national RIGHT TO LIFE NEWS

March 2015

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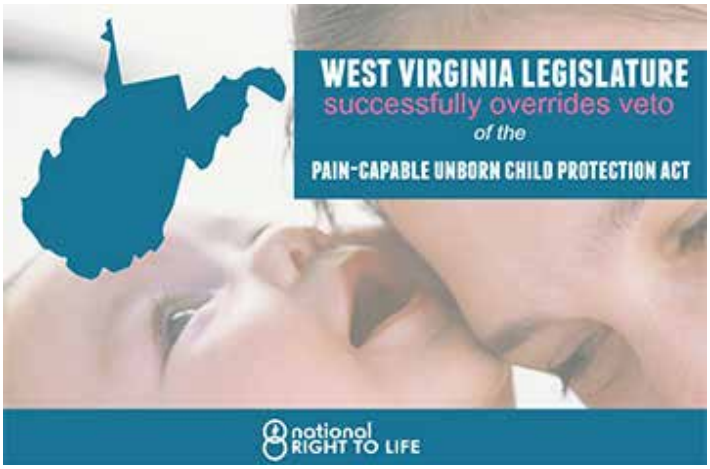
West Virginia Becomes the Eleventh State to Protect Pain-Capable Children as Legislature Overrides Governor Tomblin's Veto.

WASHINGTON – In a 27-5 vote, the West Virginia state Senate Friday joined with the state House of Delegates in voting to override Governor Earl Ray Tomblin's veto of the Pain-Capable Unborn Child Protection Act (HB 2568), legislation that protects unborn children from abortion at the point that they are able to feel pain. Tomblin's veto came after the state House of Delegates and the state Senate overwhelmingly approved the bill in February. The legislature's successful override of Gov. Tomblin's veto means that the Pain-Capable Unborn Child Protection Act will go into effect in 90 days.



Despite having passed the legislature last session, Governor Tomblin's first veto of this legislation came after the session ended, preventing an override vote.

See "Overrides" page 35

Jack Willke: Answering the Call

By Dave Andrusko

I strongly suspect you have to be married a long, long time to begin to grasp how much Jack Willke missed Barbara, his wife of almost 65 years. Barbara, the mother of six, the grandmother of 22, and great-grandmother of three, died in 2013. Jack passed away February 20, peacefully in his own home, and now is reunited with the woman whom no doubt was still educating while she waited for Jack.

Jack, the president of National Right to Life for a decade, and more recently leader of the Life Issues Institute, was a physician. As such he did not lack for confidence.

Yet to those who knew Jack and Barbara, we knew that he knew he was only half of what could rightly be called the First Couple of the Pro-Life Movement. You simply could not think of one without thinking of the other. They were inseparable.

If you were lucky enough to attend one of their NRLC workshops, you remember they divided up the material, each speaking separately. Yet, while it is a cliché, it is also absolutely true. So thoroughly were their thoughts intertwined, they could finish each other's sentences.

I first met Jack at a NRLC convention in Nebraska in the

See "Willke" page 36

Jack and Barbara Willke

Editorials

Truth matters

To be honest I'm not sure I ever thought I would ever pen an editorial quite like this one. It's about truth and the habitual habit of pro-abortionists to mangle even the most self-evident fact. That, of course, is not the unusual part.

What happened the day I wrote this column was that I read two examples of candor and honesty from journalists who are not with the good guys but who were fair and objective in what they said. **That's** the part I didn't expect to write about. But they deserve praise.

To take the more typical news first. As you read on page one, the West Virginia legislature overturned Governor Earl Ray Tomblin's veto of the Pain-Capable Unborn Child Protection Act. Tomblin had twice vetoed essentially the same bill in consecutive sessions and began his veto message with "I believe there is no greater gift of love than the gift of life."

But just to be clear that "gift of life" does not extend to unborn babies capable of experiencing unimaginable pain as they are torn to pieces. Naw, there are "constitutional grounds" Tomblin could obliquely refer to that were as flimsy as his veto message was insincere.

But then there was the opinion piece written for the *Los Angeles Times* by one of its reporters, Karin Klein, under the headline, "Let's call physician-assisted suicide what it is."

Klein is not talking about the homogenized labels advocates have concocted. She is talking about the insistence that assisted suicide no longer be called (or reported in death records) as suicides. Down the memory hole.

