



June 2014

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RIGHT TO LIFE

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Rep. Palazzo introduces bill to curb “should have been aborted” lawsuits

WASHINGTON — In a move praised by National Right to Life, a member of the U.S. House of Representatives has introduced legislation to curb lawsuits based on legal theories that certain children should have been aborted.

The legislation, titled “Every Child Is a Blessing Act,” was introduced by second-term pro-life Congressman Steven Palazzo (R-Ms.), and assigned the number H.R. 4698.

The bill would eliminate civil lawsuits based on the legal theories usually referred to by the terms “wrongful birth” and “wrongful life,” when such claims

arise under federal law, or in state courts if they involve “health care services affecting interstate or foreign commerce.”

A “wrongful birth” claim rests on the assertion by a parent that a baby should have been aborted, due to some real or perceived deficiency – usually, a disability – and would have been aborted, had it not been for some act of commission or omission by the person who is being sued. A “wrongful life” claim is based on the same concept, but is filed in the name of the child rather than the parent.

Such claims are not based on any allegation that a defendant actually



Pro-life Rep. Steven Palazzo (R-Ms.)

caused the baby’s condition, but rather, that the defendant in some way failed to take actions that would have led to the abortion of the afflicted baby — for example, that a doctor failed to recommend a medical test that would have served no purpose other than to target an afflicted baby for abortion.

“No child should ever have to hear they should have never been born,” Palazzo said in a written statement. “Wrongful birth cases are a waste of judicial resources and amount to nothing more than court-sanctioned child abuse.”

See “Rep. Palazzo” page 28

Report claiming US health care worse than abroad distorts facts but ObamaCare may soon make it a reality

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

A report released June 16, 2014, by the Commonwealth Fund think tank claims that although the U.S. spends more on health care, we underperform relative to other countries. This often repeated argument was one of the principal justifications for the Obama Health Care Law. However, looking at the report’s underlying methodology demonstrates the U.S. is, in fact, getting value for its money.

What is the basis for the Commonwealth Fund conclusion that we get poorer health care even though we spend more? The report compared health care in 11 nations, based on “patients’



and physicians’ survey results on care experiences and ratings on various dimensions of care. ... It also includes information on health care outcomes featured in The Commonwealth Fund’s most recent (2011) national health system scorecard, and from the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD).”

This standard of measuring quality is totally subjective. In effect, if US health care delivers better outcomes than systems abroad,

See “Report Claiming” page 26

Editorials

Hope, life and the fresh courage that makes us strong again

Good day and welcome to the June issue of the all-digital *National Right to Life News*. I hope our readers are as excited as we are about the latest edition of the “pro-life newspaper of record.”

So much has transpired since our May edition it’s a reminder that it’s more important than ever that you are reading *National Right to Life News Today*, our Monday through Saturday online publication which is sent directly to our readers’ email boxes. (You can join in 30 seconds, if you are not receiving this invaluable—and free—service. Just go to www.nrlc.org/maillinglist.)

As you might expect with the start of the NRLC convention only five days away (four if you have the chance to come to the annual Wednesday night meeting of the Association for Interdisciplinary Research in Values and Social Change), the office is a beehive of activity. You absolutely must come to Louisville, Kentucky, next week if you possibly can.

I have likened this three-day gathering of pro-life activists to a smorgasbord of educational entrees. There is not just something for everyone, there is lots and lots for everyone to choose from. Many attendees come year after year because they know they will come thoroughly up-to-speed on the panoply of challenges we face and grateful for the multitude of ways our grassroots meets and overcomes every one of them.

We are also anticipating decisions in two important Supreme Court cases, which may well come down the week of the convention. Those are, first, the lawsuits challenging the Obama mandate which compels employers to provide health coverage for drugs and procedures to which they have moral or religious objections (the “Hobby Lobby” case).

Although you would never know it by 99% of the news accounts, at issue is a hugely significant test of just how far the Obama



administration is willing to go to abridge religious freedoms. Archbishop Charles J. Chaput of Philadelphia, has described the HHS mandate as a “belligerent, unnecessary, and deeply offensive to the content of Catholic belief.” Neither of the litigants whose cases were combined into one are Catholic, illustrating that the threat to freedom of religious conscience is understood across the religious spectrum.

See “Strong Again” page 23

Monthly NRL News goes digital, supplementing Monday through Saturday editions of NRL News Today

My gratitude goes out to all our *NRL News* readers and especially to those who are using their social networks to alert fellow pro-lifers that the “pro-life newspaper of record” is now all-digital and available free of charge to anyone with access to the Internet. The growth in the readership of the online version of *NRL News* is strictly because of your assistance. Thank you!

And because they go hand and hand, we want to remind our readers that in addition to *NRL News*, we continue to produce what we consider to be an invaluable resource, *NRL News Today*. We know that many of you have signed up at www.nrlc.org/maillinglist to receive our Monday through Saturday posts sent directly to your email inbox, because the number of *NRL News Today* readers has grown steadily.

After over 40 years as a newspaper, it is not surprising that some readers of *NRL News* still do not know that that we’ve been producing the electronic edition of *NRL News* since January. Why did we change from producing a newsprint edition?

As we explained in January, it only made sense to switch. The digital version is free, and *NRL News* can be enjoyed by anyone any place in the world with Internet access. How can you beat that?

Whether it be *NRL News* or *NRL News Today*, we know we are reaching a bigger audience with the truth about abortion because so many of you are kind enough to post links to individual stories on your Facebook accounts and on Twitter, to name just two social media outlets.

It’s amazing how much impact just a few keystrokes can have!

Please read the entire June edition of *National Right to Life News* (and please pass it along). There is a great deal of timely, important news at your fingertips that can be shared with pro-life family and friends.

And, if you are not already, please subscribe to *National Right to Life News Today* at www.nrlc.org/maillinglist and pass those stories along as well.

I promise that you will be glad you did!

FROM THE PRESIDENT CAROL TOBIAS



A Voice for the Voiceless

I recently had occasion to marvel again at the huge hearts and selfless dedication of those involved in the pro-life movement. I was sitting in a shopping mall, watching people pass by. Most were casually strolling along while others

were obviously on a mission, wanting to get what they came for so they could leave again. There were family groups of two or three generations and groups of friends, often young people, “hanging out” for something to do. Some carried bags with their purchases, some were pushing a stroller or hanging onto the hand of a toddler, and others laughed and talked, carrying food or a beverage.

Many of them looked like they hadn’t a care or concern in the world. I know that wouldn’t be accurate for most of them, but as they walked by, I wondered if any of them were thinking about the 3,000 babies that would be killed by abortion that day. Did they know? Do they care?

I am sure that if I had asked them, many would have responded with a loud “Yes!” But I was reminded again how pro-life people go beyond a verbal assent to give unstintingly of their time and talents to protect innocent human beings that they will never meet. They not only work on educational projects and legislation and elections and at pregnancy resource centers and in so many other ways, they also talk to their friends and neighbors and co-workers. They are a voice for the voiceless, 24/7/365.

Yes, of course, we go shopping. Yes, we take time to go to movies, and we go out to eat. And yes, naturally, we go the park or take a drive along a scenic road. But at the same time, in the back of our minds, we choose not to forget what’s happening in our country, in our cities, and in our neighborhoods.

We think of the thousands of unborn children who will lose their lives that day—and every day. We remember some elderly or disabled who, because our culture has persuaded them they will be a “burden,” will ask a doctor for “aid in dying.”

But we take heart that, because of our efforts, our country has not “gotten used to” abortion” or “gotten used to” planned killing. Because of you, abortion cannot be “normalized.” It remains a scar on our hearts, because of you.

Because we are resolved to be a voice for the voiceless, this country still knows that it’s wrong to take the life of an unborn child. Any woman who is contemplating an abortion knows that someone-- a family member, a friend, co-worker, or neighbor-- would urge her not to do it.

That is why abortion advocates have to promote contests to encourage women to speak about their abortion. These advocates are trying to

make a mother’s decision to kill her unborn child as natural as an appendectomy or a root canal.

But their efforts won’t succeed. Killing a baby is not natural; it will never be routine. So we continue to move forward, fighting for the day when every unborn child will be welcomed in life and protected by law; when every life, young or old, healthy or otherwise, is respected and precious simply because it is human life.

Perhaps one of the greatest speeches ever given, certainly in the area of abortion, was given by Bob Casey, the late pro-life Governor of Pennsylvania, at the University of Notre Dame.

Casey stated, “Let me state at this point my conviction that abortion has not, and never will, take a permanent place in our culture. In a country whose whole reason for being is to affirm the goodness and the equality of all human life, how could such a thing ever fit in? This, I think, explains why other societies have pretty much accepted abortion

No other country began with a promise on its sacred honor to love and protect all human life equally.

with little argument. But here, in this country - and it makes me proud of my country - here, it tears at our soul. You see, other countries can accept it for the simple reason that other countries are not America. Because we claim to be different. We have a ... calling. We’re coming back, I think - and I really mean this - we’re coming back to that calling. No other country began with a promise on its sacred honor to love and protect all human life equally. That’s a pledge only one nation on earth is sworn to keep, and we know it, the people of this country know it. and that’s why the debate rages on, on an issue that was supposedly settled and finished business, fifteen times between 1973 and this very day.”

That speech was given in 1995, almost 20 years ago. We can still say, “the debate rages on” because a huge segment of the people in this country have determined that they are going to be a voice for the voiceless.

Pro-lifers understand that unborn babies are dying, that mothers are harmed physically and/or mentally, that elderly and disabled persons are encouraged to end their lives, or have their lives taken from them— yet we continue to move forward with strength, with an inner joy and peace. Pro-life people are deeply saddened by the needless loss of life, but find joy in each other’s company and are uplifted because they are able to be a part of this most worthy cause.

Pro-life people rejoice in the gift of life and are motivated to help others understand that gift. And pro-life people will cheerfully continue to be a voice for the voiceless.

It Takes a Movement...

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

I get so terribly weary of hearing about this manufactured “war on women” that our side of the aisle is allegedly waging. I can speak to this issue as both a woman and a single mom with a daughter, so I consider myself somewhat qualified to address the matter.

I’m hardly what anyone would call a doormat. In fact, I consider myself to be a feminist on all the right levels. And as such, there is nowhere in the WORLD I’d rather be raising a little girl by myself than smack dab in the middle of the right-to-life movement. While the media and certain others might try to tell you that our movement is made up of misogynistic, judgmental octogenarians, I know differently because I have lived here for nearly three decades.

Where those intent on stereotyping us might imagine crusty old codgers bent on “keeping women in their place,” I see a wonderfully diverse and incredible group of people from all walks of life who embrace my spunky, outspoken daughter and encourage her to be whoever and whatever she wants to be. They see her as I do – with unlimited potential -- just like they see every child who is conceived.

My daughter came to me via international adoption. I went into this parenting thing very intentionally, knowing that I was absolutely ready to take on the challenge of raising a human being. (As much as anyone can be, anyway...)

In my closest circle of friends is another single mom whose son came to her via the traditional biological route. The courage it took for her to choose life in her circumstances absolutely blows my mind. Whereas I pursued adoption at nearly 40 and had plenty of time to prepare for motherhood, she was surprised with a positive pregnancy test at a time in her life that was far less than ideal.

If one follows the line of thought laid out by abortion apologists, my friend would be a casualty of our “war on women.” In reality, she has been embraced by the single most life-affirming group of people I have ever known. Just as Clara and I have. Her son, like my daughter, has been absorbed into an extended family that is unmatched anywhere in society, with more aunts, uncles and cousins than any child could ever possibly need.

I was pondering this recently at a retreat for our Wisconsin Right to Life camp team. I was

cooking and listening to the happy voices floating in from the yard. Teenage voices, young adult voices, and the delighted shrieks of an almost five-year-old girl who was having the time of her life.

Let me backtrack a bit. When I first submitted paperwork to adopt Clara, I was asked why I thought I could provide a happy home for her. One of the first things I shared was how I envisioned her growing up surrounded by amazing “big kid” role models. I was later told by the foundation in her country that this grabbed their attention and was one of the deciding factors in helping them choose me to be Clara’s mom.

Fast forward just over three years and there in front of my eyes (and ears) was that vision in living color. Clara and her friend Rumen (who was adopted at the same time she was, from the same country) getting horseback rides on their trusty steed, Marly, who normally walks upright, but was indulging them.

Clara chasing TJ around the yard screaming “catch me” while giggling so hard you could barely understand her. Evita teaching Clara a new game that will have her chattering excitedly for weeks and saying “Mavita taught me dat,” with more than a little pride in her voice. Eileen, Marly, and Rumen trying to teach Clara to catch the ball with her hands instead of her face. Clara with a look of intense bliss as she sits next to Sarah eating watermelon, which is her “vewy, vewy fwavit” food. Clara snuggled in a chair with Kacie, exhausted from all the crazy fun she was



Clara Little learning the basics in life – catching a ball, saving babies, and being kind to others – from Eileen Newsome of the WRTL camp team.

having. And so, so much more.

Later that night as we sat down to watch videos of our trip to pick up Clara and Rumen in Bulgaria, I was transported back two years – to a time when I was uncertain about whether or not I was up to the task of parenting this ridiculously spunky, outspoken, lively child. I

Announcing the National Right to Life Pro-Life Essay Contest Winners

By Dave Andrusko

One of National Right to Life's many youth outreach programs is the NRLC Pro-Life Essay Contest.

It is our pleasure to publish this year's winner for grades 7-9—Rosalia Palumbo—and for grades 10-12—Hannah Denise Stafford.

Each contestant who participated in the contest wrote an essay of 300 to 500 words. The essay was judged on its original thought, content, and accuracy.

In addition to \$200 for first prize, \$150 for second prize, and \$100 for third prize, these fine essays appear in the 2014 National Right to Life Yearbook as well as in *NRL News Today*.

Congratulations to Rosalia and Hanna Denise and everyone else who took part in the National Right to Life Pro-Life Essay Contest.

First place winner Junior Level Grade 9: Rosalia Palumbo

Why am I pro-life? I have never asked myself that question, I just knew I was. Before I answer it, I should define what being "pro-life" means to me.

Being pro-life is protecting life, the lives of innocent, defenseless unborn babies, and the sometimes dependent, and yet invaluable, lives of the elderly. It means standing up for that third of my generation that is missing because of abortion, pressing the fact that equal rights, the right to life, belongs to the unborn, too. Acknowledging that all are gifts from God, and therefore are not burdens. Using our freedom of speech to stand up against this modern world, which frowns upon pregnant women, using our words of comfort, strengthen to reassure them. Being pro-life is more than just saying so. It is standing up for your beliefs and taking a stand against the injustice of this world, setting our eyes on heaven, and doing the most good for those who need it.

I am pro-life because I believe in equality. I believe all life is equal. From conception to natural death, all life is special. God has a plan for everyone and everything. It is not up to us to decide that because of their stage in life, there is no need or purpose or plan for the unborn. Selfishly choosing to kill them because of this is wrong, and I will not stand by and watch it happen. I am pro-life to bring an end to this. Depending on their family, friends, and caregivers does not mean the elderly are unable to do anything. Our selfishness is no reason to end their lives. They can give us knowledge and advice on those obstacles in life when we may think there is no one to help. Most likely

they have been there before, and we can learn a lot from their triumphs and mistakes.

I am pro-life because I believe a life is a gift from God. I believe that pregnant women and unborn children are priceless in God's eyes, and shouldn't be any less in ours. I believe all life is in, and from, God's hand, and that He is in complete control of when someone's life ends. I believe that we have no authority, whatsoever, in this matter. It isn't up to us to pick and choose who lives and who dies. It is not our place to decide that the unborn are "worthless," and therefore have not place on

created the universe in which we live, as told in Genesis 2:7 he breathed into man the "breath of life." And through that breath, millions of descendants' lives have begun. Thousands of doctors, teachers, engineers and scientists have been born from that single breath, because it possessed one powerful thing: life. This beautiful and intricate design of God is exquisite in every way.

