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National Right to Life President Calls on Journalists to Check Their Facts in Debate over Pain-Capable Unborn Child Protection Act

WASHINGTON – At a June 11 press conference at which Sen. Lindsey Graham (R-S.C.) announced the introduction of the Pain-Capable Unborn Child Protection Act in the U.S. Senate, National Right to Life President Carol Tobias called on journalists, when writing about the bill and the unborn children at 20 weeks fetal age or older who it would protect, to adopt a more skeptical approach to fact claims made by pro-abortion advocacy organizations, including ACOG and the Planned Parenthood Federation of America. On



Sen. Lindsey Graham and National Right to Life President Carol Tobias

June 19, 2015, Senate Majority Leader Mitch McConnell (R-Ky.), a cosponsor of the bill, told a conservative gathering in Washington that he will ensure that the bill receives a vote by the full U.S. Senate.

“As in the early days of the debate over partial-birth abortion in 1995-1996, many journalists are currently adopting and transmitting as fact, claims that are clearly erroneous and often indefensible, which they receive from advocacy groups

See “Journalists,” page 14

2016 Presidential Candidates on Late Abortion: Do you know where they stand?

By Karen Cross,
NRL Political Director

On May 13, 2015, the U.S. House of Representatives voted to approve the Pain-Capable Unborn Child Protection Act. H.R. 36 will extend federal protections to unborn children 20 weeks and older, who experience excruciating pain during abortion, and those who are born alive during late abortions. The vote was 242-184. Four Democrats voted in favor, and four Republicans voted against the legislation.



See “Candidates,” page 41

Editorials

Pro-Lifers: light keepers in a time of darkness

As I write this editorial, it's just been a few hours since the Supreme Court agreed it would delay the impact of two provisions of Texas' omnibus pro-life bill H.B. 2 scheduled to go into effect July 1 until the High Court acts on an appeal pro-abortion litigants will file later, we are five days out from the fourth of July, and it's just nine days until the beginning of the annual National Right to Life Convention. Let's take a few minutes together to tie together these developments—and several more—to see what they might tell us.

When you page through this massive digital edition of *National Right to Life News*, you could easily misread the signs. Oh, no, an individual judge, a panel of judges, a state Supreme Court, or even the United States Supreme Court has waded in, usually to put on hold (enjoin) a piece of pro-life legislation or something else that a knowledgeable body has put into place to protect women from the rapacious abortion industry.

But that's what they **do**, that's what they've **always** done. As a whole the judiciary is not friendly to the right to life cause. So if they temporarily—or even longer—bring to a screeching halt legislation that has been overwhelmingly approved by a state house and senate and signed by the governor, you have to understand what else is new? We win, acting as the handmaidens of the Abortion Industry they strike it down, we appeal and offer higher courts the invincible rationale for the law.

For example, the Iowa Supreme Court recently struck down a rule issued by the Iowa Board of Medicine requiring abortionists to be present and perform a physical examination on a pregnant woman prior to dispensing abortion pills. (Key to webcam abortions are never having the abortionist in the same room as the pregnant woman.) Six justices concluded this represents an “undue burden” on a woman's right to abortion and violated both the state and federal constitutions.

That's hooey and we've explained why multiple times in *NRL News Today* and in the story on page 38. If you want to know why the public is so often misled, read the *Des Moines Register* editorial over the weekend praising the decision and calling (politely, of course), for a purge of the Board of Medicine.

Understand that the babies killed in webcam abortions using abortifacients are up to 9 weeks old. The *Register*—which **knows** better—describes these **deliberately** induced deaths as a “miscarriage.”

It is regrettable that the United States Supreme Court did not review the 4th U.S. Circuit Court of Appeals decision overturning parts of North Carolina's ultrasound law. Refusing to grant certiorari leaves the state of ultrasound laws in confusion and conflict.

Without getting too technical, pro-lifers (and others) thought the High Court's 1992 *Casey* case resolved the whole “compelled speech” claim in the abortion context.

“The 4th Circuit, however, rejected *Casey* and applied what is called ‘heightened scrutiny’ to North Carolina's law which was almost identical to the Texas law upheld by the 5th Circuit,” said NRLC director of State Legislation Mary Spaulding Balch, JD. “In fact, in the North Carolina case, *Stuart v. Camnitz*, the Fourth Circuit expressly admitted that its use of heightened scrutiny conflicts with decisions in the Fifth and Eighth Circuits.”

Spaulding Balch concluded, “This, one would think, is a classic conflict in need of resolution by the Supreme Court.”



And it comes as no surprise that the High Court would review the portions of HB 2 which require that abortionists have admitting privileges at a local hospital in case of medical emergencies and that abortion clinics meet the requirements of ambulatory surgical centers. There are conflicting circuit court decisions, which invites the justices to reconcile the differences.

Why do the pro-abortionists rage over pro-life legislation? Because they make a difference. Take Minnesota's parental notification law.

The annual number of minor abortions in Minnesota peaked at 2,327 in 1980, the year before the parental notification law first went into effect. Teen abortions then began to steadily decline. Since 1989, the last full year before the Supreme Court ruling, abortions performed on minors have dropped 79 percent. In 2013 (the latest year for which data is available), minor abortions fell to 295, the lowest number on record (statistics for minors go back to 1975) and only 3 percent of all abortions.

And, of course, the abortion industry looks at the overall 12% **decrease** in the number of abortions just since 2010—the same people who warn that “anti-choice” legislation will cut into access and availability—and nonchalantly announce that these “evils” had nothing to do with this huge reduction in the number of abortion. They are simply shameless. (See the story on page 13.)

When we assemble in New Orleans beginning July 9, we will talk about state legislation, and court decisions, and passage in two states of the historic Unborn Child Protection from Dismemberment Abortion Act? (Does it surprise you not only that one Kansas judge would enjoin the law but suddenly find a “right” to abortion in the **state** constitution?)

The attendees will feast on a menu of educational entrees fit for a king. Name it and either a workshop or general session (or both) will take you through the ins and outs.

From the very first general session when you will hear Dr. George Delgado talk about the

See “Pro-Lifers,” page 35

From the President Carol Tobias



The “Rightest” of All Rights

I love holidays. Like many of you, Easter, Christmas, and Thanksgiving would be at the top of my list. After that comes Independence Day. I love the flags and the musical, patriotic marches of composers like John Philip Sousa. I love my country and all it represents, to us here at home and to those around the world who still see us as a “shining city upon a hill.”

And, of course, being a good pro-lifer, I love our country’s founding document, the Declaration of Independence. We all know those famous words, “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”

I have just started reading *His Excellency George Washington* by Joseph J. Ellis. In the preface, Ellis writes, “It seemed to me that Benjamin Franklin was wiser than Washington; Alexander Hamilton was more brilliant; John Adams was better read; Thomas Jefferson was more intellectually sophisticated; James Madison was more politically astute. Yet each and

all of these prominent figures acknowledged that Washington was their unquestioned superior. Within the gallery of greats so often mythologized and capitalized as Founding Fathers, Washington was recognized as *primus inter pares*, the Foundingest Father of them all.” Ellis said he will explain why that is so and I look forward to reading the rest of the book to find out why.

That phrase, “the Foundingest Father of them all,” got my attention. We are proud of our rights in America. The Declaration of Independence lists the “right to life, liberty, and the pursuit of happiness.” The first ten amendments to the U.S. Constitution are collectively called the “Bill of Rights.”

We have fought for almost two-and-a-half centuries to protect those rights. It’s almost a cliché to say that without the right to Life, you can’t enjoy or use other rights, but it’s also the truth. The right to Life for human beings must be paramount.

If George Washington was the Foundingest Father of them all, the right to Life is the “Rightest Right of them all.”

The first amendment to the Constitution, enshrined in the Bill of Rights, says that Congress shall not infringe on our right to free speech, or to peaceably assemble. We have the right to keep and bear arms; the right to not be deprived of life, liberty, or property, without

due process of law; and the right to a speedy and fair trial. We cherish these freedoms, these rights. But these are rights that, with enough power in the hands of the wrong people, can be taken away.

The right to Life, as unequivocally stated in the Declaration of Independence, is an unalienable right endowed by our Creator, not by the government. As Ellis wrote, George Washington was recognized as *primus inter pare*—first among equals. But the right to Life is not the first among “equals” because no other right can be considered equal. It is the preeminent right. It surpasses all others.

The life of an unborn child is ended by abortion for many reasons, but none of them should preempt the child’s right to life. That’s why the pro-life movement does so much to help mothers find life-affirming solutions to the problems surrounding pregnancy: to protect that right and help her mother in her time of need.

I’m sure you’ve seen the ads on television for the Humane Society, asking people to take a stand against animal cruelty. “For just \$19 a month, you can make sure these creatures receive the love and care they deserve,” the ad states.

Certainly, treating animals humanely reflects our status as a humane culture. Conversely, how much more does the treatment of a million unborn babies killed by abortion every

year reflect the inhumane standards of our society?

There are many people who believe we should be more concerned about our environment; blaming too many people, or “overpopulation,” as the reason for climate change. Whether or not you are Catholic, whether or not you believe in climate change, Pope Francis made a compelling argument to those who think the environment should be, over the right to life of unborn children, the primary concern for mankind.

In his encyclical, *Laudato si’* (“Be praised”), the pope wrote, “Since everything is interrelated, concern for the protection of nature is also incompatible with the justification of abortion.” He continued, “How can we genuinely teach the importance of concern for other vulnerable beings, however troublesome or inconvenient they may be, if we fail to protect a human embryo, even when its presence is uncomfortable and creates difficulties?”

As we celebrate Independence Day, let us recommit ourselves to the continuation of our work; to the efforts that will honor our nation’s founding document. Let us work to re-establish the unalienable right to Life as the first right, the unequalled, paramount right our founding fathers intended.

The Lessons of Andy

By Jean Garton

Editor's note. Jean, my friend of 30+ years, will be speaking at the annual NRLC Convention in New Orleans. If you have not registered yet, go to <http://nrlconvention.com/register>.

This is a story about Andy whose life came to be known throughout the world. Born with stumps for feet, Andy couldn't walk or swim. When Gene Fleming, an inventor in Nebraska, made customized baby shoes for Andy, he was soon toddling around and greeting everyone who came by. He visited schools and hospitals, encouraging disabled children for whom he was something of a role model.

Then one day in 1991, when Andy was four years old, he was kidnapped and brutally murdered. No motive or suspects have ever been found. Authorities called the incident "senseless destruction." Andy's death made news around the globe. It was featured on TV networks, and newspaper headlines read "Beloved Goose Found Murdered."

Yes, Andy was a goose! He was discovered with his neck broken and his head and wings pulled off while still wearing the baby shoes made especially for him.

"Why would anyone do that to this poor little goose," asked Andy's owner, Nadine Fleming. "He was my pet," she said, "but someone broke into his house, kidnapped and killed him." It was a cruel, barbaric and tragic act, and his loss was mourned by many.

It seems ironic, doesn't it, that it was his disability--the absence of feet--that made Andy special. Then when someone found a way to meet the challenge of that disability

it made Andy famous and beloved.

Why don't we do that for unborn children? Thousands are aborted when it is discovered that they may have a limitation, whether slight or large. Like Andy who was torn apart in a brutal way, in abortion the unborn are torn apart, dismembered, scalded, or killed in other horrific ways.

Why don't *their* limitations make them special instead of making them disposable?

Unlike Andy who was personalized by having a name, unborn children are treated as non-persons, not only in our culture but also in our law. Non-human entities such as corporations, trade unions, and ocean going vessels are accorded personhood. They are protected under the law, but living human unborn children aren't!

Can a corporation have a blood transfusion? Can a trade union experience physical pain? Can an ocean going vessel have heart surgery?

Human unborn children can experience all of those while still in the womb!

When the category of "human being" changes from fixed to fluid, the certainties that biology teach us simply dissolve. Who is or isn't a human being is inevitably up for grabs.

Inalienable human rights quickly become alienable. The word "inalienable" means "a right of which I cannot be deprived; a right of which I cannot even deprive myself." That is why, in the past, the U.S. opposed abortion, suicide and euthanasia.

The key phrase in that sentence is "in the past."

Since 1973 the anti-life forces have targeted the little ones in the womb who are unwanted

for any reason--especially those with a limitation (like Andy)--and children born with major medical problems. However increasingly human beings at the other end of life's spectrum are in the crosshairs when they become, like the unborn, dependent, disabled, nonproductive, or "unwanted."

Are you a human being? By whose standard? In whose opinion? It gets very iffy for all of us when human beings are not recognized as deserving of legal protection, beginning in the womb and extending through natural death.

But for all the bad news, the far more important good news is that the unborn and the medically vulnerable have a legion of defenders, women and men, young and old, who will not rest until all are protected in law.

I once wrote a "Top Ten" list for *National Right to Life News*, those indispensable individuals who are the solid gold of our movement and who, at great sacrifice, have given us a foundation and a vision with which to shape the future.

With no order or ranking, since all are valuable and essential, here is my Top Ten List of Gifts to Unborn Children.

1. The Seasoned Warriors who were in the first wave of the battle and, 42 years later, are still standing and devoting their time, talent, and treasure to the defense of unborn children.

2. The Angels in supportive services who counsel and uphold women struggling with untimely pregnancies while providing a loving and practical response to crisis situations.

3. The Influencers--priests, pastors, teachers, speakers and writers who promote the sanctity of human life.

4. The Whistleblowers -- men and women of honor and

conscience who have testified to the cruel workings of abortion clinics and the brutality of abortion procedures.

5. The Mind-Changers who once favored abortion as a woman's right but who are now valuable witnesses in the vital struggle against an evil and killing movement that promotes death solutions to life's problems.

6. The Pray-ers who faithfully call on the greatest Power of all and Whom we thank for each success, recognizing that our victories can only be explained in terms of the God.

7. The Parents who instill in their children an appreciation for the gift of life and the importance of protecting all members of the human family.

8. The Wounded -- women and men who are also victims of abortion and, having been deceived by the seductive rhetoric of abortion, are now willing to publicly share their pain to save others from the suffering.

9. The Legislators -- who continue to hold to their convictions and to seek legal protection for unborn children.

10. The Disabled -- who are the greatest of teachers of the truth that human life is valuable regardless of age, stage, or condition because it is -- simply and wondrously -- human life.

The Bible says: "There is a time for everything, and a season for every activity under heaven." (Eccl. 3:1) The time is now; the season is now; the activity is righteous.

A lesson is gradually being learned throughout this land: abortion kills babies, hurts women, and is a violation of every core principle that we believe in as Americans.

See you at the convention.

Kansas judge enjoins Unborn Child Protection from Dismemberment Abortion Act

Rules abortion also protected by state constitution

By Kathy Ostrowski, Legislative Director, Kansans for Life

On June 25, Shawnee County District Court Judge Larry Hendricks issued an injunction that bars the first-in-nation Kansas Unborn Child Protection from Dismemberment Abortion Act, Senate Bill 95, from going into effect July 1.

The judge's order will remain in effect while he considers the lawsuit further.

Oklahoma has also passed the Unborn Child Protection from Dismemberment Abortion Act which goes into effect November 1.

"We feared that this might happen, that a judge in Kansas could do that because we have a very red state with very blue judges," said Kansans for Life executive director, Mary Kay Culp, "but we frankly never thought this could happen in a bill that banned this most brutal kind of abortion."

"Judge Hendricks' injunction leaves unborn children vulnerable to painful death by dismemberment," said Mary Spaulding Balch, JD, National Right to Life director of state legislation. "The fact that the practice of dismembering an innocent, living unborn child is legally protected killing should outrage people everywhere. Dismembering living unborn children needs to be outlawed."

The *Associated Press* reported that "Kansas Attorney General Derek Schmidt said

a judge's ruling blocking a new anti-abortion law is based on an unprecedented legal interpretation of the state constitution."

Based on model legislation



Judge Larry Hendricks

from National Right to Life, the Unborn Child Protection from Dismemberment Abortion Act was passed overwhelmingly by both houses of the Kansas legislature earlier this year and was signed by pro-life Gov. Sam Brownback.

The lawsuit attacking HB 95 was filed and argued by the New York-based Center for Reproductive Rights on behalf of the Overland Park Center for Women's Health that had previously sued two other Kansas pro-life laws.

The Kansas Attorney General's office defended SB 95 as well-founded on U.S. Supreme Court language that upholds the state's right to show

respect for life inside the mother and to insure the integrity of the medical profession which it regulates.

As defined in SB 95, a dismemberment abortion is

a doctor to choose the abortion method he or she might prefer ...[and physicians] are not entitled to ignore regulations that direct them to use reasonable alternative procedures."

Even pro-abortion justices of the U. S. Supreme Court have acknowledged that the dismemberment of a living unborn child is as brutal and inhumane a method of abortion as the partial-birth abortion procedure, which is now illegal throughout the country.

SB 95 allowed exceptions for an abortion needed to prevent the death or physical damage to the mother. The federal Partial-birth abortion ban allows only an exception to prevent the death of the mother. The U.S. Supreme Court upheld that law in the *Gonzales* decision.

Kansas health department statistics had shown a recent 9% rise in use of this inhuman dismemberment method, which was used to tear apart 637 living unborn children in 2014.

Kansans for Life is confident this law will eventually be upheld—mirroring the long, but successful partial-birth abortion battle in which the U.S. Supreme Court eventually acknowledged the validity of pro-life legislation.

performed when sharp metal tools are used to grab and yank off limbs of a living, well-formed, unborn child inside the mother's womb. Unfortunately, the hearing completely omitted the procedure's description, and focused on dry legal points as if debating a parking lot boundary line.

Judge Hendricks echoed the abortion industry claim that the federal "right" to an abortion is fully upheld in the Kansas constitution. In doing so Judge Hendricks ignores the key 2007 *Gonzales* ruling, in which the Court said:

"Casey [the 1992 Supreme Court decision] does not allow

Pregnant at 17, she refused abortion. Now she calls her daughter a ‘gift’

By Marybeth Mitcham

Editor's note. This essay appeared at <http://liveactionnews.org/18-years-ago-my-magnum-opus/> and is reprinted with permission.

According to the timetable that I set for myself as a teenager 18 ½ years ago, I should now be able to have my life back.

I had gotten pregnant at the age of 17, and married my baby's father so that the child could be raised in a two-parent home.

I won't lie and say that it was easy.

It wasn't.

I was the daughter of a Protestant preacher, and my boyfriend at the time was the son of a church deacon. We were both in college full-time, me as a freshman on a pre-med track,

as a married couple before our child arrived.

There are so many things that the older me, looking back, cannot believe that we handled. The shock of finding out that our lives were forever changed. The heartbreaking task of telling our parents that we had erred. The shame of everyone knowing the outcome of a very personal action.

Lives flipped upside-down and ripped inside-out.

And that was just the beginning.

I knew that something was wrong with the pregnancy on my wedding day, when I started to bleed. This fear became personified a little under two months later, when we found out that the reason that I had been so sick and continued to bleed was

complications included likely preterm birth, possible severe cognitive limitations, definite post-birth surgery, guaranteed developmental delays, and a very real possibility of death.

Abortion was strongly encouraged.

We were told that we would be selfish and cruel if we did not choose to terminate, as our child would have a painful, limited existence.

What are two kids to do when faced with news like that?

What can any parent do when told that their child would very possibly die once it was born, and if it did not, the life that it would lead would be so full of challenges that it would be a kinder thing to choose to terminate.

It would be like the baby just went to sleep, I was told.

I could be able to live my life again, and not have to worry that having a child would mean that my education and career would take a backseat to raising another human.

I could choose to be free.

I am sure that the medical professionals meant well, knowing at least some of the things that I would have to give up and the challenges that I would face were I to continue with the pregnancy. They most likely thought that I would be relieved to have a “good” reason for which to rid myself of what they considered to be an unwanted burden. In their eyes [abortion would be], breaking the crippling chain which would prevent me from reaching the educational and professional successes that were just within my grasp.

