abortion is much more difficult in 2014 than it was in 2009,” pro-abortion think-tank report concludes

By Dave Andrusko

The Guttmacher Institute express rolled out another report out this week, interesting not just because GI is a leading pro-abortion think-tank but also because of what it said and didn't say.

The overall two-fold thrust is (1) the pace of the passage of pro-life legislation has slowed in 2014, but (2) the “landscape” is (from GI's perspective) considerably rougher than it was in 2010.

Overall, GI tells us, 226 abortion “restrictions” have been passed since 2011, following the election of many pro-life state legislators and governors. (Of course, the number of measures that GI and other pro-abortion organizations score as “restrictions” -- what are, in fact, protections -- differs widely from the tally provided by National Right to Life's State Legislation Department.)

“So far this year, 13 states have adopted 21 new restrictions designed to limit access to abortion, about half the number (41) of similar restrictions that had been enacted by this point last year,” according to “States Continue to Enact Abortion Restrictions in First Half of 2014, but at a Lower Level Than in the Previous Three Years,” produced by GI's media center.

On the flipside, pro-abortionists have passed three laws “to protect abortion services.” Sarah Kliff, writing at vox.com, conceded that the report shows that “abortion restrictions

still hugely outnumber laws liberalizing access.” (Kliff is wired into the Abortion Establishment.)

GI offers several thoughtful explanations. The push of other issues (fights over the Common Core curriculum and implementation of ObamaCare, for example), the cyclical nature of legislative sessions

will become even more difficult in many states because of actions taken this year and, once again, restrictions known as targeted regulations of abortion providers (TRAP), are taking center stage.” Of course, “TRAP” is abortion-speak for requiring abortion clinics to meet the kind of minimal thresholds that are needed to increase safety of women.

GI laments, “Altogether, 26 states have some sort of TRAP law, a sharp increase from 2000, when only 11 states had such requirements. With the addition of these new laws, 59% of women of reproductive age live in a state that has enacted TRAP provisions.”

The report also examines three other categories of pro-life initiatives such as the Pain-Capable Unborn Child Protection Act (without naming it); requirements that abortionists be in the same room as the woman when she receives her chemical abortifacients; and state laws that affirmatively prohibit coverage of abortions under the qualified health

plans offered through the health “exchanges” established by ObamaCare.

Bottom line?

“Abortion access has changed dramatically,” Elizabeth Nash, state issues manager at the Guttmacher Institute told Kliff. “The debate at the federal level affected what happened at the state level, and accessing abortion is much more difficult in 2014 than it was in 2009.”



“as states historically have shorter sessions in election years and some state legislatures that have been particularly active on abortion issues (Montana, Nevada, North Dakota and Texas) are not in session in even-number years” together “perhaps limit[ed] legislative attention to abortion.”

Having found what is for GI a possible bright spot, the report nevertheless quickly changes tone, “Nonetheless, access to abortion

Rasmussen concurs with Gallup: difference narrows between self-identified pro-choice and pro-life

By Dave Andrusko

For years *NRL News Today* has closely follows Gallup's surveys of how Americans self-identify on abortion. They are more complete and thus more accurate than the results from Rasmussen Reports, which are still worth reporting.

In a way, Rasmussen Reports' numbers are like the CDC numbers on abortion while Gallup more resembles Guttmacher's. Guttmacher tracks more regularly and in more detail than the CDC. Likewise Gallup vis a vis Rasmussen.



In the case of Rasmussen Reports' latest numbers on how Americans self-identify on abortion, the difference is closer to what Gallup has recently shown than usual. According to Rasmussen 48% of likely voters consider themselves pro-choice to 44% pro-life—a margin of four points.

By contrast when we last reported on Gallup at the end of May, there was a one point margin: 47% self-identified as pro-choice to 46% pro-life. It took a little more work to find this than usual, but Gallup had continued to find a solid pro-life majority when asked under what circumstances abortion should be legal.

21% said abortion should be illegal in all circumstances (one point more than 2013) and 37% said abortion should be legal only in a few circumstances (one point less), the same exact 58% total in 2014 as 2013.

What the poll revealed also spoke to how the abortion issue might play out in the upcoming mid-term elections. Gallup's Lydia Saad wrote

"Nineteen percent of U.S. registered voters currently say candidates for major offices must share their views on abortion to get their vote.

This number is slightly eclipses the 16% to 17% seen since 2004 and is significantly higher than the 13% to 14% that Gallup recorded between 1992 and 2000. Only once, in May 2001,

was the figure higher, at 21%."

Okay, so which side has the advantage?

She continues,

"Gallup finds more pro-life voters than pro-choice voters saying they will only back candidates who share their views, 24% vs. 16%. Thus, the pro-life side has more intensity on the issue."

So far, so good. Saad then concludes,

"However, because there are more pro-choice than pro-life registered voters (50% to 44%), this equates to 11% of all registered voters saying they will only vote for pro-life candidates and 8% saying they will only

vote for pro-choice candidates — not a great advantage or disadvantage for either side."

Two things about that.

First, it is true, generally, that registered voters are more likely to vote than those who wait until the last minute. But I'd love to know what evidence there is that in recent elections, there have been more pro-choice than pro-life registered voters (in this poll by 6 points, 50-44).

Second, many, many, many elections are nail-biters. A net 3% advantage is potential pivotal. It should not be dismissed as "not a great advantage or disadvantage for either side."

It's also very important to remember that as recently as May 2012, Gallup poll found that 50% identified themselves as pro-life and only 41% identified themselves as pro-choice. However, the Polling Company's post-2012 election poll found 51% identified as pro-choice and 43% as pro-life.

Did that mean that there had been a fundamental shift in how Americans view abortion? Not at all. As we have seen over the past year and a half, the number of self-identified pro-lifers has grown to parity with self-identified pro-choicers—and there is every reason to believe the pro-life numbers will continue to grow.

The Movement took a hit in 2012 (as NRLC Executive Director David N. O'Steen, Ph. D., explained) because "A determined, one-sided media together with a sequence of most unfortunate statements by candidates created a 'perfect storm' that played into and greatly augmented the pro-abortion narrative [the infamous/bogus 'War on Women'] in this election."

Irish baby miraculously survives miscarriage of sibling, abortion pill

By Dave Andrusko

Over the years *NRL News* and *NRL News Today* have run some stories that can only be described as the miraculous survival of an unborn child. The incredible saga of Michelle Hui may have assumed the #1 position.

Here's the account of the Sunday Mirror's Laura Elvin of Michelle and Ross Hui and their unexpected (to put it mildly) baby girl, Megan.

Last July, six weeks into her pregnancy, Michelle Hui began gushing blood as she walked to work. There was no mistake: five separate scans at Rotunda Hospital in Dublin, Ireland, confirmed that she had lost her baby. That night, Elvin tells us, Hui took two "abortion pills" (presumably a prostaglandin) to expel the dead baby and as a precaution against infection, and then went home.

"The miscarriage and abortion were absolutely horrific," she said.

Doctors told her to take a pregnancy test—not to see if she was still pregnant; doctors were sure she couldn't be, of course—but to see whether any harmful clots had remained.

The test results were positive, so she went back to hospital for a D&C. "But it was at that point the doctors spotted a heartbeat on a scan," Elvin wrote.

Hui, understandably, concluded, "But I thought it couldn't be right." She added, "After all we had been through, I didn't want to get my hopes up."

The odds were seemingly so remote, the first doctor asked a more senior physician to come in as they did another scan. "He said, 'you are not going to believe it, we've got a heartbeat,'" Hui recalled.

Sure enough Hui had been pregnant with twins. Miraculously Megan had "survived both the miscarriage and the abortion," Elvin wrote.

Hui said, "I couldn't believe it," adding, "But as happy as I was, I was angry they had missed her on the scans."

Explanation? "They said that with all the blood and clots it must have created shadows so they couldn't see her."

Hui told Elvin that she'd been written up in medical journals "and the doctor said that in all his 25 years he has never come across or heard of anything like this."

Megan was born on February 25, weighing

just under six pounds. She has a sister, Mya, four, and a brother, Noah, two.

"Now Megan is fine, she's healthy and she is just a big healthy pudding of a baby," Hui told Elvin.



Miracle: Michelle Hui with baby Megan

Final Two Gosnell Employees Sentenced

By Dave Andrusko

On June 26, the first day of the National Right to Life Convention in Louisville, a conclusion, of sorts, came in the nightmarish case of convicted murderer abortionist Kermit Gosnell.

Understandably lost in the larger story of Gosnell's three first-degree murder convictions and a separate conviction for involuntary manslaughter were the convictions of his staff. With one exception, they were uneducated women with lengthy histories of personal problems whom Gosnell taught (in a manner of speaking) to perform medical tasks for which they had no—no—training.



Common Pleas Court Judge Benjamin Lerner

Of the final two were convicted, one is well known, comparatively speaking, the other a bloody footnote to the sordid history of the Women's Medical Society abortion clinic.

In May, Lynda Williams, 45, described by *Philadelphia Inquirer* reporter Joseph

A. Slobodzian, as "a ninth-grade dropout and phlebotomist whom Gosnell taught to administer anesthesia and assist in abortions," was sentenced in federal court to 2 1/2 years in prison for her role in the illegal "pill-mill" case. That is the part of the Gosnell case that most people don't know about or have forgotten—that Gosnell made additional millions largely by illegally prescribing the narcotic painkiller oxycodone and the generic version of the anti-anxiety drug Xanax.

Common Pleas Court Judge Benjamin Lerner sentenced Williams to five to 10 years on her guilty plea to two counts of third-degree murder. Assistant District Attorney Edward Cameron "asked for 10 to 20 years in prison, noting that she killed two people," Slobodzian explained.

One was Karnamaya Mongar, 41, to whom Williams had administered excessive amounts of anesthesia in 2009.