Life is a blessing. As said earlier, without it, everything else would cease. The Bible tells us in Deuteronomy 30:19 that God has given us the choice of "life or death, blessings or



earth. If they had no place on earth, God would not give them to us. They are not "worthless," for God has a plan for each and every one of us, and mercilessly killing the unborn is not part of that plan.

I am pro-life because, as it has been defined, pro-life is "The radical idea that the elderly and the unborn are people, too." I believe, and will stand up and fight for, this truth to be realized by all.

1st Place Winner Senior Level: Hannah Denise Stafford

Why am I pro-life? Life is everything. Of the three promises made to U.S. citizens under the Declaration of Independence, "Life, Liberty and the Pursuit of Happiness," two of them are meaningless without the first. Liberty and happiness hold no value to a person who is dead. Without life, there is nothing. When God

cursings." He later tells us to "choose life" so that we may live. Sadly, many of choosing death. They deny one person this precious gift of the Almighty while they are using it themselves in every breath that they take. God gave them life. What makes them entitled to take someone else's?

Life is meant for everyone. The life that surges through the greatest nuclear scientist is the same that fills that little girl with Down syndrome; the life that feeds presidents and great leaders is the same that beats the heart of a tiny unborn baby. That same life is what pours through the veins of you and me. Only God can give it, and only He can take it away. He in all His glory and majesty took the time to breathe life into you and me, so why should we want to snuff it out? God has found a person worthy of that special breath, then who are we to say no?

School Computer system blocks NRLC, ready access to PPFA and NARAL

By Dave Andrusko

National Right to Life was apparently guilty of wrong-thinking—or worse—at least in the eyes of whoever controls the Dell SonicWall filter at Nonnewaug High School in Woodbury, Connecticut, which found the nation's largest single-issue pro-life organization to be among unacceptable "Political/Advocacy Groups."



Andrew Lampart

Numerous outlets are reporting that, thanks to the investigatory work of student Andrew Lampart, we now know that at the same time NRLC was banned, NARAL Pro-Choice America and Planned Parenthood were accessible on school computers. The one-side only permission slip applies to the state Democratic Party (yes), the state Republican Party (no), sites that support gun control (yes), the National Rifle Association (no).

In fact it was when the 18-year-old Lampart was doing research for a classroom debate on gun control in May that he first learned he could not get on the website for the NRA and the Second Amendment Foundation's website.

"So, I went over to the other side. And I went over on sites such as Moms Demand Action or Newtown Action Alliance and I could get on these Web sites but not the others," Lampart told WTIC-TV, the local

Fox News affiliate in Hartford. "The firewall was very one sided with what it blocked and what it was unblocking."

Among the other organizations that were blocked were the Vatican website and website of *Christianity Today*.

Lampart decided to be pro-active.

He requested a meeting with the principal who referred Lampart to the superintendent. *The Daily Caller's* Blake Neff reported

"Lampart said that he approached local superintendent Jody Goegler, who told him that some political sites needed to be blocked to prevent 'hate speech' from seeping into the school."

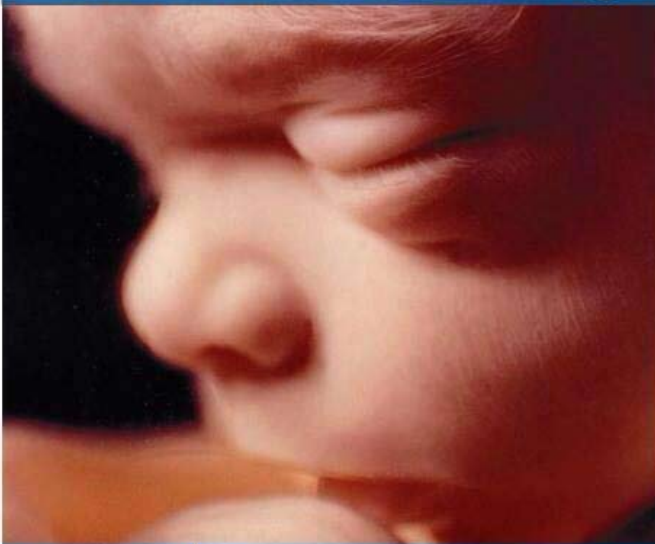
"I gave him a week to fix the problem," Lampart told Todd Starnes, host of Fox News & Commentary. "But nothing had been done."

Lampart then made his concerns known in a letter to the Woodbury Board of Education. The chairman, John Chapman, said, "It's not a joking matter in terms of having access to both sides of an issue."

In an email to WTIC-TV, Chapman wrote "the Board appreciated hearing the comments from Andrew and agree that he has raised an important issue that warrants further investigation."

"This is really border line indoctrination," Lampart told Starnes. "Schools are supposed to be fair and balanced towards all ways of thinking. It's supposed to encourage students to formulate their own opinions. Students aren't able to do that here at the school because they are only being fed one side of the issue."

Alive and Growing



From the moment your life began.



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RIGHT TO LIFE

Three months later “stillborn baby” thriving

By Dave Andrusko

Good news—indeed, great news—is always welcomed, even if we learn about it after the fact.

Back on March 8, Robin Cyr was about to deliver her full-term baby. But the baby got wedged in the birth canal. After a difficult, complicated labor, Cyr delivered her nine-pound baby girl around three in the morning.

But she wasn't breathing. After 25 minutes of frantic efforts, doctors at IWK Health Centre in Halifax, Nova Scotia, thought all was lost.

Cyr explained to Ruth Davenport of the Metro Halifax News that her aunt, Pearleen Shephard, told her, “Your baby girl's gone,” and that the baby's body had already been taken out of the room.

“But shortly after getting the devastating news, a stuttering, breathless nurse rushed back into the room to say the baby had started breathing again,” Davenport reported.

“My aunt was there, and it's a blessing because her prayers are very deep and strong,” said Cyr, speaking in a whisper through tears at the hospital. “When she started praying, my baby came back.”

Cyr said her doctor apologized. “He said, ‘I'm very sorry I gave up on your baby when I did, because I turned around and she's breathing on her own.’”

Three months later Cyr told Metro Halifax News that her baby girl is “doing everything on time,” adding, “She holds her head up, she turns to your voice, she smiles.”

But the search for a reason continues according to Davenport, “a review is underway to determine what, if any explanation, there may be for the baby's apparent resurrection.”

But Pearleen Shephard has an explanation. Doctors were not the only one in the room

March 8.

“It's a miracle, and God is doing his work,” she said. “The doctors took their hands off her. They called it. She was gone. So she truly, truly is a miracle.”

Cyr, 34, had one name already picked out, but decided to change her baby girl's name. She is “Mireya,” a Spanish name that means “miracle.”



Decision to revoke Toledo abortion clinic's license valid, hearing examiner rules

By Dave Andrusko

When last we wrote about the Capital Care Network, the lone remaining abortion clinic in Toledo, Ohio, had informed state authorities it had fulfilled the requirement to have access to a “local” hospital—the University of Michigan Hospital in Ann Arbor located more than 50 miles away and in a different state.

On Monday, state authorities released a decision written by William J. Kepko, an Ohio Department of Health hearing examiner, in which Kepko ruled the state's decision to revoke the clinic's license as an ambulatory surgical center was valid.

(All ambulatory surgical centers, not just abortion clinics, are required under state law to have agreements with hospitals to transfer patients should complications arise.)

Kepko's decision upheld two decisions by former Health Director Ted Wymyslo. The final word rests with Lance D. Himes, the



Capital Care Network

department's acting director. Himes served as legal counsel to Dr. Wymyslo, when he issued his original license revocation order last August, *The Toledo Blade* reported.

“Capital Care's written transfer agreement with the University of Michigan on behalf of the University of Michigan Health System, located in the state of Michigan, 52 miles from Capital Care, is not a local hospital as required by [state law],” Mr. Kepko wrote. “The use of the 30-minute availability rule by the Director of the Ohio Department of Health when evaluating Capital Care's transfer agreement with UMHS is reasonable and consistent with [state law], requiring the transfer agreement to be with a local hospital.”

Michael Gonidakis, executive director of Ohio Right to Life, told the *Blade*, “We applaud

2014: Setting Sights on the Senate

By Karen Cross, National Right to Life Political Director

Thirty-six U.S. Senate seats are in play in 2014: 21 Democratic and 15 Republican. We need a net gain of six in the U.S. Senate to achieve pro-life leadership.

Currently, 26 primaries have been completed nationwide. Following is a closer look at where some of the most competitive Senate races stand today.

Arkansas

Pro-life Congressman Tom Cotton (R) is challenging Senator Mark Pryor (D), who is running for his third term. Cotton has a 100% pro-life voting record scored by National Right to Life, while Pryor has voted against National Right to Life's positions 65% of the time. On 24 separate occasions, Pryor voted against pro-life interests.

The race is rated a tossup by Cook Political Report.



Carol Tobias, National Right to Life president, and pro-life Minority Leader Mitch McConnell from Kentucky

Colorado

Pro-life Congressman Cory Gardner, who has a 100% pro-life record with National Right to Life, is the likely nominee in the June 24 Republican primary to challenge pro-abortion Democratic Senator Mark Udall.

Udall has voted against pro-life interests 79 times since his election in 1998. Udall has never voted pro-life on votes scored by National Right to Life.

Congressman Gardner's entry into the Colorado Senate race has made the race competitive. Cook Political Report now rates it as a "tossup."

Georgia

Pro-life businessman David Perdue and pro-life Congressman Jack Kingston were the top two vote-getters in Georgia's May



National Right to Life Executive Director David N. O'Steen, Ph.D., and pro-life state Senator Joni Ernst from Iowa

20 Republican primary. In Georgia, if no candidate receives 50% of the vote, the top two proceed to a runoff, so Perdue and Kingston will face off on July 22. The winner will face pro-abortion Democrat Michelle Nunn.

The race is ranked "tossup" by Cook Political Report.

Iowa

In a five-way Republican Senate primary, pro-life state Senator Joni Ernst garnered 56% of the vote to avoid a runoff and win her party's nomination. As a state senator, Joni Ernst has been an outspoken leader in the fight to protect innocent human life in Iowa.

Ernst will face pro-abortion Rep. Bruce Braley, the Democratic nominee, to replace retiring pro-abortion Senator Tom Harkin (D).

Bruce Braley has a 100% pro-abortion voting record in Congress. Braley's pro-abortion position is so extreme that he co-sponsored H.R.3471, which can most accurately be described as the "Abortion Until Birth Protection Act." This is an extreme bill that, if enacted, would invalidate nearly all state limitations on abortion, including Iowa's two laws that protect individuals and private hospitals from being compelled to provide or participate in abortions.

Recent polls have Ernst and Braley neck and neck - averaging about 43 points each.

Kentucky

There is a stark contrast between the position of pro-life Republican Senator Mitch McConnell and the pro-abortion position of Democrat Alison Lundergan Grimes.

Ms. Grimes supports the U.S. Supreme Court's *Roe v Wade* decision, which gave America abortion on demand for any reason and has cost the lives of more than 56 million unborn children since 1973. Grimes even opposes legislation that would protect unborn children in the sixth month or later, who are capable of experiencing excruciating pain from abortions.

National Right to Life Federal Legislative Director Douglas Johnson said, "Mitch McConnell is the single greatest obstacle in the U.S. Senate to the relentless efforts of an avidly pro-abortion president, backed by powerful liberal elites from Hollywood to New York City, to radically expand the power of federal bureaucrats, pack the U.S. Supreme Court with robed social engineers, and strip away protections from unborn children and from the medically vulnerable."

Cook Political Report rates this race as a "tossup."

Louisiana

There are no party primaries in Louisiana. All candidates appear on the ballot on November 4, and if no candidate receives a majority (50% plus one) a runoff will be held between the top two vote-getters. Currently, the top two candidates, based on polling data, are pro-life Congressman Bill Cassidy (R) and pro-abortion Senator Mary Landrieu (D).

Mary Landrieu supports a policy of abortion on demand, which allows abortion for any reason. Landrieu voted for Obamacare, which provides government funding for insurance plans that pay for abortion on demand, and will lead to the rationing of lifesaving medical treatments.

Bill Cassidy voted for legislation that would protect unborn children in the sixth month or later, who are capable of experiencing excruciating pain from abortions. Cassidy voted against enactment of the pro-abortion, pro-rationing Obamacare law.

Cassidy has a 100% record in support of pro-life interests over his entire six years in

2014: Setting Sights on the Senate

from page 8

office, while Landrieu has a 0% record in support of pro-life interests in her current six-year term as a senator.

The race is ranked “tossup” by Cook Political Report.

Michigan

Pro-life Secretary of State Terri Lynn Land (R) will challenge pro-abortion Congressman Gary Peters (D) in November.

Terri Lynn Land supports protection for unborn children. She will vote to protect unborn children in the sixth month or later, who are capable of experiencing excruciating pain from abortions. Land opposes the pro-abortion, pro-rationing Obamacare law.



Pro-life Secretary of State Terri Lynn Land from Michigan, and Karen Cross, National Right to Life political director

Gary Peters supports a policy of abortion on demand, which allows abortion for any reason. He is a co-sponsor of H.R.3471, a bill that, if enacted, would invalidate nearly all state limitations on abortion. Peters voted against a bill to protect unborn children who are capable of feeling excruciating pain from abortions. Peters voted for Obamacare.

The race is ranked “tossup” by Cook Political Report.

Mississippi

Neither Senator Thad Cochran nor state Senator Chris McDaniel received 50% in the Republican primary and, as a result, will go head to head in a June 24 runoff. The winner will face former Rep. Travis Childers (D) in November.

During his service in the Senate, Cochran has supported major landmark pro-life laws including the Partial-Birth Abortion Ban Act and the Unborn Victims of Violence Act. He is currently co-sponsoring the Pain-Capable Un-

born Child Protection Act, a groundbreaking bill to prevent abortion nationwide in the sixth month and later, when the unborn child is capable of experiencing excruciating pain during



Pro-life candidate Ben Sasse from Nebraska, and Elizabeth Spillman, National Right to Life political assistant

the abortion. Cochran voted against enactment of Obamacare.

McDaniel has stated “we have a responsibility to protect innocent unborn life,” and he sponsored pro-life legislation as a state senator. McDaniel was a leading opponent of Obamacare in Mississippi and volunteered as lead counsel in a suit against Obamacare.

During his term in Congress, Childers voted pro-life six out of six times, including a vote against enactment of Obamacare. In a recent Politico interview, Childers criticized opponents of Obamacare, saying, “It’s not going to be repealed.” It is unclear whether or not Childers would vote to repeal Obamacare if elected.

Mississippi voters chose Mitt Romney over Barack Obama, 56%-44% in 2012.

Montana

Pro-life Congressman Steve Daines (R) won his party’s nomination to challenge pro-abortion incumbent Senator Joe Walsh (D).

Walsh signed on as a co-sponsor of S. 1696, legislation which would invalidate nearly all state limitations on abortion. Daines has a 100% pro-life voting record as scored by National Right to Life.

Cook Political Report considers this race “lean R.”

Nebraska

Pro-life Republican Ben Sasse and pro-abortion Democrat Dave Domina will compete

for retiring pro-life Senator Mike Johanns’ open seat.

Sasse, who refers to himself as “the anti-Obamacare candidate,” is one of the leading critics of Obamacare. Sasse is deeply committed to help reverse the abortion-expanding and rationing effects of that law. Sasse believes even one abortion is too many.

Domina supports a policy of abortion on demand, and he supports Obamacare.

The race is ranked “safe R” by Cook Political Report.

North Carolina

Pro-life Speaker Thom Tillis won the Republican nomination to challenge pro-abortion Democratic Senator Kay Hagan in North Carolina.