They shouldn't be labeled suicides (as Klein explained their argument) because "They don't want to die; their diseases have forced that on them." (The idea is lifted from what we heard from Brittany Maynard, whose assisted suicide death has reenergized the pro-assisted suicide movement.)

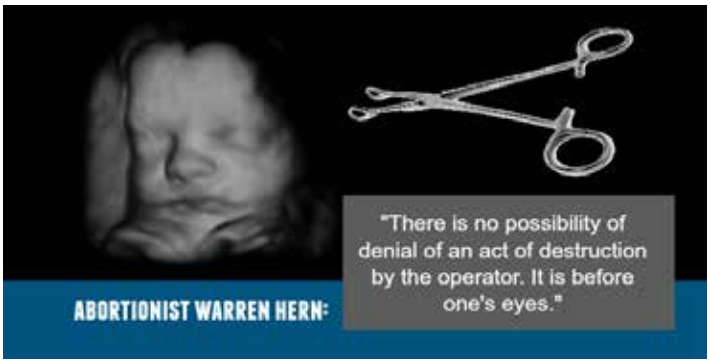
Legislation recently introduced in California—Senate Bill 128—"not only refrains from calling this suicide but would not allow death certificates to reflect how the death occurred," Klein writes. It reads, "The cause of death listed on an individual's death certificate who uses aid-in-dying medication shall be the underlying terminal illness. In other words, it wouldn't mention the legal drugs that actually caused the death."

She adds what oughtn't to be unnecessary but is: "The public should have a problem with that."

Klein describes herself as a "strong believer" in assisted suicide, but also "an advocate of facts—not distorting the wording on public documents so that they will forever tell a false story of the cause of death. And we should not shy away from accurate words. Suicide means the deliberate taking of one's own life before it is claimed by other forces."

And **then** there is a column that I would never had expected to read in a thousand years. The headline to the op-ed that ran Thursday is "Where Credit Is Due" and it appeared in the *New York Times*.

It was written by none other than Linda Greenhouse, who for



years covered the Supreme Court for the *Times*. She is pro-abortion to the core which tilted her coverage in an unmistakable manner. I have hammered her bias relentlessly.

But to my amazement, the "credit" she was extending was to the late Jack Willke, the President of National Right to Life for a decade, and before (and after) that a transformative educational figure in our Movement. To her eternal credit, Greenhouse began her obit by noting that "this hugely effective strategist of the anti-abortion movement" deserved "a better send-off" than the standard obituary which focused on one aspect of his career which had the intended impact of diminishing, if not trivializing, his historic contributions.

You can, and should, read her op-ed at www.nytimes.com/2015/03/05/opinion/linda-greenhouse-where-credit-is-due.html. Let me just say just two things.

First, Greenhouse co-authored with Prof. Reva B. Siegel a book titled *Before Roe v. Wade: Voices That Shaped the Abortion Debate Before the Supreme Court's Ruling.* She would have known of Jack's contributions after *Roe* before she researched the book. Afterward she would know how pivotal were the contributions of the First Couple of the Pro-Life Movement. They were there at the creation.

Second, she talked a lot in her op-ed and in the book about the Willkes' small book, *Handbook on Abortion.* It was required reading for anyone who joined the Movement in the 1970s or 1980s, just as the "Willke Slides" were required viewing. *Handbook* took on the basic arguments for "abortion reform" and in crystal-clear language debunked them. Having read *Handbook*, you felt confident, knowledgeable, and equipped.

Greenhouse ends her op-ed with a very, very telling anecdote. She and Siegel asked a lot of sources for permission to reprint. For very different reasons, both sides were reluctant. One pro-life organization refused to deal with Greenhouse and her co-author at all. The pro-abortion groups charged them (in one case) a substantial amount.

They approached the Willkes and not only did they give them permission to excerpt from *Handbook,* it was the longest excerpt in the book (12 pages!). On top of that, the Willkes wrote a gracious follow-up letter after reading the book. They lavishly praised parts

See "Truth Matters," page 18

From the President
Carol Tobias

Keep the Movement Growing

In the course of three days, I went from speaking at a college and meeting with pro-life students who want to impact their campus to the funeral of Dr. Jack Willke, 89, former president of NRLC. Jack was a giant, and a hero, to countless people who read his books or saw "the Willke slides."

Our Movement has been fighting to reverse *Roe v. Wade* for 42 years. NRLC preceded *Roe* and is 47 years old. I know and love people who have been active for all or most of those 47 years. Do the math and it will come as no surprise that many of us in the movement are getting older.