The other was a baby who was born alive whom Williams killed using the technique Gosnell used to murder hundreds of viable babies (according to the Philadelphia Grand Jury): plunging scissors into their spinal cords. In an earlier story Slobodzian wrote

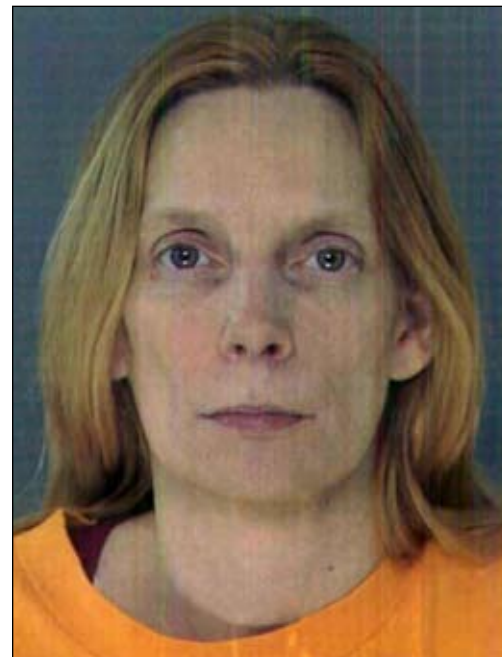
"One of her duties, Williams said, was to retrieve fetuses women would sometimes spontaneously abort in the waiting room after getting large doses of drugs to dilate the cervix.

"One day, Williams testified, a woman expelled a second-trimester fetus into the toilet and it was moving. Williams said she took a pair of scissors and snipped the spine as Gosnell showed her.

"I did it once, and I didn't do it again because it gave me the creeps," Williams said."

Tina Baldwin, 48, was a receptionist

at Gosnell's House of Horrors. Lerner sentenced Baldwin "to 30 months' probation for her guilty pleas to sustaining a corrupt organization, conspiracy, and corrupting a minor." Among the many horrific practices Baldwin testified about was how staff members would discharge still-medicated



Lynda Williams

patients when closing time came:

A: Oh, I did see some people, they were so drugged. I mean you had to get them out, take them with a wheel chair—take them out in a wheelchair.

Q: And you would just send them on their merry way out the door?

A: If it got late, at the time when I was working there, if it got too late like 1:00, 2:00 in the morning and they had a family member, yeah they would go out. ...

Indiana's Pro-Woman law requiring admitting privileges for abortionists takes effect

By Dave Andrusko

Last month, *NRL News Today* updated the ongoing story of abortionist Ulrich Klopfer, charged with failing to report to officials within three days that he performed an abortion on a 13-year-old girl, as required by Indiana law.

On June 17, Lake County Criminal Court Judge Nicholas Schiralli set a trial date of January 26, 2015, where, if convicted, Klopfer potentially faces a fine of \$1,000 and 180 days in jail if convicted of the Class B misdemeanor.

But this is only one of a myriad of allegations against Klopfer. An Indiana law, which took effect July 1, requires that abortionists have admitting privileges in a local hospital or have “an agreement with a physician who has admitting privileges at a hospital in the county or contiguous county in case of post-operative complications.”

What we failed to make clear enough in prior stories is that a similar admitting privilege law, enacted on the county level in Allen County, Indiana, is currently prohibiting Klopfer from performing abortions at his Fort Wayne facility. Here's how Mike Fichter, President and CEO of Indiana Right to Life, explained the situation and how a similar requirement was extended today to the entire state.

“On Dec. 31, 2013, Dr. Ulrich Klopfer's back-up doctor with admitting privileges rescinded his role as back-up doctor. Since Klopfer resides in Illinois, it is imperative that a doctor be available after the abortion doctor is no longer in the area if an emergency arises. Klopfer is not the only doctor who does abortions in Indiana but resides outside of the state. This county hospital admitting privileges law not only ensures that someone is available to provide care if an emergency arose, but it



Abortionist Ulrich Klopfer

also allows the county to verify that the law is being followed.”

The hospital admitting privileges law was a part of Senate Bill 292 by state Senators John Waterman and Jim Banks (District 17) during the 2014 Indiana General Assembly session. Gov. Mike Pence signed the bill into law on Mar. 25.

Fichter explained that under the new law, “the Indiana State Department of Health [ISDH] will ensure that abortion doctors are prepared to facilitate emergency care for women with abortion complications. Hospital admitting privileges laws enable streamlined care based on a woman's current medical situation.”

The new law has additional important provision. The ISDH is permitted to inspect abortion facilities at least once per year and to perform complaint inspections as needed. “It requires abortion providers to give a woman seeking an abortion emergency contact information,” Indiana Right to Life explained. It also “mandates that the public can verify with the ISDH that hospital admitting privileges documentation is on file with the department.”

“Mark every death. Remember every victim”

from page 2

Johnson continued:

“When I first walked out the door, a part of me thought about going back inside and getting my camera. But I remembered what a great teacher once told me, ‘You’re a human first and a photojournalist second.’”

MPR's Bob Collins put it this way:

“We are not challenged anywhere near enough by journalists to remember that there are more victims of this violence than the ones who die.”

You, of course, already know where I am headed. What if the stories of every one of the more than 3,000 lives sacrificed to the idols of the Abortion Industry each day was detailed with such care and indignation?

We would learn of all the enormous potential lost when the little ones are thrown into the maw of the killing machine.

We would be reminded that each child had a mother and a father, grandparents and cousins, and often siblings. Delusionary pro-abortionists notwithstanding, each one of those lives is touched by that child's passing.

Of all the sad stories I have heard over the years, perhaps none ever got to me that way accounts of siblings learning to their horror that their parents had aborted one of their brothers or sisters.

We would learn (often to our utter amazement) how often “choice” is a cruel misrepresentation. How many young girls are impregnated by older men or are pressured by family to “get rid” of the baby; how often had she received any encouragement, she would have carried that little baby to term.

We need to pray each day for every mother, every child, every family facing a crisis preg-

nancy. We can pray that those utterly dependent lives will not be lost but if they tragically are, that somehow we can reach out to help everyone who was a party—either by commission or omission— to that loss.

We seek to help mothers and fathers heal not because this in any way lessens the value of the life loss, but because we realize we are all fallible and that we so desperately want to help that woman not make another decision for death over life.

There are many reasons the repeat abortion rate is well over 40%.

Let's never allow failing to reach out to women and men be one of the reasons.

Missouri Gov. Nixon wins pro-abortion plaudits for vetoing bill to extend reflection period from 24 to 72 hours

By Dave Andrusko

Last week we wrote about the decision by Missouri Governor Jay Nixon to veto HB 1307, a bill with overwhelming legislative support. HB 1307 extends the current 24-hour reflection period to 72 hours after an ultrasound and alternatives to abortion information has been offered to her before a woman has an abortion.

For reasons of his own, Nixon had allowed three previous pro-life measures to become law without his signature. Some may have thought he might do the same for HB 1307 which passed both houses of the state legislature by large margins.

Nixon not only chose to veto the bill, he doubled-down in his veto message.

"Lengthening the already extensive waiting period," he wrote, "serves no demonstrable purpose other than to create emotional and financial hardships for women who have undoubtedly already spent considerable time wrestling with perhaps the most difficult decision they may ever have to make. ... This is insulting to women...."

Neither part of that statement is even marginally true, but it won Nixon plaudits from the pro-abortion-across-the-board editorial page of the *St. Louis Post-Dispatch*. His veto, the editorial concluded, was "startling in its boldness."

Of course, if the editorial page was on the opposite side of an issue (that is, if Nixon vetoed something they approved of), they

would not begin the final paragraph by saying, "The Legislature in September's veto session no doubt will add further insult by trying to override the veto." That's the way the legislative system works: Nixon gets to veto, the legislature can override if it has overwhelming support (2/3rds or more). One



Missouri Gov. Jay Nixon

could argue that the "insult" is Nixon's in that the legislature overwhelmingly supported HB 1307.

The bill passed the House 111-39 and Senate

22-9. To be specific the General Assembly would need 109 votes in the House and 23 in the Senate to overcome Nixon's veto. Obviously, the margin is razor-thin—and the override vote will not take place until this September.

Two quick concluding thoughts. First, what does it say about an editorial page that the best it can muster is that the legislation reflects another "men-know-best restriction" and that they (presumably the men) should follow Nixon's lead and "Butt out of decisions that are very much not their business"? Not much, I would argue.

Second, Pam Fichter, President of Missouri Right to Life, said her organization was "profoundly disappointed" in the governor's veto. Fichter summarized the motivation behind the legislation when she told *NRL News Today*

"This extra time will allow a woman to reflect on all her options before deciding to go forward with an abortion. Governor Nixon has vetoed a bill that would save babies and protect women from abortion clinics seeking to make a profit on an abortion."

"Abortion is a life-changing procedure. It ends the life of an unborn baby; a decision that can never be undone. The procedure can also be harmful to the mother. In making this decision, women need time to review all the medical information and the alternatives available. This bill provides that."

Pro-life women helping centers win in challenge *from page 1*

Spanish, that said the pregnancy center does not provide or refer for abortions or birth control services. Those who violate the ordinance can be charged with a Class C misdemeanor, punishable by fines of up to \$450.

But on January 26, 2012, the Council passed another speech-abridging law—Chapter 10-10. As Ben Johnson explained back in February 2012, "The new ordinance does not mandate specific wording, but compels centers to post signs on their grounds stating whether all their medical services are supervised by a licensed health care provider or practitioner and if it is a medical facility."

But as Samuel B. Casey of the Law of Life Project told Johnson, "the new wording does not solve the constitutional issue, because 'it violates the same standards': the First Amendment right of free speech, which includes the right not to speak."