Thom Tillis provided crucial pro-life leadership as Speaker of the North Carolina House to enact a record number of pro-life laws. Tillis opposes Obamacare, and he is committed to help reverse the abortion-



Dr. David N. O'Steen, Ph.D., National Right to Life executive director, and pro-life Speaker Thom Tillis from North Carolina

expanding and rationing effects of that law.

Kay Hagan supports a policy of abortion on demand, which allows abortion for any reason. She even opposes legislation that would protect unborn children in the sixth month or later, who are capable of experiencing excruciating pain during abortions. Hagan voted to enact the pro-abortion, pro-rationing Obamacare law.

Pundits rate North Carolina’s senate race as a toss-up.

How Closing Clinics, Aging Abortionists, and Chemical Abortifacients are Connected

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

Abortion clinics are closing all across the U.S., and the number of abortions are down. A lot of the long-time abortionists are getting older and the industry is struggling to find replacements.

Yet the number of chemical abortions performed in the U.S. continue to rise and more clinics are adding them to their offerings every year. How are all these developments connected?

Clinics close for many reasons. We've discussed this elsewhere, but they can close because of scandal, because new regulations expose deficiencies, because there just isn't sufficient demand to keep it open, or because it is part of a consolidation move by two or more affiliates of a national abortion group. Planned Parenthood is the primary example of the latter—of pruning operations, cutting costs, and perhaps preparing the way for some larger regional abortion mega-clinic hub.

It may be a combination of several of those elements. Often, though, one of the significant factors is that some aging abortionist, who got into the business back in abortion's heyday just after Roe, has simply gotten tired of riding the circuit between several clinics where he may work a day or two at a time before flying to the next town. As more and more of this generation of abortionists die or retire, the ones who remain are spread thinner and thinner, shuttling back and forth between cities, dealing with exhaustion, the infirmities of age, and the never ending parade of human misery.

The psychic toll of seeing so many cut up babies cannot be discounted either. (See nrlc.cc/UeSlItW. For the impact of staff, see nrlc.cc/lpTQtGk.)

The industry has long been aware of the problem and has tried to take steps to shore up their ranks in several ways. For example, nearly twenty years ago, they tried to get the nation's official medical graduate school accreditation body to mandate abortion training as the part of any ob-gyn's medical education, forcing those who would consider going into the obstetrical and gynecological field to bloody their hands along with the nation's abortionists if not to join them.

That was neutralized, through, thanks to pro-life congressional watchdogs who crafted legislation to essentially nullify the new abortion training criteria. But the industry was not deterred.

Planned Parenthood initiated its own training program in New York City, while on the west coast, abortion research and training giant University of California – San Francisco (UCSF) not only bulked up their training program, but also started a national abortion training fellowship to pay for the education of abortionists at other medical schools across the country.



There have been some takers, but apparently not enough. Limited schedules (performing abortions one or two days per week) and circuit riding abortionists are still common and the industry still complains about a shortage. That is why there is a persistent effort to expand the categories of non-physicians who can perform abortions.

Just a year or so ago, California passed a measure to allow physicians assistants and nurses to perform abortions (fueled in part by a convenient study from UCSF claiming, sketchily, that complication rates for Physician Assistants and nurses were similar to those of doctors).

The connection to chemical abortions

In the midst of this push, chemical abortions came on the scene, highlighted by the September 2000 U.S. Food and Drug Administration approval of RU-486. The abortion industry's

talk was all about providing women with new, safe, simpler options (though the reality was neither safe nor simple). Insiders understood what was really involved, but few outside the industry grasped how dramatically this could change the abortion trade.

The industry fought hard to ensure that surgical training (to treat failures and complications) was not required in the FDA protocols. They kept ultrasound from being mandatory. They fought, unsuccessfully, to have the FDA drop the second visit from the three visit protocol. It was on that second visit the woman was to return to the abortionist's office to have a prostaglandin (misoprostol) administered to stimulate powerful contractions to expel the tiny corpse of the child starved earlier by the RU-486.

But that has not stopped them. Citing off-label studies performed by the industry, they have largely ignored this requirement of the second visit, instead allowing women to vaginally self-administer the misoprostol at home. Concerns have been raised that this vaginal self administration may be linked to several of the infection deaths associated with use of these abortion drugs. Several states have

passed laws requiring abortionists to follow the FDA protocol and these have been challenged in court. (See, most recently, nrlc.cc/lpTRo9X and nrlc.cc/lpTRuy7.)

They have also exploited language in the FDA protocol indicating that the drugs are to be administered "under the supervision of a physician." Many people reading that might assume that this requires that a physician [abortionist] be present, conduct a physical exam, directly hand the pills to the patient, observe her taking them, monitor her for signs of problems, and be available to confirm her abortion or to see her if she has any problems.

In practice, the abortion industry interprets this as only requiring that the physician somehow distantly oversee the process. It is this sort of thinking which gave birth to the "web-cam" abortion, practiced by Planned Parenthood's large Midwestern Heartland

How Closing Clinics, Aging Abortionists, and Chemical Abortifacients are Connected

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affiliate and copied elsewhere. Typically, an abortionist in a large central facility in a big city connects by web-cam to a small, lightly staffed branch office, perhaps in a small town. After reviewing some records, chatting with the pregnant woman, the abortionist clicks a computer mouse which opens a drawer containing the abortifacient pills.

The abortionist never physically examines the patient, nor is he ever in the same room. If she has problems, she calls a hotline, where she may be referred to her local Emergency Room, however close or far that might be.

Iowa's official medical board, seeing how fraught with danger the method is, drafted rules that would have effectively ended the practice. Predictably, the industry has fought back in the courts and the final outcome is still uncertain.

This concern has also been the impetus behind many "physician presence" laws which have been advanced in other states, requiring that the abortionist at least be in the room with the patient to whom he is administering the pills.

Beyond the impact on web-cam abortions, there are other reasons why the industry would oppose this legislation.

Under their application of the "physician supervision" mandate, the supervising physician could be one circuit-riding abortionist who is responsible for patients at several different abortion clinics. He may leave a stack of signed prescriptions in the office of each clinic (or sign orders later), but have nurses or physician assistants or perhaps even just some lightly trained assistants do the patient interviews and pass out the pills, web-cam or not.

These chemical methods change how abortions are delivered and they expose women to a whole new set of risks. (Pro-abortionists always seem to largely avoid mention of the deaths associated with chemical abortions and the thousands of "adverse" reactions.) But it is also worth noting the payoff for the abortion industry.

If one abortionist can manage the caseload at half a dozen clinics or more simultaneously, it not only cuts down on travel and time, but it also enables abortion clinics to get by with fewer abortionists and fewer medically trained other personnel. This goes a

long ways towards alleviating the "shortage" of abortionists.

It also means that the industry does not need so many large abortion clinics. It may be possible that perhaps one large central mega-clinic functioning as the hub for several smaller, lightly staffed satellite offices will do. The mega-clinic with the on-site abortionist can handle most of the surgical abortions, as well as any major complications, while the satellite clinics can pass out abortion pills in the abortionist's name.

A few smaller, older clinics will close, staffing will be reduced, and those old abortionists who don't retire can cut back on their travel without cutting back their "caseloads" or their profits.

It explains why the industry has fought so hard against "web-cam abortion" restrictions and "physician presence" laws. It explains why chemical abortions are increasing while abortions overall are decreasing.

By 2012, overall abortions actually dropped by 13%, now at just over a million when they were 1.6 million just over twenty years before. At the same time chemical abortion increased by 20% from 2008 to 2011, from 199,000 to 239,400, now accounting for nearly a quarter (23%) of all abortions in the U.S. Why? For all the reasons explained above: convenience; the capacity to reach new "markets" (rural areas); less costly physical structures; a similar, if not higher, "caseload" for the circuit-riding abortionists who can "supervise" the abortions of many women literally hundreds of miles away, perhaps via web-cam, and the like.

This is why we can't afford to rest on our laurels and think the battle over when we see a few clinics closing, abortionists retiring, or a drop in the abortion numbers. The abortion industry will continue to try and make the most of the resources they have left and we can do no less.

This won't hurt a bit?



Try telling her that.

The many pro-abortion agendas “Obvious Child” serves

By Dave Andrusko

As we anticipated last week, the accolades for “Obvious Child”—the abortion “comedy”—are starting to roll in. How could it be otherwise when the film, directed by Gillian Robespierre and starring Jenny Slate as Donna Stern, serves to promote so many pro-abortion agendas and is so, so hilarious? (Heads up—“Obvious Child” is, we’re told, a “rom-com,” a romantic comedy.)

Writing for the Boston Globe, Matt Juul tells us, “Considering the predictable plots and fairy tale endings of most Hollywood romantic comedies, ‘Obvious Child’ is a refreshing take on the played out genre because it’s not only hilarious, but also unabashedly honest.”

If you read many critics, it less hilarious than it is honest. By honest they mean vulgar, tasteless on so many levels, and completely value-free. The film is a perfect example of what so many “feminists” tout as their birth-right. A kind of pre-adolescent liberation that springs from turning anything and everything—even the death of an unborn child—into a joke, made all the funnier by encasing it in sophomoric language that is beneath what you’d find in a senior high locker room.

As Washington Post film critic Ann Hornaday writes (she loved “Obvious Child”) “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.”

Rachel Dry, also of the Post, loves the movie just as much. She writes

“In addition to making a stigma-free movie about abortion, Robespierre, 35, also wanted to make one that gives viewers some of the gooey sweetness that people find so satisfying in romantic comedies.

“I would love it to be something people play all the time — on their sick day when they want to snuggle in bed and be comforted by their favorite romantic comedy,” Robespierre says.

And it does have a lot of what a sick-day rom-com viewer might want. A grand gesture. A big reveal. Perfectly timed flowers delivered by Max (Jake Lacy), the onetime and possible future romantic interest who is, in Slate’s description, a “sort of a bro, a handsome-face blond-hair nice-biceps business-school dude” who loves her character’s sense of humor.

The night before Donna is scheduled to have her abortion, she goes onstage, where she is funny, confident and operating on the edge of what it is comfortable to hear people talk about into a microphone. She tells the crowd exactly what is happening in that moment in her life.”

Stigma-free; gooey sweetness; an empty-headed hunk (Max) who will support Slate’s decision without qualm; and the “freedom” to share the death of her child on stage. “Obvious Child” mocks the seriousness of what Stern is doing, in the process shattering what used to be called decorum, all in the service of producing a good movie that can be watched on a rainy afternoon.

If it takes the death of a defenseless unborn child to help Stern make “wiser and more compassionate,” what a small price to pay for adulthood. Hornaday’s conclusion is what you could see telegraphed a mile away:

“Through it all, even despite her crankiest, most selfish and adolescent moments, Donna

earns the audience’s support, thanks largely to the inherent sweetness Slate brings to her screwed-up but lovable character. There are as many awkward, discomfiting sequences in “Obvious Child” as there are interludes of genuine fun and romance.

The result is a movie that feels risky and forgiving and, despite its traditional rom-com



Jenny Slate, who plays Donna Stern, and director Gillian Robespierre

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 Donna 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.”

The child has served his or her purpose: Stern is wiser, her boyfriend is even more understanding than he was before, and they—but not their baby—live happily ever after.

What a message to send to young women and men. Irresponsibility and crudity and violence as fodder for a good movie.

Hillary Clinton, gaffes, and the list of all-purpose excuses

By Dave Andrusko

I meant to comment about pro-abortion Hillary Clinton last week, thought better of it (it's a LONG way to 2016), then decided a few words would be in order.

As you probably no doubt already know, Clinton, a former U.S. Senator and former Secretary of State, is touted as the odds-on favorite to be the Democrats' presidential nominee in 2016. I always thought that was preposterously presumptuous, not just because it is only mid-2014, but because Clinton is an obviously flawed candidate who, if anything, is even less patient with criticism than her famously hyper-sensitive husband.

And it's not just that Mrs. Clinton says some remarkably clumsy—make that embarrassingly revealing—remarks. There is nothing



new in her latest “gaffes”—including the bizarre comment to Diane Sawyer that she and Bill Clinton came out his two terms in office “dead broke,” indeed in debt. (This was in response to Sawyer’s comment, “It has been reported you’ve made \$5 million making speeches, the president’s made more than \$100 million.”)

If any couple ever left the White House with their financial future more secure than the Clintons, it would be hard to name them. (But, come to think of it, Barack and Michelle Obama may give them a run for their money.)

When they left the White House in January 2001, it was about an hour before she received an \$8 million dollar advance for her 2003 book (Bill Clinton would do even better—\$15 million for his 2004 book) and about 90 minutes before they started delivering speeches at fees that boggle the mind.

Mrs. Clinton’s defenders attribute it to “rustiness.” And, of course, there’s been numerous perfunctory assurances that mistakes this far out make no difference. So, don’t worry about the defensive, barely-controlled anger in her interview with NPR’s Terry Gross over when and why she changed her stance on gay marriage.

So what’s interesting, actually, is not that the Clintons made extraordinary amounts of money; or that Hillary Clinton is the very epitome of resentment and self-pity if a line of questioning goes past her second response; or even that she has a recent trail of (to be

kind) misstatements. It’s not even that were she a Republican, Mrs. Clinton would be eviscerated non-stop between now and 2016.

What’s more revealing is the strategies the Clinton entourage (in collaboration with their friends in the media) employ to protect Mrs. Clinton from the consequences of her remarks. To name just a few

- * There’s the aforementioned rustiness.

- * You asked for her to stop with the prefabricated answers, so don’t be angry/disappointed/surprised. (A.K.A. be grateful.)

- * It’s sexism (an all-purpose smear that we will hear unendingly)

- * The press is unable to handle complexity. Or as Carl Bernstein (who wrote an instantly forgettable book about Hillary Clinton) put it, “Part of her problem goes to her mistrust, justified in significant measure, of the press, and its difficulty in handling complexity and ambiguity in context.”

That is arguably one of the silliest, most disingenuous comments you will ever read. Hillary Clinton utters these clunkers because she’s been forced to reduce “complexity and ambiguity” into language those dolts in the press can handle? Please.

Finally, my favorite, from a story in POLITICO which passed this concluding remark along without comment

“Focus groups over the years have shown many voters find Clinton more appealing the more they listened to what she has to say, according to her advisers.”

It doesn’t make any difference whether Mrs. Clinton becomes the Mrs. Malaprop of the 2016 presidential campaign. As long as she has a “D” after her name (D for Democrat), she will, like President Obama, find that there is always an excuse for the inexcusable.



British man sentenced to two years for vicious assault on pregnant girlfriend, baby miraculously survives

By Dave Andrusko

Earlier this month, Daniel Lovick was sentenced to two years in jail for a prolonged, vicious assault on his pregnant girlfriend that miraculously did not kill her baby. The sentence would have been longer, had the baby died, the judge said.

The Daily Mail newspaper detailed the attack which is so brutal it almost defies description.

The pregnant woman, who was not named, met Lovick in prison where she was visiting her brother. A man with a long history of violence against women, Lovick, 27, turned on the woman when he learned shortly after Easter that she was pregnant.

Writing for the Daily Mail, Mia De Graaf quoted Lovick saying, “You better get rid of that baby or I’ll kick it out of you.” He made other threats against the woman and her baby before the all-out attack May 19.

According to De Graaf,

He told her: ‘You better go to the clinic and get rid of it. If you don’t, I’ll get a coat hanger and drag it out of you or I’ll stab you.’

Lovick then grabbed her and pushed her down a flight of stairs – seven steps in total – and she looked up to see him running towards her.

He grabbed her hair and began punching her in the stomach, saying: ‘You’re not having the baby, I’m going to kick it out of you.’

The woman tried to protect her stomach by

raising a leg.

Continuing the attack after she had got up, Lovick threatened to stab her, punched her ‘three or four times’ and pushed his thumb into her eye.

The victim managed to make a phone call to Lovick’s mother, who heard him in the background making further threats against the unborn child.