However, my husband and I had both been raised to know the value of life. Even though we had made a mistake in choosing to act outside of God's perfect plan for us, we knew that our child was innocent. Our baby had been entrusted to us to care for and protect.

So, two scared kids chose life for their baby.

Then came the whirlwind of medical appointments, changed plans, additional preparations, and altered expectations. Surgeons were consulted. The Neonatal Intensive Care Unit (NICU) was visited. Plans were cancelled so that we could remain near the hospital. People were told, so that they could be aware and pray.

I think that this last factor was the hardest for me. I was trying so hard not only to do the right thing, but to prove to everyone that I could be a good mom, even though I was very young.

I couldn't even be a good mom when pregnant.

I couldn't protect my baby from harm.

The worst of it was when one well-meaning Christian leader kindly told me that the reason that my baby had a defect was because God was punishing me for my sin.

How is a scared teenage mom supposed to respond to that?

Even though I knew that it wasn't true, that one declaration deeply wounded me. To this day, I can still remember feeling like someone had just carved out a huge hole in my midsection. I don't even remember what I said, but I most definitely



and him as a junior and a student athlete on a full scholarship. A baby was most certainly not in the plans for either of us, but since we had already planned on getting married, albeit at a much later date, we decided to hurry things up a bit so that we could at least spend some time

because our baby had a severe birth defect.

The diagnosis was gastroschisis, a condition where the abdominal cavity does not fully close during development, leaving a large portion of the intestine protruding outside of the fetus' abdomen. Associative

12% decline in abortions since 2010, AP survey finds

By Dave Andrusko

A survey by the *Associated Press* of the health departments of the 45 states that compile abortion data on a comprehensive basis concludes that there has been a 12% decrease in the number of abortions since 2010. [1]

All states, with the exceptions of Louisiana and Michigan, experienced a reduction. In both cases, both sides to the abortion debate attribute the increase to an influx of women from Texas and Ohio, respectively. The numbers include both surgical abortions and chemically-induced (“RU-486”) abortions.

Pro-abortionists as expected, attributed the decline to contraception, particularly “long-lasting options,” and to abortion clinic closures.

Pro-lifers pointed out that the decrease occurred in states that have passed such measures as the Pain-Capable Unborn Child Protection Act, laws that require abortion clinics to meet more stringent safety standards, and a requirement that abortionists have admitting privileges at a nearby hospital in cases of medical emergencies.

According to the *AP*’s David Crary

With one exception, the data was from either 2013 or 2014 — providing a unique nationwide gauge of abortion trends during a wave of anti-abortion laws that gathered strength starting in 2011.

Crary also noted

One major factor has been a decline in the teen pregnancy rate, which in 2010 reached its lowest level in decades. There’s been no official update since then, but the teen birth rate has continued to drop, which experts say signals a similar trend for teen pregnancies.

But the reality is more complicated, as Dr. Randall K. O’Bannon, director of education for National Right to Life, has explained.

The “2010” reference undoubtedly is to “U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity” written

by Guttmacher Institute researchers Kathryn Kost and Stanley Henshaw. The 28-page analysis of data showed declining pregnancy, birth, and abortion rates across the board among teens of all ages, races, and ethnic groups in the U.S., as a whole and in individual states.

Here’s Dr. O’Bannon’s analysis of the report from the one-time special research affiliate of Planned Parenthood that now serves as the research arm for the abortion and “family planning” industry. Guttmacher

is not about to give any credit to pro-life legislation for a 2010 teenage abortion rate of 14.7 abortions per 1,000 women, “the lowest since abortion was legalized and 66% lower than its peak in 1988 (43.5/1,000 women).”

In a press release put out along with the report, lead author Kathryn Kost called the decline in pregnancy rate “great news.” She added,

“Other reports had already demonstrated sustained declines in births among teens in the past few years; but now we know that this is due to the fact that fewer teens are becoming pregnant in the first place. It appears that efforts to ensure teens can access the information



Nationwide,
ABORTIONS DECLINED
BY 12% SINCE 2010

 national
RIGHT TO LIFE

Supreme Court Decision Underscores Need for No Taxpayer Funding for Abortion Act

Editor's note. The following is National Right to Life's response to the Supreme Court's June 25 decision in King v. Burwell.

"Federal taxpayer subsidies are helping pay for over 1,000 health plans that cover abortion on demand, and today's Supreme Court decision underscores that only Congress can put a stop to that," said Carol Tobias, president of National Right to Life.

"This decision again demonstrates the need for enactment of the No Taxpayer Funding for Abortion Act, which would permanently prevent taxpayer subsidies for abortion-covering health plans, both in Obamacare and in other federal health benefits programs," Tobias said.

The U.S. House of Representatives passed the No Taxpayer Funding for Abortion Act (H.R. 7) in January by a vote of 242-179, despite a veto threat from the Obama White House.

When Barack Obama was elected president in 2008, an array of long-established laws, including the Hyde Amendment, had created a nearly uniform policy that federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, with narrow exceptions. Regrettably, provisions of the 2010 Obamacare health law ruptured that longstanding policy. The Obamacare law

authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand. In addition, the law contains multiple provisions that will ration life-saving or life-preserving medical care.

In September 2014, the Government Accountability Office (GAO), the nonpartisan investigatory arm of Congress, issued a report [www.gao.gov/products/GAO-14-742R] containing information that confirmed predictions by National Right to Life that

federally subsidized abortion-covering health plans would become a widespread feature of Obamacare. That report found that more than one thousand federally subsidized exchange plans currently cover elective abortion. Currently, 26 states and the District of Columbia allow coverage of elective abortion in health plans that qualify for the federal subsidies (while 24 states have restricted or prohibited such coverage).

For further documentation, please see www.nrlc.org/uploads/a/c/ProtectLifeActDouglas-

JohnsonTestimony.pdf, and www.nrlc.org/uploads/DvSBA/GenericAffidavitOfDouglas-JohnsonNRLC.pdf.

For information on how Obamacare rations life-preserving medical treatment, see www.nrlc.org/uploads/communications/healthcarereport2014.pdf.

For a pro-life alternative to Obamacare that would provide health insurance to those unable fully to afford it without rationing or government deficits, see www.nrlc.org/uploads/medethics/ObamacareAlternativeNRLC252015.pdf.

SUPREME COURT
rules 6-3 in
KING V. BURWELL

"Federal taxpayer subsidies are helping pay for over 1,000 health plans that cover abortion on demand, and today's Supreme Court decision underscores that only Congress can put a stop to that. This decision again demonstrates the need for enactment of the No Taxpayer Funding for Abortion Act." - NRLC President Carol Tobias

national RIGHT TO LIFE

“Abortion Drone” delivers abortion pills to Poland

Taken as part of a “symbolic stunt” by women who were not pregnant

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

As promised, over the weekend “Women on Waves,” the same folks who brought you the “abortion ship,” abortion hotlines where you can learn how to self-abort, and the “I need an abortion” website where you can order abortifacients launched their “abortion drone.”

The launch occurred June 27. A small drone carried two

the pills and swallowed them as part of a “symbolic” stunt organized by Women on Waves to draw attention to (itself and) Poland’s abortion policies.

“It’s a symbolic operation designed to show that just a few kilometres [between the take-off and the landing site] can be a gulf in terms of respect for women’s rights, reproductive rights which

Whether this latest venture is merely another in a long line of publicity stunts or is actually supposed to eventually become some new delivery system will become obvious with time.

Two German policemen can be seen in the accompanying video confiscating the drone controllers and personal iPads of what appear to be the drone pilots [<http://rt.com/news/270175-abortion-drone-pills-poland>]. More video and images at www.womenonwaves.org/en/page/5834/images-flight-abortion-drone].

However, apparently this did not occur before the drones reached their destination on the other side of the river. There was no word of any police activity at the landing site in Poland.

Women on Waves insisted that given the weight of the drone (about eleven pounds), the way it is being flown (not through commercial airspace), the fact that it is not being used for any commercial purposes, no authorization is required for the flight under Polish or German law. It also pointed out that a doctor had written legal prescription for the medications (though for what purpose they were ostensibly prescribed is unclear, given the admission that the Polish women taking the drugs were not pregnant).

Gomperts has been joined by local activists groups who are part of the campaign to overturn Poland’s abortion laws and policies. Her website identifies Coccia Basia, a “Berlin based abortion support group for Polish women,” Warsaw based Fundacj Feminoteka, the 8th of March women’s rights informal collective “Porozumienie kobiet 8 marca”

and a group called “Berlin-Irish Pro-Choice Solidarity.”

Why Poland and who is next? According to *The Telegraph* (6/23/15), “Gomperts said Poland was chosen because of the lack of awareness around their abortion laws, but if the mission is a success, it could also be deployed to Ireland, where women can only have abortions if their lives are at serious risk.”

LATEST IN A LONG LINE

As *NRL News* has reported previously, Women on Waves is the group founded by former Greenpeace activist Rebecca Gomperts in 1999. Their first big public splash was when Gomperts anchored her “abortion ship” in international waters just off the coast of Ireland 2001. They offered to ferry women to the boat where they could have abortions using the combination of mifepristone and misoprostol.

From there the boat went on to Poland, Portugal, Spain, Ecuador, Morocco, wherever Gomperts and her group wanted to draw media attention to countries where abortions were not allowed and unborn children were legally protected.

It isn’t clear whether Women on Waves ever did many, if any, actual abortions on the abortion ship, but they were successful in drumming up massive publicity, to the point where they were the subject of an award-winning documentary “Vessel” produced in 2014.

Gomperts’s group switched tactics in 2009, turning to launching abortion “hotlines” in Chile, Argentina, Peru, Pakistan, Venezuela, Morocco, Bangladesh, Kenya, Indonesia, Malawi, the Philippines,



The abortion drone waiting to take off.

packs of abortion pills from Frankfurt an den Oder across the Oder river border separating Germany and Poland. Contained were mifepristone (RU-486) and a prostaglandin (misoprostol) which were “delivered” to women in Slubice, where abortion laws are highly protective.

Two Polish women (who Agence France-Presse said were not really pregnant), took

are human rights,” said Julia Gaweda, a spokesperson for Feminoteka, one of the local groups responsible for the event (AFP, 6/27/15).

Women on Waves is the main organizer responsible for this latest misuse of technology. They insist that these chemical abortifacients can be taken “without medical supervision” for pregnancies of less than nine weeks.

Supreme Court issues stay on portions of Texas's H.B. 2 while it consider whether to hear pro-abortionists' appeal

By Dave Andrusko

On Monday, the last day of the current term, the Supreme Court agreed to issue a stay thus allowing nine Texas abortion clinics to remain open while the Justices consider whether to hear an appeal of two provisions of Texas' omnibus H.B. 2 that had been scheduled to go into effect in July.

Chief Justice John G. Roberts Jr. and Justices Antonin Scalia, Clarence Thomas, and Samuel A. Alito Jr. voted to deny the emergency appeal.

If the Supreme Court eventually refuses to hear the case, the stay will be lifted and the law will take effect. However if the justices agree to hear the case, the stay would remain in effect until a ruling is issued.

Adding significance to the importance that is attached to any High Court decision on abortion is that it could come down next June, during the 2016 presidential campaign.

The provisions at issue are the requirements that abortionists have admitting privileges at a local hospital in case of medical emergencies and that abortion clinics meet the requirements of ambulatory surgical centers.

As *NRL News* reported, other provisions of the law took effect in 2013 and one provision--a measure banning the abortion of pain-capable unborn children--was never challenged.

(An in-depth analysis of the brilliant brief submitted by Texas legislators defending the need for both these requirements can be read at www.nationalrighttolifeneews.org/news/2014/11/texas-legislators-brilliantly-defend-the-need-for-abortionists-to-have-admitting-privileges-and-for-abortion-facilities-to-meet-asc-standards/#more-38729.)

A week ago last Friday a panel of the 5th U.S. Circuit Court of Appeals declined a request by Texas abortion clinics to issue a stay of its decision that upheld the bulk of Texas' historic H.B. 2.

Attorneys for abortion clinics in Texas then filed an emergency appeal with the Supreme Court which the justices acted on today.

As veteran Supreme Court reporter Lyle Denniston explained, "Both of those provisions have been upheld, in nearly all situations in the state, by the U.S. Court of Appeals for the Fifth Circuit. It modified the surgical facilities requirement slightly to accommodate the clinic in McAllen, the only clinic performing abortions in a wide area of southwest Texas. The Fifth Circuit divided two to one in refusing to delay the enforcement of the law."

A different (and divided) three-judge panel of the 5th circuit struck down a Mississippi law that is similar in one respect (admitting privileges) but different in another (no requirement that abortion clinics be treated as ambulatory surgical centers). That vote was 2-1.

A number of states have passed what pro-lifers believe are commonsensical requirements. To be specific, 16 states have protective laws requiring that abortionists have admitting privileged in a nearby hospital while 22 states have laws mandating that abortion clinics be treated like ASCs.



Supreme Court Decision Means that Obamacare Exchanges can Continue to Restrict Access to Life-Saving Treatment

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

In last week's much anticipated Obamacare case, *King v. Burwell*, the Supreme Court, in a 6-3 decision ruled that subsidies will continue to go to recipients, not only exchanges set up by state governments, but also in the states where the Federal government had set up a state exchange. When dozens of states either tried or gave up on establishing these expensive

exchanges, the Federal government came in and set one up in that state. The unpopular Obama Health care law, now over five years old, originally envisioned that the exchanges would operate as online marketplaces where people could find different levels of insurance and where qualifying residents could use advanceable tax credits to pay for some or all of plan premiums. However, as these exchanges have started operating state by state, it is becoming commonplace that policies available in both the state and federal exchanges severely restrict the doctors and health care facilities in its plan networks. Evidence continues to emerge as to the extent of these limits. [1] Plan holders across the country have been finding out that under his or her new exchange plan, access to top hospitals, doctors, and drugs are all more restricted.

While many are quick to

exclude policies in an exchange when government authorities do not agree with premium levels, but the exchanges must even exclude insurers whose plans outside the exchange offer consumers the ability to reduce the danger of treatment denial by paying what those government authorities consider an "excessive or unjustified" amount.

This means that insurers who

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 remain law until a pro-repeal President can be elected, it is important to continue to educate friends and neighbors about the dangers the law poses in restricting what Americans can spend to save their own lives and the lives of their families. You can follow up-to-date reports here: powellcenterformedicalethics.blogspot.com

For more on taxpayer subsidies helping to pay for plans that cover elective abortion, go to www.nationalrighttolifenews.org/news/2015/06/supreme-court-decision-underscores-need-for-no-taxpayer-funding-for-abortion-act/#.VY2yxtJViko

[1] More on this evidence can be found at www.nationalrighttolifenews.org/news/2014/03/new-analysis-shows-obamacare-exchange-plans-restricting-access-to-life-saving-prescriptions/#.VYw6PxtViko, and www.nationalrighttolifenews.org/news/2014/07/limited-access-to-top-health-care-providers-in-california-obamacare-exchanges/#.VYw6URtViko, and www.nationalrighttolifenews.org/news/2013/12/more-obamacare-rationing-evidence-exchange-plans-limit-access-not-only-to-top-hospitals-and-doctors-but-also-to-drugs/

exchanges, the Federal government came in and set one up in that state.

The unpopular Obama Health care law, now over five years old, originally envisioned that the exchanges would operate as online marketplaces where people could find different levels of insurance and where qualifying residents could use advanceable tax credits to pay for some or all of plan premiums.

However, as these exchanges have started operating state by state, it is becoming commonplace that policies

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

Under the Federal health law, state insurance commissioners are to recommend to its 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

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



Guttmacher: Only those who approve of abortion should monitor it

By Rebecca Oas Ph.D.

June 25, 2015 (C-Fam) — For half a century, the Guttmacher Institute has been attempting the “Epic Split” of attempting to frame itself as both an impartial source of facts about human sexuality and reproduction and an advocacy organization dedicated to promoting “a comprehensive view of sexual and reproductive health” including the rights that would enable women (and men!) to ... “exercise the right to choose safe, legal abortion.”

Dreweke titled “Abortion Reporting: Promoting Public Health, Not Politics,” characterizes Guttmacher’s efforts as both complementing and surpassing government efforts to track abortion incidence, complains that government data are slow and incomplete, and laments the fact that not all of those collecting or using the data agree with Guttmacher that abortion is a perfectly good thing.

According to the article,

abortions done, the methods used, the gestational age, the basic demographic profile of the mother, and similar things. However, the type of data collection Guttmacher deems “politicized” and therefore negative, involves monitoring of compliance by abortion providers with state requirements such as pre-abortion counseling or parental notification in the case of a minor patient.

The main flaw in Guttmacher’s position is its assertion that any data collected on abortion must be solely for public health record-keeping and analysis. That is certainly one reason, but abortion is a matter of law and policy, not just health, and data collection to monitor compliance with legal obligations is also a legitimate purpose. Guttmacher is not proposing that these two purposes should be accomplished separately (which would inevitably be duplicative), but instead argues that the legal restrictions themselves are the problem. The report variously refers to them as “intrusive,” “onerous,” and “unwarranted,” and complains that monitoring compliance “serves no discernible public health purpose.” In other words, if we can’t get rid of legal restrictions on abortion altogether, we should at least stop trying to ensure they are followed. Lest we forget, the gruesome career of Dr. Kermit Gosnell was enabled not by a lack of regulation, but a total lack of monitoring.

Guttmacher likewise criticizes “politically-charged” language in some states’ reporting forms, particularly those that refer to the fetus as an unborn child. Statistics about the reasons why women have abortions

are deemed to be “important questions that are too intrusive, as well as unnecessary, for the government to collect itself,” although they do allow that nongovernmental organizations – like Guttmacher, for instance – might obtain such information through the use of voluntary surveys, alongside information about “the cost and logistics of arranging for an abortion.”

As a side note, although the legal contexts from country to country are different, most other nations that allow abortion require justification on specific grounds (life of the mother, fetal abnormality, rape, etc.). In England, where abortion is effectively available on demand, the most recent statistics show that 98% of abortions are done on the grounds of the mother’s mental health, a justification which is not supportable by medical evidence. Where abortion is available on demand, whether in practice, by law or both, the vast majority of abortions are done for social, rather than health, reasons.

But Guttmacher would rather we didn’t collect that data:

“Governmental public health reporting systems must be limited to collecting basic incidence and demographic data for legitimate public health purposes. Official governmental reporting systems that go beyond this limited scope have the effect of stigmatizing women obtaining abortions or harassing abortion providers for the purpose of promoting



Apparently, it’s so pleased with its ability to track the incidence of abortion in the United States – “routinely recognized as the most reliable, including by the [Centers for Disease Control],” that it wants to start dictating how state and national government abortion tracking should be done as well.

A recent Guttmacher Policy Review article by Joerg

reporting on abortion incidence exists solely to advance public health, and should not be used to further a political agenda. Since abortion is currently legal in the United States (with some restrictions that vary by state), Guttmacher seeks to characterize abortion as simply a medical procedure like any other. Therefore, it is content to document the number of

Parental Notification law reduces teen abortions in Minnesota

By Paul Stark

MINNEAPOLIS — Teen abortions in Minnesota have declined dramatically since the state enacted a law requiring parental notification before minors undergo abortions. Last week was the 25th anniversary of the U.S. Supreme Court decision upholding Minnesota’s parental notification requirement.

The law (MN Statute 144.343), strongly supported by Minnesota Citizens Concerned for Life (MCCL), was passed by the Legislature with large bipartisan majorities in 1981. It requires that both parents be notified at least 48 hours before an abortion is performed on a minor girl. The measure includes a judicial bypass procedure, which is required by the courts,

and exceptions for rare cases.