We cannot know how long it will be before we have a Supreme Court which will recognize the horror forced on this country by the 1973 High Court and which will overturn *Roe v. Wade*. Even if that blessed reversal were to happen in the next few years, we would have a long road ahead of us as we battle in the states, or at the federal level, to pass legislation to protect unborn children.

But in the meanwhile we have a responsibility to the unborn babies, to the medically vulnerable, and to the elderly to keep filling the ranks, to bring in new people, to bring in young people, who will continue this fight for as long as it takes.

I was part of a Right to Life chapter in which we jokingly told each other, "you can't retire until you find your replacement." And that **is** taking place!

Many of those who have been involved for "a while" are encouraged by the fact that their efforts will continue unabated because of the young people who are moving into the front lines.

While we don't want anyone to retire or quit, let's look at some of the ways we can continue to find new recruits.

Encourage college students to attend the National Right to Life Academy this summer (www.nrlc.org/academy). This five-week intensive course will equip them with detailed information on a wide variety of pro-life topics. It will also train them how to use what they learn through giving speeches, lobbying legislators, and doing media interviews.

Graduates of the academy are already making a huge difference around the country. Many work for NRLC state affiliates. Others are promoting pro-life principles in their chosen career fields.

Unfortunately, for those dedicated pro-life students who enroll in the Academy, this means they are not able to hold a full summer job. So, on top of the cost of the Academy, they are not making money to pay for their regular schooling.

But you can provide a tremendous service by helping the students figure out ways to earn that money—asking friends and local civic groups, organizing church fundraisers, etc. By helping these students, you are ensuring on-going leadership in the right-to-life movement.

Speaking of young people, we will be celebrating 30 years of National Teens for Life at the NRL convention in New Orleans this summer. If you are a former member of NTL, please come to the convention, which runs July 9-11, to help us celebrate. If you know someone who was involved with NTL, encourage them to come. (For more information about the NRL convention, see http://nrlconvention.com.)

Many of our state affiliates operate youth camps for various ages, from middle school to college. Find out if your state participates; maybe you and some friends can help to get them started. (For information, see www.prolifecamps.org.)

National Right to Life runs an essay contest for various grades; promote that among your local schools. Each summer during our annual convention, we conduct an oratory contest among high school contestants who have won their state contest, operated by our state affiliate. Encourage young people to participate. (See www.nrlc.org/students/essaycontest.)

Does your Right to Life chapter have a way to reach out to young people in your area, to educate them and to involve them in this, the greatest civil rights movement of our time? (In my humble opinion, the death of 57 million unborn children qualifies this as the greatest civil rights movement of ALL time.) Do you have a plan to bring in new people, of any age, to your chapter?

If you're struggling in that area, contact our State Organizational Development office for ideas. You can reach them at stateod@nrlc.org or by calling (202) 378-8842.

Let me close with encouraging news—and from Nancy Keenan, former president of NARAL Pro-Choice America, no less. When Keenan retired in 2012, the *Washington Post* reported, "In recent years, Keenan has worried about an 'intensity gap' on abortion rights among millennials, which the group considers to be the generation of Americans born between 1980 and 1991. While most young, antiabortion voters see abortion as a crucial political issue, NARAL's own internal research does not find similar passion among abortion-rights supporters. If the pro-choice movement is to successfully defend abortion rights, Keenan contends, it needs more young people in leadership roles, including hers."

NARAL's own research showed that the passion among young people was on the pro-life side. But we can't take that for granted. We need to constantly be promoting a culture of life among our young people.

When Israeli Prime Minister Benjamin Netanyahu spoke before Congress on March 3, Professor and author Elie Wiesel was in the audience. Wiesel is a survivor of both the Auschwitz and Buchenwald concentration camps during World War II and is the 1986 winner of the Nobel Peace Prize.

Netanyahu said, "Elie, your life and work inspires to give meaning to the words, 'never again.' And I wish I could promise you, Elie, that the lessons of history have been learned. I can only urge the leaders of the world not to repeat the mistakes of the past. Not to sacrifice the future for the present…"

When we abort over 1 million children a year, our country is sacrificing the future for the present. We must work for a time when future generations are able to say "never again" to the killing of innocent unborn babies.

national RIGHT TO LIFE CONVENTION 2015

New Orleans July 9, 10, & 11

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Abortion Pill Reversal

Bobby Jindal
Governor of Louisiana

Carol Tobias
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The Weekly Standard

Rachel Campos Duffy
Author & TV Personality

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Kansas Senate passes first-in-nation 'dismemberment abortion' ban

By Kathy Ostrowski, Legislative Director, Kansans for Life

Great news from Kansas. On February 20, the Kansas Senate approved SB 95, the Unborn Child Protection from Dismemberment Abortion Act, by a vote of 31-9.