In sentencing Lovick to two years and three months, Judge Michael Mettyear, Honorary recorder of Hull and the East Riding, told him:

“You are a violent bully. You’ve got a terrible record, including offences of violence against women. You are a great risk to anybody who should be foolish enough to take up with you.”



Hull Crown Court

Abortion clinic

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the hearing examiner’s decision, which puts women’s health and patient safety ahead of politics.” He added, “No state regulator or reasonable person would permit an out-of-state hospital to contract with an Ohio abortion clinic to provide backup services. It’s absurd that this abortion clinic would even make such a request. Sadly, it appears that the clinic will put profits ahead of patient safety and attempt to delay and stall through litigation.”

The Columbia Dispatch’s Darrel Rowland also noted that beyond flunking the “local” hospital requirement, Kepko found that Capital Care Network had failed in a second way. The pact with the University of Michigan Hospital in Ann Arbor is illegal under Ohio law

“because it does not specify an appropriate procedure for the safe and immediate transfer of patients from the facility to a local hospital when medical care, beyond the care that can be provided at the ambulatory-care facility, is necessary, including when emergency situations occur or medical complications arise.”

Asked for her response, Kellie Copeland, executive director of NARAL Pro-Choice Ohio, called the health department’s action part of a “regulatory witch hunt.”

“This ruling is no surprise, given that (Gov. John) Kasich wrote these regulations to close abortion clinics,” she told Rowland. “Transfer agreements have nothing to do with patient safety.”

Jennifer Branch, the clinic’s attorney, “has already indicated an appeal would be filed should Mr. Himes agree with the recommendation and again issue an order revoking Capital Care’s operating license,” according to Jim Provance of The Blade.

The Center for Choice, Toledo’s other abortion clinic, “closed its doors last year because it could not come up with a valid transfer agreement after operating without one for more than three years,” Rowland reported.

“And so it will be with you”: a letter to a mom who has just received a prenatal diagnosis of Down syndrome

By Dave Andrusko

This heart-warming story, the kind that only someone who has a child with Down syndrome could write with such honesty and encouragement, appeared at <http://sippinglemonade.com/dear-mom-with-a-prenatal-down-syndrome-diagnosis/> Lauren Warner wrote her essay in the form of a letter to a mother who has just received a prenatal Down syndrome diagnosis.

The greatest difference is that Lauren learned about her daughter, Kate, not before she was born, but when she was holding her in her arms. Even so, “I know how you feel.”

The story reads as if the doctors were not overly pessimistic when they came in. That would be very unlike what is so often the case when doctors discover that the baby a mom is carrying has that extra chromosome.

We’ve run dozens of stories in National Right to Life New and National Right to Life News Today in which moms and dads recite the litany of difficulties the child (and the family) will face. It takes courage and moxie to fend off the discouragers.

In Lauren’s case, there was an early cumulative effect. Once she added together what the docs had told her, read the statistics, and conducted her own online research, “I thought I knew what it ‘meant’ to have a child with Down syndrome. And quite frankly, I was devastated what that meant.”

In her “letter” to the mom who has just received the diagnosis, Lauren adds, “And so it is with you.” And then the pivotal sentence

of her letter.

“But let me tell you — from one mother to another — those facts are not what it means to have a child with Down syndrome.”

And that is the remainder of her encouraging message—how what the mom will have been told will not necessarily apply to her child, but more importantly what those numbers and statistics and “facts” will have missed.

Like how those “facts” couldn’t have told her how much Kate is a “Daddy’s girl,” or how

Kate is “a nurturing big sister, a doting little sister — and the star in the room wherever we go.”

I don’t to keep you from reading Lauren’s essay from word one to the end. It is a story you will want to share. Let me end with this:

“Suddenly, the overwhelming facts and fears faded. Because instead of knowing a diagnosis, I grew to know her.”

“And so it will be with you.”



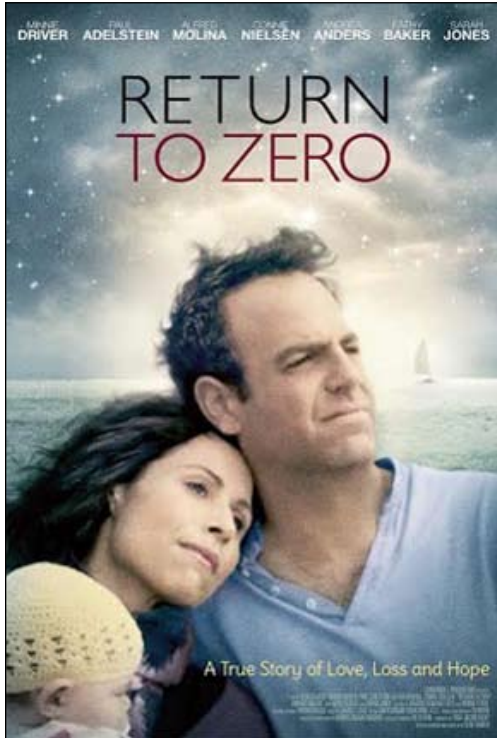
“Return to Zero”: a powerful testimony to the importance of unborn life lost to stillbirth

By Dave Andrusko

Here’s my excuse (for that’s what it is) for getting to “Return to Zero” a month late. We were busy watching our grandchildren, so I asked our oldest daughter to record the movie which appeared May 17 on the Lifetime channel.

Only I then promptly forgot to watch (until recently) what turned out to be an absolutely riveting portrayal both of how devastating a stillbirth can be to a marriage and how a couple can survive the death of a child who was only weeks from delivery.

And, without even alluding to it, “Return to Zero” also teaches the wisdom of delivering a



child, rather than aborting her, when a couple learns that their unborn child may not survive until birth or live only hours after delivery.

The movie is based on a true story of what happened to television commercial director Sean Hanish and his wife back in 2005 as her due date drew near. His career was on the rise, and “I felt pretty on top of the world that day,” Hanish recalled for TV Guide. “And as I’m coming out of Cindy Crawford’s driveway, my wife calls me.” She gave him the devastating news that the son they were expecting was stillborn.”

Hanish is the first to admit that the movie couple—Maggie and Aaron (played by Minnie Driver and Paul Adelstein)—are much more

interesting than he and his wife, Kiley. So there are twists and turns that are added to the movie (what they are, is not elaborated on in the interviews I read).

But the basics are the same in real life and in “Return to Zero.” A ridiculously prosperous power couple deliriously happy about the approaching birth of their baby. Out of the blue—and this can be the way it happens, unfortunately—Maggie has some bleeding and goes in for a routine sonogram, thinking nothing much of it. Setting the stage for the ensuing estrangement, Aaron is too busy with work to accompany her to the doctor.

Maggie quickly picks up that something is wrong and when the doctor come in and maneuvers the ultrasound to no avail, he tell Maggie her baby is dead. She is utterly devastated and utterly alone.

When Aaron arrives, they listen to a woman whose insensitivity to their loss is so over the top you are sure it had to be made up. Who would ask a couple who had lost a baby just hours before—a baby still in Maggie’s womb—if they had thought about whether they wanted the baby cremated or buried? According to Hanish, that’s what happened, an experience he described to TV Guide’s Stephen Battaglio as a “macabre.”

Her loss would have been tremendous regardless, but her closest friend is also pregnant and delivers not so long afterwards. Maggie is inconsolable and slips into depression. Aaron slips into an affair and after a weekend at Las Vegas brings them together momentarily, Maggie wants a divorce.

Then she discovers she is pregnant again.

Again, this is a Lifetime channel movie, so you would expect Aaron’s father to be the biggest jerk on the face of the planet and Maggie’s mother to be seemingly almost as blind as Aaron’s dad. What saves the marriage and elevates the movie is the kindness and compassion of Dr. Claire Holden (Connie Nielsen) whom Maggie eventually learns had experienced a stillbirth of her own.

The subtext is (in my opinion) that Maggie, understandably, believes no one can understand the gravity of her loss, including her husband. She holds onto that conviction until she discovers that Dr. Holden can and does.

Less than close to her mother, Maggie wants to feel the same way about her, only to discover that her mother had experienced a miscarriage. It’s not the same, Maggie retorts, and, of course, in one sense, it isn’t. But her mother will have

none of that. While it took place earlier in her pregnancy, that was a loss, too!

I skipped over a scene at the hospital on purpose. Maggie decides to induce labor and deliver her stillborn baby. She and Aaron decide to take photos of their baby and **with** their baby. That is what Hanish and his wife had done as well.

Hanish initially thought that idea was also “macabre” but then changed his mind. “We took some photos,” he told Battaglio. “And one of the most cherished things that we have is this one photo that we have of our son.”

Battaglio says Hanish hopes the movie “will bring greater understanding to parents of stillborn children and perhaps some solace to those who have lived through such a tragedy.” He said he is prepared to become a spokesperson “on an issue many find too wrenching to share.”

“I had friends tell me I was crazy—they said ‘you shouldn’t be doing this. You had a career doing commercials and now you’re writing the saddest movie ever,’” he says.

But while the subject is terribly sad—few things are worse than losing a baby so close to birth—“Return to Zero” also reminds us of the importance of community, of people who’ve gone through tragedies being able to share their experiences, especially the pain and heartache.

Dr. Holden deftly walks around Maggie’s determination to have her second baby, never hinting that there could/should be any other decision, even though she and Aaron are about to divorce. Maggie’s decision not to abort no doubt will annoy the usual suspects who would tell her she is foolish.

But that baby not only restores their marriage, it teaches her husband that he has no more important role than being a husband and father, which angers his own father to whom the only thing that matters in life **is** work. And pro-lifers will notice (where others might not) that when the occasion arises, Maggie reminds people that this is her second baby.

A beautiful, touching movie about the value of unborn life, “Return to Zero” reminds us that even the little ones who are lost along the way are precious, invaluable, and members of our family.

Euthanasia Booster's Game of Let's Play Pretend

By Wesley J. Smith

None are so blind as those who refuse to see.

A bioethicist named Tony Hope supports Belgium's new child euthanasia law as if we have no history of how loosely doctor-administered death has actually been applied in that morally collapsing country. While claiming the mantle of empirical analysis, Hope actually engages in a game of "let's play pretend."

First, he sets forth his moral principles to justify euthanasia. I disagree, but let's skip that for now.

I want to focus here on how the list of Hope's supposedly "empirical assumptions" about the desirability of child euthanasia aren't really empirical. From, "Morality, Science, and Belgium's Child Euthanasia Law," at the Practical Ethics blog

Empirical assumptions

1. There are some situations in which children with a terminal illness suffer so much that it is in their interests to be dead.

2. There are some situations in which the child's suffering cannot be sufficiently alleviated short of keeping the child permanently unconscious.

3. A law can be formulated with sufficient safeguards to prevent euthanasia from being carried out in situations when it is not justified.

The first assumption isn't "empirical," which means "relying on experience or observation alone often without due regard for system and theory." What might or might not be in a sick child's "interests" is not a matter of objective observation. Rather, it is entirely subjective and ideologically premised. Hence, it is not an empirical assumption.

There may indeed be rare times in which a child's suffering can only be alleviated by palliative sedation. But that isn't a matter of conscious or unconscious. Done correctly, the level of awareness can be titrated up and down to the benefit of the patient. Moreover, the implication in the second empirical assumption is that killing is preferable to unconsciousness. But that is a subjective assumption, not an objective observation.

But the third supposedly empirical assumption is the real howler. Belgium's law for adults has not prevented euthanasia from being carried out in situations where it is "not justified" under the letter of the law (ignoring

that what constitutes "justified" can often be in the non-empirical eye of the beholder).

Indeed, the letter of the law has been repeatedly shattered in Belgium, and without legal consequence, including, but certainly not limited to:

- * Joint euthanasia killings of elderly couples;

- * Joint euthanasia killings of identical twins who were losing their eyesight.

But more to the point, whatever the law may state about a child having to be terminally ill to be euthanized, there is no "empirical" reason to believe that the guideline for children will be obeyed any more than have adult euthanasia guidelines. Indeed, the very first legal euthanasia in Belgium broke the legal guidelines, and it has gone steadily downhill from there.

The same steady expansion of killable categories will take place with children—an



Onlookers watched back in February as The Belgian Chamber of Deputies approved the extension of euthanasia to children. The bill had already been approved by the Senate and became law in March when King Filip-Philippe signed the measure.

- * The euthanasia killing of a transsexual disappointed with her sex change surgery;

- * The euthanasia killing of a psychiatric patient in despair because she was sexually predated upon by her psychiatrist.

That isn't "slippery slope" argumentation, as Hope would state. It is a verifiable recitation of facts on the ground!

More to the point, Hope shovels the usual false euthanasia advocacy trope that child euthanasia will be limited to cases in which nothing can be done other than induced coma or euthanasia to alleviate suffering. In fact, the terms of the Belgian child euthanasia law does not limit doctor-administered death to such few cases! Thus, that's mere selling puffery, the opposite of reaching an objective empirical conclusion.

assertion based on empirical observation of what has actually transpired in the country over the last 14 years!

Indeed, how could it not? The Belgian culture—as well as the law—has accepted the poisonous premise that killing is an acceptable answer to human suffering. With that as the true moral foundation, the implacable force of logic will lead Belgium to ever-expanding categories of accepted, if not legal, child "mercy" killings. That's what's known as an "empirical assumption" with a compelling evidentiary basis.

Editor's note: This first appeared on Wesley's blog.

The “Wonderful World” of Planned Parenthood of the Heartland

By Dave Andrusko

I don't begrudge pro-abortionists the right to honor their own. *Des Moines Register* columnist Rekha Basu has every right and—from her perspective—even an obligation to commemorate Jill June, who was the honoree at a retirement party held a week ago last Thursday.

June served for three decades as President of Planned Parenthood of the Heartland, whose home base is Iowa. From where Basu is coming from, June is a champion of women's rights.

But on closer inspection, let's see five features that Basu's celebrator profile of Ms. June, which ran over last weekend, unintentionally reveals.

#1. June surprises her audience of 250 by doing something “unscripted.” She belts out

*“I see trees of green, red roses too.
“I see them bloom, for me and you.
“And I think to myself,
what a wonderful world.”*

These, of course, are the opening lyrics of “What a wonderful world,” made famous by Louis Armstrong. Why did this first evoke surprise, then smiles, then a chorus of voices joining in, and, finally, tears?

Well, because of all that June has gone through it's still a “wonderful world.”

Perhaps if they have reflected on the final stanza their opinion might be different:

*“I hear babies cry,
“I watch them grow,
“They'll learn much more,
“Than I'll ever know.
“And I think to myself,
“What a wonderful world.”*

But probably not. Babies, born and unborn, teach us more about ourselves than we ever teach them. We can hope, as the song suggests, they will be a beneficiary of what we can teach them.

However the Jill Junes of this world don't have any time for them (or the lessons they teach us) if they are “unscripted,” could care less if they are capable of feeling horrific pain when torn limb from limb, and roll their eyes at the idea that we become better human beings not by sacrificing the little ones, but sacrificing for them.

#2. Basu writes, “But here was the June the public rarely sees, because she has found it necessary to keep on the armor: the tender, soulful woman who is also a cheese-maker, knitter, quilter, fisher, camper, lover of fine music and literature.” See #3.

#3. “June said she began to find her voice on

issues of justice and equality as a child reading about illegal abortions in America, learning about the Nazi-era Nuremberg trials and reading Anne Frank's diary. From Frank she learned “that we all have the ability to change the world; that the world is really a fine and wonderful place.”

If we were not talking about a tone-deaf, there-are-never-enough-abortion-deaths chief executive, we would be stunned into silence. June enlists **Anne Frank** into her cause, a



*Jill June, President and CEO,
Planned Parenthood of the Heartland*

young girl who along with six million other Jews was murdered by the Nazis? The Anne Frank who wrote, “No one has ever become poor by giving” or “Where there's hope, there's life. It fills us with fresh courage and makes us strong again”?!