Minnesota’s law was in place until 1986, when it was enjoined by a federal district court. The U.S. Supreme Court eventually ruled on June 25, 1990, in the case of *Hodgson v. Minnesota*, upholding both the two-parent and 48-hour requirements. The law went back into effect that year.

“Our Minnesota law and the Supreme Court decision affirming it helped open the floodgates for more state parental involvement laws,” commented MCCL Executive Director Scott Fischbach. “Strong evidence shows that these laws in other states, among other factors, reduce the incidence of teen abortions.”

The annual number of minor

abortions in Minnesota peaked at 2,327 in 1980, the year before the parental notification law first went into effect. Teen abortions then began to steadily decline. Since 1989, the last full year before the Supreme Court ruling, abortions performed on minors have dropped 79 percent. In 2013 (the latest year for which data is available), minor abortions fell to 295, the lowest number on record (statistics for minors go back to 1975) and only 3 percent of all abortions.

Despite broad public support for parental involvement laws, they are opposed by abortion advocacy groups. Planned Parenthood has fought against parents who want to be informed before an abortion is performed

on their minor daughter at an unlicensed facility. Planned Parenthood has also fought against state oversight of abortion centers, which remain unlicensed and uninspected in Minnesota.

“Parental involvement laws don’t just save unborn lives from abortion,” noted Fischbach. “They reflect the commonsense principle that parents are responsible for their kids and that kids need their parents. To exclude parents, especially at a time of crisis, would be a tremendous disservice to children. Yet that is precisely what Planned Parenthood wants to do.”

Editor’s note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life, NRLC’s state affiliate.

Parental Involvement Laws

where does your state stand?

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national RIGHT TO LIFE
for more information:
nrlc.org

■ PARENTAL NOTICE
 ■ CONSENT & NOTICE
 ■ ENJOINED
■ PARENTAL CONSENT
 ■ INEFFECTIVE STATUTES
 ■ NONE

National Right to Life President Calls on Journalists to Check Their Facts in Debate over Pain-Capable Unborn Child Protection Act

From page 1

such as ACOG and Planned Parenthood,” said Tobias. “These include false claims that no babies or very few babies survive when born at 20 weeks fetal age, that there is no good evidence that babies can experience pain at 20 weeks fetal age, and that most abortions performed after 20 weeks involve acute medical problems of mother or child. Some of these journalists eventually may find themselves trying to explain why they were so gullible, just like their journalistic predecessors, who adopted the abortion-advocacy party line on partial-birth abortion, until it blew up in their faces.”

On May 13, the U.S. House of Representatives passed

the Pain-Capable Unborn Child Protection Act, 242-184. The bill would extend federal protections to unborn children who have reached 20 weeks fetal age (22 weeks of pregnancy), with certain exceptions, and to babies who are born alive during late abortions.

The bill was developed from model legislation developed by National Right to Life in 2010, enacted thus far in 11 states.

The full text of Carol Tobias’ statement is available at nrlc.org/uploads/communications/061115TobiasStatementonP-CUCPASenateIntro.pdf

On June 1, 2015, National Right to Life sent a letter to senators encouraging them to sign on as co-sponsors of

the Pain-Capable Unborn Child Protection Act. That letter is posted at www.nrlc.org/uploads/fetalpain/NRLCtoSenateCosponsorship.pdf

On June 5, 2015, *National Right to Life News Today* published a piece by National Right to Life Legislative Director Douglas Johnson calling *The New York Times* to task for a recent correction relating to an article about U.S. House passage of the Pain-Capable Unborn Child Protection Act. That article is posted <http://www.nationalrighttolifeneeds.org/news/2015/06/new-york-times-runs-constricted-correction-on-abortion#.VZARKPIViko>.

In a nationwide poll of

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

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

Guttmacher: Only those who approve of abortion should monitor it

From page 12

an antiabortion policy agenda. Using a public health surveillance system for this purpose cannot be justified on any grounds.”

(A lot hinges on that word “legitimate” – Guttmacher doesn’t think life in the womb is a legitimate public health concern when it comes to abortion; others disagree.)

There is a simple matter of conflicting interests here. Any government-mandated reporting on the incidence of abortion has to be done in collaboration with the entities that provide abortions. Depending on the political situation of the particular

state, the relationship between abortion clinics and the governments monitoring them may be anywhere from friendly to hostile. Because of its explicitly pro-abortion stance, the Guttmacher Institute is likely to have access to more willing participation from abortion clinics when it comes to collecting data. However, it is also more likely to withhold from the public information that could potentially put abortion in a negative light. While Guttmacher may have officially separated itself from Planned Parenthood (the nation’s largest abortion provider and its own founding organization), its position on abortion remains unchanged. And abortion

remains as much a politically-charged issue in the United States (and the world) as it was when Guttmacher was founded.

Leaving abortion reporting in the hands of pro-abortion advocacy groups is not good enough (see Gosnell), and the Guttmacher Institute is a veritable Tobacco Institute of abortion research. While Guttmacher is certainly free to publish its own findings, its argument that government entities should collect less data on abortion for fear that it might be used to make abortion look bad is simply disingenuous and smacks of desperation:

“However, in the current political climate, merely

opening a discussion about creating a more robust government abortion surveillance system could well result in antiabortion policymakers in the states—and potentially even at the federal level—exploiting this issue in pursuit of their increasingly aggressive antiabortion agenda.”

The bottom line: Guttmacher is free to add its two cents to the debate, but it doesn’t get to make the rules.

Editor’s note. This appeared at c-fam.org

Link Between Abortion and Subsequent Preterm Birth Shown Again

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

The irony was hard to miss. First long-time abortion apologist Dr. David Grimes ridiculed the link between abortion and subsequent premature births ("Abortion and Prematurity: A False Alarm" 6/10/15) in the *Huffington Post*. The very next day there was a press release from a researcher presenting at the annual meeting of the European Society of Human Reproduction and Embryology in Lisbon confirming that there is indeed an association between a standard dilatation and curettage (D&C) abortion and an increased risk of prematurity in a subsequent pregnancy (ESHRE release, 6/16/15).

The researcher, Dr. Pim Ankum of the Academic Medical Centre of the University of Amsterdam, analyzed 21 cohort studies covering almost 2 million women. Ankum found that D&Cs performed for abortion or miscarriage increase the risk of a subsequent premature birth (under 37 weeks) by 29%, and the risk of very premature birth (under 32 weeks) by 69%.

Ankum notes that these statistically significant increases were seen even when measured against control groups of similar women who did not have a D&C prior to pregnancy. (One of Grime's complaints was that other potential risk factors were not fully considered.) And, Ankum warns, risks were higher for women with histories of multiple D&Cs.

As Ankum points out, it is not hard to figure out why there might well be a problem.

He suggests that dilating the cervix may result in permanent damage affecting tightness, leading to premature opening in a subsequent pregnancy. Also potentially affected, says Ankum, is the cervix's anti-



microbial defense mechanism, raising the possibility of an ascending genital tract infection, a known contributor to premature birth.

What says Grimes in his *Huffington Post* article? He tries to make it sound as if there are only a handful of ambiguous studies showing, at best, a weak association. However Ankum's analysis is consistent with more than a hundred studies that have

found an association between abortion and subsequent premature birth. [1]

Grimes also attempts to divert attention to other factors such as socioeconomic status, smoking, drug or alcohol use

Moreover Grimes ignores the plethora of studies and points people to one Finnish study (Klemetti, et al., "Birth Outcomes...," *Human Reproduction*, 8/29/12) that he says is a "favorite citation of abortion opponents." In fact it is but one of a basketful of studies pro-lifers cite, and nowhere near as weak as Grimes implies.

Grimes says that while the Finnish study finds a 40% risk of subsequent prematurity among women having three or more abortions, it finds (unlike other studies the Finnish study itself cites) "No significant relationship" between one or two abortions and later prematurity.

However Grimes fails to share with readers that while this was true of this particular study's data for prematurity when the threshold was 37 weeks, there was still a clear association between abortion and much more serious "very preterm birth" (less than 28 weeks) for even a single abortion (+19% risk).

The risk of subsequent significant prematurity was in fact dose dependent. It increased to 69% for two previous abortions and to 178% for three or more.

This is no "false alarm."

In a word aborting the first child thus not only means the loss of that child, but quite possibly threatens the life or health of any future children. Consider:

The U.S. Centers for Disease Control (CDC) say that "Preterm-related causes

or other factors that have been linked to prematurity. But such factors were controlled for in many of these studies.

Though they vary in size, detail, and strength, these studies consistently show not only the association between abortion and subsequent prematurity, but also a "dose-response" relationship showing the risk increasing with the number of prior abortions.

Impersonating a doctor, Kermit Gosnell, and the cries of murdered newborns

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

As a reporter, I covered thousands of stories—stories of triumph, despair, trivia, and magnitude. Because of the constant stress of daily--sometimes hourly--deadlines, the news scenes I reported on are largely a blur. But some events made so much of an impression on me that they remain vivid in my mind's eye.

One of those scenes I can't shake was of a funeral parlor where four little coffins were on display—each casket holding the precious body of a child killed in a fire. I was overcome by emotion as I took in my surroundings. It was undoubtedly one of the saddest events I ever covered.

So you can imagine my level of devastation when I recently attended a graveside memorial service for dozens of abortionist Kermit Gosnell's victims. In fact, a colleague snapped a picture of me and it was a portrait of pain.

Gosnell is now behind bars, convicted of killing three full-term infants and causing the death of a female immigrant patient. But while the grand jury in the case was sure that Gosnell had killed hundreds of viable babies (if not more)—they could only bring charges in a handful of cases because the serial killer destroyed records in the rest.

It would be easy to feel demoralized in the wake of such horror. But people of good will in Pennsylvania are moving forward, hoping to stop "future Gosnells."

Just recently, the Pennsylvania House sent a Senate-passed bill to the Governor which would increase the penalties for impersonating a doctor. This legislation was one of

the recommendations in the Gosnell grand jury report, since Gosnell's horrific practice included people posing as medical professionals. Still, the unanimous House vote received not a mention on the evening news.

Gosnell also became a focal point in hearings on pro-abortion Governor Tom Wolf's nominee to head the Department of State—the same man who had been in charge when the department did nothing to crack down on Gosnell. While Pedro Cortes was ultimately confirmed by the Pennsylvania Senate, the 18 Senators who voted against

him showed that the Gosnell tragedy has not been forgotten in the corridors of power at the state Capitol.

It's a two hour drive from the Capitol to the Philadelphia grave where the cremated remains of the 47 "Gosnell babies" are buried. Chances are the Governor—the only Governor in the country who once served as a clinic escort for Planned Parenthood—will never pay a visit. The pro-abortion establishment has distanced itself from Gosnell, making the preposterous claim that ending legal abortion would create more Gosnells.

It is *Roe v. Wade* which created,

sustained, and emboldened Gosnell's grisly practice. It was abortion-on-demand policy that led to a situation where babies' cries were extinguished as their spinal cords were severed. It was the government which, over and over again, ignored the pleas of Gosnell's adult female victims.

I once thought there was nothing worse than seeing the doll-size caskets of four young fire victims, nothing more sobering than viewing the anguished faces of their grieving relatives.

That was before I heard about Gosnell.



Abortion and Breast Cancer: Denial reaches Asian research

By Joel Brind, Ph.D.

Over the last couple of years, a tsunami of Asian studies—largely from China and South Asia—have sadly confirmed that the Abortion-breast cancer link (ABC link) is real and spreading to Asia, with a predictably staggering impact on millions of Asian women. Meanwhile, the Western, politically correct medical authorities have totally ignored this, continuing to rely upon flawed “recent” research that dates back a decade and more.

Use of out-of-date and incorrect result has not changed. What is new—in both Chinese and Indian research—is a Western style broom that would sweep the evidence under the proverbial rug.

First, let’s discuss China. Recall (as I reported in *NRL News Today* in December 2013) the 2013 meta-analysis of 36 Chinese studies by Yubei Huang, et al.

The Huang study confirmed what we had reported in our meta-analysis of worldwide ABC link research in 1996—an overall 30% increased breast cancer risk among women who’d had any abortions. (A meta-analysis pools the results of many studies.) But they reported a larger risk increase—44%—which went up with the number of abortions—to 89% for women with three or more abortions.

Even more compelling was the Huang study included a meta-regression analysis. In English that simply means that the regression shows that the ABC link is masked when the prevalence of abortion is so high that most women have had at least one abortion, because there is no proper comparison group.

Huang et al. even cited—with proper attribution—the explanation for this anomaly

which I had published in 2004.

So I wondered how long this validation of the ABC link (and the vindication of my own work) would be allowed to stand unanswered. Not too long, it turns out.

Just 3 months ago, in the same prestigious journal—*Cancer Causes and Control*—that published Huang’s 2014 meta-analysis, comes an “updated



systematic review and meta-analysis based on prospective studies.”

(As we have explained at *NRL News* previously, there are two kinds of studies. One is **retrospective** in design—i.e., based on data gathered at interview and/or on questionnaires from breast cancer patients v. healthy women. By contrast **prospective** data-based studies gather data before anyone in the study has been diagnosed with breast cancer.)

The new meta-analysis is not even of Chinese studies. Rather, it is of worldwide studies based on prospective data. It includes the 1997 Danish study by Mads Melbye et al., which study’s egregious flaws I have documented in great detail over the years. It also included a slew of other prospective

studies similarly flawed, which had managed to arrive at a conclusion of no ABC link.

Sorry to say, Dr. Huang, a proper meta-analysis of prospective studies would have excluded most of those studies you reviewed and tallied in your new study. In fairness, included in their discussion was the statement that “most early cohort (prospective)

was “discredited” back in 2003, but as the stubborn fact of the ABC link keeps reappearing, the official purveyors of public health information now have to tackle all the evidence from Asia.

Which brings us, with the most current study, to South Asia (India, Pakistan, Bangladesh, Sri Lanka). Just last August, I reported in *NRL News Today* “on the explosion of new studies from South Asia, of which at least a dozen have appeared (that I know about) just since 2008: nine in India and one each in Pakistan, Bangladesh and Sri Lanka.”

It was also striking that every single one of these studies reported increased breast cancer risk with induced abortion, with relative risks as high as 10-fold (one study in India) and over 20-fold (one study in Bangladesh). In fact, the **average** risk increase reported in the 12 South Asian studies was over 450%!

Now, the South Asian tally stands at 14 studies showing the ABC link (11 from India), with the latest Indian study officially coming out this week. And this study, by VR Mohite et al., speaks volumes in terms of how its findings --a significant ABC link, like the other South Asian studies-- are reported and discussed. The Mohite study was on women from rural Maharashtra (the state where the “Bollywood” movies are made), but was not published in an Indian medical journal; rather, in the *Bangladesh Journal of Medical Science*.

With 14 South Asian studies in the last 7 years reporting that women who’ve had an abortion have an increased risk of breast cancer one might expect that Mohite et al. would cite several

See “Denial,” page 22

Where is Belgian euthanasia headed, asks *The New Yorker*

By Michael Cook

The long-drawn-out case of a woman who asked for euthanasia in 2012 may eventually reach a criminal court in Belgium. The European Court of Human Rights wants a Belgian court to hear allegations that there were serious irregularities in the euthanasia of Godelieva De Troyer by Dr. Wim Distelmans.

Ms. De Troyer's son, Tom Mortier, a university lecturer,



Tom Mortier

claims that her own doctor denied his mother's request for euthanasia because she was depressed. However, Dr. Distelmans, who had no psychiatric expertise, readily agreed. Ms. De Troyer made a 2,500 Euro donation to Dr. Distelman's Life End Information Forum, which suggests that there may have been a conflict of interest.

Ms. De Troyer's death was just one of 1,432 registered euthanasia deaths in Belgium in 2012. But a careful examination of the details of the case in America's foremost

literary magazine, *The New Yorker*, last week raises serious doubts about the wisdom of legalizing assisted suicide and euthanasia in the United States and elsewhere. It is essential reading for anyone interested in end-of-life issues.

"In the past five years, the number of euthanasia and assisted-suicide deaths in the Netherlands has doubled, and in Belgium it has increased by more than a hundred and fifty per cent. Although most of the Belgian patients had cancer, people have also been euthanized because they had autism, anorexia, borderline personality disorder, chronic-fatigue syndrome, partial paralysis, blindness coupled with deafness, and manic depression."

Astonishingly, at least to people in an Anglophone tradition, Dr. Distelmans is both Belgium's leading practitioner of euthanasia and the chairman of the board which regulates it and oversees its ever-expanding boundaries. Patients can request euthanasia simply because they are tired of living. Dr. Distelmans told *The New Yorker*.

"We at the commission are confronted more and more with patients who are tired of

dealing with a sum of small ailments—they are what we call 'tired of life.'" Although their suffering derives from social concerns as well as from medical ones, Distelmans said that he still considers their pain to be incurable. "If you ask for euthanasia because you are alone, and you are alone because you don't have family to take care of you, we cannot create family," he said.

Although most coverage of Belgium's euthanasia culture in the media has focused on bizarre incidents like euthanasia for person who was unhappy with a sex-change operation, *The New Yorker* investigates its spiritual and philosophical roots. One psychiatrist attributes it to a kind of nihilism:

[Dirk De Wachter, a professor of psychiatry at the University of Leuven] believes that the country's approach to suicide reflects a crisis of nihilism created by the rapid secularization of Flemish culture in the past thirty years. Euthanasia became a humanist solution to a humanist dilemma. "What is life worth when there is no God?" he said. "What is life worth when I am not successful?" He said that he has repeatedly been confronted by

patients who tell him, "I am an autonomous decision-maker. I can decide how long I live. When I think my life is not worth living anymore, I must decide." He recently approved the euthanasia of a twenty-five-year-old woman with borderline personality disorder who did not "suffer from depression in the psychiatric sense of the word," he said. "It was more existential; it was impossible for her to have a goal in this life." He said that her parents "came to my office, got on their knees, and begged me, 'Please, help our daughter to die.'"

Inside the euthanasia culture, *The New Yorker* suggests, most Belgians are puzzled by complaints and criticism. The system is functioning well and has public support. What's the big deal? But to an outsider, the country where people desperately want to die seems weirder by the day.

Editor's note. This appeared at www.bioedge.org/bioethics/where-is-belgian-euthanasia-headed-asks-the-new-yorker/11490 and is reprinted with permission.

Down Syndrome Abortion Ban Voted Out of Committee with Bipartisan Support

Down Syndrome Non-Discrimination Act Advances to House Floor

COLUMBUS, Ohio—The Ohio House Committee on Community and Family Advancement has voted in favor of Ohio Right to Life's Down Syndrome Non-Discrimination Act (H.B. 135), 9-3 with bipartisan support.

"With these committee hearings, Ohioans have had the opportunity to define what kind of state we want to be: one that accommodates difference and protects every person's right to life," said Stephanie Ranade Krider, executive director of Ohio Right to Life. "We are tremendously proud of this committee for taking steps towards making Ohio a safer place for every human child, regardless of how many chromosomes they have."

Medical experts and family advocates from across Ohio and the country have testified on behalf of this legislation,

while two opponents testified against it. Dr. Ashley K. Fernandes board trustee of

Ohio Right to Life, testified in favor of the legislation. He is a pediatrician and a bioethicist

and is the Associate Director of the Center for Bioethics and Medical Humanities and an Associate Professor of Pediatrics at The Ohio State University and Nationwide Children's Hospital.

"It is my duty, and that of any pediatrician, to create a climate of love and support for these families and their children," said Dr. Fernandes. "To show solidarity with them, to be, for what it's worth in our brief visits with them, a face of love and hope. You as legislators, whom we have entrusted to codify the shared moral values of our society and state, also have that obligation. Children with Down syndrome are persons worthy of dignity and worthy to be cherished."

The Down Syndrome Non-Discrimination Act now moves to the House floor for a vote.