Judge Yeakel traced the history of the law that created a criminal offense and monetary penalties. He began by observing that both

parties agreed that "displaying the sign required by Chapter 10-10 may deter potential clients." In other words, the city was requiring the women helping centers "to post messages encouraging women to go elsewhere," as the Alliance Defending Freedom explained.

Yeakel carefully parsed the specific language of Chapter 10-10. For example, what does the phrase "full time practice on site" mean?

Yeakel cites an exchange with City Councilmember William Spellman, the City's representative at trial, who acknowledged that "full-time" is not spelled out. Yeakel then explained

"Furthermore, when presented with the question of whether a pregnancy center that is only open 20 hours a week would be required to have a 'full-time' medical provider who works five days per week on site, Spellman responded that would be required; however, he continued, 'That's a flaw in the ordinance. I see your point.'"

Judge Yeakel also found shortcomings in what

the plaintiffs called Chapter 10-10's "broad and unbounded definition of 'medical service,' which is a nonexclusive list of only two items—diagnosing pregnancy or performing a sonogram." Among other problems, Yeakel concluded "that Chapter 10-10 fails to impose sufficient restraints on the City's discretion in enforcing the provisions of Chapter 10-10 with regard to what is a 'medical service.'"

He then went on to reject the "solutions" offered by the City Council's attorneys to "cure" the vagueness.

"Political allies of abortionists shouldn't be allowed to use the law as a tool to attack pregnancy care centers, which offer real help and hope to women," said Alliance Defending Freedom Senior Legal Counsel Matt Bowman. "As the district court found, Austin's ordinance was so vague that it allowed the city dangerous latitude in punishing pro-life organizations. Courts around the country have been striking these types of laws down, and this decision joins the growing list."

A post-script to NRLC 44 *from page 2*

would be just as expansive as the contraceptive mandate issued by HHS. Nothing in the decision addressed that ominous prospect.

plans that cover elective abortion. “Only comprehensive legislative reform can cure the multiple abortion-expanding components

abortion former Secretary of State Hillary Clinton, who is customarily listed as the #1 candidate (as of now) to be her party’s presidential nominee in 2016.

If you read the story on page 7, you can come away with only one conclusion. Senator Reid will say anything to try to keep pro-abortion Democrats in charge of the Senate. As POLITICO (which is highly sympathetic to Democrats) observed, Reid’s “unscripted attacks can veer into

the White House as “dead broke,” indeed “in debt”? Or suggest it would be okay to get huffy when a sympathetic NPR type simply asks her to explain when and why Clinton changed her position on gay rights? Or fail to remind her the proper names of the major political parties in England, a huge gaffe. And so on and so on.

And we could talk further about President Obama’s plunging fortunes, building on the story on page 6. It was less than two weeks



Kentucky Right to Life Association Executive Director, Margie Montgomery receiving the Guardian Angel award at the 44th annual National Right to Life Convention held in Louisville, KY. Pictured here with Dr. Jack Willke and NRLC President, Carol Tobias.

And, as NRLC also made clear, not even at issue in the cases before the High Court were the other major abortion-expanding provisions of Obamacare. That would include the massive tax subsidies that will assist millions of Americans to purchase health

of Obamacare – and such reform can only be accomplished with new leadership in the U.S. Senate and in the White House,” NRLC warned.

Which brings to mind pro-abortion Senate Majority Leader Harry Reid (R-Nv.) and pro-



Chairman of the NRLC Board of Directors, Mrs. Geline B. Williams receiving the Lifetime Achievement Award from NRLC President, Carol Tobias and NRLC Executive Director, David N. O'Steen, Ph.D.



Dr. John C Willke receiving the Lifetime Achievement Award from the National Right to Life Committee. Presented by NRLC President Carol Tobias and NRLC Chairman of the Board, Mrs. Geline B. Williams.

bellicosity and take liberties with facts.”

Reid is so over the top that his “attacks have drawn cries of McCarthyism from around the political world, including MSNBC host Joe Scarborough and Mother Jones editor Daniel Schulman.” His demagoguery is nothing new, it is just more obviously on display with Republican Senate prospects this fall looking bright.

Secretary Clinton (as we discuss on page 7) seemingly can’t stop stepping on her own tongue. Who could possibly have advised one-half of the ultimate power couple, whose net worth is probably in the hundreds of millions, to describe the Clintons’ condition as they left

ago that the public rated him the worst President since World War II—and with good cause. People are catching on that (a) Obama gives every appearance of having checked out, more than two years before his second term ends, and (b) he simply is in over his head. But Obama’s fortunes have continued to sink, with absolutely no reason to believe he can turn things around. No wonder vulnerable Democrats are keeping him at arm’s length!

The July NRL News covers state developments (mostly good!), doctor-prescribed suicide (mostly awful) at the same time we keep

Autos for Life heats up this summer!

By David N. O'Steen, Jr.

With the heat of summer upon us, and the annual National Right to Life Convention just behind us, this is a great time to think about clearing out the garage or freeing up that additional parking space. We encourage

to complete. The buyer picks the vehicle up directly from you at your convenience!

If you or someone you know has a vehicle to donate, please contact David O'Steen Jr. at (202) 626-8823 or e-mail dojr@nrlc.org.

All vehicle information can be emailed to me, or sent by regular mail to:

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



National Right to Life thanks all the dedicated pro-lifers that have donated their vehicles to Autos for Life! With your help, the educational work of National Right to Life will continue to teach the truth about abortion and save countless lives. This summer, we ask that you partner with us by donating your used vehicle to Autos for Life...the most defenseless in our society are depending on us!

you to make a significant contribution to help save innocent lives by donating your used car, truck, minivan, boat, or SUV to Autos for Life!

100% of the sale amount of every donated vehicle is dedicated to supporting the lifesaving educational work of National Right to Life. You'll also receive a tax deduction for the full sale amount!

Donated vehicles (boats, trailers, and jet skis too!) can be of any age and located in any part of the country. Recent donations include a 1998 Ford Ranger pickup from a pro-life family in Ohio, a 1998 Chrysler Sebring convertible from a pro-life supporter in Michigan, and a 1999 Shasta Camper trailer from a pro-life supporter in Maryland! With the challenges we face ahead in the coming months, the proceeds of this and all other special gifts are appreciated now more than ever. Please, keep them coming!

To donate a vehicle to Autos for Life, 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. You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork for you

WE ALL STARTED OUT THE SAME WAY.
 All of our lives deserve to be protected.



How Pro-Lifers and “Pro-Choicers” tell stories

By Dave Andrusko

Editor’s note. The following was scheduled to be the concluding part of a workshop entitled, “The Art of Pro-Life Persuasion: One Size does not fit all.” However my three colleagues (Dr. Jean Garton, Lori Kehoe, and Rai Rojas) were so brilliant, there was no time. I trust it is worth your while to read.

I would like to contrast how “pro-choicers” and pro-lifers tell their stories. That’s how we communicate—in bits and pieces, shards and fragments—which we bring together into narratives: stories.

As the Marxists used to say, it is no accident that the new abortion “comedy” *Obvious Child* is getting heaps of praise from reviewers who revel in the implicit and explicit message of Donna Stern, the lead character, played by Jenny Stark. Likewise it is no coincidence that Stark was a bit player on *Saturday Night Live* best remembered for uttering the ultimate four-letter obscenity on her first show.

What in the world, you ask, does an obsession with obscenity (and urine and flatulence and adolescent behavior from a grown woman so gross it makes an audience squirm) possibly have to do with “normalizing” abortion, the be-all and end-all of pro-abortionists?

Ann Hornaday is the lead movie critic for the *Washington Post* who adored the film. Speaking of the director, Hornaday observes, “Gillian Robespierre, like so many of her contemporaries, clearly sees profanity as a legitimate arrow in the quiver of liberation, a mode of bracing, confrontational candor that instantly disarms fusty structures of sexism and other depredations.”

So, the fouler the mouth, the sturdier the challenges to “sexism and other depredations.” Potty mouths of the world unite, you have nothing to lose but those silly bourgeoisie inhibitions.

Some of the deep thinkers in the pro-abortion camp are convinced that while popular culture, particularly movies and television, has played a huge role in “stigmatizing” abortion, they can now redeem themselves. The heads they win, tails everybody else lose scenario they lay out goes like this.

The character is imaginary, so she doesn’t have to worry about condemnation. Or, if there is the slightest hesitation in congratulating her for having an abortion (which is the same for them as condemning her), the focus is neatly shifted from the loss of life to the insufficiently joyous response of others.

Some of these same propagandists believe,

as one wrote, that “we often allow fictional characters even more complexity than we allow all but those closest to us in real life. ...They have the capacity to exist as a whole person”—layered, multifaceted, often flawed. An abortion becomes just one part of their story, not the whole thing.”

Of course for the dead baby, the abortion is her “whole thing.”

Obvious Child’s Donna Stern is plenty flawed, less so layered or multifaceted. Hers is the moral maturity of a pre-adolescent. Complexity is for adults and the not-subtle subtext of the film is you can’t expect someone who lives a hand-to-mouth existence, whose night job is as foul-mouthed stand-up comic, to act like an adult, let alone bear and raise a child.

But, luckily, while the child him or herself is a cipher, the child’s death can be redemptive. Hornaday tells her readers,

“The whole point of the film is that she’s unformed, using her 20s to experiment and make mistakes and, in the case of deciding whether to terminate her pregnancy, make the decisions that will ultimately create a more experienced — maybe even wiser and more compassionate — adult human being.”