Lead sponsor Sen. Garrett Love (R-Montezuma) began the formal discussion on the Senate floor by recounting how members of the Senate Health committee heard an ex-abortionist describe this method

> **"of tearing the arms, legs, and other body parts off until a baby dies. Hearing the description made myself and many other members of the committee feel sick [especially] when learning nearly 600 such abortions occur each year in Kansas."**

Sen. Love, the "youngest-ever-elected" to the Kansas Senate, discussed his new baby daughter and coming to love her more through her ultrasound imaging at 12 and 19 weeks gestation, the time frame when most dismemberment abortions occur. He said

> **"people in my generation are outraged by this procedure; they see the sonograms of their friends, family and their own babies on Facebook and realize that in those pictures are little, defenseless babies. They need us to defend them because they cannot defend themselves… This is a truly barbaric practice we must end in Kansas."**

Unfortunately, none of the eight Senate Democrats supported the bill. Only two strident abortion supporters, Marci Francisco (D-Lawrence) and David Haley (D-Kansas City), chose to speak yesterday. Unsurprisingly, neither discussed the dismemberment method per se.

Sen. Francisco took pains not to use the word "dismemberment" and referred to "the procedure" as being very safe for women. She offered one amendment that would have both gutted the bill and eliminated many pro-life provisions enacted over the past five years. Her amendment was strongly rejected.

Sen. Haley riled up his peers by saying SB 95

> – would cost too much to defend,
>
> – was purely a political ploy using inflammatory terms of 'unborn child' and 'protection,' and 'dismemberment,'
>
> – was advanced by people who are anti-science,
>
> – was improperly being debated by male senators, who have no right to vote on this issue since they can't ever get pregnant.

He finished by calling himself a defender of mothers, grandmothers, sisters, and daughters who should not be restricted from access to 'healthcare' –i.e., abortions.

Of course these are all side issues, which were easily and quickly rebutted. Thus, it was clearly demonstrated that in the Kansas Senate, the pro-abortion side has no substantive defense for the barbaric abortion procedure of dismembering living, tiny unborn babies with sharp metal tools.

Want to Elect a Pro-Life President? Here's what NOT to do

By Andrew Bair

The pro-life movement is united in its goal of electing a pro-life president in 2016. The Obama presidency brought us two new pro-abortion Supreme Court justices, a healthcare law that expands abortion and threatens the vulnerable, and vows to veto pro-life legislation, including a bill that would protect unborn babies 20 weeks and older, from painful late abortions. We cannot afford four, let alone eight, more years of a president that does not value the right to life.

To achieve our goal, we have to be strategic. Here are six ways we can actually defeat a pro-life candidate. We cannot make these mistakes in 2016.

1) Fall in love with your candidate.

Pro-life advocates should get involved in campaigns. Their active participation and volunteer activities can help a pro-life candidate build a strong campaign. It also puts the pro-life advocate in contact with the candidate so that if he/she wins, a relationship can be built and strengthened. Too often, however, pro-life advocates get so excited about their candidate that if he/she loses to another pro-life candidate (especially in a primary), the pro-life grassroots person doesn't support the pro-life candidate who won--and won't volunteer in the campaign or work to get others to vote for that candidate. Pro-life candidates need the active support of all pro-lifers and, all too often, without that full support, a pro-abortion candidate wins.

2) Believe that your candidate is the only "real" pro-life candidate in the race and bash other pro-life candidates.

In a primary where there are several pro-life candidates, pro-life individuals select the candidate they think is best. Unfortunately, some pro-lifers will attack other pro-life candidates as not being "prolife enough." If, for example, another candidate has a lengthy pro-life voting record, they will pick out one or two votes and attack him as not being "really" pro-life. By doing this, the pro-lifer demoralizes other pro-lifers and weakens enthusiasm for the pro-life candidate who does win the primary. The pro-abortion candidate will, of course, take advantage of this. Because some pro-lifers have attacked the successful pro-life candidate, the pro-abortion candidate will use that in pro-life circles to hold down support for his opponent. Ironically, at the same time, the pro-abortion candidate will be going to other voters, attacking the pro-life candidate who won as a "radical pro-life extremist."