Link Between Abortion and Subsequent Preterm Birth Shown Again

From page 15

of death together accounted for 35% of all infant deaths in 2010, more than any other single cause." Moreover the CDC says that "Preterm birth is also a leading cause of long-term neurological disabilities in children. Preterm birth costs the U.S. health care system more than \$26 billion in 2005."

Abortion's role in this national tragedy cannot be ignored or dismissed.

In an October 2007 review published in the *Journal*

of Reproductive Medicine, researchers Byron Calhoun, Elizabeth Shadigan, and Brent Rooney found that induced abortion increased the early preterm delivery rates of subsequent children by 31.5%, with a resulting annual increase of \$1.2 billion in just initial neonatal hospital costs.

At this rate, Calhoun, Shadigan and Rooney estimated that abortion accounted for 22,917 excess early preterm births (less than 32 weeks

in their analysis) a year and an additional 1,096 cases of cerebral palsy among very-low birthweight newborns (less than 1500 grams).

Grimes tries to hide behind the official statements (or lack of statements) from medical organizations he has lobbied or been a part of over the years. But this data is too extensive, too significant, and too serious to ignore.

Grimes compromised his medical integrity years ago

when he decided to become a shill for the abortion industry. And now, not just aborted babies, but their younger siblings, are paying the price for it.

[1] To read a 47-page summary chart of over a hundred peer-reviewed studies involving mothers and newborns from 34 countries stretching back from the present to 1972, see http://media.wix.com/ugd/523623_f962f05bef-524b79ab72e5f69c9409d7.pdf

Unborn Grace—“Unseen, unknown, unborn”

By Dave Andrusko

I read the web pages of NRLC’s state affiliates for many reasons—news, alerts, updates, and inspiration. I can be inspired by the progress made in the battle to establish safe passage for helpless unborn babies, or by a call to action to rouse a reluctant legislature.

But there is a different kind of inspiration that lifts my spirits above the everyday battle. It takes the form of commentary about and links to particularly powerful pro-life videos.

Recently I clicked on texasrighttolife.com and read a lovely post written by Anna Kaladish about an absolutely beautiful—and haunting video—“Unborn Grace” taken from the album “Deeper Still.”

I know nothing about Faye Smith except that she has an absolutely beautiful, soulful voice put to exquisite use in this less than 4 minute long video at www.youtube.com/watch?v=uYX9fxfdS4c. But I will surely investigate her music.

We all have seen and heard videos in which a parent, usually but not always the mom, reflects back on what could have been—the child they did not welcome into this world and whose absence she now bitterly regrets. Often the mom visualizes her child as she would be today if she had not been.....

What makes “Unborn Grace” so amazing?

Smith’s voice. I could listen to her sing for hours. Gentle,

evocative, she taps into the listener’s heart.

The sentiments. Smith has no interest in chastising the woman as she ponders about what could have been...what should have been.

I went to her website and read this from Smith:

My intent through the lyrics of “Unborn



Grace” is not to shame this [post-abortive] woman, but to lament the person who was supposed to be known, who was supposed to be loved. I miss that person. As the lyrics say, “Wish I had known you, how

would I be changed; Wish you had known me, I’d teach you the narrow way; Wish you could understand the meaning of your name...”

“Grace” operates at many levels, beyond the baby’s name. As the woman in the video

Later Smith offers words that are almost heart-breaking:

I just want to meet you, I just want to see your face I just want to see through to all that made up Grace But there hasn’t been enough Grace for today Baby girl Grace can never come out to play No, there hasn’t been enough Grace for today Unseen, unknown, unborn...

“Unborn Grace” ends with the price of “choice”:

And there hasn’t been enough Grace for today Baby girl Grace someone chose to throw away And there hasn’t been enough Grace for today Unseen (the Father sees who you are) Unknown (the Father knows who you are) Unborn Unseen (you’ve got the right to your views) Unknown (and the right to choose) Unborn (and the right to lose...) Grace

“watches” her little girl on the swing, Smith sings about the might have beens:

You could have been a spaceman girl Win the Nobel Prize or Olympic gold The truest friend, the bluest eyes

The right to choose...“and the right to lose.”

Take a few minutes and go to <https://www.youtube.com/watch?v=uYX9fxfdS4c> You will be blessed.

The lyrics which can be read at www.fayesmithmusic.com

Woman rejects abortion after she sees her baby on ultrasound

By Sarah Terzo

Rebekah Nancarrow had an ultrasound at Planned Parenthood (for which she paid \$80), but wasn't allowed to see the image. She was told by a Planned Parenthood worker that seeing the fetus on the screen "will only make it harder on you."

Nancarrow later went to a crisis pregnancy center and was given a free ultrasound. This time she was allowed to view it. Nancarrow was so moved by what she saw on the ultrasound screen that she changed her mind about having an abortion and decided to have her baby. She says:

Had I not had the sonogram, I would have had the abortion. But that sonogram just confirmed 100% to me that this was a life within me, not a tissue or glob.

Nancarrow's story reveals two things. One, that pregnancy resource centers are lifesavers and should be supported by pro-lifers. Two, that there is a reason why pro-abortion groups like Planned Parenthood fight against laws allowing women to see their baby on the ultrasound screen. These abortion providers know that if more women saw the baby moving in their wombs, there would be fewer abortions.

Source: Mark O'Keefe, "Activists Tout Ultrasound Images to Discourage Abortion" Newhouse News Service, 2003 Quoted in Randy Alcorn Why Pro-Life? Caring for the Unborn and Their Mothers (Hendrickson Publishers, 2011)

Editor's note. This appeared at liveactionnews.org and is reprinted with permission.



“Abortion Drone” delivers abortion pills to Poland

From page 9

Malaysia, Thailand, Poland, and Uruguay. Women who call these hotlines are told how to obtain misoprostol, already available in many countries as an anti-ulcer drug, and use the drug to abort their babies.

For a number of years, one of Women on Waves related groups, Women on Web, has run the “I need an abortion” website where women from countries where abortion is illegal can answer a series of medical questions that are supposed to amount to a consultation (though it doesn't really seem matter what answer

you give – the website will let you keep going) and be referred to a “licensed doctor” who will “provide you with abortion pills” that will be shipped to your address.

You are asked to make a “donation” of between 70-90 euros at the end of the consultation before the pills are shipped, and you are asked to electronically certify that you will not hold them responsible if you have any problems (you are advised to go to the nearest hospital with a trusted friend if you do, but they tell you that “You do not have to tell the medical staff that you

tried to induce an abortion; you can tell them that you had a spontaneous miscarriage.”)

Beyond being political theatre and an attention grabbing ploy, Gomperts' move is simply an extension of the abortion industry's efforts to reduce physician involvement and make abortion less dependent on the dwindling supply of willing abortionists. Chemical abortions were the first move, reducing the need for qualified surgeons, then there were the web-cam abortions where a woman's only contact with the abortionist was through a computer terminal.

At least with the web-cams, she had to travel to some store front clinic and meet with someone who could at a minimum check her blood pressure and take her vitals. Now, however, if the new technology takes off, even that minimal encounter could become a thing of the past. Now, it appears, all she has to do is order her pills and wait for a drone to fly the package to her front door.

Even the most minimal, sensible caution has been thrown to the wind for the sake of the cause.

Baby Angel, born to brain-dead mom, comes home from hospital

By Dave Andrusko

Back in April, *NRL News Today* reported on the miraculous birth of little Angel Perez, whose mom Karla Perez, had collapsed at home in Waterloo, Nebraska in early

determined that the 22-year-old mother was brain-dead.

But the family wanted everything possible done to save Angel, who was 22 weeks old at the time. Thanks to the

Last month Angel, now four pounds heavier, was released from Methodist Women's Hospital. In an update Methodist Hospital spokesperson Claudia Bohn said, "He is now over 6 pounds and I'm told is a good little eater!"

Perez was 22 weeks pregnant at the time of her hemorrhage. During the course of the next seven weeks, more than 100 doctors and nurses would monitor Angel's growth.

Miraculously, Angel continued to grow until April 4 when his mother's body began to shut down. Medics performed an emergency caesarean section.

At birth baby Angel tipped the scales at just 2lbs, 12.6oz. He was rushed to a special neonatal intensive care unit and was fitted with a breathing tube.

"Our team took a giant leap of faith," said Sue Korth, vice president of Methodist

Women's Hospital. "We were attempting something that not many before us have been able to do. I couldn't be more proud of our medical team and the more than 100 staff who were a part of her care. Karla's loss of life was difficult, but the legacy she has left behind is remarkable."

But, of course, as happy as the family is that baby Angel is safely at home, they grieve for the loss of Karla Perez.

Prior to the baby's release, Modesto Jimenez, Perez's mother, told KETV Newswatch 7 "she's been writing a diary for baby Angel and his three-year-old sister about stories of their mother."

"Every day we come to the hospital she asks about her mother, I tell her, her mother is no longer here and is always watching over her, and is an angel up in heaven," Jimenez said through an interpreter.



Baby Angel

February after complaining of a bad headache. Tragically, Ms. Perez was diagnosed with an intracranial hemorrhage—a severe brain bleed—and doctors

dedication of over 100 doctors and nurses, Angel was born April 4 weighing a little under three pounds, 54 days after his mother had been declared brain-dead.

Abortion and Breast Cancer: Denial reaches Asian research

From page 17

of them and conclude that they have confirmed this universally reported finding among South Asian women. This would be all the more expected since the only other study reported in a Bangladeshi journal—the 2013 study of Jabeen et al. on Bangladeshi women—reported the astonishingly high risk increase of almost 2,000 percent!

But no: The Mohite study is a classic example of minimization. Their bottom line (the "conclusion" at the end of the abstract)?

They reported that standard reproductive risk factors such as nulliparity [women who have not borne children] and not breastfeeding were "strongly associated with breast cancer." But they do not mention

abortion at all!

No, to find any mention of abortion you need to go to the body of the paper, at the end of which you find the very same conclusion as in the abstract, but with the following clause appended: "however, weak association was seen with factors such as age at menarche and history of abortion."

Their discussion section is most revealing, in discussing their own finding of a statistically significant relative risk of 1.6 (60% increased risk). They say "Similar finding has also been reported by Ozmen V (2009)."

True enough, the 2009 study by Ozmen et al. on Turkish women did report a similar relative risk of 1.66. But what about all the **other** studies from

South Asia?

None are cited.

Instead, the reference to the Ozmen study is followed by "However several other studies have contradictory results about association of abortion and breast cancer," with the citation of a politically correct, 1997 review by Wingo et al. in the US.

What a breathtaking omission! But there's more: For that, we go to Table 2 of the Mohite study, where we find the raw data. There, they only show the odds ratio (the relative risk statistic) for women with one or more abortions compared to women with no abortions.

They show the odds ratio of 1.6 (although their raw data calculates out to 1.66, which they round off to 1.6 instead

of 1.7), and also report that there were 12 women in the study who'd had more than one abortion, and that 11 of the 12 were in the breast cancer group! That calculates out to a relative risk of 12.0—a risk increase of **1,100 percent!** But that statistic is never mentioned anywhere in the paper: the reader needs to calculate it from the raw data.

So you want to show the world that there **is** no ABC link? Just look at the most recent papers on the subject from Asia, where abortions are now commonplace and a breast cancer epidemic is raging but which deny the link between induced abortion and an increased risk for breast cancer.

Just move along, please. There's nothing to see here.

Tax dollars could be spent to “nudge” older people to agree to premature death under Senate bill

By Burke J. Balch, J.D., Director, Powell Center for Medical Ethics
at the National Right to Life Committee

U.S. Senators Mark R. Warner (D-Va.) and Johnny Isakson (R-Ga.) have introduced S. 1549, the Care Planning Act of 2015, to use federal tax dollars to pay health care professionals

March 2015 NRLC report “The Bias Against Life-Preserving Treatment in Advance Care Planning,” that a combination of cost pressures and the ideological commitment of a

how much money they have saved insurance companies by inducing patients to reject expensive life-saving medical treatment. Advocates believe it will save Medicare money as well.

The pervasive focus of the Institute of Medicine September 2014 report “Dying in America” is summed up in its statement, “Because most people who participate in effective advance care planning choose maximizing independence and quality of life over living longer, advance care planning can potentially save health care costs” (What this statement effectively means is that the Institute of Medicine report authors expect that “most people” receiving advance care planning counseling will come to agree they would rather die than live with dependence or a poor quality of life, and therefore will agree to forego expensive treatment that could preserve their lives when they are “not worth living.”)

If advance care planning sessions were to be federally funded as proposed by the Care Planning Act of 2015, then no matter how emphatically the bill language calls for balance, accuracy, and respect for individual patients’ values and wishes, there could be no sufficient safeguard to ensure that federal tax dollars subsidize only planning for the use or rejection of life-preserving measures that is conducted in a truly neutral way. There is no realistic way adequately to monitor such care planning sessions among patients and health care personnel in what

would necessarily be private and confidential interactions.

National Right to Life, along with many others, supports the use of advance directives by which individuals may indicate their wishes regarding medical treatment should they become incapable of making health care decisions; indeed, it makes available “Will to Live” versions for every state at www.nrlc.org/medethics/willtolive/.

It has made clear that it is willing to work with Members of Congress to implement measures to develop aids to advance care planning with sufficient safeguards to ensure they provide fully informed consent and are not structured to dissuade those using them from choosing life-preserving measures. However, National Right to Life opposes S. 1549 since without proper safeguards, advance care planning can be and is already being used to nudge patients to reject life-saving treatment they would otherwise want both to cut costs, and also due to a pervasive “quality of life” ethic.

During the debate over the enactment of Obamacare, there was considerable controversy over the inclusion in an early version of the bill of funding for health care providers to be paid to conduct “advance care planning” for patients under Medicare. That provision was not included in the ultimately enacted legislation because of an outcry by those who feared it would be used to push



to counsel older people in deciding whether to accept or reject life-preserving medical treatment, food and fluids.

On its face, S. 1549 purports to promote neutral, fully informed “advance care planning” that will assist patients to implement their own values in legally valid directives. Unfortunately, however, there is abundant evidence, documented in the

significant number of health care providers to hastening death for those deemed to have a “poor quality of life” would in practice lead to many federally funded advance care planning sessions being used to exercise subtle – or not-so-subtle – pressure to agree to reject life-preserving treatment.

Entities conducting such programs openly boast of

See “Tax Dollars,” page 48

Ohio Senate Passes Pain-Capable Unborn Child Protection Act

Legislation to Protect Pain-Capable Babies from Abortion in Ohio

COLUMBUS, Ohio— On June 24 the Ohio Senate passed Ohio Right to Life’s premier legislation for 2015, the Pain-Capable Unborn Child Protection Act (S.B. 127), 23-9. This legislation prohibits abortions in Ohio at the point at which pre-born babies can feel pain, which starts no later than 20 weeks gestation. The legislation is sponsored by Senators Peggy Lehner (R-Kettering) and Jay Hottinger (R-Newark). Between the House and Senate, thirty-three legislators are co-sponsors of the legislation.

“With the Ohio Senate, we are leading Ohio down a historic path that is redefining the abortion debate in America,” said Stephanie Ranade Krider, executive director of Ohio Right to Life. “With this momentous vote, the Ohio Senate just approved legislation that will help Ohio catch up to the international community’s restrictions on abortion. Ohio

Right to Life is grateful to Senate President Keith Faber, Chairwoman Shannon Jones, and bill sponsors Peggy Lehner and Jay Hottinger for their

abortion after 20 weeks, while only 33% opposed such legislation. Women voters strongly support such a law by 59-35%, while independent

Before the June 25 vote, Denise Leipold, executive director of Right to Life of Northeast Ohio, and Judy Bruns, past president of Mercer County Right to Life and board trustee of Teachers Saving Children, Inc., testified in favor of the bill.

“Ohio is poised to make a real difference in how we promote and protect the dignity of every human life in our state,” said Krider. “Ohio Right to Life is eager to continue work on this critical legislation and future legislation until every unborn baby is spared the pain and horror of being dismembered in the womb.”

In May, the U.S. House of Representatives passed similar legislation under Speaker John Boehner (R-OH). This month, the legislation was introduced in the U.S. Senate, with U.S. Senator Rob Portman (R-OH) signing on as a co-sponsor.

**UNBORN
BABIES
FEEL PAIN!**

www.nrlc.org

tremendous pro-life leadership on this legislation.”

In November 2014, The Quinnipiac University Poll found that 60% of Americans would support prohibiting

voters supported it by 56-36%.

Over the last month, Ohio Right to Life has collaborated with medical experts and pro-life advocates to present proponent testimony on its legislation.

Guttmacher: Only those who approve of abortion should monitor it

From page 12

an antiabortion policy agenda. Using a public health surveillance system for this purpose cannot be justified on any grounds.”

(A lot hinges on that word “legitimate” – Guttmacher doesn’t think life in the womb is a legitimate public health concern when it comes to abortion; others disagree.)

There is a simple matter of conflicting interests here. Any government-mandated reporting on the incidence of abortion has to be done in collaboration with the entities that provide abortions. Depending on the political situation of the particular

state, the relationship between abortion clinics and the governments monitoring them may be anywhere from friendly to hostile. Because of its explicitly pro-abortion stance, the Guttmacher Institute is likely to have access to more willing participation from abortion clinics when it comes to collecting data. However, it is also more likely to withhold from the public information that could potentially put abortion in a negative light. While Guttmacher may have officially separated itself from Planned Parenthood (the nation’s largest abortion provider and its own founding organization), its position on abortion remains unchanged. And abortion

remains as much a politically-charged issue in the United States (and the world) as it was when Guttmacher was founded.

Leaving abortion reporting in the hands of pro-abortion advocacy groups is not good enough (see Gosnell), and the Guttmacher Institute is a veritable Tobacco Institute of abortion research. While Guttmacher is certainly free to publish its own findings, its argument that government entities should collect less data on abortion for fear that it might be used to make abortion look bad is simply disingenuous and smacks of desperation:

“However, in the current political climate, merely

opening a discussion about creating a more robust government abortion surveillance system could well result in antiabortion policymakers in the states—and potentially even at the federal level—exploiting this issue in pursuit of their increasingly aggressive antiabortion agenda.”

The bottom line: Guttmacher is free to add its two cents to the debate, but it doesn’t get to make the rules.

Editor’s note. This appeared at c-fam.org

“Can I have one?” The “best reaction” ever to an ultrasound

By Dave Andrusko

There are few sights more delightful than watching people’s faces as they respond to ultrasounds.

Barbara Diamond headlines her post (and the video) “She Has The BEST Reaction To Her Sister’s Ultrasound Surprise.” And it may be just that.

Writing at jillian.littlethings.com, Diamond tells us the delightful story of Jillian, a teacher who is due in September, and her twin sister, Kelly-Renee.

Jillian knew there would be one person who would be “ecstatic” when at her 20 week scan, Jillian found out that her third pregnancy was with twin boys. As you watch the video, you can readily see why Ms. Diamond wrote, “Jillian,

however, never expected a reaction quite like this” from Kelly-Renee.



Just seconds after she learns it’s twins, Jillian brings her sister into the room. What made it special is that Jillian doesn’t tell her sister the big news.

Kelly-Renee, smiling broadly, looks at the ultrasound, sees a “little baby with a heart...

There’s the heart...it’s beating...Look at the baby.”

The doctor, in on the game, asks innocently, “Looks normal, right”

Kelly-Renee then asks, “Are those two?”

“Oh, my God,” she shrieks with joy, “Oh my God, Oh my God.... Can I have one, can I have a baby?”

“The moment Kelly-Renee realizes her sister is pregnant with not one but two beautiful babies (27 seconds in), her reaction is absolutely priceless,” Diamond writes. “Thank God the cameras were rolling.”

Indeed, Kelly-Renee’s “holy cow!” expression just warms your heart and your face lights up in a smile.

Take a minute and go to jillian.littlethings.com.

Dutch Pediatricians Want to Euthanize Children

By Wesley J. Smith

There is no limit to the culture of death once it is fully off the leash.