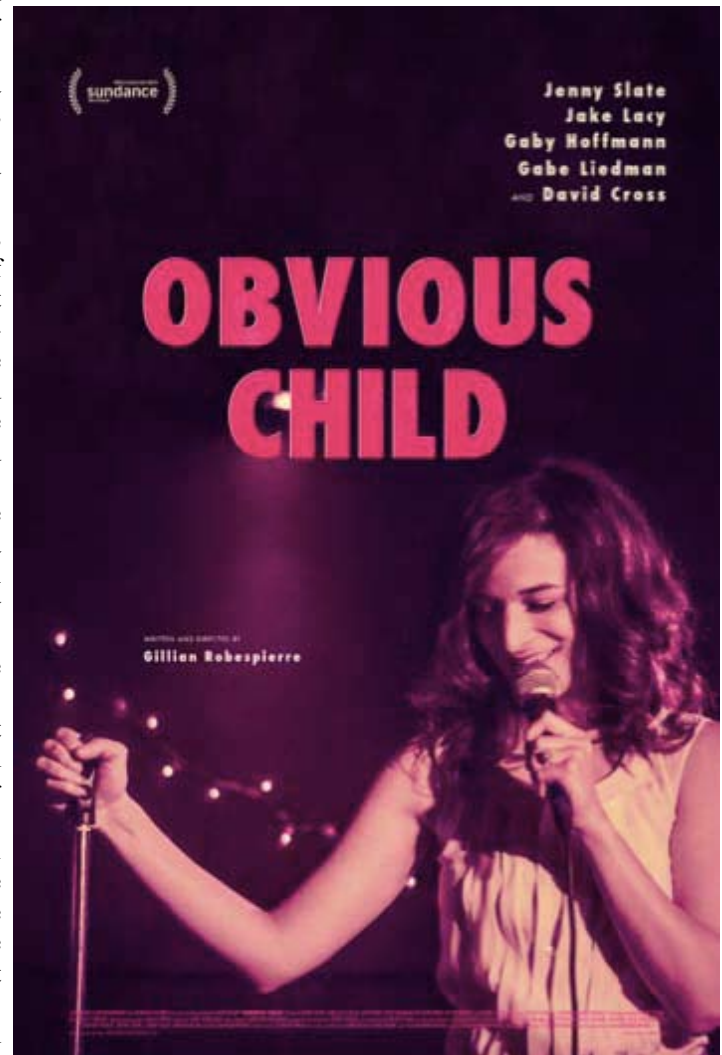
If it takes the death of a defenseless unborn child to help Stern become “wiser and more compassionate,” what a small price to pay for adulthood. You can see Hornaday’s conclusion coming a mile away:

“The result is a movie that feels risky and forgiving and, despite its traditional rom-com contours, refreshingly new. If we can stipulate that existence is an inherently messy affair, ungainly and contradictory and confoundingly unresolved, then ‘Obvious Child’ may be the most pro-life movie of the year.”

So if Stern is sufficiently “sweet” and if we understand that life is complicated and

“cofoundingly unresolved,” presto, chango, the destruction of life becomes its affirmation—“pro-life.”

To expect responsibility from the pro-abortionist, to look for mercy for the powerless from people who honestly believe our biggest problem today is that there is not



enough “access” to abortion—which is simply shorthand for more and more and more and more abortions—is to miss the whole point.

The sum and substance of pro-abortion persuasion? In a nutshell, nuts to you, Rick Warren, it is all about me.

There was a day when where the pro-life perspective enjoyed what you might call the home field advantage. That’s no longer the case in popular culture and surely also in most

Still pro-abortion, NY Times essayist admits abortion “is awful”

By Dave Andrusko

NRL News Today and *NRL News* have posted upwards of a dozen stories on the “romantic comedy” *Obvious Child*. In making a joke out of obliterating her unborn child, lead character Donna Stern (Jenny Slate as a foul-mouthed night club comic) is a linear descendent of Emily Letts, (in)famous for videotaping her own abortion and putting her child’s final minutes on YouTube for all the world to see.

Letts, a “counselor” at a New Jersey abortion clinic and (not coincidentally, I suspect) an



Lisa Selin Davis

aspiring actress, responded to a question from the *Philadelphia Inquirer*’s Victor Fiorillo with “Yes, I don’t have any guilt. I feel like the reason people are going crazy over my story is because they want it. Women and men have been thirsting for something like this. You don’t have to feel guilty. I feel super great about having an abortion, because it was the right decision for my life.”

The destruction of hapless unborn children as “art”—the logical dead-end of a philosophy determined to “normalize” abortion, to celebrate abortion’s capacity (in the words of one movie critic) “to ultimately create a more experienced—maybe even wiser and more compassionate—adult human being.”

But then, “I Couldn’t Turn My Abortion Into Art,” which appeared (in all places) the *New York Times*’ “Opinionator blog.” Three pro-lifers sent me a link to Lisa Selin Davis’s autobiographical essay. The common denominator was what the first added to the link: “Wow, just wow.”

You have to be of a certain age (a geezer like me) to appreciate the all-consuming, all-

explanatory power of the pro-abortion feminist ideology, an idol that Davis, as a young woman, gladly bowed down to.

She tells her readers right out of the box that back in the 1990s she saw herself as a loser. That someone who thought that little of herself “found” herself pregnant hardly comes as a surprise.

But, not to worry:

“This didn’t seem as big a problem to me as it might have for other young women. This was the mid-1990s. Reared on protest marches, I had a NOW poster affixed to my bedroom wall. I was an unwavering believer in the fierce rhetoric of pro-choice. And now: a poster child.

“In addition, in college I had essentially majored in experimental feminist video. I could make art out of anything.”

Yes, a poster child—a woman who becomes pregnant and not only gets to live out (so to speak) the me-me-and-always-me-first ideology of the pro-abortion movement, but (like Letts 20 years later) document the obliteration of that child with her Ricoh Hi8 video camera. As she wrote

“It could provide material for the kinds of film I’d voraciously consumed in college, in which women transformed their most traumatic experiences into emotionally stirring and awareness-raising images. ...An abortion today, a debut at Sundance tomorrow.”

You can read Davis’ incredible account at <http://opinionator.blogs.nytimes.com/2014/07/02/i-couldnt-turn-my-abortion-into-art>

Of course, the whole point of Davis’ views (in those days) was that abortion wasn’t supposed to be a “traumatic experience.” So implicit is that the documentary of her abortion would be for those women still “hung up” on the gravity of taking their child’s life. (Evidently not all had internalized the message—what resided inside was just a blob of tissue.)

Lo and behold—probably in large part because of the remarks of her cab driver—all of a sudden an abortion was not trivial at all, let alone something to advance her career.

It comes out that she is going to the doctor for a “procedure,” which he continues to ask about. When she tells him it’s an abortion

He pulled over to the side of the road, right there on the Brooklyn Bridge — not only illegal but dangerous. “Please don’t kill the baby,” he said. “Please don’t kill the baby.”

“What are you doing?”

“Don’t kill the baby.” He wouldn’t move the car, though horns blared all around us.

“Keep driving! I have an appointment!” I shook his headrest. This was not part of the script.

“Please don’t kill the baby,” he said again, turning around to face me. He had beautiful big brown eyes — almost black. “I will take care of you and the baby. I work two jobs.”

“Drive,” I told him.

Her account of the woman at the abortion clinic ought to be required reading for anyone unsure of how they feel about abortion. For example,

At the clinic’s counter, the receptionist asked me what I’d come for. I said, “Um ...”

“Termination of pregnancy?” she asked in her best would-you-like-fries-with-that voice. I nodded.

There was nothing “liberating” about the abortion clinic, she quickly learns. Indifferent staff (they are more worried that a disconsolate, crying Davis will upset the other women) and incredible pain. In between a conversation with a woman having her ninth abortion and Davis finding herself unable to “stop crying, big heaves and gulps of it.”

After her abortion, the staff attempts to minimize Davis’ pain. And it did stop the physical pain. But Davis realizes

The begging cabdriver and the woman on her ninth abortion and the shocking suction in my womb: It was too traumatic for me to make art of. Or maybe it was just that I wasn’t a good enough artist to transform that level of trauma into something that others could learn from and use. I had been taught that a woman’s right to choose was the most important thing to fight for, but I hadn’t known what a brutal choice it was.

Davis now has two daughters and she assures us she doesn’t wish she had the baby she aborted 20 years ago. “I want my daughters to have the option of safe and legal abortion, of course,” she writes, but adds, “I just don’t want them to have to use it.”

Why? How can she say she will “always” support “abortion rights” but never want those “rights” exercised? Because “even all these years later, I wish the motto wasn’t ‘Never again,’ but ‘Avoid this if there’s any way you possibly can, even if it’s legal, because it’s awful.’”

Please read “I Couldn’t Turn My Abortion Into Art” at http://opinionator.blogs.nytimes.com/2014/07/02/i-couldnt-turn-my-abortion-into-art/?_php=true&_type=blogs&_r=0

Doctors strike back at BMJ editors over assisted suicide stance

By Dr. Peter Saunders

BMJ editors Fiona Godlee and Tony Delamothe are long-time supporters of decriminalising assisted suicide and have frequently used their editorial position in Britain's most widely read medical journal to advance their cause.

They have written an editorial in support of Lord Falconer's Assisted Dying bill which has understandably received a lot of media coverage and has got the blogosphere buzzing.

They argue that assisted dying should be legalised because respecting 'choice' (autonomy) is now a more important priority than preserving life.

The BMJ is editorially independent from the British Medical Association (BMA) but is paid for by the subscriptions of BMA members, most of whom do not support changing the law.

So it is not surprising that their editorial has generated a lot of correspondence, almost all of it opposing Godlee and Delamothe.

Dr Mark Porter, chairman of the BMA council, has said:

"There are strongly held views within the medical profession on both sides of this complex and emotive issue.

"The BMA remains firmly opposed to legalising assisted dying. This issue has been regularly debated at the BMA's policy forming annual conference and recent calls for a change in the law have persistently been rejected.

"The BMJ is a wholly owned subsidiary of the BMA, and quite rightly has editorial independence. Its position on assisted dying is an editorial decision and does not reflect the views of the BMA or the medical profession. Our focus must be on making sure every patient can access the very best of palliative care, which empowers patients to make decisions over their care."