#4. “WhenshetookoverPlannedParenthood's Iowa chapter in 1985, it served 17,000 patients a year. Today, as Planned Parenthood of the Heartland, it now includes Nebraska, Arkansas and part of Oklahoma and serves 80,000. ... Since last year, the organization has battled to continue offering telemedicine abortions after the Iowa Board of Medicine singled that procedure out, and banned it, from all the other uses of telemedicine.”

This, of course, is an unabashed, unequivocal, unremittingly good development for Basu. Just think, like The Blob, Planned Parenthood

of the Heartland grows and grows and grows. PPH first swallowed up nearby smaller local affiliates. PPH announced a merger with PP of Nebraska and Council Bluffs in August 2009, another with PP E Central Iowa in December 2010, a merger with PP SW Iowa in May 2011, and in 2012 a merger with PP of Arkansas and Eastern Oklahoma. It's announced plans to open six new clinics in Nebraska and another six in Iowa.

More abortions to more women in more locales, in no small part because of web-cam abortions. A pregnant woman goes to a local Planned Parenthood clinic where she teleconference with an abortionist back in Des Moines, where PPH is headquartered. The abortionist remotely releases the abortion pills to the woman. She first takes mifepristone (RU-486) at the abortion clinic. Later at home she takes misoprostol, a prostaglandin, to initiate powerful contractions to expel the tiny corpse. Oh, by the way, she is given the number of a 24 hour hotline to call if she has problems.

And abortion is “singled out” because it is different. It takes life, it doesn't save lives. PPH and PPFA in general are in love with chemical abortions dispensed via teleconferencing because it enlarges the body count and fattens Planned Parenthood's wallet. And

#5. Basu offers this quote. “We have been with Jill through so many wars on behalf of women,” declared Cecile Richards, the president of Planned Parenthood Federation of America, in her tribute Thursday. “She never, ever, ever gives up.” I have no doubt that Ms. June never gave up. Indeed, if you read Basu's account, you will see that “Over the years, June has steered it in new directions,” including initiatives that would polish its image as a selfless promoter of “women's health.”

And that's their right. But it provides us with a reminder that these purveyors of death have always, always, **always** gussied up their lethal assault on the powerless in the finest rhetorical outfits. (A conspicuous exception was the founder of Planned Parenthood, Margaret Sanger, whose writings were drenched in eugenics.)

They kill and they kill and they kill, and then they pat themselves on the back for never giving up on finding new ways to kill millions of more victims. June's “wonderful world” is for the planned and the perfect.

I don't know who will replace Jill June. But there is one thing I agree with Basu on: it'll be difficult to find someone to match June's track record.

Reasons for increase in Washington State suicides highlight death advocates' "Bait and Switch"

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

A 43 percent rise in doctor-prescribed suicides in Washington State in 2013 was motivated not by pain, but by feared loss of autonomy and "dignity," according to the official state government report.

Washington State's annual report covering 2013 states that 91 percent reported to their health care provider concerns about loss of autonomy, 79 percent reported to their health care provider concerns about loss of dignity, and 89 percent reported to their health care provider concerns about loss of the ability to participate in activities that make life enjoyable.

Pain did not even appear on the list of motivations for doctor-prescribed suicide.

The language in the Washington law, developed initially for Oregon, purports to "safeguard" the practice of doctor-prescribed suicide by restricting it to the terminally ill and the competent. At the time of the referendum debate, the principal suicide advocacy group, Compassion and Choices (formerly the Hemlock Society), promoted adoption of the Washington law largely on the basis of the claim that it would be used for dying patients with unbearable pain and suffering.

However, in fact, it promotes death as the "solution" for any whose "quality of life," in their stated opinion, makes their life not worth living. It has adopted the strategy of legalizing assisted suicide with so-called "safeguards," and then works to erode these over time.

For one example, after trumpeting "safeguards" in Oregon and Washington laws, in Vermont Compassion and Choices successfully promoted a bill that ultimately has virtually none. For another example, after a Montana court decision held that "consent" is a defense to the crime of homicide, Compassion and Choices issued a factsheet for legislators that said, "The Legislature should affirm the Court's guidelines, and not place obstacles in patients' way. The Legislature should affirm that physician participation is voluntary, and enact protections from civil liability and professional sanctions for physicians who

practice within the court's guidelines."

But the court, while setting a few vague boundaries, never actually issued guidelines. Compassion and Choices does not really advocate for guidelines, so much as employ them to give voters and legislators a false sense of security that people will not be abused under these laws.

Even if the safeguards were legally meaningful, which they are not, how would one go about enforcing them?

Suppose that a cancer patient who has

dangerous legislation. Currently, doctor-prescribed suicide is legal in Oregon, Washington, and Vermont—and may have some legal protection in the state of Montana, due to a court decision. Also, an appeal is pending of a Second District court decision in New Mexico that struck that state's decades-old law protecting against assisting suicide. Most recently, New Jersey is in the crosshairs, with a law like Washington's bill passing out of the Assembly Health Committee only last week, and Maryland



recently moved to Washington requests doctor-prescribed suicide and is given the lethal drugs. Then her daughter, who lives out of state, only finds out about it once her mother has committed suicide. Suppose the daughter knew her mother was being treated for early dementia in a nearby state. Not only would there be no legal requirement to notify the daughter, she also would have a very difficult time seeking legal recourse.

Under the Washington State law, the standard of care doctors are required to meet is lowered far below the regular standard of care in malpractice lawsuits. In addition, the law requires that the death certificates must be falsified, listing an underlying condition as the cause of death, not suicide. One effect is that the real number of suicides can be obscured. So-called safeguards end up protecting all the wrong parties.

Although assisting suicide is only legal for a small fraction of the world's population, advocates remain focused on promoting this

will be a prime target in 2014

In seeking to head off the organized, well-funded lobby that advocates legalization of assisting suicide, it is crucial to expose the inaccuracy of the claim that "safeguards" can effectively prevent abuse.

More information on how the safeguards are an illusion is available at www.nrlc.org/uploads/medethics/WhySafeguardsDontWork.pdf

Disturbing questions remain about Quebec's Bill 52's impact

By Margaret Somerville

Why, after millenniums of prohibiting the intentional killing of another human being, in particular by physicians, did Quebec politicians think euthanasia is a “progressive” idea that must be implemented without delay? Bill 52, originally introduced by the Parti Québécois government, was rapidly reintroduced by the Liberals and passed June 5.

Why did Quebec politicians fail to give sufficient weight to the dangers and harms of

a secular society.

Has the media's almost sole focus on heart-wrenching cases of suffering individuals asking for euthanasia blinded us to the larger-picture consequences of legalizing it?

Why do politicians use obfuscating language — “medical aid to die” — for euthanasia? An Ipsos Marketing survey found only one-third of Quebecers understood this meant a lethal injection.

Can we imagine physicians teaching

Netherlands? Likewise, as in those countries, once we become accustomed to euthanasia will children become eligible for it? What about people with dementia?

Will euthanasia be used as a cost-saving mechanism? Was it just a coincidence that Bill 52's passage immediately followed the budget bill?

As Quebec politicians claim, will euthanasia be rarely used? In Belgium, five people die each day by euthanasia. In the Netherlands, four per cent of all deaths are now by euthanasia, which is an underestimate and does not include deaths through “continuous terminal sedation (CTS)” (Bill 52's term for “slow euthanasia”), which is being increasingly used, as its requirements are less onerous.

Is euthanasia just an incremental expansion of current ethically and legally accepted end-of-life decisions, such as refusals of life-support treatment, as pro-euthanasia advocates argue, or is acting with an intention to kill different-in-kind from allowing a natural death?

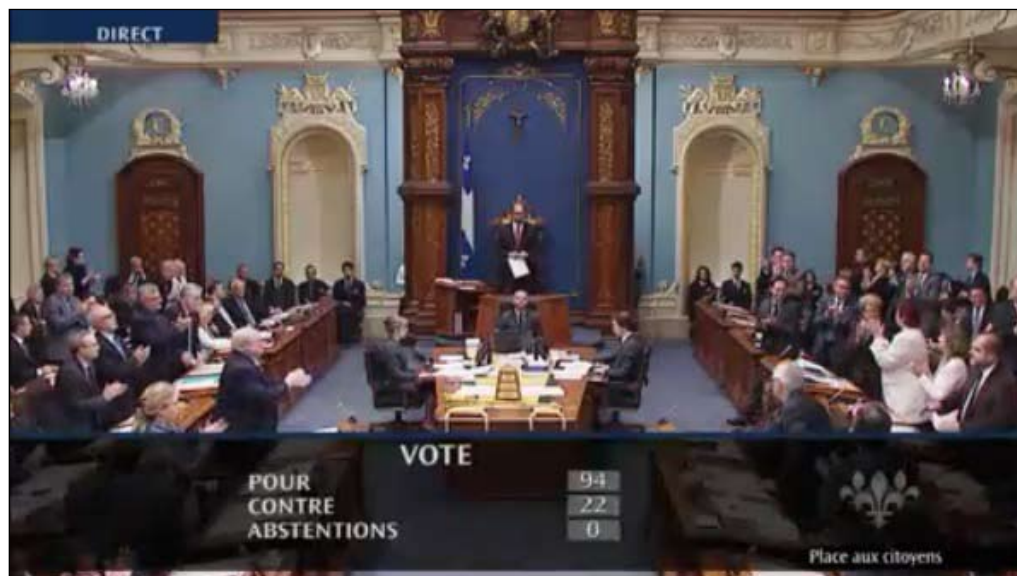
Is euthanasia medical treatment? What are the dangers to patients, the trust-based physician-patient relationship, and medicine of defining it as such? Should we take the “medical cloak” off euthanasia and have some specially trained persons other than physicians mandated to administer it?

If euthanasia remains permitted, how do we think our great-great-grandchildren will die? What kind of society will we have left to them? Will it be one in which no reasonable person would want to live?

Why don't most politicians and many Canadians recognize the momentousness of a decision to legalize euthanasia? It's not an incremental change, but a radical and massive shift in our society's and civilization's foundational values.

I predict history will see each society's decision about euthanasia as its turning-point values decision of the 21st century.

Editor's note. Margaret Somerville is the founding director of the Centre for Medicine, Ethics and Law at McGill University. This ran in the Montreal Gazette.



legalizing euthanasia, especially to vulnerable people — those who are old and fragile or disabled, and whose lives are denigrated by euthanasia's message they're not worth living?

Why have their ethical imaginations, human memories (knowledge of history) and examined emotions failed to warn them that they are on the wrong path? Did they fail to heed an old warning: “Nowhere are human rights more threatened than when we act purporting to do only good”? A desire to do good blinds us to the harms.

Are Quebec politicians so focused on giving priority to individual autonomy — “choice” — they don't see the harm to the value of respect for human life at the societal level that legalizing euthanasia unavoidably causes?

How will legalizing euthanasia affect law's and medicine's capacity to carry the value of respect for life for society as a whole? They are the main institutions carrying this value in

medical students how to carry out euthanasia and clinically role-modelling it for them?

Will many physicians decline work in institutions in which colleagues administer euthanasia? Imagine sitting down to lunch with a colleague who 10 minutes before killed a patient.

Will patients refuse admission to institutions that provide euthanasia? Will they refuse palliative care and pain management for fear of being euthanized? The Netherlands and Belgium both show these are valid concerns.

Why did Quebec politicians cite Belgium's law as a felicitous example when there's ample evidence of its abuse (the practical slippery slope) and rapid and broad expansion of its application (the logical slippery slope)?

Would serious mental illness or anorexia nervosa be an “end of life condition” allowing euthanasia in Quebec, as in Belgium and the

What did we learn from the pro-abortion lawsuit challenging Alabama's admitting privileges law?

By Dave Andrusko

This post is an update on the coverage *NRL News Today* offered in the recent lawsuit against Alabama's 2013 law requiring abortionists to have admitting privileges in a local hospital.

Since we could not be there in person, we relied on accounts from the Associated Press and Brian Lyman, a reporter for the *Montgomery Advertiser*. In a story that appeared last weekend Lyman posted "5 things learned in the Alabama abortion trial."

I think it's fair to say he sides with the plaintiffs (actually more than fair). Here are a few highlights.

Lyman accepts at face value every abortionist's or abortion clinic's insistence that abortion is safe, safe, and safe. There was counter-testimony that Lyman hinted at in his summary, fleshed out in his reporting, that insisted many complications simply aren't reported. As we've discussed countless times, it's not just Kermit Gosnell's whose clinic goes 15-17 years without inspection or which pro-abortion organizations manage to see are filthy and dangerous but never tell authorities.

Lyman is absolutely correct on one count. Disproportionally poor women—disproportionately women of color—have abortions. That is a tremendous tragedy.

Lyman's summary of who does abortions in Alabama, however, doesn't do justice to his trial coverage. It is quite true that Alabama is not welcoming to abortionists—and good for Alabamans. But clearly something more is at play that explains why the owners of the abortion clinics would have to concede that none of their "traveling doctors" had ever tried to secure admitting privileges.

Why do they fly into the state to perform abortions at Planned Parenthood and the Montgomery-based Reproductive Health Services? Not just because of an unwelcoming community. They are "unwilling to live near the clinics," Lyman writes because of "the doctors' personal and professional aspirations."

A complementary consideration Lyman did a good job of developing in his coverage but not so well in his summary is that it would be fair to say the clinics were not exactly overly-

aggressive in seeking abortionists who already had admitting privileges at a local hospital.

Lyman argues the state is "focused" on Planned Parenthood. PP has abortion clinics in Birmingham and Mobile—one good reason to pay extra attention. Also "The Birmingham clinic of Planned Parenthood Southeast ceased operations in January after firing two staff members for selling an abortion medication to a person in the clinic's parking lot," according to the Associated Press's Philip Rawls. "[CEO Staci] Fox said the clinic hopes to get approval



U.S. District Judge Myron Thompson

from the state health department to reopen by next month."

Moreover (as Lyman's own reporting demonstrated) the testimony of the medical director of Planned Parenthood Southeast's clinics in Birmingham (and Mobile) left a lot to be desired.

"[Assistant Attorney General Margaret] Fleming asked Roe if the clinic had followed up with patients following the closing of the facility in January, saying there was no

documentation of follow-up calls to patients in the medical records of the facility. Fleming also said that the staff delegated to make the phone calls had been dismissed.

"Roe said the clinic did do the follow ups. 'It was not documented, but the calls were made,' she said."

Fleming also questioned whether the clinic's back-up physician had a substantial role in the clinic, citing Roe's earlier testimony that she would refer patients experiencing complications to a hospital. Roe said she made those judgments on a case-by-case basis.

Fleming also pressed Roe on whether the Birmingham clinic was in compliance with Alabama Department of Public Health regulations that require physicians performing abortions to contact emergency room doctors when patients are admitted with complications. Roe said the clinic "facilitates and complies" with physicians in treatment.

"Your own protocol is inconsistent with the rules of the Alabama Department of Public Health in this case," Fleming said.

"Yes, ma'am," Roe replied.

But equally important as the five Lyman mentions are several he misses. To name just one, a key component in the case for requiring admitting privileges is continuity of care. Several witnesses, including George Smith, chairman of the Alabama Board of Medical Examiners, testified on its importance—as they did in the lawsuit against a comparable Wisconsin law—but not a word in Lyman's summary.

He also managed to miss what Rawls mentioned early: "The Alabama Department of Public Health reports the two clinics not threatened by the law are the state's largest, with the Tuscaloosa clinic performing 3,503 abortions in 2012 and the Huntsville clinic 1,451."

A three-judge panel of the U.S. Court of Appeals for the 5th Circuit has upheld a similar Texas law. Comparable laws have been passed (and challenged) in Mississippi and (as noted above) Wisconsin.