Dutch law allows euthanasia for children age 12 and over. But now a prominent pediatrician wants the age limits erased.

From the AFP story:

Terminally ill children in unbearable suffering should be given the right to die, the Dutch Paediatricians Association said on Friday, urging the suppression of the current 12-year age limit. “We feel that an arbitrary age limit such as 12 should be changed and that each child’s ability to ask to die should be evaluated

on a case-by-case basis,” said Eduard Verhagen, paediatrics professor at Groningen University who is on the association’s ethics commission.

Kill, kill, kill, kill, kill! And don’t think the “terminal illness” restriction would last two weeks.

Dutch law does not require that people be dying to be euthanized.

It should be noted that [Eduard] Verhagen—who co-authored the Groningen Protocol—commits infanticide. (The GP is a bureaucratic protocol under which doctors kill newborn babies born with disabilities and terminal illnesses.)

Think that will never happen?

It’s already the law in Belgium.

As I said, there is no limit to the culture of death once it is fully off the leash.

Editor’s note. This appeared

on Wesley’s great blog (www.nationalreview.com/human-exceptionalism/420046/dutch-pediatricians-want-euthanize-children-wesley-j-smith).



Doctors told parents to abort baby Easton, but he is fighting to prove them wrong

By Nancy Flanders

Before little Easton was born, doctors told his parents, Danielle Orris and Brenden DeJong, that he would die.

During an ultrasound, they were unable to see a bladder or kidneys on baby Easton.

The doctor told his parents that Easton would likely



Easton after his transplant.

die in the womb. They were devastated, especially when he suggested abortion.

“We chose life,” Orris said. “I was not going to make that decision when my baby had a heartbeat still.”

At 33 weeks gestation, Orris went into labor, and no one knew if her son would be born alive. She was terrified, but despite the doctor’s predictions, Easton was born via C-section.

After six weeks in the Neonatal Intensive Care Unit, he went home with specific care instructions. There were medications and a rigorous eating schedule, as well as weekly lab work and a colostomy bag. Two to four times a week, Easton would go to Nebraska Medicine for dialysis.

But now that’s changed.

On May 18, Easton had his 18th surgery: a kidney transplant. And his father was the donor.

The surgery went well, and Easton didn’t have any



Easton and his father after their surgeries.

complications. In addition to giving Easton his father’s kidney, doctors removed the very small bladder he had. Easton will continue to use a urostomy bag which he was given around age one. He also

has a small catheter that will be used for his frequent blood draws. Now, about to turn two, Easton has a new life ahead of him.

“We will still have a nurse come to our house and get Easton’s lab work but we will have no more dialysis days,” wrote Orris on Facebook. “We will still have many medications to give but we will have the easiest formula to give! [...] I am so amazed and so incredibly happy for this new kidney he has from his daddy. We are so blessed.”

By June 1, Easton was getting back to his usual happy self. And on June 4, just over 2 weeks after his transplant, Easton was moved out of the Pediatric Intensive Care Unit to a regular hospital room.

“The past few weeks have been a scary rollercoaster,” explained Orris. “For 2 weeks he was on the breathing tube and that was scary. It hurt so bad not being able to hold him or make things better. But his kidney so far is doing great! He hasn’t had dialysis in 3 weeks and that’s been amazing! He waves and smiles at every nurse and doctor that comes in his room and he loves helping give his medicines and help them put his blood pressure cuff on. He is so very happy and that helps make this hospital stay so much easier.”

As he continues to heal, doctors are working on

stabilizing Easton’s blood pressure and balancing his immunosuppression medication. His parents hope to bring him over within the next week.

“We know that Easton will always be a complex boy and have things that others will not and we are more than okay with



Easton and his mom getting some rest.

that,” said Orris on Facebook. “He wouldn’t be our sweet boy if he didn’t have these other things. [...] He is perfect just the way he is and we will always make sure he knows that.”

Editor’s note. This appeared at <http://liveactionnews.org/doctors-told-parents-abort-baby-easton-fighting-prove-wrong/#more-64653> and is reprinted with permission.

Belgium's euthanasia law challenged in European Court of Human Rights

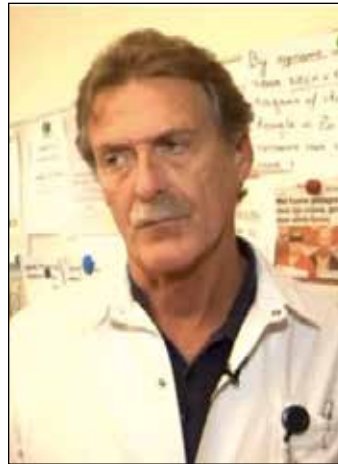
By Michael Cook

A Belgian man is challenging his country's euthanasia law in the European Court of Human Rights. Dr Tom Mortier's mother was put to death by a doctor for "untreatable depression" even though she was not terminally ill. Mortier did not find out what had happened until he received a telephone call the day after her death.

"The government has an obligation to protect life, not assist in promoting death," said a lawyer working on the case, Robert Clarke, of the Alliance for Defending Freedom. "A person can claim that she should be able to do whatever she pleases, but that does not override the government's responsibility to protect the weak and vulnerable. We are encouraging the European Court to uphold this principle, which is completely consistent with the European Convention on Human Rights."

Oncologist Wim Distelmans killed Godelieva De Troyer,

a Belgium citizen who was not terminally ill, because of "untreatable depression" in



Dr. Wim Distelmans

April 2012 after receiving consent from three other physicians who had no previous involvement with her care.

De Troyer's doctor of more than 20 years had denied her request to be euthanased in September 2011, but after a 2,500 Euro donation to Life End Information Forum, an organization co-founded by

Distelmans, he carried out her request to die because of the depression. The donation gives rise to an apparent conflict of interest, says the ADF.

No one contacted Mr Mortier before his mother's death despite the fact that he says her depression was not only largely the result of a break-up with a man, but also due to her feelings of distance from her family.

Dr Distelmans has no psychiatric qualifications and none of the doctors involved had any enduring doctor-patient relationship with De Troyer. In addition, the commission the government established to investigate any failure to observe the euthanasia law has been led, since its creation, by Distelmans. Despite evidence of widespread abuse of the law, the commission has never referred a case to the prosecutor.

As the ADF application explains, "The institutions of the Council of Europe have shown consistent opposition to the

legalization of assisted suicide and euthanasia.... [T]he only positive duty on a State is the positive duty to protect life."

The application argues that Belgium's law, which now allows children to kill themselves as well, has gone too far: "the balance has shifted unacceptably in favour of personal autonomy at the expense of the important public interest and a State's obligation under Article 2 (the right to life)."

"People suffering from depression need compassion and love, not a prescription for death," says ADF lawyer Roger Kiska. "The state has a duty to put the necessary safeguards in place so that suffering patients receive adequate care from doctors and an opportunity to consult with family members."

Editor's note. This appeared at mercatornet.com. Michael Cook is editor of MercatorNet.

Pro-abortionists recycle old playbook to attack the Pain-Capable Unborn Child Protection Act

By Dave Andrusko

To quote the immortal seer Yogi Berra, it's "d  ja vu all over again." Our Hall of Fame catcher knew a lot about cycles and repetition, even if he didn't necessarily articulate his wisdom in the most elegant fashion.

What's that to do with us? Read NRLC Federal Legislative Director Douglas Johnson's analysis (see page 40) and the remarks of NRLC President Carol Tobias (see page one) at a press conference hosted by Senator Lindsey Graham (R-SC) upon his introduction in the U.S. Senate of the Pain-Capable Unborn Child Protection Act (S. 1553) posted elsewhere in this edition. You'll learn that the pattern of distortion surrounding the Pain-Capable Unborn Child Protection Act is uncannily like that which enveloped the Partial-Birth Abortion Ban.

Mrs. Tobias and Mr. Johnson provide the kind of in-depth, factual insights gleaned from decades of experience that help pro-lifers, especially newcomers, understand that from the pro-abortion side, there really isn't anything new under sun.

The specifics may change slightly, but whether you're talking about the Partial-Birth Abortion Ban or the Pain-Capable Unborn Child Protection Act, the pro-abortionist's approach is the same: make statements that are demonstrably wrong and then sit back smiling, confident that a sympathetic press corps will lap up what you say uncritically.

I will tackle just one of the many egregious misstatements

(to put it politely) in the context of examining why the truth is forever waging an uphill battle. The posts alluded to above are absolutely must reading because they look at so many more.

First, there is the impact of credentialism laced with what

of all abortions occur after 20 weeks, but those that do are mostly situations where the life of the mother is at risk or there are severe medical complications."

But there is abundance of evidence that this is not the case. Such abortions are not "rare": a

mother or baby faces an acute medical crisis."

This almost perfectly tracks the lies we heard in the mid-to-late 1990s when Congress debated the Partial-Birth Abortion Ban Act. We were told such abortions rarely occurred and on those infrequent cases



we call "advocacy malpractice" around here. In a nutshell some pro-abortionist with a title gets reporters together and says things that are patently untrue. But because he or she has credentials, by extension what they say is treated as gospel. They are the "experts."

One example Mrs. Tobias mentioned in her statement is Dr. Hal Lawrence, the chief executive officer of ACOG. Dr. Lawrence held a conference call to "educate" journalists on January 14, 2015, she noted. *Politico* reported: "Lawrence said that less than 1 percent

conservative estimate is at least 11,000-13,000 abortions are performed annually after this point, probably many more.

As Mrs. Tobias rightly observed, "If an epidemic swept neonatal intensive care units and killed 11,000 very premature infants, it would not be dismissed as a 'rare event' – it would be headline news on every channel, a first-order public health crisis."

Likewise the best evidence is that "the great majority of abortions performed in the late second trimester are not performed because either

they were only or virtually only in acute medical circumstances.

In truth, there were thousands of partial-birth abortions performed annually and "in the vast majority of cases, the procedure is performed on a healthy mother with a healthy fetus that is 20 weeks or more along," as Ron Fitzsimmons, the executive director of a trade association of abortion providers, the National Coalition of Abortion Providers, confessed in early 1997.

See "Recycle" page 48

Abortionists insist: wear the “A” (for abortion) with pride

By Dave Andrusko

Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, Abortion, (and did I mention abortion?). As you may have already guessed, this post is about one of those monumentally idiotic stories the *Washington Post* trots out periodically that shouts, screams, nay begs to be ridiculed. I will do my best to treat it on its merits.

I take that back. If I do, I will be forced to ridicule Jill Filipovic’s “How a new generation of activists is trying to make abortion normal.” Instead let’s address it for what it is: the gazillionth verbal artillery launched by the fringier elements of the Abortion Movement in its war on reason, common decency, and the unborn child.

Here’s the gist of the 1,565-word-long piece. Enough of this “pro-choice” nonsense. We wear our abortion proudly. Indeed, the accompanying graphic is women bearing the letter “A” on their blouses.

Not the “A” of *The Scarlet Letter* but the insignia of “a younger generation of activists, who cut their teeth in LGBT work and online feminist spaces,” Filipovic informs us. “Advocating ‘choice’ didn’t stop the recent wave of losses for reproductive rights. Today, activists are realizing that the only way to erase the stigma is to talk about it.”

Really?

As we’ve talked about before, the impact of these younger activists has been to drag the old guard (first kicking and screaming and now resigned to their fate) into the era of “telling your story.” Even PPFA’s Cecile Richards has gotten (in my opinion unconvincingly) into the act.

Why was the Abortion Establishment reluctant to embrace the New Tastelessness? Part of it may be just generational, perhaps a discomfort with younger activists who “are shaping the dialogue, taking cues from the Internet, where conversational norms reward unabashed honesty about the female experience — sometimes to maximal shock value.”

If you think shocking people is the way to bring them around, well then “unabashed honesty,” which includes profanity that would embarrass a sailor and vulgarity that would make Hugh Hefner blush, is obviously the ticket.

But to Filipovic this is “putting a human face” on the debate (which oughtn’t to be a debate, of course). She cites a few of the usual examples—including Richards and loser-by-a-mile Texas gubernatorial candidate Wendy Davis—and then concludes with “clinic counselor Emily Letts [who] filmed her own procedure.”

“Procedure”? You mean her “abortion”? You mean Letts, the woman so comfortable with her procedure that she would upload a video on YouTube showing her baby’s last few minutes? The woman who treats the whole thing like a joke, an exercise in female bonding with the abortion clinic staff?

But I’m sure if she thought more deeply, Filipovic would disapprove: Letts’s apologists kept reminding us that Lett’s abortion is not shown “in a graphic way.”

Why not? If desensitization is the name of the game, why not show blood, broken bodies, and legs torn from torsos? After a while, won’t people just start yawning as the abortionist liberates the woman from the

product of conception before their very eyes?

Filipovic tells us many other illuminating things, but two in particular. Not only are they not going to stick with that stupid/apologetic/loser label of “pro-choice,” enough of that “good abortion” gibberish.



“Most women who terminate pregnancies aren’t facing life-threatening tragedies but rather more mundane ones,” Filipovic correctly tells us. “Activists say playing down that reality — and the importance of abortion services for all women — contributes to the stigma that keeps abortion shameful and politically contentious.”

In English, women will abort for any number of reasons and—it seems clear—the more trivial, inconsequential the motivation, the more it ought to be celebrated.

Who’s to say that pro-abortionists won’t soon be talking about having an abortion to avoid stretch marks just to make a point: it’s none of your business why they dispatch this kid to the great unknown.

If they deliberately get pregnant just so they can feel the power of aborting one baby after the other, what’s it to anyone else? It’s their right.

The sordid logic is inescapable.

The other point is that Filipovic is convinced they are winning the cultural battle. The following is at the heart of the way they think so please pay attention to the implications.

2014 gave us “Obvious Child, a romantic comedy with an

honest and decidedly un-tragic portrayal of abortion at the heart of the plot.”

Remember the real moral (a word, I suspect, that would not be one commonly used by the crew that put together *Obvious Child*). The lead character must be given a pass because she is such a dolt. She is in her mid-20s, but to expect adult behavior is foolish. Why?

Because she is such an *Obvious Child*. She makes jokes about everything, so why not ha-ha’s about killing her unborn child? What else should—would— you expect from a foul-mouth, part-time comic? Moral maturity?

That is precisely what they avoid like the plague because what accompanies that is, for them, the only true four-letter word: responsibility.

I am not saying for one second that Filipovic and her ilk don’t believe this insanity. They do.

They just couldn’t be more wrong.

Baby saved by “Safe Haven” law thanks her ‘Tummy Mommy’ for her ‘Really Good Life’

By Dave Andrusko

Do I have a book for you, or what? *Fire Station Baby* is the title. What, you ask, could that possibly be about?

Glad you asked. Twelve years ago, then-engineer Tom O’Neill answered a knock on the door of a Westminster fire station which is located in Denver. It was February 15, 2003, early in the morning.

“Out on this side of the door there was just a couple there and they handed me a baby,” O’Neill told veteran CBS4 Health Specialist Kathy Walsh. Paramedic Duane Linkus was the first one he called.

“I look at the child,” Linkus told Walsh. “Child looks fine and Tom’s giving me the look in his eyes that something’s going on. And that’s when it hits me, that she’s here to drop this baby off.”

“And then that was it and she left,” said Linkus.

The mother was taking advantage of Colorado’s “2000 Safe Haven law” which allows a mother to surrender her baby for up to 3 days old at a

fire station or hospital with no questions asked.

That brings us to... the beautiful baby with the gorgeous brown eyes who was adopted by Julie and John Burke.

“Over the years the Burke’s adopted two more children,” Walsh wrote. “And Julie wrote the book ‘Fire Station Baby’ hoping Halle’s birth mom will read it and contact Halle.”

Hallie talked both about her “really good life” with her adoptive parents and her hope of finding her birth mother. Hallie recently had her first reunion with the fire crew, thanking them, giving them copies of the book, and hugging them.

As if any additional poignancy is needed, Walsh tells us that the Burkes had tried everything to have their own child and had just had an adoption overturned. A friend called John Burke to tell him, “Oh my gosh, there’s a baby left at a fire station. Can you guys get that one?”

Walsh explains that the Burkes named her Hallie for a

special reason.

“After doing fertility treatments for however long we did them, we were like ‘Hallelujah,’ now we have a baby,” said Julie.

Hallie has known the circumstances of her adoption for years. So why does Hallie want to meet her birth mom?

“When I hear that story, I always think of hope,” she told Walsh. “I always think that I am going to find my tummy

mommy before it’s too late.”

Does her “tummy mommy” look like her? Hallie also “wants to ask her about her life and thank her.”

Because there’s a lot of women, people, who are afraid to have babies and when they do they make bad choices about it, but my tummy mommy made a really, really good choice.



Halle Burke

Pro-life legislative successes continue, Florida Gov. signs 24 hour waiting period

By Dave Andrusko

Adding to the 2015 pro-life run of legislative successes, Florida Gov. Rick Scott signed HB 633—a 24 hour waiting period—into law. It was, of course, immediately challenged by the ACLU which asked the courts for an emergency injunction to delay implementation scheduled for July 1. Gov. Scott’s signature



Florida State
Sen. Anitere Flores

came less than a week after Tennessee Governor Bill Haslam added his signature to long-sought pro-life policies, including informed consent provisions for women and girls considering abortion, a 48-hour waiting period, and a requirement that abortion facilities in the state be inspected and licensed.

As *NRL News Today* has explained, Tennessee Governor Bill Haslam added his signature to long-sought pro-life policies, including informed consent provisions for women and girls considering abortion, a 48-hour waiting period, and a requirement that abortion facilities in the state be inspected and licensed.

Pro-abortionists lambasted the reflection period as an “undue burden” on the “right” to abortion, a bogus charge rebutted by numerous members of the Florida legislature which easily passed HB 633 in April.

For example, House sponsor Rep. Jennifer Sullivan said, “This isn’t changing access; it’s not shutting down clinics,” adding, “The purpose of this bill is to empower women to make an informed decision, versus a pressured, rushed, unexpected one.”

Sullivan also explained, “It’s just common courtesy to have a face-to-face conversation with your doctor about such an important decision — especially for such an irreversible procedure as an abortion.” Enactment of HB 633 “means women will be empowered to make fully informed decisions.”

During the debate in the

Senate, Sen. Anitere Flores, one of the bill sponsors, told her colleagues, “One day to reflect upon the risks of abortion, one day to view an



Florida State
Rep. Jennifer Sullivan

image of the unborn child’s ultrasound image, and one day to consult with friends, family and faith are minimal considering the effects that will remain for a lifetime beyond that irreversible decision.”

According to the *Miami Herald*

Sen. Don Gaetz, R-Niceville, shared a story about his wife, Victoria, who was advised to have an abortion while pregnant with their daughter.

“I’m glad she had 24 hours to think about it,” he said. Erin Gaetz is now 29 years old.

The HB 633 measure had large support in both the Florida Senate—where it passed 26-13—and the Florida House—which gave its approval on a vote of 77-41.

In 2011 Gov. Scott signed a bill requiring an ultrasound prior to an abortion. “You should have the opportunity to see an ultrasound of your child,” Scott said at the time. “It’s your choice. You don’t have to. This creates choice. I think it’s very positive.”

In early June, North Carolina joined Utah, Missouri, and South Dakota as states that provide for a 72-hour period of reflection before women finalize a life and death decision. Oklahoma’s identical waiting period goes into effect in November.

According to NRLC’s Department of State Legislation, 23 states have 24 hour waiting periods; three states have 48 hour waiting periods; four states have 72 hour waiting periods; and one state has an 18 hour waiting period.

Supreme Court declines to review decision invalidating “Right to View” provision of North Carolina’s 2011 Ultrasound law

By Dave Andrusko

In a one-sentence order, the Supreme Court has declined to hear an appeal of an appeals court decision that invalidated North Carolina’s ultrasound law. (For more see editorial on page two.)