A letter in the same print edition (so received before the editorial was published) from RCGP [Royal College of General Practitioners] Council Chair Maureen Baker makes clear that the recent RCGP consultation on 'assisted dying' was comprehensive and conclusively in favour of no change to the law.

"Our recent consultation on assisted dying was one of the most comprehensive ever undertaken, with 1700 members responding from all four nations of the UK.

"The result was conclusive—77% of members who submitted responses directly to the college indicated that the RCGP should maintain its opposition to a change in the law.

"Of the 28 RCGP bodies and groups who responded, 20 reported a majority view in favour of maintaining the college's opposition



Fiona Godlee, one of the editors of BMJ

to a change in the law and three reported a majority view in favour of a "neutral" stance. None reported a majority view in favour of active support for a change in the law.'

There is also an excellent contribution, again the same print edition, from Rob George, professor of palliative care, Cicely Saunders Institute, King's College London.

In an article titled 'We must not deprive dying people of the most important protection' he argues that the safety of vulnerable people must take priority over the determined wishes of individuals. Hard cases are already dealt

with mercifully under the law which does not need changing.

'Elizabeth Butler-Sloss, former president of the High Court, said, 'Laws, like nation states, are more secure when their boundaries rest on natural frontiers. The law that we have rests on just such a frontier . . . The law is there to protect us all. We tinker with it at our peril.'

"For me the real question is this: 'Which is worse: not to kill people who want to die or to kill people who might want still to live?' In my experience it is impossible to separate those who might want to die from those who believe they ought to die and whose view is pretty well never 'settled.' No one can be sure that some people not now at risk will find themselves so were the law to change."

"A full blooded expression of autonomy includes the responsibility at times to restrain oneself on behalf of another: when it comes to having our lives ended, let's keep it that way. Once this line is crossed there is no going back."

I was briefly quoted in *The Telegraph* making much the same point about the limits of autonomy:

"While autonomy is important it has to be balanced against other principles including public safety.

"None of us believes autonomy is absolute, if we did we would have to say that there was no place for law because every single law restricts personal autonomy."

Godlee and Deleamothe appear not to understand that autonomy has limits. They are also well out of step with medical opinion and do not speak for the medical profession.

About two thirds of doctors in most surveys are opposed to any change in the law along with all the major medical institutions including the BMA [British Medical Association], RCGP, RCP, British Geriatric Society and the Association for Palliative Medicine.

In a free society choice is important, but it has its limits. The duty to protect life trumps the so-called 'right to die'.

Editor's note: This appeared on Dr. Saunderson's blog at <http://pjsaunders.blogspot.com>

A man who disdains euphemisms

By Paul Russell

The recent news concerning Dr. Philip Nitschke, Exit International and the suicide death of two men who were not terminally ill has forced the Australian public to confront the issue of assisting someone to die.

As *Herald Sun* columnist Andrew Bolt points out, this is not something new. Nor is the public commentary from Dr Nitschke at the pointed end of the debate: when a bill is before an Australian legislature.

When Nitschke comments on such bills there's a noticeable cringe factor among state-based supporters of such legislation,

under consideration) whilst Nitschke shows the public the future.

This remains the case whether or not the proponents of said bills genuinely seek a limited remit or not. I have met some who I believe only want such a limited model. But there are others who will clearly understand the incremental nature of such legislation: first get one foot in the door...

So, it is hardly surprising that the man termed 'the other Dr Death', Melbourne urologist Dr Rodney Syme should be bleating on the ABC National news network today

Nitschke and Exit makes his agenda harder to pursue. To put it bluntly, the stench makes them stink too!

And it is true that some of the state-based groups have distanced themselves from Nitschke on their websites, but as far as I can see, DWDV is not one of them. It's a while back now, but the DWDV website does say that in 1998 Syme's group, 'organized and supported Philip Nitschke's election campaign as an independent in Menzies, standing against Kevin Andrews.'

Sure, people take different directions and relationships change. Apart from the frustration that groups like DWDV must feel when Nitschke effectively rains on their parade, this formerly-known-as a Voluntary Euthanasia Society has, itself changed its tune in recent years. But, like the chameleon, it remains the same creature.

Syme and DWDV now supposedly shun the use of the terms euthanasia and assisted suicide, Syme himself arguing in *The Saturday Paper* a few weeks ago: 'So, let us argue about voluntary assisted dying, not assisted suicide.' (see my reply at <http://blog.noethanasia.org.au/2014/06/whats-in-name-responding-to-dr-syme.html>)

As I reported earlier, 'voluntary assisted dying' or simply, 'assisted dying' is the new buzz phrase adopted in the UK and elsewhere in recent years essentially because euthanasia and assisted suicide bills were getting exactly nowhere.

Every lobby group looking to prosecute its case will use slogans and adopt the kind of language that they hope will resonate and help them achieve their goal. But we're not talking about run-of-the-mill causes, schemes or projects here. This is about death and the protection of citizens from the ultimate injustice.

More than any other issue, the debate over euthanasia and assisted suicide demands that a spade be called a spade.

Paul Russell is Executive Director of HOPE: preventing euthanasia & assisted suicide. This first appeared on his blog at <http://blog.noethanasia.org.au/2014/07/looking-for-foot-in-door-euphemisms-in.html>



Dr. Philip Nitschke

with the most common response being that Nitschke's comments 'are not helpful'.

Even though these organisations have always been effectively 'on the same page' as Nitschke in seeking legislative change, what they reject is essentially that Nitschke tells it like it is. To his credit, he shuns euphemisms and advocates directly for any adult to die by euthanasia or assisted suicide whenever they want – regardless of whether or not they have a terminal illness.

This stands in direct contrast to the rhetoric and design of most proposed legislation that seeks to limit access to people who are suffering terminal illnesses. They, the state-based groups, argue for the present (the bill

saying that Nitschke "represents a maverick who's on the extreme end of the debate." The report continued:

He (Syme) is eager to make sure the public sees that there is "a huge gap" between his advocacy group and the controversial views of Dr Nitschke.

"He is fundamentally not supported by the organisations who support Dying With Dignity," Dr Syme said.

He would say that. Syme's organisation, the euphemistically titled 'Dying With Dignity Victoria (DWDV),' is currently working towards a push for their agenda at the Victorian State elections later this year. Syme is clearly concerned that the media furor over

Offering Real Alternatives to Women in Crisis draws pro-abortion ire

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

Perhaps the biggest evidence that Pennsylvania's landmark Alternatives to Abortion program is working—and working exceedingly well—is the fact that it is being targeted in the pro-abortion blogosphere.

RH Reality Check, an online apologist for the abortion industry, is bemoaning the fact that the program—which is administered by Real Alternatives, Inc.—has received a vote of confidence by state leaders in the form of additional proposed funding. Whenever successful pregnancy resource centers earn accolades—and modest funding—they come under fierce attack from abortion businesses and their advocates.

Here's an example of why the program has earned the ire of pro-abortion extremists.

The young woman who walks into the office may have been pro-life since she first became aware of the issue of abortion. And then, she finds herself pregnant, her boyfriend abandons her, and she feels completely alone. In that hour of crisis, she may be tempted to seek an abortion.

But the kind, compassionate woman who greets her in the pregnancy help center waiting room is just the person she needs in her life at this critical time, who can shine a light in the darkness which threatens to envelop her.

This is what Pennsylvania's Alternatives to Abortion program offers—a ray of hope, a listening ear, a kind word, a trusted ally. The landmark program has now served more than 200,000 clients and their families—and similar programs have germinated across the nation.

The program was the brain child of former Pennsylvania Governor Bob Casey and it enjoys the support of current Governor Tom Corbett, along with a bipartisan coalition of lawmakers. Women facing unexpected pregnancies need more than a pamphlet, according to Real Alternatives President and CEO Kevin Bagatta. They need a person who will walk with them during their journey, who will offer comprehensive support, and who will not judge them.

And the program has had phenomenal success throughout the Commonwealth. Consider these figures from the 2010-11 fiscal year:

- 64% of women entering the program who were considering abortion chose childbirth
- 88% of women who were pressured by others to abort chose childbirth
- 67% of women who were pressured by others AND considering abortion chose childbirth

Real Alternatives also offers a toll-free hotline—1-888-Life-aid, which connects women to their local pregnancy resource centers, where they can receive free pregnancy tests, counseling, and support for themselves and their babies, both during their pregnancies and in the 12 months afterward.

The Pennsylvania Catholic Conference, which represents the state's bishops, has voiced strong support for the program, noting its ability to stand beside women in their hour of need. Pastors throughout the state have also hailed the program for its life-affirming, life-changing focus.

One national poll showed that more than 80 percent of the post-abortive women surveyed would have chosen life for their children—had just one person offered support. For many Pennsylvania women, that one person has been found at a Real Alternatives center.

“Number one, you're not alone,” Real Alternatives' Kevin Bagatta said in a recent K-LOVE Radio interview. “There are people who care about you...so you can be empowered...to choose life.”

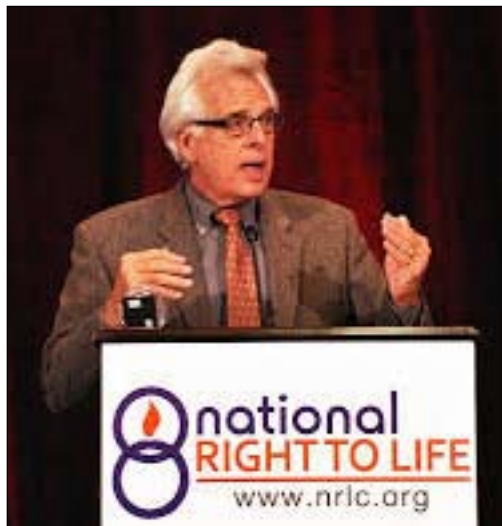
For more information about Real Alternatives, visit www.realalternatives.org.