2014: Setting Sights on the Senate

from page 9

South Carolina

Senator Lindsey Graham (R) has been a pro-life champion throughout his years of congressional service. He was the architect of one of the most important pro-life laws ever enacted by Congress, the Unborn Victims of Violence Act, which punishes those who injure or kill unborn children while committing federal crimes.

The race is considered “likely Republican” by Cook Political Report.

Tennessee

In Tennessee, pro-life Senator Lamar Alexander is facing seven challengers in the Republican primary which will be held on August 7.

Senator Alexander has been a strong supporter

challenging one-term pro-abortion Democratic Senator Mark Warner. Warner has voted 14 times against pro-life interests, and has a 0% pro-life voting record as a U.S. senator, according to National Right to Life.

Gillespie supports protection for unborn children. He opposes Obamacare, and will help reverse the abortion-expanding and rationing effects of that law.

Warner supports a policy of abortion on demand, which allows abortion for any reason. Warner voted to enact the pro-abortion, pro-rationing Obamacare law.

Gillespie’s entrance into the race moved the ratings out of the “safe Democrat” category.

West Virginia

Congresswoman Shelley Moore Capito (R) is facing pro-abortion Secretary of State Natalie Tennant (D) in the race to replace retiring Senator Jay Rockefeller (D).

Capito has a 100% pro-life voting record on the votes that have been scored by National Right to Life in the 113th Congress. She voted to protect unborn children in the sixth month or later, who are capable of experiencing excruciating pain from abortions. Capito voted against enactment of Obamacare, and is working to reverse the abortion-expanding and rationing effects of that law.

Tennant supports a policy of abortion on demand, which allows abortion for any reason. Tennant supports the pro-abortion, pro-rationing Obamacare law.

The race is rated “lean R” by Cook Political Report.

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



National Right to Life President Carol Tobias, and pro-life Senator Lindsey Graham from South Carolina

Graham is currently pressuring the Senate Democratic leadership to allow a vote on his groundbreaking bill to prevent abortion nationwide in the sixth month and later, when the unborn child is capable of experiencing excruciating pain during the abortion.

Pro-abortion state Senator Brad Hutto, who supports the pro-abortion, pro-rationing Obamacare law, won the Democratic nomination and will challenge Senator Graham in November.

In 2012, 55% of the voters in South Carolina voted for Romney.

South Dakota

Pro-life Governor Mike Rounds (R) easily won the GOP nomination in a five-way race for the U.S. Senate seat. Governor Rounds will face pro-abortion businessman Rick Weiland (D) in the November general election.

of major landmark pro-life laws including the *Partial-Birth Abortion Ban Act* and the *Unborn Victims of Violence Act*, which punishes those who injure or kill unborn children while committing federal crimes. He is currently co-sponsoring the *Pain-Capable Unborn Child Protection Act*, groundbreaking legislation to protect unborn children in the sixth month and later, who are capable of experiencing excruciating pain during their abortions.

Lamar Alexander was one of the determined pro-life senators who voted against enactment of the Obama health care law, which provides government funding for insurance plans that pay for abortion on demand, and will lead to the rationing of lifesaving medical care.

This race is considered “safe Republican” by Cook.

Virginia

Pro-life Republican Ed Gillespie is

Hope, life and the fresh courage that makes us strong again

from page 2

The other case, *McCullen v. Coakley*, is a challenge to the Massachusetts law brought by a 77-year-old grandmother who has stood outside a Planned Parenthood clinic in Boston every Tuesday and Wednesday for the past 13 years. In 2000, in *Hill v. Colorado*, a deeply divided Supreme Court upheld an 8-foot “floating buffer zone” around abortion clinics.

In 2007 the state of Massachusetts enacted a law that extended its then-existing 6-foot “floating buffer zone” to 35 feet. According to virtually every media account, the High Court was “skeptical” or “deeply skeptical” of the law, even some of those least sympathetic to pro-lifers.

The freedom to express pro-life views (let alone embody them) is under attack elsewhere, sometimes overtly, sometimes by stealth. If we look north, a few weeks ago the leader of the Liberal Party in Canada, Justin Trudeau, announced that henceforth, “The Liberal Party is a pro-choice party and going forward, all new members and all new candidates are pro-choice.”

There was some initial confusion—foolishly there was a thought Trudeau would “grandfather” in existing pro-life members. Just this week a MP said he planned on voting pro-life, adding that he is “pro-life all the way through.” When Trudeau got wind, he “clarified” that he would only allow sitting anti-abortion MPs to seek the nominations in their districts.

Closer to home, as we discussed this week, Andrew Lampart, a young man who is a senior at a Connecticut high school, discovered that the firewall on his school’s computers blocked NRLC while NARAL Pro-Choice America and Planned Parenthood were readily accessible on school computers. The one-side permission slip applies to the state Democratic Party (yes), the state Republican Party (no), sites that support gun control (yes), the National Rifle Association (no).

Why? According to The Daily Caller’s Blake Neff, “Lampart said that he approached local [school] superintendent Jody Goegler, who told him that some political sites needed to be blocked to prevent ‘hate speech’ from seeping into the school.”

Think how many times, especially in the last year, that speech (and behavior) pro-abortionists don’t like is placed in the “hate speech” category. The irony is almost blinding, it is so intense.

Standing up for the defenseless is not something that should be spoken of in polite company. But making a joke out of pulverizing that child is fodder for a “rom-com” (see

Obvious Child, page 12), part of the anti-life company’s continuing education plan for the urban sophisticate.

“The whole point of the film,” intones Washington Post movie critic Ann Hornaday, “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.”



Experienced in what? Brutality? Wiser about what? How to integrate her child’s impending death into her nightclub comedy act?

The following exchange probably represents the nadir in pro-abortion propaganda, no easy feat. The day before her abortion, the main character (Donna Stern) is told by her best friend as Donna is about to go on stage, “You are going to kill it out there!” Donna replies, “I actually have an appointment to do that tomorrow.” Pretty funny, right?

More compassionate to whom? The message is clear: she is kinder to herself for having disposed of “it.” That well of “compassion” is bottomless.

We also wrote about the retirement party for Jill June, the CEO of the giant Planned Parenthood of the Hinterland conglomerate. June told her audience (according to *Des Moines Register* columnist Rekha Basu) that she drew inspiration from “learning about the Nazi-era Nuremberg trials and reading Anne Frank’s diary. From Frank she learned ‘that we all have the ability to change the world; that the world is really a fine and wonderful place.’”

The same Anne Frank who, before she was

murdered by the Nazis, wrote, “No one has ever become poor by giving” or “Where there’s hope, there’s life. It fills us with fresh courage and makes us strong again”?

How does the aphorism go? If all you have is a hammer, everything looks like a nail. If all you have is curettage, a speculum, and a Sopher clamp, then every unborn child looks like a target.

To the anti-life mind, every road leads to the same destination: more and more abortions, dead bodies piled upon more dead bodies. What kind of mind draws inspiration from that? (Jill June sang Louis Armstrong’s, “What a wonderful world,” drawing laughter, applause, and then tears from her fellow abortion zealots.) What kind of person makes killing helpless unborn children a punch line?

Last week was the one-year anniversary of the bipartisan effort in the U.S. House of Representatives which culminated in passage of H.R. 1797. The Pain-Capable Unborn Child Protection Act would provide nationwide protection for unborn children who are capable of experiencing excruciating pain during their abortions, beginning at 20 weeks fetal age (equivalent to “22 weeks of pregnancy,” the beginning of the sixth month).

Pro-life Senator Lindsey Graham (R-S.C.) introduced a very similar measure in the Senate. As he said, “At twenty weeks, mothers are encouraged to speak and sing as the baby can recognize the voice of the mother. The question for the American people is, ‘Should we be silent when it comes to protecting these unborn children entering the sixth month of pregnancy? Or is it incumbent on us to speak up and act on their behalf? I say we must speak up and act.’”

“Should we be silent”? If you are pro-abortion Senate Majority Leader Harry Reid, by all means! Public opinion is clearly and abundantly on the side of The Pain-Capable Unborn Child Protection Act so Reid loathes the very idea of having his pro-abortion colleagues take a stand.

Somebody somewhere once wrote, “I don’t have to attend every argument I’m invited to.” True.

But there are some disagreements, the ones that revolve around first principles, that you **must** take a stand on.

And in 21st century America, at the top of the pyramid of ethical and moral issues about which we must speak up boldly, is the fate of unborn children.

The “paradox” of President Obama?

By Dave Andrusko

When I read Carrie Budoff Brown’s and Jennifer Epstein’s, “The Obama Paradox,” I concluded I didn’t understand the “paradox” and that the story, which appeared in *POLITICO*, was at odds with itself in many places.

Here’s the setting for Brown’s and Epstein’s “paradox.” They write

“The interviews [‘with more than 60 people’] which illuminate Obama’s thinking, outlook and choices as he navigates his second term, suggest a paradox. Often stymied at home and abroad, Obama recognizes that he

service members, featuring actor Johnny Depp and movie director Tim Burton, would play with jobless Americans.” According to Brown and Epstein,

“Now, settled into the second term, the Obamas are less concerned about the optics of mingling with boldfaced names, and seem to want to take advantage of the presidential perch.”

Honestly, you can’t make this stuff up. If you believe two reporters from a publication that has carried oceans of water for this president, Obama spends an inordinate amount of time rubbing elbows with athletes and academics and eating the finest foods in the snazziest places. Take this, for example:

“The setting was the U.S. ambassador’s residence — a 15th-century house known as Villa Taverna. For nearly four hours, Obama and seven others dined on assorted pasta dishes and sipped red wine from Tuscany and a white wine from northeast Italy. The guests — Obama had asked his hosts to put together a dinner of “interesting Italians” — included renowned architect Renzo Piano, particle physicist Fabiola Gianotti, Fiat heir John Elkann and his sister, Ginevra.

“He wanted to spend one evening talking about what is quite interesting in this country to talk about — art, science, community, architecture, cities and all that,” Piano said in an interview. “It was a very calm evening, a quite long dinner.”

Even now I’m not sure if the entire piece was tongue-in-cheek or they don’t grasp what a hugely unflattering profile they have painted of President Obama.

Either way if you place this story in the context of one account after another this week—including in the *New York Times*, of all places—you can’t miss the sense that friendly/friendlier observers worry the administration is on autopilot. Less friendly observers accuse Mr. Obama of mailing it in.

One other point worth considering. Conservatives and/or Republicans who’ve been on the receiving end of Obama’s hectoring lectures about their alleged unwillingness to work with him have always complained that Obama not only doesn’t try to work with them, but then lambasts them for not taking the [non-] extended hand of

friendship.

But why would he? Obama is always right. Always. Worse, as columnist and Fox News panelist George Will said recently, there is a “recurring theme” in Obama’s presidency: “There is no such thing as honest, intelligent disagreement with him.”

What’s happened of late is that with the November elections coming up fast, Democrats, who have privately leaked to sympathetic reporters their complaint that Obama worries about #1 and only #1, are publicly lamenting that he is hanging them out to dry. I believe when the history of this administration is written, one of THE tell-tale quotes will be from the *Times* story this week written by Carl Hulse. He wrote

“Despite the president’s service in the Senate, the relationship between the Obama White House and Democrats on Capitol Hill has been troubled in recent years as lawmakers complained that administration paid scant attention to the political needs of Democratic members and didn’t reach out to them enough. White House allies have suggested that lawmakers are too needy and that stroking congressional egos in either party is no guarantee of legislative progress.”

Can you imagine Lyndon Johnson or Bill Clinton or Ronald Reagan or either President Bush dismissing members of their own party as “too needy”?

As they say, it boggles the mind.



*Pro-abortion President
Barack Obama*

is less in control of the Washington agenda than ever in his presidency — a reality that has left him deeply frustrated at times.”

The paradox?

“Yet his newfound realism has also given him a palpable sense of liberation.”

Pardon?

Honestly, having waded through some 6,700+ words, the only “liberation” I can find is that Brown and Epstein portray him as liberated from working very hard (“Obama spent 46 days on the golf course in 2013”); liberated him from even pretending that he is not spending more time working on his “legacy” than being president; and liberated from worrying about aides who “fretted over elaborate state dinners and how a glitzy Halloween party for the children of military

Autos For Life speeds into summer!

By David N. O'Steen, Jr.

With summer upon us, thoughts turn to vacation plans, relaxing, cookouts, the beach, and Sunday drives with the family. This is also a great time to think about clearing out the garage or freeing up that additional parking space and, in the process, help National Right to Life.

We'd like to encourage 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. Please know that 100% of the sale amount 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 1999 Shasta Camper trailer from a pro-life supporter in Maryland, a 19' Renken Bowrider boat from a pro-life gentleman in Maryland, and a 2003 Pontiac Grand Am from a pro-life family in Virginia!

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!

How do you 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). 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 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. The most defenseless in our society are depending on us!



Report claiming US health care worse than abroad distorts facts but ObamaCare may soon make it a reality

from page 1

but foreigners expect **less** of their health care system than Americans, the US health care system is deemed inferior. It is not a cancer outcome, or a wait time indicator, or any other measure that can be determined by a look at raw data. A worse foreign system is deemed superior just because its participants are resigned to the poorer outcomes!

“One definition of ‘quality’ care is health services that meet or exceed consumer expectations. Even if the expectations of U.S. patients were higher than patients in other countries, the U.S. health care system should be held to the standard of meeting its consumers’ needs.”

This standard of measuring quality is totally subjective. In effect, if US health care delivers better outcomes than systems abroad, but foreigners expect **less** of their health care system than Americans, the US health care system is deemed inferior. A worse foreign system is deemed superior just because its participants are resigned to the poorer outcomes! It is not a cancer outcome, or a wait time indicator, or any other measure that would just look at raw data.

Incredibly, the Commonwealth Fund report never independently addresses any outcomes like cancer survival. It pays no attention, for example to the fact that Americans have better survival rates than Europeans for common cancers. [1] Studies show that breast cancer mortality is 52 percent higher in Germany than in the United States, and is 88 percent higher in the United Kingdom. Prostate cancer mortality is 457 percent higher in Norway, and 604 percent higher in the U.K.

When the study actually looks at objectively measurable outcomes, such as life-expectancy, even these measures tend to be unbalanced. The Commonwealth study purports to look at the following measure of life-expectancy in tandem: mortality amenable to medical care, infant mortality, and healthy life expectancy at age 60.

At first glance, this metric shows the U.S. having the lowest life-expectancy among several first-world nations. However, life expectancy is not dependent exclusively on health care. If one adjusts for two simple factors, deaths from homicide, which are much higher in the U.S. than in other nations, and transportation accidents, the U.S. actually rises to the top! Documentation for these claims can be found here: www.nrlc.org/USHealthCarebetter.pdf

Further, not all countries define birth (and consequently infant mortality) the same way.

For example, in the United States, arrivals of all live infants are counted as births. But many European nations have more restrictive definitions. For example, France and the Netherlands report live births only if the infant weighs at least 500 grams — a little more than a pound — or were born at 22 weeks’ gestation or later. They show lower infant mortality than the US because they move the goal posts; deaths among premature infants are not counted, as they are in the U.S.

Sadly, although inaccurate for the time period it covered, the Commonwealth Fund report may be prophetic. As a consequence of Obamacare, America’s hitherto high standard of health care may be declining. Although the data for the 2014 report was collected before the bulk of Obamacare’s provisions took effect, there is reason to believe that due to the health law’s mechanisms of reducing health care spending there will be a very real decline in healthcare available to Americans.

According to the most recent CBO’s report “Updated Estimates of the Effects of the Insurance Coverage Provisions of the Affordable Care Act, from April 2014,” Obamacare will drive U.S. health care spending \$104 billion below what had been projected over the next decade. These “savings” will come at tremendous cost in human lives.

The CBO report goes on to describe the reality — that while insurance premiums are being held down, there is solid and growing evidence that these plans restrict access to life-saving medical treatment for ourselves, our family members, and our loved ones.