3) Support a really nice candidate who is pro-life but has no chance of winning.

Millions of unborn children's lives are at stake. That's why the viability of a candidate must be considered when we go to the polls. There are some wonderful pro-life candidates who may even be active in right-to-life organizations, who decide to run for office. However, if they can't gain enough support to be a viable candidate, they need to be encouraged to step aside for a candidate who can actually win and take action to protect unborn children.

4) Expect the candidate to sound like a Right to Life chapter chairman.

People who are not directly involved in the pro-life movement are not going to be as articulate or well-versed on all the pro-life issues. They may not know every detail of unborn development or understand the ins and outs of the Mexico City Policy. Unless there has been some prior discussion with active pro-life advocates, some candidates may not realize that there are certain words that will be interpreted differently by the pro-life community that he intended. Just because the wrong word comes out of his/her mouth doesn't necessarily make the candidate a phony.

Sometimes a truly pro-life candidate can be tripped up by the media, be confused, ill-informed, misquoted, or quoted out of context. Give him or her a chance to explain what they really believe. They will do what's right when they're elected. Words are nice, action is better.

See "Elect," page 35

Maternal health is better where abortion is restricted

Analysis of a decade of Mexican data shows the opposite of what is regularly claimed

By Paula Aracena

Laws protecting the unborn, and therefore less permissive in regard to abortion, are controversial because they allegedly lead to hidden, illegal abortions and an increase maternal deaths.

However, a new study conducted in 32 Mexican states and published in the open access version of the British Medical Journal (BMJ Open) challenges this notion. It found that Mexican states with less permissive abortion laws had 23 percent lower overall maternal mortality, and up to 47 percent lower mortality from complications of abortion.

The study, conducted by the MELISA Institutealong with an international panel of researchers, compared a standard indicator of maternal health known as the maternal mortality ratio (MMR) between 18 states with less permissive legislation and 14 states with a more permissive law, during a 10-year study period between 2002 and 2011.

Data vs claims

According to Monique Chireau, Ob/Gyn and epidemiologist at Duke University, "diversity of abortion legislation and the availability of virtually complete vital records in every Mexican state allowed for a unique natural experiment assessing whether populations exposed to less permissive abortion legislation also exhibited higher MMR. Data showed exactly the opposite."

Chireau pointed out that an important methodological advance in the Mexican study was the ability to identify and disaggregate deaths from abortions without a clear cause or when illegal procedure is suspected.

Chile and US studies give similar results

For John Thorp, Ob/Gyn and researcher from the University of North Carolina at Chapel Hill, results are not entirely unexpected. In another natural experiment conducted in Chile and published in PLoS ONE, an historical decrease in MMR remained unaltered even after abortion was banned in 1989, "ruling out the possibility that transition towards a less permissive abortion law will increase, by itself, maternal deaths in this country," Thorp said.

The researcher added that in the United States of America, a study conducted in 23 states by researchers from Stanford University, and published in the Journal of Public Health Policy, showed that less permissive legislation was associated to lower rates of complications due to abortion.

What really reduces maternal mortality

In order to understand why states with less permissive abortion laws exhibited lower maternal deaths, authors assessed the influence of 10 additional variables on the MMR in each state. Altogether, these variables explained almost 90 percent of the differences in mortality observed in the study.

Access to prenatal care, skilled attendance at birth, and emergency obstetric care are key factors in reducing maternal death, according to Joseph Stanford, MD and researcher at the University of Utah. Mexican states with less permissive law "exhibited a more favourable profile for most indicators related to these basic services of maternal healthcare," Stanford pointed out.

Women's educational level

The study also shows that disparities in the level of women's education, fertility rate, and violence against women play a major role in the maternal health of a population, says Fernando Pliego, PhD and sociologist from Universidad Autónoma de México. "Taken together, these variables may explain over 50 percent of the differences found in Mexican maternal mortality; and prevalence of intimate partner violence against women in some states with more permissive abortion legislation, such as the Federal District, may exceed 20 percent." Pliego added that poor women's education level is one of the more robust predictors of MMR, with some states exhibiting literacy rates lower than 80 percent.

Poverty indicators, such as access to clean water and sanitary sewer coverage also appeared associated with MMR. "Poverty, malnutrition, and exposure to infectious diseases during the fertile age of women increase the risk of maternal death," explained Sebastián Haddad, MD and researcher from Universidad de Anáhuac in Mexico.