The provision, passed over the veto of the governor in 2011, requires that an ultrasound image of the unborn child be displayed at least four hours prior to an abortion so that the mother might view it and that she be given the opportunity to hear the unborn child’s heartbeat. The law also provides for a “simultaneous explanation of what the ultrasound is depicting.”

But as *NRL News Today* reported last December, Judge J. Harvie Wilkinson III, writing for a unanimous three-judge panel of the 4th U.S. Court of Appeal, concluded, “The state cannot commandeer the doctor-patient relationship to compel a physician to express its preference to the patient.” Although Judge Wilkinson conceded the law was “a regulation of the medical profession,” he concluded it was “ideological in intent and in kind.”

However, as Mary Spaulding Balch, JD, NRLC’s director of State Legislation, told *NRL News Today*, a federal appeals court panel in Texas upheld a very similar law.

Balch was kind enough to fill in the blanks.

“There is no explaining why the US Supreme Court refused to take this case,” she said. “We now have a situation where



mothers in Texas will have their right to informed consent protected while those in North Carolina are at the mercy of the abortionist. The Texas and North Carolina ultrasound laws were almost identical, yet one is enforceable and the other is not.”

Balch said that many abortion providers claim they already offer the mother an opportunity to view the ultrasound. “In practice, however, this ‘offer’ is made in such a manner that it places the burden on the mother to ask to view the ultrasound,” she explained. “For instance, some note the offer in a lengthy, small type consent form, and require the mother to ask for the opportunity to view with the abortionist, while others

very pointedly keep the screen turned away from her.”

“For instance, some providers note the offer in a lengthy,

told the justices that the law is “perfectly consistent with the First Amendment, as a reasonable regulation of medical practice.”

“Five states have enacted essentially the same display-and-describe requirement at issue in this case,” Cooper wrote, “and an additional four states require a physician to provide a simultaneous explanation of an ultrasound image upon a woman’s request.”

The one saving grace is, as the *New York Times* wrote. “Monday’s development, which set no precedent, did not affect the validity of any law aside from North Carolina’s.”

Why are ultrasounds important and why do pro-abortionists so adamantly oppose them?

“An ultrasound provides a window into the womb,” Balch said. “It allows the mother to see her unborn child and to experience the humanity of the unborn child before it is too late.”

And ultrasound “is not deceptive, it is not tainted by anyone’s viewpoint,” she noted.

It can be an essential element for informed consent. The mother needs the opportunity to understand the consequences of her decision so she might be able to spare herself from regret and save the child’s life. Now, in North Carolina, she may never have that opportunity.

Eloquent pro-life answers in response to the word “abortion”

By Dave Andrusko

Thanks to Rebecca Downs for posting about a cut.com video of women, ages 15 to 50, responding on camera to the word “abortion.” We may have a slightly different overall take, but her insights were very helpful.

Cut.com does these composites where they ask a range of people (including on at least one occasion children)

reinforces her words; and sometimes you know that still waters run deep.

Yahoo Lifestyle UK's ran a piece on the video a week ago last Friday. Alison Coldridge ends with the usual usual—“Every woman who has an abortion has her own reason for doing it, as one woman who had an abortion at eight

However she also includes a couple of insights along the way. For example, that the two most straightforward condemnations of abortion come from the 15 year old girl and the 16 year old girl.

But far more important than toting up the numbers—for, against, and more or less neutral—and drawing the obvious conclusion that the youngest girls are the most passionately pro-life (a word Coldridge does not use) is that these two go first! No matter what follows they have made the first impression.

From the 15 year old, her response is

“Killing, because they’re basically killing the baby even though it’s still in the mum.”

From the 16 year old

“Horrible...if you’re given the gift of a baby then you should treasure that gift.”

A 17 year old, who goes next, is speechless.

Then a monotonic “choice” followed by “necessary”

followed by

“Wrong. I guess I’ve always just been pro-life. I feel like when people think of pro-choice they just think of the mom and the person, people don’t think about the life that’s inside of you, or the person that doesn’t have a voice.”

Wow.

More pro-abortion answers including a defiant “None of your business.” And then this:

“Against it. I was asked to have an abortion and I didn’t. And I’m really happy about it. She’s my motor and she’s the reason I wake up every day.”

One side, rote answers. The other eloquent, probing, reflective objections to abortion.

Take out 3:29 seconds and watch the video at https://www.youtube.com/watch?v=beRWmz_7kOc



for their first response in one word to a word—i.e., abortion, father—or to a question.

The lens gives you a very tight shot, inviting you to read their faces as they answer the question. Sometimes the woman’s face is blank; sometimes her expression

months pregnant knows only too well. If you want advice, support or information about abortions, you can get in touch with Abortion Choices or look at your choices on the NHS website”—so I don’t think it’s unfair to conclude she has an agenda.

An Astoundingly Powerful Video: “Interview with an Unborn Child”

By Dave Andrusko

Admittedly I am very partial to well-done pro-life videos, but even if I was not a fan I think my jaw still would have dropped when I watched *Interview with an Unborn Child*. This amazing video can be found at interviewwithunborn.com.

The creators of this very brief video (4:16) know that abortion is a sensitive topic and even many pro-lifers find brutally honest pictures of aborted babies very unsettlingly. So they immediately tell the viewer, “The film contains NO shocking images.” And it doesn’t!

Instead the narrator (the unborn child) ever-so-quietly reduces you to tears in about 60 seconds in.

Why?

How?

Partly it is because the refrain “not even my mother” is the narrative thread that binds the video together—that and the expressions of deep, deep pain etched on his mother’s face.

The music is perfectly haunting. We understand immediately that this child is utterly alone and completely helpless.

From his words and the images, we know that he has been abandoned by his mother. Even after more than three decades in the Movement, this truth still cuts me to the quick. This pain is only exacerbated by the truth that often the child’s father will encourage

the child’s mother to “get rid” of him.

Listening to the narrator, we know that he anticipates being hurt. Physically and existentially. Even if he didn’t, we, as his parents, do. And we try to keep his cries muffled and our indifference barricaded.

And when he says, “My greatest pain will not reach the ears of anyone, not even my mother,” if you are at all

like me, you are stunned into silence.

What else makes *Interview with an Unborn Child* so unsettling? There is the finality of abortion. “Even though my heart is beating fast,” he tells us, “how quickly the star of my life will be snuffed out.”

Finally, and this comes early and is geared to people of faith, the child knows that even if no one knows his individuality, his

uniqueness, his last hours, One does.

God does.

If we are to be His hands and feet, what can be more important than saving His children?

Take 4:16 seconds out and watch *Interview with an Unborn Child*. And be sure to share the video through your social networking contacts.



Pro-Lifers: light keepers in a time of darkness

From page 2

development of a technique to reverse what had been the inevitably fatal effect of the RU-486 abortion pill to the closing Saturday night Banquet when *Weekly Standard* reporter John McCormick discusses how to be a voice for the voiceless in the media, grassroots pro-lifers will learn from the best minds in the Movement.

No, I didn't forget the 4th of July. This celebration of our nation's founding seems best addressed at the end of this editorial. Let me draw on the insights of NRLC President Carol Tobias from her column on page three and the late Rev. Richard John Neuhaus.

Carol, "being a good pro-lifer," tells us she "loves our country's founding document, the Declaration of Independence. We all know those famous words, 'We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.'"

While most of us may know those stirring words, are they inscribed on the inner walls of our conscience? Has the head knowledge that, in America, we all possess these rights worked its way into heart knowledge?

Carol quotes historian Joseph Ellis who called George Washington the "Foundingest Father" (*primus inter pares*) of them all, and then segued to

make clear that the right to Life is the "Rightest Right" of them all. Without it, no other right matters.

Which brings us to the late Rev. Richard Neuhaus, a man I knew for decades, interviewed several times, and quoted dozens of times. I would

a land of immigrants, has closed its doors to the ultimate immigrant. Neuhaus said: the unborn child.

Those threatening newcomers "are stopped before they enter our line of moral vision," Neuhaus said. "They are stopped early, still in the

and the pro-life movement as an anti-liberal force. On the contrary, it is the members of our Movement who "are light keepers in a time of darkness."

Indeed, "You are not the defenders of an old order but the forerunners of a world yet to be," he noted. "What we

would retrieve from the past is the promise of the future."

Neuhaus said he believes "this great testing of the American experiment" will prevail on the side of life. "And yet, if that hope is deferred for a time, we must not be discouraged," he said. "We are recruited for the duration, we must be long distance radicals; we must never give up.

Referring to the convention's theme, "A New Birth of Freedom," Neuhaus concluded, "I

do not know if there will again be a new birth of freedom—for the poor, the aged, the crippled, the unborn. But we commend this cause to the One who is the maker and the sure keeper of promises, to the Lord of life.

"In that commendation is our confidence: confidence that the long night of *Roe v. Wade* will soon be over; confidence that the court will yet be made responsive to the convictions of a democratic people; confidence, ultimately, in the dawning of a new and glorious day in which law and morality will be reconciled and liberty will no longer war against

strongly urge you to read the story I wrote about his speech to the 1982 NRLC Convention [www.nationalrighttolifenews.org/news/2013/11/the-pro-life-movement-keepers-of-the-american-dream/#.VZC4hvlViko]. Many people, including me, consider it the greatest pro-life speech ever.

Here's how I ended. *The authentic liberal vision of American, Neuhaus said, is one that "is hospitable to the stranger, holding out arms of welcome to those who share the freedom and opportunity we cherish."*

But, tragically, American,

darkness of the womb, before they can force us to recognize them as ourselves, before their all too person-like appearance can lay a claim upon our comfort and maybe upon our conscience."

In its *Roe v. Wade* decision, "the court invoked the darker side of our national character," he said. "We were given license, indeed encouragement, to close our heart to the stranger, to patrol the borders of our lives with lethal weaponry."

Later in his speech, Neuhaus again challenged the mythology that portrays pro-abortionists as a liberal, progressive force



national RIGHT TO LIFE

NRLC President Tobias provides deeper meaning of new Gallup Poll on abortion

By Dave Andrusko

After Gallup published its latest poll on abortion, NRLC President Carol Tobias offered a very thoughtful post on *NRL News Today* explaining what the new Gallup Poll on abortion tells us, what it means, and what it signifies.

A few days later, writing for *Bloomberg News*, having interviewed Mrs. Tobias and the political director for NARAL, Emily Greenhouse offered a sophisticated explanation of what both women argued.

How? Largely by letting them speak for themselves.

You probably remember that for the first time in seven years, Gallup found more people identified as “pro-choice” (50%) than pro-life

(44%). While, of course, NRLC would rather the numbers be reversed, Tobias explained that operationally, a majority is much closer to the pro-life position than the pro-choice position.

In other words when you go past self-identification to the question of what conditions people believe abortion should be legal in, you find that a majority say abortion “should be illegal in all circumstances” (19%) or legal “in only a few circumstances” (36%)—a total of 55%.

By contrast a total of just 42% said abortion should be legal “under any circumstances” (29%) or legal “in most circumstances” (13%).

“We have a majority of people who do not approve of the way abortion is being practiced in this country today,” Tobias told Greenhouse. “I’m very encouraged by the poll.”

But Tobias went much further, providing Greenhouse with an education in how to understand the nuances of abortion polls. Unfortunately, Greenhouse characterized this as making “a semantic argument,” which implies mere quibbles. It was just the opposite.

What Tobias did was provide a thought experiment. If a respondent said he or she believed abortion should be legal in the extreme circumstance where “the mother’s life is in danger by

carrying the pregnancy to term,” this pro-lifer would fall in the “legal in only a few circumstances” category.

Moreover, as Tobias told Greenhouse, almost a quarter of those who self-identified as “pro-choice” [23%] picked that **same** category—“legal in only a few circumstances”!

The amusing part of Greenhouse’s story, because it was such a stretch, was Greenhouse’s convoluted rebuttal to Tobias’s assertion “that, for politicians, being pro-life is ‘always an advantage. It never hurts a pro-life candidate to take a strong pro-life candidate stand.’”

40 years of experience conclusively demonstrates that among Americans who vote on the basis of the abortion issue, there are always more who vote for the pro-life candidate than who vote for the pro-abortion candidate. That’s the facts.

“But of course that elides the semantic distinctions,” Greenhouse argues. “What if a candidate, like four percent of those polled by Gallup, were to identify as pro-life, but believe abortion should be, whatever the circumstance, legal?”

Apparently Greenhouse didn’t read her own story. Elsewhere she wrote, “A corresponding four percent who identify as pro-choice believe abortion should be ‘illegal in all circumstances.’”

Eight percent misunderstood what the label represented—4% on either side—aka a wash.

That aside, the story is very much worth reading.



New UN agenda could enable massive global expansion of abortion

By Matt Hadro

New York City, N.Y. (CNA/EWTN News)—A massive, well-funded push to increase access to abortion worldwide could be underway at the United Nations, and according to one congressman it could silence faith-based organizations which oppose abortions out of conscience.

At issue is proposed language in the United Nations' Sustainable Development Goals that will eventually be voted on and adopted by the U.N. General Assembly in September, and will go into effect in 2016.

If the current proposed language is adopted, it could result in “unfettered access to abortion” around the globe, according to the office of Rep. Chris Smith (R-N.J.), who is co-chair of the Congressional Pro-Life Caucus.

The language establishes targets for global development, among them to “ensure universal access to sexual and reproductive health-care services” by 2030.

The other target in question tries to “ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.”

This language — “sexual and reproductive health and reproductive rights” — is interpreted to include abortion by most U.N. agencies and Western donor countries, said a former diplomat at the U.N.

who participated in numerous negotiations involving sexual and reproductive health language. Such language is usually part of an agenda in which developed countries use financial incentives to pressure poor, pro-life countries to liberalize their abortion laws in accord with the U.N.'s definition of sexual and reproductive health and rights.

In this case, the language is but a tiny part of 17 development goals and 170 targets that together establish a broad and comprehensive global agenda for the next 15 years that includes fighting poverty, ending world hunger, and promoting sustainable energy and universal education.

Thus the language is alarming especially for developing countries, Smith noted, because the massive funding required for these Sustainable Development Goals — \$5-7 trillion — can also be used as an incentive for developing countries to liberalize abortion laws.

The goals basically state to developing countries that access to abortion and contraception “is what you need if you want economic growth,” Smith added.

Without meeting the sexual and reproductive rights targets established in the development goals, poor countries could risk losing development funding. Most countries allow legal abortion in some circumstances, with only a handful either banning it outright or allowing it in all circumstances.

The result of the goals if the current language is adopted, Smith said, could be a

massive expansion of abortion worldwide due to international pressure on countries and charities to offer abortion access.

State and local laws limiting access to abortion could

that do not offer contraceptives or abortions out of conscience will lose funding from countries and international donors.

The Post-2015 goals build upon the original eight “Millennium Development



be deemed to violate the “universal right” to abortion services and could be erased. These would include laws such as a minor having to obtain parental or spousal consent to get an abortion.

Faith-based organizations that oppose abortion out of conscience could see their funding wither as a result of these development goals, Smith explained.

For example, the U.S. bishops' anti-human trafficking program lost a government grant in 2011 once the U.S. Department of Health and Human Services began prioritizing grants for organizations that provide abortions to trafficking victims. The bishops' program could not provide abortions, out of conscience.

Such an example could happen on a mass scale at the global level, Smith warned, when faith-based organizations

Goals” that the U.N. set in 2000 for the next 15 years, which included cutting world poverty and reducing the spread of HIV/AIDS.

As these goals were set to expire and in preparation for the Post-2015 agenda, the U.N. Conference on Sustainable Development met in Rio de Janeiro in 2012. It issued an outcome document, “The future we want,” which set the table for the sustainable development goals in time for the 2013 general assembly meeting.

That document did not include the “sexual and reproductive health and reproductive rights” language that the current proposed goals state, Smith noted.

However, the International Planned Parenthood Federation has been pushing hard for the

Iowa Supreme Court strikes down law regulating webcam abortions

By Dave Andrusko

On June 19, the Iowa Supreme Court struck down a rule issued by the Iowa Board of Medicine requiring abortionists to be present and perform a physical examination on a pregnant woman prior to dispensing abortion pills. Six justices unanimously concluded this represents an “undue burden” on a woman’s right to abortion and violated both the state and federal constitutions. (A seventh abstained.)

The plaintiff was the mammoth Planned Parenthood

in that drawer are the abortion pills which make up the two-drug abortion technique (RU-486 and a prostaglandin). She takes the RU-486 there and takes the rest of the pills home to administer to herself later.

In its September 2013 decision, the Board of Medicine required abortionists to see the women in person and perform physical examinations before dispensing abortifacients. Women were also required to do in-person follow-up visits.

to *Iowa Public Radio’s* Dar Danielson.

“What our board of medicine did was agree with you that there needs to be a standard of care decision, frankly in the face of prior complaint for discipline against somebody that alleged they weren’t following the standard of care,”

Thompson said. “And they promulgated a standard of care that focused on safety and tried to resolve these questions, this uncertainty of safety, in favor of the woman.”

Thompson went further, citing PPH’s own study which Thompson said shows that women were not kept from getting abortions they wanted, as PPH claimed was the effect of regulating webcam abortions.

“They studied two years before they started telemed and two years after, and what it shows is there was no huge unmet need, number one,” Thompson told the court. “Patients didn’t drive shorter distances, number two. And in general, it had no real impact.”

But in its 31-page decision, the justices wrote

“The Board in its brief and in its oral argument conceded a woman has a right to terminate her pregnancy protected by the Iowa Constitution that is coextensive with

the federal right. For the reasons discussed herein, we find the challenged rule fails to meet the federal undue burden test for constitutionality.”

And

“Whenever telemedicine occurs, the physician at the remote location does not perform a physical examination of the patient. It is difficult to avoid the conclusion that the Board’s medical concerns about telemedicine are selectively limited to abortion.”

But, of course, neither the Board of Medicine nor anyone else ever said that abortion was not legal. What the state lawyers wrote on behalf of the board was

“Abortion-inducing drugs are not over the counter medications. Unless and until such a time when abortion-inducing drugs are no longer required to be dispensed by physicians, physicians must do so within the confines of the standard of care. The Board of Medicine determined the standard of care requires a physical examination prior to dispensing abortion-inducing drugs.”



Photo: Des Moines Register

of the Heartland (PPH) which has performed over 7,200 webcam abortions since 2008. As *NRL News Today* has reported, this first of its kind system (which proponents insist is a subset of telemedicine) is premised on the abortionist never being in the same room as the pregnant woman.

The way webcam abortions work in Iowa is that the abortionist back at a hub clinic in Des Moines teleconferences with the woman at one of the smaller satellite offices, reviews her case, and asks a couple of questions. He then clicks a mouse, remotely unlocking a drawer at her location.

That decision was upheld by Polk County District Court Judge Jeffrey Farrell, a decision PPH appealed to the Iowa Supreme Court. Last September the Iowa Supreme Court put a stay on the decision, meaning the system was always operational.

As we previously reported, during oral arguments before the Court Solicitor General Jeffery Thompson (arguing for the Iowa Board of Medicine) told the justices that the Board of Medicine’s concern was safety.

“This is a unique drug. This is not a typical pharmaceutical,” said Thompson, according

Washington Post Factchecker Zings Planned Parenthood for Misleading Poll Claims on Pending Abortion Bill

WASHINGTON — The *Washington Post's* widely read “Fact Checker” column has zinged the Planned Parenthood Action Fund (PPAF), declaring that the organization was misleading when it claimed, in a June 11 press release, that “a solid 60 percent of voters oppose 20-week [abortion] bans when they understand the real-world impact these laws would have.” The PPAF release attributed that statement to Cecile Richards, who is president of both the Planned Parenthood Federation of America (PPFA) and its political arm, PPAF.

In a piece published June 18, 2015, under the byline of Michelle Ye Hee Lee, the *Post* Fact Checker awarded PPAF “two Pinocchios” on its four-Pinocchio scale of deception.