CBO writes, *“The plans being offered through exchanges in 2014 appear to have, in general, lower payment rates for providers, narrower networks of providers, and tighter management of their subscribers’ use of health care than employment-based plans do. Those features allow insurers that offer plans through the exchanges to charge lower premiums (although they also make plans somewhat less attractive to potential enrollees).”*

Last year, when hundreds of thousands of Americans lost plans they liked, the administration claimed that the new exchange plans would be better than the old plans. This could not be farther from the truth for tens of thousands.

As millions of Americans are attempting to start using their new Obamacare exchange health insurance plans, stories about denial of treatment keep piling up. You can read more on this at nrlc.cc/QpXbrk. The newly issued

CBO report confirms that exchange plans are restrictive. What’s worse, this is by design.

Rarely reported in the mainstream media is an Obamacare provision under which exchange bureaucrats must **exclude** health 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 also 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.

While Obamacare continues to roll out in 2014, it is important to continue to educate friends and neighbors about the dangers the law poses in restricting what Americans can spend to save their own lives and the lives of their families. Is also key to point out that when Americans are allowed to spend more, they really do get more for their money. You can follow up-to-date reports here: powellcenterformedicalethics.blogspot.com

[1] Coleman, Michel P., et al. “Cancer survival in five continents: a worldwide population-based study (CONCORD).” *The lancet oncology* 9.8 (2008): 730-756; Verdecchia, Arduino, et al. “Recent cancer survival in Europe: a 2000–02 period analysis of EUROCARE-4 data.” *The lancet oncology* 8.9 (2007): 784-796.

January 2015 trial set for Indiana abortionist

By Dave Andrusko

Lake County Criminal Court Judge Nicholas Schiralli set a trial date of January 26 for 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. Klopfer potentially faces a fine of \$1,000 and 180 days in jail if convicted of the Class B misdemeanor. Klopfer was not in court Monday.



Ulrich Klopfer
(WSBT photo // Jade Birch)

As the saying goes, this offense is only the tip of the iceberg in the case against the 73-year-old Klopfer.

As *NRL News Today* reported, Klopfer admitted to failing to report abortions provided to girls under 14. However Klopfer insisted that he'd made an "honest mistake" in "failing to report two abortions he performed on girls younger than 14 from Gary in 2012 and South Bend in 2013," according to Amanda Gray of the South Bend Tribune. Klopfer also told Gray that "state records showing that he took six months to report a Feb. 7 abortion of a young teen in Fort Wayne are in error."

In March prosecutor's office spokeswoman Jessica McBrier confirmed to Gray that detectives took files and other paperwork from Klopfer's office at the Women's Pavilion abortion clinic. "McBrier said the search warrant was served as part of an ongoing investigation into Klopfer based on complaints and accompanying paperwork from St. Joseph County Right to Life Program Director Jeanette Burdell," Gray reported.

Thanks to the result of the search warrant, Gray was able to publish the results of state inspections that had taken place at three abortion clinics in 2010 and 2012. The violations ran the gamut from "procedural infractions" to very serious infractions. They included

* "at least three occasions where abortions were provided within an hour or two of when

patients signed their consent paperwork — violating the law requiring an 18-hour window between consenting and the procedure."

* "in a refrigerator at the clinic meant only for medication storage, an abortion specimen from a procedure that had occurred two months prior sat, waiting for pickup from a detective in a 'possible rape case,' according to a clinic staff member."

* A tank of nitrous oxide with an expiration date of December 3, 1989, was found in 2010.

* "The inspector also found poorly maintained emergency response equipment, such as a defibrillator that hadn't been maintained by industry standards."

* "violations ranging from a staff member not changing scrub jackets between cleaning soiled instruments and other patient care duties and staff taking home soiled linens to wash."

Also, as *NRL News Today* reported, Klopfer is taking a "hiatus" from performing abortions

in Ft. Wayne, Indiana, because he had lost his backup physician. Indiana law 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."

In this case, Klopfer's backup was a pro-life doctor, Dr. Geoffrey Cly, who agreed in 2010 in order to protect women receiving abortions from Klopfer. However Cly resigned, effective January 1, 2013, citing Klopfer's failure to file timely reports about abortions on girls 13 and under.

However, Klopfer is not the only abortionist who failed to adhere to state reporting requirements; there are at least four, according to Gray. In seven of the 12 abortions performed on girls under 14 since July 2011, abortionists "did not file reports until several weeks — in one incident, it was six months — after the procedure," Gray reported. "In two other cases, it was unclear when the reports were filed because state records are incomplete."

However Klopfer was the worst offender.



Ohio man held in deaths of girlfriend and 8-month-old unborn child

By Dave Andrusko

According to Taisha Ramirez's family, the 10th grader at Lakeside High School in Ashtabula, Ohio, was pregnant, already planning on going to college, and had sent out cards for her baby shower which was to take place June 7.

But instead her family held a memorial that day for the 17-year-old who died with her eight-month-old unborn child on May 25, allegedly at the hand of the baby's father, Marke Brown, 20.

Making an unbearably tragedy even worse, Ramirez had been treated at the hospital for facial injuries and what looked like a broken nose just hours before she and her baby were killed.

Reporting for a local television station, Dena Greer explained that police had been called early that Sunday morning on a report of a domestic situation. "I heard the scream and when I came down. I just saw the blood on the floor and I saw her bleeding," said Ismal Ruic, her brother, who was inside the family home at the time of the assault.

They took Ramirez to Ashtabula County Medical Center where the victim was treated

and released. Brown, who was in the home, was a suspect in the assault.

Incredibly, at around 9:15 a.m., barely three hours after police investigated the assault on Ramirez, paramedics responded to a report



Marke Brown

of Ramirez being found unresponsive, according to Ashtabula police. Ramirez was found conscious and "authorities said that Ramirez was rushed back to the hospital, where she and her unborn child died at 10:34 a.m.," Greer reported.

"She was so happy that this was her last year," neighbor and close friend, Alexis Salgado told Mark Zinni of Fox News 8. "She was gonna have a baby. She was happy about that. She was gonna finish school and start college."

"[She was] eight months pregnant; that's what gets me," he said. "You're going to let a girl go that is 17 and eight months pregnant after getting beat up and you're not going to check the baby? What did they do there? That's what gets me. Maybe if she stayed there at the hospital [she'd] still be with us."

Brown is being held on a \$820,000 bond.

Rep. Palazzo introduces bill

from page 1

In a letter to Palazzo endorsing the legislation, NRLC Legislative Director Douglas Johnson said, "The concept that a violent pre-natal death by abortion is preferable to life with a disability is incompatible with, and corrosive to, fundamental disability-rights principles. Acceptance of such causes of action is a manifestation of a resurgent drive to promote human eugenics — an ideology that was in vogue in the early 20th century, but became discredited when zealously implemented

in some states and nations. Certainly, such lawsuits cannot be reconciled with recognition that each unborn member of the human family has an intrinsic right to life."

The bill curbs claims based on the theory that a child should have been aborted because he or she had a condition that was not caused by the defendant, such as a genetic disorder, but it would not interfere with traditional types of malpractice claims in which a defendant is held liable for negligent conduct that directly

causes personal injury or death to an unborn child or to the baby's mother.

The bill was introduced on May 21 with 32 original co-sponsors, and referred to the House Judiciary Committee. There are now 50 co-sponsors. An always-current list of co-sponsors, arranged by state, can be viewed on the NRLC Legislative Action Center at www.capwiz.com/nrlc/issues/bills/?bill=63227811&cs_party=all&cs_status=C&cs_state=ALL

“Children’s Charities” push hard to promote assisted suicide of children in Scotland

By Dave Andrusko

In February when Belgium legalized the euthanasia of children, we all knew two things. The “protections/safeguards” weren’t worth a plug nickel and that the virus would quickly spread.

I don’t know enough about Scotland to have predicted what are called “children’s charities” would come together to piggyback on efforts to legalize assisted suicide for adults, which is still illegal. That’s right, the slippery slope is so steep that an organization called “Together” has cautioned members of the Scottish Parliament not to set an age limitation of 16!

That organization includes two “children’s charities”—Barnardo’s and Save the Children.

“Together” bills itself as working to ensure the UN Convention on the Rights of the Child is implemented in Scotland.

To that end there is a Parliamentary committee which is looking into the Assisted Suicide (Scotland) Bill. Under this bill, people as young as 16 with a “terminal illness or progressive life-shortening condition to be helped to commit suicide,” according to the Christian Institute.

But that’s not good enough (so to speak) for “Together.” It argues that under the Convention, “a child’s opinion on his or her healthcare ‘must be respected and given due weight’ in accordance with their ‘age and maturity.’” The Christian Institute reported. Where should the Scottish Parliament (the Holyrood) look for guidance? Together recommends (who else?) Belgium.

The anti-assisted suicide organization Care Not Killing responded, “Right-minded people will be baffled that such an idea can be advanced, not least from one organization purporting to represent the interests of children. Such a monstrous idea should be unthinkable.”

It should be unthinkable, but it isn’t.

Fury over call for assisted suicide for under-16s

**CHARITIES
DEMAND
RIGHT TO
DIE LAW FOR
CHILDREN**

The most Endangered Species in England

By Kurt Kondrich

According to sources in Great Britain the Turtle Dove has seen a 90%+ decrease in numbers since 1970, and this legendary creature seen as the symbol of true love and featured in one of our best-known Christmas

carols is declining so rapidly that it may be gone from Britain by the next decade. This is very sad and requires immediate attention, but there is another beautiful species in England that is facing extinction with very little if any outcry or publicity. The individuals of this unique species also symbolize true, unconditional love, and they have brought immeasurable happiness, purity, and goodness to a lost culture of death and depravity.

A recent study indicates that that 92% of babies with Down syndrome are aborted in Britain, and abortion is legal in Britain, up to birth, in situations where a baby is diagnosed with Down syndrome. This silent, prenatal eugenic movement is spreading not just in England but across the globe, and like the Turtle Dove individuals with Down syndrome could move from the endangered species list to the extinction category in the not too distant future. If children with Down syndrome were furry animals, unique birds, rare fish or beautiful plants facing a 90%+ termination rate would there be worldwide protest, outrage and media coverage?

My amazing daughter Chloe was born in 2003 with a diagnosis of Down syndrome, and she has done more to spread light, love,

happiness and hope in 11 years than most people do in a lifetime. Chloe meets frequently with policymakers and leaders to show the ABILITIES and purity of children with Down syndrome, and she has shown countless people that all life is a priceless, precious gift to be embraced, protected and cherished.

I recently asked an elected official this question: “How do you know Chloe and individuals like her are not looking at the rest of us and thinking ‘What is wrong with these humans who are filled with anger, violence, hatred, depravity and despair and why can’t they fix themselves?’” Who are the truly defective, broken, disabled ones in our culture of death?

In the late 18th and early 19th centuries William Wilberforce was a member of parliament and an unwavering voice of truth across England who was very influential in the abolition of the slave trade and eventually slavery itself in the British Empire. England and the rest of the world are in desperate need of many courageous, loud, truthful voices like Wilberforce to end the prenatal eugenic slaughter of a unique species this misguided world cannot afford to lose.



Chloe Kondrich

The Canadian Medical Association says no to euthanasia

By Alex Schadenberg

Between February 20 and May 27, The Canadian Medical Association (CMA) held a national dialogue on end-of-life care in Canada that included 5 events and an opportunity for input from CMA members and Canadians in general.

As stated by the CMA, the national dialogue on end-of-life care focused on three issues: advanced care planning, palliative care, and euthanasia and physician assisted dying. The secondary focus of the CMA national dialogue was to establish common definitions and terminology and to inform Canadians of the current legal and legislative framework on these issues.

The outcome of the CMA national dialogue was published on the CMA website June 10, 2014, through a media release and a 17-page document titled: End of Life Care: A National Dialogue.

The CMA document makes the following basic recommendations:

1. Canadians need to discuss end-of life wishes and they need to prepare appropriate and legally binding advanced care directives.

2. All Canadians should have access to palliative care services within a national palliative care strategy. Public and professional education concerning palliative care and its services is also required.

3. Canadians are divided on euthanasia and physician assisted dying. If the law is changed strict protocols and safeguards are required to protect vulnerable individuals and populations.

Previously, in a statement issued May 28, 2014, the CMA said “Canadian physicians were very gratified” when Canada’s federal parliament passed Palliative Care Motion 456 calling for a national palliative care strategy.

The terminology section on page 5 of the CMA document is helpful in clearing up confusion about euthanasia, assisted suicide, palliative care and medical aid in dying.

The CMA defines Euthanasia as:

Knowingly and intentionally performs an act, with or without consent, that is explicitly intended to end another person’s life.

The CMA definition for Physician-assisted dying is less helpful because the legal term

is Physician-assisted suicide. The CMA definition is:

The process in which a physician knowingly and intentionally provides a person with the knowledge and/or means required to end his or her life, including counseling about lethal doses of drugs and prescribing such lethal doses or supplying the drugs.

The CMA’s definition for Medical aid in dying acknowledges that the term encompasses both euthanasia and assisted suicide.

The CMA definition for palliative care states that:

it involves the prevention and relief of suffering and the treatment of pain and other physical, psychosocial and spiritual symptoms.

While the definition of palliative care is incomplete because it omits that the intent is not to hasten death, under the commentary by CMA ethicist, Dr Jeff Blackmer, the CMA document states:

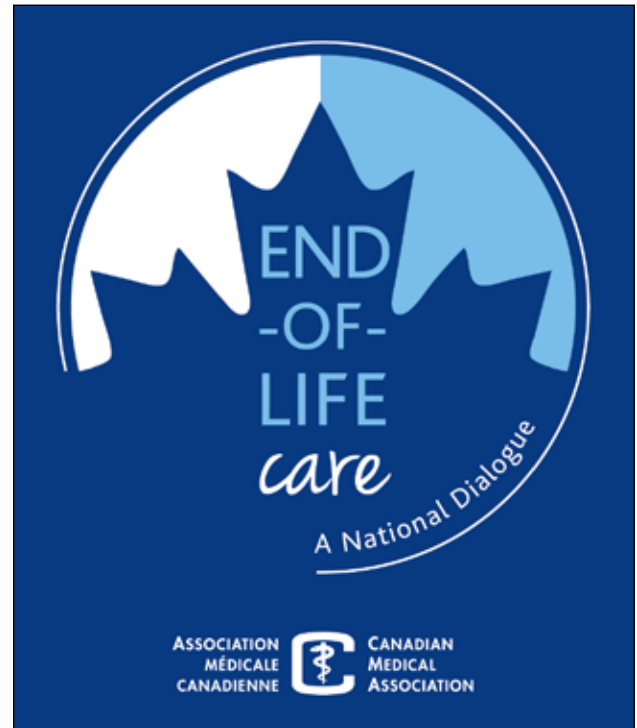
The continuum of palliative care does not include euthanasia or physician-assisted death.

Blackmer’s statement on the continuum of palliative contradicts Québec’s euthanasia Bill 52 that defines euthanasia as part of the continuum of end-of-life care that includes palliative care. The CMA definition for Palliative Sedation is helpful. The CMA states that Palliative Sedation is:

The use of sedatives medications for patients who are terminally ill, with the intent of alleviating suffering and managing symptoms. The intent is not to hasten death, although this may be a foreseeable but unintended consequence of such action.

The CMA has clearly differentiated the proper use of Palliative Sedation from euthanasia and assisted suicide. Palliative Sedation is often abused creating confusion about its purpose and intent. The CMA document allows us to state that the proper use of palliative sedation is not euthanasia.

The section of the CMA document concerning Euthanasia and Physician-Assisted



Death provided many comments from people who attended one of the National Dialogue sessions.

It was fitting that CMA ethicist Blackmer pointed out that:

Physicians go into the profession to relieve pain and suffering and the oath they take obliges them not to hasten death. Legalizing physician-assisted dying would blur the lines about what physicians are supposed to be doing.