Presbyterians OK with Killing Born Babies

By Wesley Smith

The Presbyterian Church USA General Assembly has been making a lot of news on the same sex marriage issue. But this vote has my eyebrows raised. The convention



Wesley Smith

voted no on protecting babies born alive after a failed abortion. From the failed motion:

1. Call for the Presbyterian Mission Agency and member congregations to enter a two-year season of reflection upon the plight of children unwanted by human society, both born and not-yet born, and to purposefully seek to enter the pure worship of God by offering aid, comfort, and the Gospel to those responsible for the care of our most desperate orphans (including those who survive abortion procedures): parents, siblings, church and community leaders, and the medical profession.

2. Direct the Moderator of the General Assembly and the Stated Clerk to issue statements that denounce the practice of killing babies born live following an abortion procedure, such as was revealed in the Dr. Kermit Gosnell clinic in Philadelphia.

There was more to the motion, which supported a pro-life perspective. But it is

breath-taking that the Church wouldn't even agree to "reflect" on protecting the lives of born babies and denounce Kermit Gosnell-style murders. This is akin to refusing to oppose the terminal neglect of unwanted infants, even infanticide.

This isn't a matter of protecting "reproductive rights." A baby that is born is no longer in his or her mother's body and thus nothing is being done to interfere with her privacy or autonomy.

Peter Singer believes that unwanted infants can be killed in the same manner as they can be aborted. Apparently, so does the Presbyterian Church, USA..

Editor's note. This appeared on Mr. Smith's blog at www.nationalreview.com/human-exceptionalism

How Pro-Lifers and "Pro-Choicers" tell stories *from page 26*

of the dominant media outlets. But I would argue that we are beginning to restore some of the massive erosion that has taken place, in no small part by the behavior you model.

I write for a living, so I'd be the last guy to minimize the power of words and images. But it is also so very true that the wrong messenger—or the right messenger with the wrong heart—can neutralize even the most self-evident truth.

So what about us? Let me quickly make three points.

#1. Saint Francis of Assisi is credited with having said, "Preach the Gospel at all times and when necessary use words." It is our obligation to help women facing a crisis pregnancy before and after birth. That also establishes our credentials with someone who has no strong feelings either way. Moreover assisting women and their babies appeals to the idealism of young people who are the most persuasive apostles we have. But most important, it is consistent with who we are and what we believe, and honors the cause many of us have given most of our adult lives to.

#2. Because we are adults, we take responsibility for our behavior. Are we flawless, never make a mistake? Of course not. Moral maturity is becoming the decision maker who less and less frequently fails the test. But when

we do, we don't try to disguise our failures by pretending what we did—and to whom—lacks ethical weight.

There is one ten letter word that is perhaps the only true obscenity to pro-abortionists: repentance. Our humanity shines through when we express regret and ask for forgiveness. That is why women who have experienced abortions and who now regret them are welcomed into our Movement and why they are such persuasive champions.

But we offer them a shoulder to cry on regardless of whether or not they have come to that stage of recognition. They are not notches on our belt but human beings who, like you and me, don't always meet the challenge in difficult times.

#3. If pro-abortionists are tapping in a culture that is becoming ever coarser and more brutal, how can I nonetheless believe they will eventually lose? This is a little indirect but stay with me for a moment.

Two Sundays ago I was listening to a program some of you may hear on your local NPR station: Radio Lab. Diana Deutsch is a psychologist who tested 203 students at the University of Southern California's Thornton School of Music to see how many of them had perfect pitch.

On a test of 36 different notes, incredibly

74% of the kids who spoke an East Asian language had perfect pitch while only 14% of the English speakers did. Genetics? Tiger Moms? Naw.

Unlike English, which is atonal, many East Asian languages, such as Mandarin, Cantonese and Vietnamese, are "tonal," so that a word's meaning often depends on the tone in which it is said (not to be confused with intonation such as sarcasm). So we English speakers say (for example) "me" in essentially a monotone whereas the same exact word in Chinese will have four different meanings, depending on the tone.

Dr. Deutsch surmises that learning perfect pitch is, for fluent speakers of a tonal language, akin to learning a second tone language.

By the language we use, the imagery we employ, and the services we perform on behalf of women—pre and post-abortion—pro-lifers are providing an alternative to the me-me-and-always me idiom of the pro-abortionist. In a way it's like perfect pitch, once thought to be confined to an infinitesimal few.

Pro-lifers are equipping their own children and others who come into contact with us a second language, one with a richer, more vibrant vocabulary. It is a vocabulary built around the understanding that we become more fully human not by sacrificing unborn children but by sacrificing for them.

They may not be Death Panels, but they are Death Advocates, and they are back

from page 4

chemotherapies treatments that may bring little patient benefit in advanced illness. Doctors and hospitals are far more handsomely rewarded for the placement of a feeding tube or a ventilator than they are for meeting with patients and families to determine whether these therapies are helpful or wise.

In a taxpayer-funded advance care planning session, a patient with cancer might well be told chemotherapy provides little benefit because it will leave him or her with a disability and only “prolong life,” without a cure. The extra period of life might be exactly what a person would want, but because the treatment was presented in such a negative way the patient might well be lead to agree to reject treatment.

A major campaign (the subject of a forthcoming *NRL News Today* article) is now being waged to show videos to patients that are clearly weighted to persuade them to forego cardio-pulmonary resuscitation, and its proponents do not hesitate to cite the financial savings associated with the increased number of viewers (as opposed to patients not subjected to the videos) who agree to DNRs. Importantly, there is no apparent realistic way to adequately monitor the interactions in such tax-funded sessions to ensure that the presentation of options is done in a neutral way, rather than one biased toward rejection of treatment.

A precedent on the federal level is a Veterans Affairs patient decision-making aid that was the subject of considerable discussion during the debate over the Patient Protection and Affordable Care Act, a 53-page production entitled “Your Life, Your Choices.” The booklet had worksheets to fill out for “Current Health,” “Permanent Coma,” “Severe Dementia,” “Severe Stroke” and “A future situation of concern when I might not be able to express my wishes.”

For each of these there was a section on “quality of life.” Only for current health was there a choice to affirm that life is worth living without reservation. For all of the others, the choices were “Life like this would be difficult, but acceptable,” “Life like this would be worth living, but just barely,” and “Life like this would not” – the “not” is underlined – “be worth living.” In each circumstance except current health a negative picture was given. For example, “Terminal Illness” was described as a state in which you “have a lot of discomfort that requires medication [,] are in bed most

of the time due to weakness [, and] need help with getting dressed, bathing, and bowel and bladder functions.” You can read more about this at www.nrlc.org/archive/news/2009/NRL07-08/RationingPage1.html; and <http://www.nationalreview.com/articles/228199/your-life-not-worth-living/jim-towey>.

Of course, what people experience when terminally ill varies widely depending on the particular illness and many other factors, but this booklet seemed designed to lead people to believe that life with terminal illness will be almost unremittingly bleak. In the words of Paul Malley, President of the national non-profit organization Aging with Dignity, “‘Your Life, Your Choices’ encourages our nation’s service men and women to look at illness and disability as things that render life not worth living.”

When “advance planning” is so heavily promoted by advocates of cost-cutting and the

“quality of life” ethic, we need to consider it with a critical eye – one that asks “who is driving these conversations, and what will they say to people in a vulnerable position?”

Note:

The National Right to Life Committee supports the use of advance directives by which individuals may indicate their wishes regarding medical treatment should they become incapable of making health care decisions; indeed, we promote our own alternative, the “Will to Live,” and make available separate forms complying with the laws of each of the states. www.nrlc.org/medethics/willtolive Our concern is that in practice federally funded “advance care planning sessions” are likely to pressure patients into rejecting treatment essential to preserving their lives in a manner they would be unlikely to agree to under conditions of truly informed consent.

We don't
eliminate
problems by
eliminating
the people to
whom
problems
happen.



Narrow Supreme Court decision in Hobby Lobby

from page 1

(including religiously affiliated schools, charities, and hospitals) with sincere religiously based objections to providing specific drugs and devices, who regard a federal mandate that requires them to take action to require their insurance carrier to carry out the same ends as differing only in form and not in substance from the original mandate.

Moreover, regardless of how the scope of the “accommodation” is defined by future rulemaking and litigation, it is difficult to discern what would prevent HHS from issuing a further expansion of its “preventive services” mandate to require that most employers also provide coverage for surgical abortions, or for doctor-prescribed suicide, that would be just as expansive as the contraceptive mandate.

In short, even with respect only to the “preventive services” component of Obamacare, the Court’s ruling in *Burwell v. Hobby Lobby* comes nowhere near to correcting the heart of the problem, which is the overly expansive authority that the Obamacare law itself provides to HHS to define “preventive services.” The other major abortion-expanding provisions of Obamacare, including the massive tax subsidies that will

assist millions of Americans to purchase health plans that cover elective abortion, were not even issues in the cases just decided.

Only comprehensive legislative reform can cure the multiple abortion-expanding components of Obamacare – and such reform can only be accomplished with new leadership in the U.S. Senate and in the White House.

During the congressional debate over Obamacare, National Right to Life continuously warned against the abortion-expanding and health care rationing provisions of the bill. An archive of documents related to the abortion-expanding provisions of Obamacare is available at [www.nrlc.org/](http://www.nrlc.org/federal/ahc/obamalaw/)

[federal/ahc/obamalaw/](http://www.nrlc.org/federal/ahc/obamalaw/)

In March, National Right to Life’s Robert Powell Center for Medical Ethics issued a report on how Obamacare is rationing access



to life-preserving medical treatment, “The Affordable Care Act and Health Care Access in the United States” which is available at www.nrlc.org/communications/healthcarereport/ (with other supporting materials).