The PPAF press release was an attack on the Pain-Capable

Unborn Child Protection Act, an NRL-backed bill that passed the U.S. House of Representatives on May 13, and that was introduced in the U.S. Senate on June 11, the day of the PPFA release.

The quoted assertion that 60% of the public opposes such legislation was based on a 2013 poll conducted by Hart Research Associates, commissioned by the Planned Parenthood Federation of America. In the poll, Hart purported to show that majorities of Americans did not support banning abortion, even after 20 weeks, in certain specific circumstances.

A number of Hart’s statements about the bill were inaccurate when they were made in 2013, and Hart’s characterizations of the bill depart even more from the current version of the legislation.

The Fact Checker noted that “Americans generally are

opposed to abortions after 20 weeks of pregnancy. A 2013 *Washington Post-ABC News* poll found 56 percent of voters preferred limiting unrestricted abortion rights to 20 weeks rather than 24 weeks. A 2012 Gallup Poll found 61 percent of Americans believe abortion should generally be legal during the first trimester, but the support dropped to 27 percent in the second trimester and 14 percent in the third trimester. . . . The November 2014 Quinnipiac poll found 60 percent of registered voters support a ban after 20 weeks, except in cases of rape and incest that are reported to authorities.”

Moreover, the Fact Checker said, “The [Hart] poll did not specify that it was asking about terminating a pregnancy 22 weeks after a woman’s last menstrual period [equivalent to the 20 weeks

post-fertilization age cutoff in the bill] — the dating method that Planned Parenthood and other opponents of the bill use and accept. Moreover, it did not test for the actual bill under consideration, with its exceptions for certain cases of rape, incest and the life of the mother but not for emotional issues. . . . this particular [Hart] poll is outdated at best for the 2015 debate. . . .”

The Fact Checker concluded that “at least two other national polls” have found “60 percent of Americans support a ban after 20 weeks, except in cases of rape and incest,” and that the Planned Parenthood claim to 60 percent opposition was “misleading.”

The Fact Checker piece also noted, “A Planned Parenthood Action Fund representative did not provide a response on the record.”

New York Times Runs Constricted Correction on Abortion

By Douglas Johnson, NRLC Federal Legislation Director

WASHINGTON—On May 13, 2015, the U.S. House of Representatives passed the Pain-Capable Unborn Child Protection Act, a bill that would generally prohibit abortion after 20 weeks fetal age, with certain exceptions. The National Right to Life Committee (NRLC) supports this bill — indeed, the core of the bill originated as a model state law proposed

From that fundamental confusion, the *Times* became mired in serious errors, the worst being embodied in this sentence:

Prohibiting most abortions 20 weeks after fertilization would run counter to the Supreme Court's standard of fetal viability, which

run counter" sentence. My effort began with a very short and quite unsatisfactory exchange with the reporter, who immediately cut me off, was unwilling to listen to any explanation on the substance, and suggested that I should "take it up with the people who wrote the bill." Over the following three weeks, I attempted to communicate with four

couple days or so, we see in today's *Times* an extremely parsimonious correction:

NATIONAL

Because of an editing error, an article on May 14 about the House's recent approval of a ban on most abortions 20 weeks after fertilization misstated the Supreme Court's position on a general standard of fetal viability. Although the court has said that women have a right to an abortion until the fetus is viable outside the womb, it has not said that viability occurs "22 to 24 weeks after fertilization."

The New York Times

by NRLC in 2010 and since enacted in 11 states.

On May 13-14, the *New York Times* published "House Approves Revised Measure Banning Most Abortions After 20 Weeks," by Emmarie Huetteman. Throughout the story, Huetteman and/or her editors betrayed an ignorance that there are two different methods for dating pregnancy — each method being valid, each method being employed in different fields of medicine, and either method readily adaptable for legislative purposes, as long as the legislation contains a clear definition of which method is employed.

The *Times* story referred to the House-passed bill as applying "after 20 weeks of pregnancy" and "20 weeks after fertilization" as though those two phrases meant the same thing, when they do not mean the same thing — 20 weeks "after fertilization" is equivalent to 22 "weeks of pregnancy." The bill that the House passed applies 20 weeks post-fertilization, which is 22 "weeks of pregnancy."

is generally put at 22 to 24 weeks after fertilization.

Everything about that sentence is wrong. It was simply erroneous for the *Times* to assert that "fetal viability . . . is generally put at 22 to 24 weeks after fertilization." [my italics, for emphasis] It would be much more defensible to say that "viability" is "generally put at 22 to 24 weeks of pregnancy" or "generally put at 22 weeks dating from the last menstrual period," which would be 20-22 weeks after fertilization.

Moreover, the U.S. Supreme Court has never defined, as a matter of law, "viability" as occurring at a specific number of weeks into pregnancy, by either system of dating. The way the Court has actually defined "viability" for legal purposes is "potentially able to live outside the mother's womb, albeit with artificial aid." More on that later.

Beginning on May 14, I endeavored to get the *Times* to correct the manifest errors embodied in that story, and most especially in the "would

different editors on the matter. I say "attempted," because at no point did any editor offer any response, verbally or by email, *on the substance* of the detailed, documented critiques that I provided by email. At no point did any editor at the *Times* actually challenge anything I said, or request further documentation, or inquire as to what I thought might constitute an appropriate correction in the event that any error was ultimately conceded. At most I received perfunctory acknowledgments that emails had been received, and then The Gray Wall of Silence.

I think it is fair to say that most people, attempting to educate a newspaper's editors on a point of fact, would have given up after the first week or so, or sooner. That's why those "corrections" columns you see in the *Times* and some other newspapers each day are so short, and seldom contain corrections on the errors that you have personally noticed. But I persisted. After more than three weeks of making a polite pest of myself every

Okay — so now we know, at least, something that the Supreme Court "has not said." That's good, as far as it goes. But it doesn't go very far. The correction fails to acknowledge or correct the manifest confusion that ran through the entire May 13 Huetteman story, regarding the two different medical dating systems for pregnancy, and regarding the point at which "viability" *in fact exists* under modern medical practice. The correction is completely *silent* on the second and arguably more important error contained in the May 13 "would run counter" sentence, that being the declaration, made in the *Times's* own voice, that viability "is generally put at 22 to 24 weeks after fertilization" [italics added for emphasis], which is equivalent to asserting that viability is generally put at 24 to 26 weeks of pregnancy. It

See "Correction," page 50

2016 Presidential Candidates on Late Abortion: Do you know where they stand?

From page 1

On May 13, 2015, the U.S. HIn January, President Obama threatened to veto the legislation, despite widespread public opinion in favor of it.

Where do announced and potential 2016 presidential candidates for the Republican nomination stand on late abortions?

FORMER GOVERNOR JEB BUSH



Jeb Bush

Jeb Bush served as governor of Florida from 1998 until 2007.

Governor Bush, in his own words:

I'm pleased to share my support of the Pain-Capable Unborn Child Protection Act, which will prevent elective abortions after 20 weeks of pregnancy, protecting both unborn children and the health of pregnant women.

...It is right and just for a humane and compassionate society to act in the interests of these individuals to protect them from pain and suffering.

Life is precious – from beginning to end. The many atrocities revealed during the 2013 trial and

conviction of Pennsylvania abortion provider Kermit Gosnell were beyond comprehension and a glaring reminder that much more must be done to protect innocent children after conception, through birth and beyond.

DR. BEN CARSON



Dr. Ben Carson

Dr. Ben Carson is a retired, world-renowned neurosurgeon.

Dr. Carson, in his own words:

I am unabashedly and entirely pro-life. Human life begins at conception and innocent life must be protected.

As a pediatric neurosurgeon, I took the Hippocratic Oath to 'First, Do No Harm.' ...As a surgeon, I have operated on infants pre-birth. I can assure you that they are very much alive.

...Children are our most precious resource and our efforts to protect them should know no bounds. I urge our legislators in Congress to swiftly vote on the

legislation known as the Pain-Capable Unborn Child Protection Act. It is legislation that values life which in the end is what we are here for.

GOVERNOR CHRIS CHRISTIE



Gov. Chris Christie

Chris Christie was first elected as governor of New Jersey in 2009.

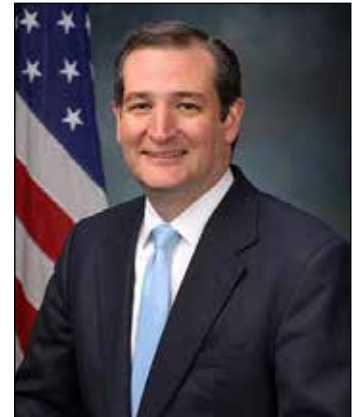
Governor Christie, in his own words:

I am proud to be a pro-life Republican. I believe that every life is an individual gift from God, and that no life is disposable.

...One proposal that brings Americans together is the Pain-Capable Unborn Child Protection Act which would protect unborn children beginning at 20 weeks, or five months of pregnancy, based on their ability to feel pain. America is one of just seven countries that permits elective abortions past this point.

We can do far better than this. I urge Congress to take swift action on this important issue.

SENATOR TED CRUZ



Sen. Ted Cruz

U.S. Senator Ted Cruz (R-Tx.) has a 100% pro-life voting record, voting pro-life four out of four times since joining the U.S. Senate in 2013. Cruz cosponsored S.1670, the Pain-Capable Unborn Child Protection Act, during the 113th Congress.

Senator Cruz, in his own words:

We are filled with grief for the nearly 57 million souls who will never have a chance to become the next teachers, artists, entrepreneurs, and heroes.

...I remain a strong supporter of the Pain-Capable Unborn Child Protection Act, a measure that has overwhelming support of Texans and Americans and that is an important step in recognizing the sanctity of life.

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2016 Presidential Candidates on Late Abortion

From page 41

No one can doubt the reasonableness of this legislation. We are a nation that models itself on a code of natural and human rights, which we believe are not the inheritance of a privileged few but the birthright of people everywhere. Yet today we are one of just seven countries worldwide to allow elective abortions after 20 weeks. The tragic truth is that in doing so we are in the company of countries with such atrocious track records no human rights as China and North Korea.

CARLY FIORINA



Carly Fiorina

Carly Fiorina, formerly the C.E.O. of Hewlett Packard, ran a pro-life campaign for U.S. Senate from the state of California in 2010.

Ms. Fiorina, in her own words:

About sixty years ago, a decision was made that changed my life. My husband's mother chose life. She was told that her pregnancy would be difficult and doctors told her she needed to have an abortion. Being a woman of intense faith and

courage, my husband's mother continued her pregnancy. I cannot imagine how different my life would be had she made a different choice.

Unfortunately, women are faced with this decision every day. These women deserve our empathy, support, and never our judgment or condemnation. They deserve options, ones that are available now more than ever due to advances in modern medicine.

Science supports those of us that believe in the sanctity of life. At 20 weeks, or five months into a pregnancy, an unborn child feels pain. At 20 weeks of life, an unborn child can suck his thumb, yawn, stretch, and make faces. An unborn child at 20 weeks IS a human life. The Pain-Capable Unborn Child Protection Act protects the unborn in limiting abortions after 20 weeks of pregnancy, it is legislation that is vital in protecting the dignity of life.

SENATOR LINDSEY GRAHAM



Senator Lindsey Graham

U.S. Senator Lindsey Graham (R-SC), who has a long pro-life voting record in Congress

(U.S. House of Representatives 1995-2003, U.S. Senate 2003 to date). He is the lead sponsor of the Pain-Capable Unborn Child Protection Act in the U.S. Senate (S. 1553). Senator Graham, in his own words:

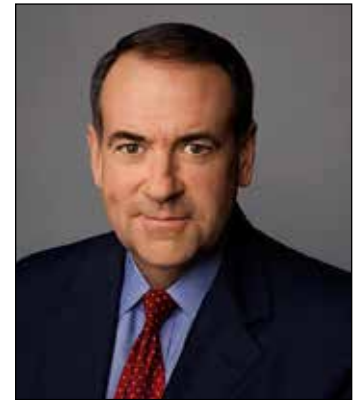
At twenty weeks, mothers are encouraged to speak and sing as the baby can recognize the voice of the mother. The question for the American people is, Should we be silent when it comes to protecting these unborn children entering the sixth month of pregnancy? Or is it incumbent on us to speak up and act on their behalf? I say we must speak up and act.

Science and technology have advanced tremendously since 1973. We now know that an unborn child at the twentieth week of pregnancy can feel pain. In fact, anesthesia is administered directly to unborn children in second trimester fetal surgery. Given these facts and my continued strong support for life, I believe there is a compelling interest in protecting these unborn children who are among the most vulnerable in our society. I'm confident that over time the American people and their elected representatives will say yes as well. The Pain-Capable Unborn Child Protection Act is the new front in protecting the rights of the unborn. I'm very proud to be leading this charge.

FORMER GOVERNOR MIKE HUCKABEE

While governor of Arkansas (1996-2007), Mike Huckabee

signed into law a bill requiring abortion providers to notify the mother that her unborn child may feel pain.



Mike Huckabee

Regarding the current Pain-Capable Unborn Child Protection Act, Huckabee wrote:

I am writing to you today to wholeheartedly endorse the Pain-Capable Unborn Child Protection Act . . . This isn't about politics; it is about life. Life that is precious and valuable. It is about the value of life in our country. If our nation continues to turn its back on the most vulnerable and the most innocent among us then we drift further and further away from that which made our nation a bright and beautiful one shining on a hill. Thank you for sponsoring this bill; its passage is an important step in the right direction for our nation.

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GOVERNOR BOBBY JINDAL



Gov. Bobby Jindal

Bobby Jindal was first elected governor of Louisiana in 2007. Prior to that, he served in the U.S. House of Representatives from 2005 until 2008. While in the House, Jindal maintained a 100% pro-life voting record.

In June 2012, Governor Jindal signed SB 766, the Pain-Capable Unborn Child Protection Act. He said:

It is incumbent upon us to protect the weakest and most vulnerable among us, and these new laws will protect innocent human life.

In March 2014, Governor Jindal wrote to Senator Graham:

I commend you for authorizing and introducing S. 1670, the federal Pain-Capable Unborn Child Protection Act, in the U.S. Senate. This legislation is necessary for protecting unborn children nationwide, at 20 weeks or more postfertilization, from painful abortions.

GOVERNOR JOHN KASICH

John Kasich served in the U.S. House of Representatives from 1983-2001, and was elected as

governor of Ohio in 2010.

In Congress, Kasich voted in support of the Partial-Birth Abortion Ban Act.



John Kasich

Governor Kasich has signed many pro-life laws, including a law banning abortions after the point of viability in Ohio.

FORMER GOVERNOR GEORGE PATAKI



George Pataki

George Pataki served as governor of New York from 1995 until 2007. Pataki also served in the New York Assembly from 1985 until 1992, and in the New York state Senate from 1993 until 1995.

Pataki's record on life is mixed. As a member of the state Assembly, he voted against state funding of abortions. In

1990, he changed his position to "pro-choice" while running for the state Senate. As governor, Pataki supported government funding for abortions, yet said he would sign a ban on partial-birth abortions.

SENATOR RAND PAUL



Sen. Rand Paul

U.S. Senator Rand Paul (R-Ky.) was a cosponsor of the Pain-Capable Unborn Child Protection Act in the U.S. Senate in the 113th Congress. He has maintained a 100% pro-life voting since his term began in 2011.

Senator Paul, in his own words:

I support your efforts to raise awareness of this bill and join your call for consideration in the U.S. Senate.

FORMER GOVERNOR RICK PERRY

In July 2013, while serving as governor of Texas (2000-2015), Rick Perry signed into law H.R. 2, an omnibus bill which included a ban on abortions after 20 weeks, when the unborn child can experience pain.

Perry, in his own words:

This is an important day for those who support life and for those who support the

health of Texas women. In signing House Bill 2, we celebrate and further cement the foundation on which the culture of life in Texas is built.



Rick Perry

SENATOR MARCO RUBIO



Sen. Marco Rubio

U.S. Senator Marco Rubio (R-Fl.) was an original cosponsor of the Pain-Capable Unborn Child Protection Act in the 113th Congress. He has maintained a 100% pro-life voting record since his term began in 2011. Prior to his election to the U.S. Senate, Rubio served in the Florida House from 2000 until 2008,

2016 Presidential Candidates on Late Abortion

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where he rose to the office of Speaker.

On May 13, 2014, he said:

One year ago today Kermit Gosnell was found guilty of murder for killing three babies born alive during illegal late-term abortions. His shameful indifference to the lives of both these victims and the desperate women he claimed to treat shocked the nation. On this first anniversary of Gosnell's conviction, we are reminded of the work that remains to protect the most innocent and vulnerable among us.

... The dignity of each and every human life is fundamental. And deep disagreements exist among our people about abortion, surely we should aspire to be a nation where we protect unborn babies who can feel pain, respond to touch, and recognize their mothers' voices.

This legislation [the Pain-Capable Unborn Child Protection Act] is sound policy and widely supported by the public. Yet sadly, this is a policy on which the United States lags far behind the rest of the world.

FORMER SENATOR RICK SANTORUM

Rick Santorum represented Pennsylvania in the U.S. Senate from 1995 until 2007. Prior to that, Santorum served in the U.S. House of Representatives from 1991 until 1995.

In 1997, Santorum led the fight for passage of the Partial-Birth Abortion Ban, which

was finally signed into law in 2003 by President George W. Bush. Santorum maintained a 99% pro-life voting record throughout his legislative career.



Rick Santorum

Regarding H.R.36, he wrote:

As a committed pro-life American, I believe this legislation is an important step towards protecting our nation's unborn children.

I have long led the fight to stop abortions including the partial-birth abortion ban bill that President George W. Bush signed into law in 2003, and the Born-Alive Infants Protection Act that was signed into law in 2002.

DONALD TRUMP

Donald Trump is a businessman, investor, author, and television personality.

Donald Trump's record on life has evolved over the years. He originally identified himself as pro-choice, then after learning more about the issue, identified himself as pro-life. In an interview with Tim Russert (July 2000), after consulting two doctors about the partial-birth abortion procedure, he concluded that he would support a ban on that

method. In recent years, he has reiterated his pro-life position on numerous occasions.



Donald Trump

Trump, in his own words:

One thing about me, I'm a very honorable guy. I'm pro-life, but I changed my view a number of years ago.

It [abortion] really, really troubles me, and it really, really bothers me, the whole concept of abortion.

Ronald Reagan had the same basic stances I had...

GOVERNOR SCOTT WALKER



Scott Walker

Scott Walker became governor of Wisconsin in

2011. Previously, as a state assemblyman, Scott Walker voted to ban partial-birth abortions and to recognize the unborn child as a separate victim of crime.

As governor, Walker said:

As the Wisconsin Legislature moves forward in the coming session, further protections for mother and child are likely to come to my desk in the form of a bill to prohibit abortions after 20 weeks. I will sign the bill when it gets to my desk and support similar legislation on the federal level.

I was raised to believe in the sanctity of human life and I will always fight to protect it.

Where do announced and potential 2016 presidential candidates for the Democratic nomination stand on late abortions?

FORMER GOVERNOR LINCOLN CHAFEE



Lincoln Chafee

Lincoln Chafee served as governor of Rhode Island from 2010 until January, 2015, as

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an independent. Previously, he represented the state in the U.S. Senate from 1999 until 2007, as a Republican. While in the U.S. Senate, Chafee voted against the Partial-Birth Abortion Ban Act.

HILLARY CLINTON



Hillary Clinton

Hillary Clinton, first lady to President Bill Clinton, later served as a U.S. senator from New York from 2001 until 2009, when she was named secretary of state by President Obama. As a U.S. senator, Hillary Clinton maintained a 0% pro-life record, voting against the pro-life position on every vote.