Blackmer then stated:

Our philosophy is that of care and not killing.

The Euthanasia Prevention Coalition (EPC) considers the CMA national dialogue on end-of-life care to have been a helpful process to all concerned.

The EPC urges the CMA to look further into the actual experience with euthanasia that has occurred in Belgium especially since the Québec government passed euthanasia Bill 52, a law that is very similar to the language and design of the Belgian euthanasia law.

Editor’s note. This appeared at alexschadenberg.blogspot.com.

New Jersey is again the target of dangerous doctor prescribed suicide legislation

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

The assisting-suicide advocacy groups, Compassion & Choices and the Death with Dignity National Center, have targeted several states this legislative session and New Jersey is high on their list.

Despite a failed effort to advance the same bill last session due to lack of support as well as a veto threat from Gov. Chris Christie, advocates



Pro-life New Jersey Gov. Chris Christie

of assisting suicide are charging ahead with a dangerous doctor prescribed suicide measure (A2270).

The groups promote essentially the same language that governs both Oregon and Washington. The language, developed initially for Oregon, purports to “safeguard” the practice of doctor prescribed suicide by restricting it to the terminally ill and the competent.

The so-called safeguards have been widely criticized. Diane Coleman, president and CEO of Not Dead Yet, a leading national disability organization against assisting suicide, recently said of its advocates,

“They have no answers to our arguments, namely that all these legalization bills are dangerous and discriminatory....There is no meaningful protection in any of these bills for people vulnerable to coercion and abuse. How would a doctor observe coercion that occurs at home behind closed doors? And with no independent witness required at the death, we have no way of knowing what really happened.”

Nonetheless, this legislation is now facing

the New Jersey Health Committee in the Assembly.

A June 5 New Jersey Star-Ledger article by Susan Livio, “Assembly panel to debate, vote on assisted suicide bill today” observes

“The same committee approved the bill in the last legislative session but it never gained momentum amid opposition from physician groups, hospice providers and the New Jersey Catholic Conference. Many of the same opponents say they will be back to testify against the bill....”

The Medical Society of New Jersey, the Disability Rights Education & Defense Fund, a private attorney and representatives from the group, Not Dead Yet, a national, grassroots disability rights group oppose A2270.

Although assisting suicide is only legal for a small fraction of the world’s population, advocates remain focused on promoting this

dangerous legislation. Currently, doctor-prescribed suicide is legal in Oregon, Washington, and Vermont –and may have some legal protection in the state of Montana, due to a court decision. Also, an appeal is pending of a Second District court decision in New Mexico that struck their decades-old ban on assisting suicide.

In seeking to head off the organized, well-funded lobby that advocates legalization of assisting suicide, it is crucial to expose the inaccuracy of the claim that “safeguards” can effectively prevent undoubted abuse.

More information on how the safeguards are an illusion is available here: www.nrlc.org/MedEthics/WhySafeguardsDontWork.pdf

Alleviating suffering
is different from
eliminating
the
sufferer.

national
RIGHT TO LIFE

#Stand4Life

Father's Day and the Privilege of Faithfulness

By Dave Andrusko

Over the two weeks leading up to Father's Day, *National Right to Life News Today* ran at least one post a day on "Men and Abortion," including the classic Phil McCombs' column, "Remembering Thomas."

At the other end of the spectrum, perhaps as you anticipated Father's Day, you may have watched the Dove commercial celebrating fathers. It's at www.youtube.com/watch?v=7Jpb2_YdxYM and lasts only one minute, one second.

About half-way through, "For the times they answered out call" flashes on the screen. The snippets of rock-solid fathers

enjoying the chance to be there for their kids represents the very antithesis of the times men fail to answer the call of a spouse or girlfriend who is facing an unplanned pregnancy and feeling utterly alone.

Everyone who's been a dad remembers catching our son or daughter as they jumped into the pool, or soothing a crying baby, or helping (usually an impatient son) get his shirt over his head, or answering the muffled "daddy?" from our daughter who has awakened because of a bad dream.

Then the commercial seamlessly moves—as hopefully we move—to the coming of age

stage where we kiss our adolescent son on the head (for perhaps the last time he will allow), or drive out on a rainy night to answer a call from a adolescent whose car won't start, or consol a daughter whose heart has been broken.

Before you know it you are dancing with your daughter at her wedding and watching an ultrasound of your daughter's or daughter-in-law's baby. And it does seem as if 20 or 25 years of fatherhood has flown by in one minute and one second.

The Dove commercial is all the more powerful because there is absolutely nothing dramatic or out of the ordinary in the examples of "answered" calls. One happened just recently to me (at 4 this morning), in my dual role as dad and granddad. No big deal, it was my privilege to be able to help.

The Dove commercial ends, "Isn't it time we celebrate dads?" Well, I suppose, although I believe that misses the larger and more significant point.

As a dad/granddad, the ad beautifully celebrates the privilege of faithfulness—of doing the little things (which is after all most of life) as well as being there for the high-highs and the low-lows.

Everyone likes to be flattered, of course, but dads don't need to be celebrated for doing what we ought to doing in the first place.

Rather we should give thanks that God has placed these children in our lives. We should be grateful beyond words to be able to add to the typically far more important contribution of their mother to raise our kids to be good men and good women.

And should we have terribly failed their mothers—consenting to, if not actively encouraging them to abort—we can only contritely ask for forgiveness for having not answered the call.



Freedom of conscience in medicine is under sustained attack but is worth fighting for

By Dr. Peter Saunders

Editor's note. Dr. Saunders is a former general surgeon and is CEO of Christian Medical Fellowship, a UK-based organization with 4,500 UK.

I have previously highlighted the case of two Glasgow midwives who were disciplined by their NHS Trust for refusing to participate in abortion.

Their Trust was found to be in the wrong by the Scottish Court of Appeal and the case has been referred to the UK Supreme Court where a further hearing is still awaited.

A single act of physician refusal to abort a patient can evoke headlines around the world, especially in nations targeted by the pro-abortion industry.

Conscientious objection on the part of Hippocratic physicians is a major obstacle now under concerted attack worldwide.

The Center for Reproductive Rights (CRR) has recently submitted its wish list to the UN to be incorporated in the Sustainable Development Goals (SDG's) now under negotiation.

Especially interesting is the direct targeting of rights of conscience. The CRR document encourages nations to track *'Rates of implementation of judicial or administrative decisions concerning violations of reproductive rights, including through the unregulated use of conscientious objection...'*

Because many physicians have stubbornly refused to kill their unborn patients, the UNFPA (United Nations Fund for Population Affairs) has decided to recruit midwives to fill

the void of abortion providers.

The report states: *"The definition of 'midwifery' used in this report is: the health*



Dr. Peter Saunders

services and health workforce needed to support and care for women and newborns, including sexual and reproductive health and especially pregnancy, labour and postnatal care. This includes a full package of sexual and reproductive health services, including preventing mother-to-child transmission of HIV, preventing and treating sexually transmitted infections and HIV, preventing pregnancy, dealing with the consequences of unsafe abortion and providing safe abortion

in circumstances where it is not against the law." (emphasis mine)

In biblical thinking, the conscience is one of the most fundamental aspects of what it means to be a human being. The conscience is part of our created humanity and it is present in all, not just those who are believers. The conscience is seen as, in some sense, an internal reflection of God's law for all mankind. The Apostle Paul, writing of the Gentiles who did not receive the Mosaic law, states that 'what the law requires is written on their hearts'

Freedom of conscience is not a minor or peripheral issue. It goes to the heart of medical practice as a moral activity. Current UK law and professional guidelines respect the right of doctors to refuse to engage in certain procedures to which they have a conscientious objection.

The right of conscience helps to preserve the moral integrity of the individual clinician, preserves the distinctive characteristics and reputation of medicine as a profession, acts as a safeguard against coercive state power, and provides protection from discrimination for those with minority ethical beliefs.

It is worth fighting for.

Sources —American Association of Pro-Life Obstetricians and Gynecologists and Christian Medical Fellowship Files.

This appeared at <http://pjsaunders.blogspot.com/2014/06/freedom-of-conscience-in-medicine-is.html>

Know Your Stem Cells and Why Adult Stem Cells Remain the “Gold Standard” in Helping Patients

By David Prentice, Ph.D.

Even though many people know the term “stem cell” and the idea has been a part of public knowledge, discussion, and debate for over a dozen years, a majority of people still have only a vague idea of the details of stem cells, their types and sources, and the reality or fantasy of their successes. This lack of clarity is true for the public and professionals alike. So to shine some light on the subject, this article will help you learn to know your stem cells.

What is a stem cell?

A stem cell is an unspecialized cell that is capable of developing into a specialized cell of the body, such as a skin cell, a blood cell,

genes (also called “reprogramming” the cell) so that the normal cell starts to look and act like an embryonic stem cell. However, the origin of the cell is not from an embryo. Japanese scientist Dr. Shinya Yamanaka created the first iPS cells from mouse cells in 2006, as an alternative to embryonic stem cells, and in 2007 showed that the technique could also be used to make human iPS cells. Dr. Yamanaka was awarded the 2012 Nobel Prize in Physiology or Medicine.

Adult stem cells can be found in almost all body tissues, such as the bone marrow, liver, skin, skeletal muscle, intestine, brain, dental pulp, and fat. The same type of cells can also be found in umbilical cord blood and

the solid tissue of the cord, in placentas, and in amniotic fluid. Isolating adult stem cells for research or for use in therapies does not harm the stem cell donor.

What are the characteristics of the different kinds of stem cell?

Embryonic stem cells like to grow, and when

used in lab animals they tend to grow into tumors and mixed masses of cells and tissues. Because embryonic stem cells are taken from young human beings, they are rarely a proper tissue match, which means they will likely be rejected in a similar manner to a mismatched organ transplant or blood transfusion. ES cells are not suited to repairing damaged or diseased tissue.

The **iPS cells**, even though they are not taken from embryos, are similar in behavior to ES cells and so they also like to grow. Because iPS cells can be made from tissue taken from anyone, they could potentially be given back to a patient and theoretically would be a transplant match. They are best suited to laboratory studies on cell growth and disease. For example, Israeli scientists have made iPS cells from heart patients, then turned the iPS cells into heart cells in the lab, to study heart disease.

Adult stem cells have been successful in healing human beings for many years, treating dozens of diseases and disorders. Currently, over 60,000 people a year around the globe get adult stem cell transplants. Normal adult stem cells do not grow out of control, and in many cases they can be given back to the same patient from whom they were isolated, preventing transplant rejection. Adult stem cell research is quickly growing in documented successes with the rapid development of innovative therapies – therapies that come directly from the patient’s own body. By utilizing the cells that exist within them, a patient’s tissues are able to repair themselves naturally and effectively. Adult stem cells remain the **gold standard** among stem cells when it comes to helping patients.

For more information about stem cells:

Stem Cells, Cloning and Human Embryos: Understanding the Ethics and Opportunity of Scientific Research

Stemcellresearch.org

To see some real life examples of patients successfully helped by adult stem cells, see the videos at Stem Cell Research Facts. Adult stem cells save lives!

Dr. Prentice is senior fellow for life sciences at the Family Research Council.



a muscle cell, or a nerve cell. A stem cell also has the ability to grow and multiply, renewing itself and ensuring the supply of stem cells in the body is not depleted.

Is there more than one kind of stem cell, and where do they come from?

Yes! Stem cells can be placed into three main categories:

Embryonic stem cells (ES cells) are taken from the inner cell mass of the early embryo, usually when the young human is about 5 to 7 days old. Deriving these cells requires the destruction of the young embryo. ES cells are **different from fetal tissue** (tissue taken from aborted babies, usually at several weeks or months after conception); ES cells are taken earlier during human life.

Induced pluripotent stem cells (iPS cells) are made in the laboratory by taking a normal cell (not a stem cell) and turning on embryonic

More delays in revoking Kansas abortionist's license

By Kathy Ostrowski, Legislative Director, Kansans for Life

In a technical legal dodge, the Kansas Court of Appeals ruled June 6 that it is too early to review an appeal by the Kansas State Board of Healing Arts in the matter of abortionist Kris Neuhaus.

The Board revoked Neuhaus medical license in July 2012. She appealed and on March 7, 2014, Shawnee District Court Judge Franklin Theis blocked the revocation.

While Judge Theis upheld the conclusion that Neuhaus' record-keeping was inadequate, he overturned the assessment of administrative law judge Edward Gashler that Neuhaus had "seriously jeopardized" patients' care with inadequate mental health exams.

The Board appealed, pleading that "special circumstances" existed. But Thomas Malone, Chief Judge of the Court of Appeals, concluded that the district court is not finished with the matter and that the Board must revisit their sanctions of Neuhaus, as ordered by Judge Theis.

On June 10, the Associated Press reported the Board will review the Neuhaus matter in summer or fall, according to Kathleen Selzler Lippert, the Board's Executive Director. The Board of Healing Arts' next meeting had a pre-arranged agenda. Its next meetings are in August and October.

HISTORY

Neuhaus' had her medical license yanked for repeatedly breaking the state rules on medical record-keeping and patient exams.



Abortionist Kris Neuhaus

In 2003 Kansas law allowed an abortion of a viable fetus only if the woman faces "substantial and irreversible" harm to "a major

bodily function" or death. In 2003 that also included mental health.

For these post-viability abortions the law required an independent, second medical opinion. From 1999 to 2006, Neuhaus provided those second opinions for the late abortionist, George Tiller.

At issue were these required "validations" for third-trimester abortions for eleven young teens that took place in 2003.

All these young women were in their sixth or seventh month of pregnancy when they met with Neuhaus at Tiller's abortion clinic. Neuhaus was never trained as a psychiatric consultant, and ended up utilizing an online 'answer tree.'

Evidence from the patient files repeatedly indicated such diagnoses. were logged in and completed within 2 to 3 minutes. Thus the teens were able to secure these abortions at a cost of \$6,000 or more.

In 2011, Gashler found Neuhaus negligent in conducting mental health exams for these girls who aborted between July and November 2003. Gashler ruled there was no evidence "of any examination nor...of what transpired between the patient and licensee [Neuhaus]."

It Takes a Movement...

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remembered being nervous that I, as a single parent, wouldn't be enough. Then I looked over at my child, sitting in the midst of all of these amazing young people who adore her as much as she adores them and something struck me.

Every child should be this blessed. Every child should be welcomed into such a loving extended family. Clara has some physical special needs. These incredible kids find ways to teach her to do things that take her needs into account, and help her figure out a way to make it work. She learned to hop – a life skill very necessary to a child born with one leg missing below the knee – at a Wisconsin Right to Life conference. One of our camp team girls taught her. (Thanks, Rachel.)

Everywhere we go – from state conference to national convention with region meetings,

camp and retreats in between, my daughter is welcomed by people who love life.

Our opponents have long charged us with "only caring about children before they're born." I have always known this to be a baseless charge as I have watched pro-lifers adopt children of all ages, from all parts of the world and with all levels of ability. But having Clara has reinforced what I have always known.

The right-to-life movement is a gigantic, vast, loving and incredibly diverse family. You can literally be anywhere in the world and have a problem, and someone back here in the movement will know another pro-lifer in that part of the world who will come to your aid, as one of my friends experienced when her sister and teenage daughter were traveling abroad on September 11, 2001.

I literally cannot think of anywhere I would rather be raising a child. There is no "war on women" being waged by those of us who value and cherish life in all its stages. There most definitely is a solid campaign to love and encourage every single child. It doesn't matter how they are conceived. It doesn't matter where they are born. Their level of ability isn't taken into account. They are just loved and treasured -- as every child should be.

This environment is already shaping my daughter's character and I know that it will shape my friend's little boy in many crucial ways, as well. I don't know if it takes a village to raise a child, but I can firmly attest that having an entire movement in your corner doesn't hurt!