Camp Life Empowers Teens to Defend the Vulnerable

from page 13

leadership camps in her home state July 13-18, where she will learn more about how she, and others, can get involved and make a significant difference in the lives of the vulnerable. <http://www.wisconsinteens4life.org/2014/01/summer-leadership-camps/>

Collin and Dale were just two of the dozens of teens from across the country who came together to participate in Camp Life – they, along with the speakers who educated them throughout the week and the adults who helped get them to this year’s

convention, make up the ranks of the right-to-life movement and are proof that it is stronger than ever as the fight for the lives of the unborn and the medically vulnerable moves into its fifth decade.

“This convention empowers teens with information that allows them to educate their peers,” said Derrick Jones, Communications Director for National Right to Life, and co-advisor to National Teens for Life. “In the future, I see tens of thousands of more teens who will become outspoken advocates and

defenders of life.”

Jones’ sentiment sums up the feelings of many who have long advocated for the right to life. Young people who care enough to invest their time and talents in the work of saving lives give us great hope for the future.

Next year’s National Teens for Life Convention will be held in New Orleans, LA from July 9 to 11. If you know a teen who is passionate about the cause of life, please encourage them to make plans to attend.

Unborn Babies Feel Pain & They Dream !!!

By Rai Rojas

Editor's note. Of all the thousands of stories and posts we've published, this ranks as among the most favored by National Right to Life News and National Right to Life News Today readers.

When he was about six months old, my grandson and his mom came to my home for a highly-anticipated week-long visit. In the middle of one of the nights he was there, he roused and entire household out of our collective sleeps with his screams. These were not normal newborn cries – this child sounded as if he were in serious distress.

My daughter and I arrived at his crib at almost the same time. She immediately picked him up and attempted to comfort him. But he was inconsolable, he wasn't soothed by his mom's voice, or smell, or even her just being there.

Amid his screaming and as she rocked him back and forth, I lit a dim light in the corner of the room so we could wake him up gently. When he opened his eyes and saw familiar faces and sounds he immediately began to calm. There were a few deep sighs, an occasional quick sob, but he fell back to sleep almost immediately.

My six month old grandson had just experienced a nightmare and I couldn't imagine what a 6 month old could have been dreaming about. I was ignorant as to what could have caused such a small baby to have a night terror. My ignorance led to a bit of research, and what I discovered was enlightening and interesting, but that knowledge in the context of what I do was sobering.

I found several articles on infant nightmares but a peer reviewed article by Dr. Alan Green, M.D. is the one who stood out and from which I will quote heavily.

Dr. Greene quoted a study by scientific research group Roffwarg and Associates who at the start of their research believed that they would find that infants do not have REM sleep because they do not dream.



But by the end of their study the researchers were startled to discover that not only do newborns dream – even on the first day of life – they actually dream more than the college students in those same studies. (Science, 1966; 152:604)

“This study has been repeated several times,” writes Dr. Greene, “confirming and expanding our knowledge. We dream more in the first 2 weeks of life than at any other time. The visual part of the brain is more active during newborn REM sleep than during adult sleep.”

Then Dr. Greene asks and answers the question that is as amazing as it is troubling:

“If children dream from the moment that they are born, might they dream before that time?”

He continues:

“We now know that they [unborn children] begin to sleep as early as 4 weeks of gestation (Electroencephalography and Clinical Neurophysiology, 1975;38:175).

Dreams appear to be a kind of parallel processing by which we integrate our experience, making new connections in our brains. In the uterus, babies probably dream about the muted light they see and the sounds they hear such as heartbeats, voices and music. Shortly after birth, they dream about the explosion of new sights, sounds, tastes, smells and textures as they delight in getting to know their parents.”

Here was scientific, peer reviewed proof that unborn children dream. I read those articles over and over again and I couldn't shake-off the thought of those children

who survive late term abortions, and who dreamt as they were placed in linen or broom closets to die.

I'm sickened with the thought of an unborn child's dream being interrupted by the slice of a curette, or the ingestion of poison, or the “snip” of her neck.

We fight, we work, we live in the trenches, so that our youngest dreamers can survive. Please join us.

Interview with an abortionist

By Sarah Terzo

Editor's note. These quotes came from Nightline (ABC), 1/11/2006. Reporter Martin Bashir of ABC news interviews Dr. William Harrison, an abortionist. They were posted at clinicquotes.com

DOCTOR WILLIAM HARRISON (PHYSICIAN) My conscience calls me to do abortions because I consider the mother's life much, much more important than that tiny little blob of tissue.

MARTIN BASHIR (ABC NEWS) (Off-camera) It's interesting you say it's a blob of tissue, but as you know after just 21 days, the heart is pumping blood. At 42 days, the child has recordable brain waves. And you are, every day, relentlessly terminating that life, and you're happy with that?

DOCTOR WILLIAM HARRISON (PHYSICIAN) Am I happy with it? No, but I'm not distressed about it. I would be a lot more distressed if I could not terminate that life for the patient that that life is going to be a disaster for.

DOCTOR WILLIAM HARRISON I've had lots of patients who come in for second, third,

fourth, fifth, even one who had nine abortions.

MARTIN BASHIR (ABC NEWS) (Off-camera) Is that really appropriate?

DOCTOR WILLIAM HARRISON (PHYSICIAN) If she needs nine abortions, yeah.

MARTIN BASHIR (ABC NEWS) (Off-camera) Did you see a photograph of the fetus yesterday?

PATIENT (FEMALE) Yes, I did.

MARTIN BASHIR (ABC NEWS) (Off-camera) What effect did that have?

PATIENT (FEMALE) It made it a little more difficult. I think it made me a little more nervous about it.

MARTIN BASHIR (ABC NEWS) (Off-camera) Did you consider the possibility of perhaps adoption?

PATIENT (FEMALE) I thought about it. But I really thought that that might be even harder going through the whole pregnancy stage and seeing the child and then having to give it away, I just think would really, really tear me up inside.

DOCTOR WILLIAM HARRISON (PHYSICIAN) The most important decision that a woman ever makes is to have a baby.

Whether you have an abortion or not is relatively minor. Basically, abortion is a method of birth control. You know, it's not the best method of birth control. But all it does is stop the birth of a baby that a woman doesn't want at a time she doesn't want it.

....

DOCTOR WILLIAM HARRISON (PHYSICIAN) I've had one of the most emotionally satisfying careers that I can imagine anyone having. I can't tell you how satisfying it is, when two weeks after a young woman has come in distraught and thinking that her life is ruined, and she comes back two – two weeks after the abortion and she is a new woman. She's been given her life back.

MARTIN BASHIR (ABC NEWS) (Off-camera) And for her to be born again, you've had to kill the fetus.

DOCTOR WILLIAM HARRISON (PHYSICIAN) Uh-huh. That's right.

MARTIN BASHIR (ABC NEWS) (Off-camera) And that's a fair exchange?

DOCTOR WILLIAM HARRISON (PHYSICIAN) That's a fair exchange.

A post-script to NRLC 44 *from page 24*

track of what only be described as the increasingly bizarre comments coming from various wings of the pro-abortion Movement. You literally can't make this stuff up.

To believe that you will embolden women to "speak up" about their abortion by videotaping your own abortion and putting it on YouTube? (See Emily Letts). Or reduce the inherent moral tension that is part of a life-and-death decision to a punch line in a movie whose "heroine" (Donna Stern) is a foul-mouthed comic with the moral maturity of a prepubescent whose idea of the ultimate punch line goes like this:

Stern is about to perform her comedy act the night before her abortion. Her friend Nellie tells her, "You are going to kill it out there." Donna jokes back, "I'm actually going to do that tomorrow." Doubtless some people will find this humorous.

But fundamentally, this issue, like all editions of the "pro-life newspaper of record," is built on hope, faith, and charity. We have hope that your kindness to women in crisis pregnancies will assist them in their hour of desperation to choose life. And for those women who have made a tragically wrong decision, we will be

there to help them deal with the regret, the remorse, and the self-recriminations.

Those of at National Right to Life, like you reading this editorial, have faith that the better angels of our nature will eventually win out. Why? Simply because abortion is intrinsically



NRLC President Carol Tobias with Dr. Jean Garton, author of "Who Broke the Baby?"
Photo credit: Bill Molitor.

horrible, a scar on our consciences which can never be healed until we confront the evil.

And charity—love—even for those like Jenny Slate who played Donna Stern, and Emily Letts, whose moral confusion is as cavernously deep as it is profoundly sad. What can she possibly be thinking when she tells one reporter

"Yes, I do realize it was potential life. I have a special relationship with my ultrasound. People say it sounds weird, it's my process. I realize it was potential life, and I love it in my own special way. I'm not glib and cavalier. I'm comfortable with my decisions."

And then add later (in a post on the Cosmopolitan website)

"I know that sounds weird, but to me, this was as birth-like as it could be. It will always be a special memory for me. I still have my sonogram, and if my apartment were to catch fire, it would be the first thing I'd grab."

It may be too late for people like Slate and Letts, but perhaps not. Either way, we would never, could never give up trying to help cause the scales to fall from their eyes.

We owe that to those trapped in darkness and to all the little ones who lives we are pledged to try to save.