When the U.S. House passed the Pain-Capable Unborn Child Protection Act on May 13, 2015, Clinton issued a statement opposing the bill, referring to it as part of a dangerous trend

we are witnessing across the country. In just the first three months of 2015, more than 300 bills have been introduced in state legislatures – on top of the nearly 30 measures introduced in Congress – that restrict access to abortion.

In 2003, Senator Clinton voted against the Partial-Birth Abortion Ban Act. The bill banned a gruesome abortion procedure, used in the fifth

month and later, in which an abortionist delivers a living baby, except for her head, then punctures the base of the skull and suctions out her brain, after which the now-dead baby is removed from her mother. The law was ultimately upheld by the U.S. Supreme Court.

Senator Clinton also voted against the Unborn Victims of Violence Act, which passed in 2004. The UVVA allows federal and military prosecutors to bring charges on behalf of an unborn child when he or she is the victim of a violent federal or military crime.

In March 2003, Clinton voted for the Harkin Amendment to endorse Roe v. Wade, which allows abortion on demand for any reason.

FORMER GOVERNOR MARTIN O'MALLEY



Martin O'Malley

Martin O'Malley served as governor of Maryland from 2007 until January, 2015. He calls himself "pro-choice." In April 2014, O'Malley received Planned Parenthood of Maryland's award "for advancing reproductive rights in Maryland." Planned Parenthood is the largest abortion provider in the nation.

NARAL Pro-Choice Maryland, in its support of

O'Malley in 2010, said, "Having a governor that supports reproductive choice is critical to maintaining the right to choose in Maryland." Both Planned Parenthood and NARAL oppose and actively worked against the Pain-Capable Unborn Child Protection Act.

SENATOR BERNIE SANDERS



Sen. Bernie Sanders

U.S. Senator Bernie Sanders (I-Vt.) has maintained a solid pro-abortion voting record, voting against the pro-life position more than 100 times in his federal legislative career (U.S. House of Representatives 1991-2007, U.S. Senate 2007 to date).

Sanders voted against the Partial-Birth Abortion Ban Act and against the Unborn Victims of Violence Act every opportunity he had.

SENATOR ELIZABETH WARREN

U.S. Senator Elizabeth Warren (D-Mass.) has a 100% pro-abortion voting record, voting five out of five times against the pro-life position during the 113th Congress.

Warren is a cosponsor of S.217, the "Women's Health Protection Act," often referred to as the "Abortion Without Limits Until Birth Act." S.217 would invalidate virtually all

federal and state limitations on abortion, and force taxpayers to pay for abortion.



Sen. Elizabeth Warren

FORMER SENATOR JIM WEBB



Jim Webb

Jim Webb served as a U.S. senator from Virginia from 2007 to 2013. During that six-year term, he had a 0% record, voting 19 of 19 times against the pro-life position.

Senator Webb supports the current policy of abortion on demand, which allows abortion for any reason.

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

Pregnant at 17, she refused abortion. Now she calls her daughter a ‘gift.’

From page 6

remember what I said, but I most definitely remember how those cutting words made me feel.

Shamed.

Worthless.

Hopeless.

Despite all of the hardships, I continued to pray, believing that God would work a miracle despite my shortcomings, healing my innocent child.

My pleading prayers with God to heal my child went unanswered, and my daughter was born prematurely at 32 weeks gestation, via caesarean section.

When the doctor lifted her strongly flailing body from me, and I heard her angry cries, I knew that I had a fighter on my hands.

When the nurses brought my baby over to me, her intestines which covered her from shoulders to knees covered with protective plastic wrap, so that I could kiss her before they took her away for surgery, I felt head over heels in love.

I have to admit that I was not expecting that.

I can't speak for other parents, but I had no idea of the gut-wrenching depths of love that I felt for this tiny, helpless baby. This wrecker of my plans. This obstacle to my hopes and dreams.

In one moment, she became my hopes and dreams.

As I went through the post-surgery processes, all that I could think about was her.

My baby.

How was she doing?

Was she going to be ok?

Would the surgery be successful?

All of the other factors which I had previously thought so important suddenly became meaningless. All that mattered was the well-being of my child.

Several hours later, my husband and I received a phone call from our daughter's surgeon, telling us that a miracle had occurred. He had gotten all of her intestines back inside her tiny body in one surgery. She was stable, and we could see her the next day.

Even though I was heavily drugged, I bawled.

The next 6 weeks were full of daily visits to the NICU to see our daughter. We couldn't hold her or touch her at first because she was recovering from the surgery, but we could at least talk to her, sing to her, and let her know that we were there.

Apparently our regular presence in the NICU was somewhat of an aberration, because the nursing staff commented that the kid parents showed up more frequently to see their child than most of the other parents of the sweet babies in the NICU. We did kangaroo care, I pumped milk for my child, my huge football lineman husband regularly rocked his daughter and sang "You are My Sunshine," and we learned how to handle the challenges that would come with caring for a premature baby who had also had abdominal surgery when we had her at home.

6 weeks after her birth, our daughter came home.

Looking back, I laugh at my younger self for thinking that it would get easier now that my baby was home with me. It only

got harder, and has continued to get harder as she has grown.

I struggled with still being a child while trying to raise another child. In her younger years especially, my daughter sadly received a meager portion of patience and grace from me, as I focused so much on trying to instruct her so that she wouldn't be lacking in any way due to having such a young mom, that the sweet moments of just being together quickly slipped through my fingers.

That is what I regret most, I think.

During those seemingly endless days of sleeplessness, temper tantrums, and redundant activities, I was focused so much on surviving and caring for my daughter's physical and mental needs that I lost out on the joy which accompanies fully living in the moment. Those years were so challenging that I honestly thought that when each new season in my daughter's life arrived it would get easier. Not only did that not happen, but when my daughter stepped into each new season, I felt an unexpected deep yearning for the one which had just ended.

Older parents warned me that I would wake up one day and look at my daughter and realize that in a blink of an eye, she had grown up. I thought that they were wrong.

Today, I know that they were right.

My baby is grown, and I am not ready for it.

My daughter is a fighter. She is the most strong-willed individual that I have ever encountered. She is stubborn,

has a temper which reflects her red hair, has little tolerance for being corrected, kicks against boundaries at every possible opportunity, and delights in pushing my buttons.

She also has the biggest heart that I have ever encountered, quietly cares for the weak and hurting, will tenaciously pursue justice, has a deeply ingrained sense of honor and integrity, and sweetly shows me that she loves me by picking me wildflower bouquets, drawing me incredible charcoal sketches, and seeking out ways that she can help lessen my burden at home.

She is my Magnum Opus.

18 ½ years ago, when I found out that I was pregnant with her, I yearned for the day that she would turn 18 and I would be free to be just myself again.

18 ½ years later, I wish that I could turn back the clock and raise her all over again.

It has not been easy at all, and I honestly am surprised, even with God's grace, that my husband and I were able to do as well as we have. But, looking at my beautiful daughter, I am so very glad that we chose life, and fully embraced the challenge and joy that raising our daughter has been.

To my daughter: You are the greatest gift that I could have ever asked for. I love you more than life itself, and am proud and honored to be your mama. Happy 18th birthday, my baby. I'm so glad that I'll never have my life back. I couldn't imagine a life without you.

12% decline in abortions since 2010, AP survey finds

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and contraceptive services they need to prevent unwanted pregnancies are paying off.”

One can grant that all other things being equal, anything that, in theory, reduces the pregnancy rate—contraception, abstinence, disease, sterilization—would probably lower both birth and abortion rates. But what does a closer look at the numbers compiled by Guttmacher say?

If birth rates were down only because of increased abortion rates, or even if pregnancy and birth rates were falling faster than abortion rates that would not be good news.

But while showing real declines in teen pregnancy and birth rates, the data presented here indicate that something further is going on with regard to teen abortion than there just being fewer pregnancies.

The high for teen pregnancy rates was 1990 when there were 116.9 teen pregnancies for every 1,000 teens (aged 15-19 for Guttmacher’s statistical purposes).

By 2010, the teen pregnancy rate had dropped by half (50.9%) to 57.4 per 1,000 teens. This means that while close to 12% of teens became pregnant in 1990, only about 6% did in 2010.

How about the teen birth rate? That dropped from a high of 61.8/1,000 teen births in 1991 to 34.4/1,000 in 2010. That represents a decline of 44.3%, a somewhat smaller decline than the 50.9% seen for teen pregnancy, but still very, very substantial.

But notice that the teen abortion rate fell the most of all. The high (in both 1985 and 1988) was 43.5 abortions/1,000 teens. In 2010 it had dropped a whopping 66.2% to 14.7 abortions/1,000 teens!

Conclusion? That in addition to the other factors driving down teen pregnancy rates, something more is needed to explain why fewer teens are aborting and choosing to give birth to their babies.

Guttmacher does not wish to credit parental involvement laws (though it vaguely acknowledges

“cultural attitudes toward sexual behavior and childbearing). But it seems hard to dismiss the impact of these laws and others such as waiting periods, informed consent, and the like.

We shouldn’t ignore the educational role of laws like the ban on Partial-Birth Abortions, which was debated and discussed for many years right in the middle of the time period the number of abortions declined. The way technology like ultrasound and a proliferation of fetology texts and videos made the humanity of the unborn more common knowledge should not be overlooked, either.

What other explanations are there? The springing up of so many crisis pregnancy centers (also known as Pregnancy Resource Centers) over this time frame, offering these teens positive and practical alternatives to abortion, also surely had an impact.

O’Bannon addressed what the change in the overall 2011 abortion ratio signifies in another article that appeared in *NRL News Today*.

While the abortion rate measures the general prevalence

of abortion in culture, the abortion ratio specifically looks at the likelihood that a woman who is pregnant will abort.

Though calculated somewhat differently by Guttmacher and the Centers for Disease Control, both essentially balance the number of abortions against the number of births. A higher number means more pregnant women are aborting, a lower number means more are giving birth.

According to Guttmacher, there were 21.2 abortions for every 100 pregnancies ending in abortion or live birth in 2011. This is also the lowest ratio since 1973, the first year Roe was in effect. It was 30.4 in 1983 and was as high as 25.1 as recently as 1998.

This is important not just because it means fewer abortions, which we’ve already seen. It also is an indicator that we have fewer abortions not simply because of population shifts or declines, or just because there are fewer pregnancies overall, but because there are real behavioral changes, that pregnant women are more likely to choose life.

And that’s certainly welcome news.

[1] The five states that do not collect comprehensive abortion data are California, Maryland, New Hampshire, New Jersey, and Wyoming.

Tax dollars could be spent to “nudge” older people to agree to premature death under Senate bill

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people into agreeing to forego expensive health care. S. 1549, revives this provision as a free-standing bill. Subsequent developments should intensify, rather than calm, the well-founded fears of older people and those with disabilities that in practice government-funded and promoted planning sessions are likely to be less about actually discovering and applying patient’s own wishes than about nudging them to accept premature deaths.

In addition to creating pro-life concerns over nudging patients to reject treatment, S. 1549 contains a very dangerous provision that would in effect authorize health care providers who believe it immoral to preserve the lives of those with a poor quality of life to deny life-preserving treatment against the express will of a patient or surrogate. Unfortunately, in both medical literature and increasing practice, moral and ethical convictions are frequently cited

to justify involuntary denial of life-saving treatment, and even assisted food and fluids, against patients’ wishes.

Another dangerous provision of the law would have the effect of invalidating strong patient-centered protective laws. A section of S. 1549 says that when someone does not have an advance directive in the state in which he or she is a patient, documents that may have been filled out in other states are to be implemented. This provision would override any state laws

that ensure informed consent to the rejection of life-saving measures. Thus, for example, it would invalidate an Oklahoma law that requires that people are cannot be starved or dehydrated if they did not explicitly say that is what he/she wished.

The National Right to Life Committee is urging that Senators be contacted by their constituents asking them to oppose S. 1549, the Care Planning Act of 2015.

Pro-abortionists recycle old playbook to attack the Pain-Capable Unborn Child Protection Act

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Second, the Supreme Court and “viability.” In this instance I’ll just quote Mrs. Tobias at length. Paraphrasing wouldn’t do her justice. (“Gonzales” refers to the 2007 Supreme Court *Gonzales v. Carhart* ruling in which the U.S. Supreme Court upheld the ban on partial-birth abortions, both before and after viability.)

I have read or viewed hundreds of news stories about the Pain-Capable Unborn Child Protection Act over the past six months, and at most a handful,

or less, have made any mention of the *Gonzales* ruling – even though it is the most recent U.S. Supreme Court decision on abortion, and it dealt with a law aimed at a class of mostly late-second-trimester abortions. Yet many of the stories repeat, not only as advocates’ claims but as simple fact, that the Supreme Court will not permit limits on abortion before “viability,” which some go on to define as occurring weeks later than the current medical data indicates.

We believe that the approach that the Supreme Court adopted in the *Gonzales* ruling opens

the doors for legislative bodies to extend broader protections to unborn children both before and after viability, based on valid governmental interests that legislative bodies may recognize. (Some prominent pro-abortion legal scholars also read the *Gonzales* ruling in this way.) In the Pain-Capable Unborn Child Protection Act, Congress declares a government interest in protecting the right to life of an unborn child who has reached the point at which he or she can experience pain during the process of being aborted, and asserts that unborn children,

at least by 20 weeks after fertilization, have that capacity.

There is much, much more in Mr. Johnson’s and Mrs. Tobias’ analyses, including the whole issue of when the unborn can feel pain and the seeds of confusion deliberately sown by opponents regarding the various findings and operative provisions in the Pain-Capable Unborn Child Protection Act.

Over the next few weeks we’ll be revisiting the issue of deliberate distortion and reporters who operate as unwilling (or willing) amplifiers.

New UN agenda could enable massive global expansion of abortion

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inclusion of the language, noting that it would constitute a “sea change” from the original Millennium Development Goals.

According to the International Planned Parenthood Federation, abortion is indeed a part of these reproductive rights mentioned.

In its Vision 2020 manifesto, “Sexual and Reproductive Health and Rights – a Crucial Agenda for the post-2015 Framework,” the federation

states that “some aspects of the sexual and reproductive health and rights agenda are inadequately resourced and sorely neglected, including access to safe and legal abortion, access by adolescents, and access for the poorest and most marginalized groups.”

Also, the World Health Organization, which is the leading international health agency of the United Nations,

has already made specific abortion recommendations for countries’ health systems.

In the executive summary of its report “Safe Abortion: Technical and policy guidance for health systems,” the WHO states that “to the full extent of the law, safe abortion services should be readily available and affordable to all women.”

“This means services should be available at primary-care

level, with referral systems in place for all required higher-level care,” the report added.

This is evidence that WHO wants to “harmonize the push” and “integrate” abortion into normal health care worldwide, resulting in an abortion surge for the next 15 years,” Smith said.

Iowa Supreme Court strikes down law regulating webcam abortions

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The Court’s conclusion that the rule was, in effect, selective enforcement accepts the PPH argument that there is no distinction between the use of telemedicine to save lives and telemedicine to take lives. It also misses the whole point of having the abortionist at the same location as the woman: to make sure she has a qualified person doing her medical screening; to impress upon her the seriousness of a chemical abortion, and to establish a relationship with a physician in case she has a later medical emergency.

Women using RU-486 and a prostaglandin to abort their babies have hemorrhaged and required emergency surgery. They have had their fallopian tubes rupture from an undetected ectopic pregnancies, which these pills do not treat. They have contracted rare but deadly infections.

Thousands of women have been injured and over a dozen women have died after taking these abortifacient drugs. And those numbers are as of 2011.

These are the sort of facts the Board of Medicine considered in making its decision

The justices also wrote that non-physicians did such tasks as draw blood.

But as Dr. Randall K. O’Bannon wrote, when the Board of Medicine was considering its policy, Todd Buchacker, an RN who worked with PPH and helped to develop the web-cam protocol, gave his assurances to the Board that “the delivery system used is safe and effective and it complies with accepted standard of care in the United States.”

Buchacker and Robert Shaw, a pediatrician on the PPH board, ignited somewhat of a firestorm, though, by admitting that physical exams may be minimal and may be conducted

not by doctors or nurses but by certified medical assistants (CMA).

In Iowa, CMAs may have completed as few as three semesters of college study, performed just a ten week practicum, and passed an exam.

Shaw was repeatedly questioned by medical board member and physician Bob Bender. Bender “asked Shaw whether he had ever relied on a certified medical assistant to perform an initial patient examination – something another Planned Parenthood representative had suggested sometimes occurred in telemedicine abortion situations,” according to the August 29 *Des Moines Register*:

“Shaw refused to answer the question, however, arguing that his personal medical experience was irrelevant to questions over the standard of care provided in telemedicine abortions,” The

Register’s Tony Leys reported.

In other words Shaw evaded the question.

In his story, the *Des Moines Register’s* Tony Leys also noted

In its ruling, the Supreme Court sidestepped Planned Parenthood’s request that it declare a more extensive right to abortion under the Iowa Constitution. The justices said they didn’t need to answer that question, because the medical board’s rule violated the “undue burden” test established by the U.S. Supreme Court. However, the justices wrote that the decision was based on their finding that the rule would violate the Iowa Constitution.

New York Times Runs Constricted Correction on Abortion

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wasn't the Supreme Court that made this indefensible assertion — it was the *New York Times*, in its own voice.

It is odd that *Times* editors did not blink when they said it, especially since the paper had published an article headed “Premature Babies May Survive at 22 Weeks if Treated, Study Finds,” by Pam Belluck, only a week earlier (May 6). The Belluck story summarized findings of a study in the *New England Journal of Medicine*, widely reported, which found that nearly one-quarter of preemies born at 22 weeks of pregnancy survive long term if given “active” assistance. The findings of that study certainly seem to have some pertinence to the legislation that Ms. Huettman purported to describe, since again, that bill would generally prohibit abortion, with certain exceptions, *beginning at 22 weeks of pregnancy*.

[I should take note, however, that the *entire sentence* (“Prohibiting most abortions 20 weeks after fertilization would run counter to the Supreme Court’s standard of fetal viability, which is

generally put at 22 to 24 weeks after fertilization.”) today disappeared from the May 13-14 Emmarie Huettman story as it appears on the *Times*’s website.]

If the *Times* editors had really been interested in repairing the misinformation that the original Huettman story implanted in the minds of *Times* readers, they would have run a correction somewhat along these lines:

The “House Approves Revised Measure Banning Most Abortions After 20 Weeks,” May 13, confused two different systems for dating pregnancy, each of which is used by different medical specialties and each of which is sometimes incorporated into legislation. The bill passed by the House of Representatives, the Pain-Capable Unborn Child Protection Act, would prohibit abortion beginning 20 weeks

after fertilization, with certain exceptions. This is equivalent to 22 weeks after the woman’s last menstrual period, usually rendered as “weeks of pregnancy” or “weeks gestation.” The story was in error in asserting that viability “is generally put at 22 to 24 weeks after fertilization”; this should have read “generally put at 20 to 22 weeks after fertilization” [or “generally put at 22 to 24 weeks of pregnancy”]. The story was also in error in asserting that “prohibiting most abortions 20 weeks after fertilization would run counter to the Supreme Court’s standard of fetal viability.” The court has said that women have a right to an abortion until the fetus is viable outside the womb; however, the court has not said

that viability occurs “22 to 24 weeks after fertilization,” but rather, exists when the fetus is “potentially able to live outside the mother’s womb, albeit with artificial aid.” A *Times* story titled “Premature Babies May Survive at 22 Weeks if Treated, Study Finds,” by Pam Belluck (May 6), summarized findings of a study in the *New England Journal of Medicine* which found that about one-fourth of premature infants born at 22 weeks of pregnancy (20 weeks post-fertilization) survive long term if given “active” assistance.

In the top upper-left corner of the daily front page of the *New York Times* appears that newspaper’s slogan: “All the news that’s fit to print.” I respectfully submit that the motto should be revised to read, “The news — fit to our preconceptions.”