National Right to Life Convention 2014

Louisville, KY, June 26, 27, & 28

MAJOR SESSIONS

- GS2 The Lessons of Fetal Pain and the Duty to Protect Unborn Children -- O. Carter Snead, J.D.
- GS3 What if ALL Women Knew ALL the Facts? -- Dr. Angela Lanfranchi, M.D.
- GS4 Bioethics' War on Humans -- Wesley J. Smith, J.D., Burke Balch, J.D., Jennifer Popik, J.D.
- GS5 Challenging the Nation to Respect Life - Sen. Mitch McConnell, Carol Tobias, Karen Cross, David N. O'Steen, Ph.D., Darla St. Martin
- PB The Future of Our Nation: The Choice Between Life and Death -- Dr. Alveda King, Jim Pinto
- BQ Stand for Life -- Mark Larson

WORKSHOPS: THURSDAY, JUNE 26

- 1 Denial of Treatment Against Your Will: The Battle We're in Danger of Losing -- Burke Balch, J.D., Tony Lauinger, Kathy Ostrowski
- 2 Adult Stem Cells: Saving Lives NOW! -- David Prentice, Ph.D.
- 3 Fundraising: Direct Mail, Telemarketing, and Prospecting: The Importance of Growing Your Base of Support -- Don Parker, Kevin Allen
- 4 Chemical Killers: Pushing Abortion Pills in America and All Over the World -- Randall K. O'Bannon, Ph.D.
- 5 Communications 101: Establishing, Building and Improving Communication Skills with the Press -- Michele Arocha Allen, Derrick Jones
- 6 Using Effective Presentations to Inform the Public and Expand Your Base -- Leo LaLonde
- 7 Is Doctor-Prescribed Suicide Coming to Your State Next? -- Mary Hahn Beerworth, Jennifer Popik, J.D.
- 8 The Pro-Life Movement and Congress: 2014 -- Douglas Johnson
- 9 Raising Money Through Major Gifts, Planned Giving and Special Events -- Jennifer Kistler, Don Parker
- 10 Planned Parenthood: Playing Politics, Selling Obamacare, But Abortion is Still the Bottom Line -- Randall K. O'Bannon, Ph.D.
- 11 Surviving Unplanned Pregnancies -- Hon. Lynda Bell, Ingrid Duran
- 12 The Right to Life and Social Media: Getting Started -- Luis Zaffirini, Andrew Bair
- 13 Dying of Thirst! Medicine's Intentional Killing Through Dehydration and How to Protect the Vulnerable -- Brian Johnston
- 14 The Post-Abortive Marriage: Understanding and Overcoming -- Bruce and Janice Trice
- 15 Taking Advantage of the Web to Attract New Members, Inform the Public on Right-to-Life Issues and Raise Money for Your Organization -- Scott Fischbach, Patrick McGee, Luis Zaffirini
- 16 Kermit Gosnell: The Cover Up -- Dave Andrusko, Lori Kehoe
- 17 Margaret Sanger and Planned Parenthood: The Eugenics Connection -- Angela Franks, Ph.D.
- 18 The Myth of the "Unwanted Child:" Special Needs Adoption -- Joleigh Little

WORKSHOPS: FRIDAY, JUNE 27

- 19 Providing Support and Leadership in Churches -- The Board of the National Pro-Life Religious Council
- 20 The Challenge and the Opportunity: Understanding Public Opinion on Abortion -- David N. O'Steen, Ph.D.

- 21 Deadly Compassion: A Nurse and Patient Discuss Euthanasia -- Jeanne E. Head, R.N., Wayne Cockfield
- 22 Grassroots Lobbying: The Key to Pro-Life Success -- Mary Spaulding Balch, J.D.
- 23 Children First! How School-Based Clinics Target the Young -- Hon. Mike Spence
- 24 List Development and Maintenance -- Andrew Sabak, Marjorie Higgins
- 25 Overcoming Apathy and Pro-Abortion Opposition in All Denominations -- Rev. John Brown, Marie Bowen
- 26 Learning from Lincoln and the Civil Rights Movement -- Burke Balch, J.D.
- 27 Developments in Campaign Finance -- James Bopp, Jr., J.D.
- 28 Terri's Legacy: Building a Network that Will Save Lives -- Bobby Schindler, Br. Paul O'Donnell
- 29 My Life's Blessings: From an Abortion Survivor -- Melissa Ohden
- 30 Raising Money to Build Chapters -- Kevin Allen, Michele Arocha Allen
- 31 Religious Outreach: Establishing a Pro-Life Presence in Community Churches -- Ernest L. Ohlhoff
- 32 Legislative and Political Strategy: What Works and What Doesn't- Part 1 -- Carol Tobias, David N. O'Steen, Ph.D., Darla St. Martin, Karen Cross
- 33 Take Back the Money: How Positive Alternatives Can Transform Your State -- Andrea Rau, Mary Spaulding Balch, J.D.
- 34 Internet Tips and Tricks: Reaching Your Audience Via Facebook, Twitter, Etc. -- Steven Ertelt
- 35 Ideas to Motivate and Activate Pro-Life Students on Your College Campus -- Doreen Shirek, Veronica Arnold
- 36 Electing Pro-Life Candidates on the Local Level -- Hon. Mike Spence
- 37 The Church, The Media and The State -- Ernest L. Ohlhoff, Fr. Frank Pavone, Steven Ertelt
- 38 Legislative and Political Strategy: What Works and What Doesn't- Part 2 -- Carol Tobias, David N. O'Steen, Ph.D., Darla St. Martin, Burke Balch, J.D., Mary Spaulding Balch, J.D., James Bopp, Jr., J.D.
- 39 Abortion Statistics and Evidence for the Effect of the Pro-Life Movement -- Gunter Franz, Ph.D.
- 40 The Escalating Struggle at the U.N. to Prevent the Establishing of Abortion as a Fundamental Human Right Worldwide- Part 1 -- Jeanne E. Head, R.N., Raimundo Rojas
- 41 Pro-Life Concerns about the Girl Scouts -- Ann Saladin

WORKSHOPS: SATURDAY, JUNE 28

- 42 Legitimizing Abortion as a Trauma: Applying Evidence-Based Practice in Counseling -- Gregory Hasek, Sr. Patricia Barnette
- 43 The Abortion-Breast Cancer Link -- Joel Brind, Ph.D.
- 44 IRS and Nonprofit Compliance -- James Bopp, Jr., J.D.
- 45 When They Say... You Say -- Mary Spaulding Balch, J.D., Olivia Gans Turner
- 46 People as the First Principle: Challenging the Foundations of the Green Establishment -- Robert Gordon
- 47 The Right to Life and Social Media: Enhancing Your Presence -- Luis Zaffirini, Andrew Bair
- 48 The Top Ten List: What Most People Don't Know About Post-Abortion Men -- Gregory Hasek, William Benda, Dave Russell

- 49 The Art of Pro-Life Persuasion: One Size Doesn't Fit All -- Dr. Jean Garton, Dave Andrusko, Raimundo Rojas, Lori Kehoe
- 50 Defending the Rights of the Disabled and Vulnerable: A Tribute to Br. Michael -- Br. Paul O'Donnell
- 51 Avoiding the Mainstream Filter: Making the Media Work for You -- Cheryl Ciamarra, Pamela Rucinski, Derrick Jones
- 52 Grassroots Organizing in Your Community -- Luis Zaffirini, Andrew Bair
- 53 Why Teens Abort: A Recipe for Future Failure -- Wanda Franz, Ph.D., Karen Cross, Miyoshi Gardner
- 54 New Abortion Numbers: Digger Deeper into the Data Behind the Dramatic Drop -- Randall K. O'Bannon, Ph.D.
- 55 Do's and Don't's for Effective Pro-Life Lobbying: Legislators' Perspectives -- Margie Montgomery, Michael Janocik, Rep. Julie Raque Adams, Rep. Joe Fischer, Rep. Kim King, Rep. Tim Moore, Rep. Tom Riner, Rep. Russell Weber, Sen. Whitney Westerfield, Rep. Addia Wuchner
- 56 Down Syndrome: What Prenatal Testing Won't Tell You -- Eileen Haupt
- 57 Communications 201: Maximizing Your Communications Outreach -- Derrick Jones, Tatiana Bergum
- 58 Engaging Teens and Millennials in New and Creative Ways -- Luis Zaffirini, Andrew Bair
- 59 I Had an Abortion! What Do You Say Next? - Olivia Gans Turner, Rachel Benda, Miyoshi Gardner
- 60 NRLC Oratory Contest: Final Round -- Senator Michelle Fischbach
- 61 The Escalating Struggle at the U.N. to Prevent the Establishing of Abortion as a Fundamental Human Right Worldwide- Part 2 -- Jeanne E. Head, R.N., Scott Fischbach
- 62 Fighting Goliath: How to Take Aim at Planned Parenthood -- Angela Franks, Ph.D.
- 63 Organizing a Successful Latino Outreach -- Raimundo Rojas
- 64 Six Ways to Defeat a Pro-Life Candidate -- Karen Cross, Elizabeth Spillman

TEENS FOR LIFE CONVENTION

- TS1 True Colors: Do You Know You? -- Kacie Miller
- TS2 Life Boat Ethics -- Mary Spaulding Balch
- TS3 Is It Really a Baby? Is It Really Alive? -- Tatiana Bergum, Amanda Gilioli
- TS4 Generating Energy: Getting Your Peers Motivated and Involved -- Raimundo Rojas
- TS5 I Am a Voice for Life -- Melissa Ohden
- TS6 The Smart Pro-Lifer's Guide to History -- Brian Johnston
- TS7 Winning the War on Humans -- Wesley J. Smith, J.D., David Prentice, Ph.D.
- TS8 The Girl Scouts: It's Not Just About Cookies Anymore -- Ann Saladin
- TS9 Relax! It's Only an Extra Chromosome! -- Eileen and Sadie Haupt
- TS10 The Fair Booth Games -- Amanda Gilioli, Kacie Miller, Joleigh Little
- TS11 Lessons on Life & Hope from Terri Schiavo -- Bobby Schindler
- TS12 When They Say... You Say -- Mary Spaulding Balch, J.D., Olivia Gans Turner
- TS13 Abortion: An American Horror Story -- Lori Kehoe
- TS14 Geaux Forth! -- Raimundo Rojas

See page 14 for more information on how to download audio recordings from National Right to Life Convention 2014!