See "Maternal," page 7

Oklahoma House passes Unborn Child Protection from Dismemberment Abortion Act by a vote of 84-2

By Dave Andrusko

One of National Right to Life's highest priorities is halfway home in Oklahoma. The Unborn Child Protection from Dismemberment Abortion Act, HB 1721, passed the Oklahoma House of Representatives February 25 on a vote of 84-2. Several House members who commonly vote against pro-life bills abstained rather than publicly oppose the bill prohibiting such a grisly, barbaric method of killing a child in the womb. The bill now moves to the Oklahoma Senate.

The Unborn Child Protection from Dismemberment Abortion Act has also passed the Kansas Senate (31-9). A similar bill has been introduced in Missouri.

There's also been some progress in describing what the bill would ban. Initially it was described as merely prohibiting a "type of abortion." In a brief story, the *Associated Press* wrote that the Oklahoma House "has passed legislation that would prohibit abortions in which a fetus is dismembered in the womb."

That's hardly the complete truth but is closer.

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

Kansans for Life legislative director Kathy Ostrowski observed, "With the discussion about, and passage of this bill, the public will see that dismemberment abortions brutally – and unacceptably – rip apart small human beings who have all of their internal organs and who have perfectly formed fingers and toes."

Oklahoma State Rep. Pam Peterson of Tulsa, who sponsored the legislation, said

> **"I think the partial birth abortion [discussion] really educated Americans to the horrific act that that was. But at the same time, we didn't realize what was going on in the second trimester with this dismemberment abortion and it's equally horrific and I'm just very pleased today that it passed."**

Oklahoma State Representative Pam Peterson

Oklahomans For Life State Chairman Tony Lauinger reported that the bill's opponents refused to debate against the bill, thus depriving the sponsor (under Oklahoma House rules) of the opportunity to debate in favor of her bill and thereby make the public aware of the gruesome reality of dismemberment abortions.

But other pro-life legislators, led by women Republicans Jadine Nollan and Elise Hall countered the pro-abortion strategy of silence by asking Representative Peterson a series of supportive questions which allowed her to fully explain the shocking details of the dismemberment abortion method

As *NRL News Today* has reported, occasionally even abortionists candidly describe what takes place in a D&E Dismemberment abortion.

Infamous late abortionist LeRoy Carhart did not mince words when he described the "procedure" while under oath in the 2000 *Stenberg v. Carhart* case.

> **"My normal course would be to dismember that appendage and then go back and try to take the fetus out whether foot or skull first, whatever end I can get to first….Just pulling and rotation, grasping the portion that you can get hold of which would be usually somewhere up the shaft of the exposed portion of the fetus …"**

The further question was asked, "In that situation, when you pull on the arm and remove it, is the fetus still alive?" Carhart answered, "'Yes.' …I know that the fetus is alive during the process most of the time because I can see fetal heartbeat on the ultrasound."

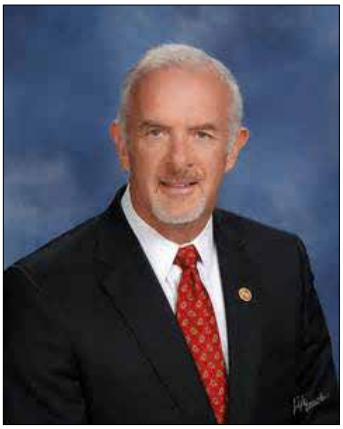
U.S. Supreme Court Justice Anthony Kennedy described the "procedure" in his written opinions in two Supreme Court abortion cases:

> **"After sufficient dilation, a doctor inserts grasping forceps through the woman's cervix and into the uterus to grab a living fetus. The doctor grips a fetal part with the forceps and pulls it back through the cervix and vagina, continuing to pull even after meeting resistance from the cervix. The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix and out of the woman…" Gonzales v. Carhart, 127 S.Ct. 1610, 1620-21 (2007).**
>
> **"The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn apart limb by limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off. The process of dismembering the fetus continues until it has been completely removed… Once the fetus has been evacuated, the placenta and any remaining fetal material are suctioned or scraped out of the uterus. The doctor examines the different parts to ensure the entire fetal body has been removed." Stenberg v. Carhart, 530 U.S. 914, 958-59 (2000) (Kennedy, A., dissenting).**

Indiana Senate committee passes bill to prohibit abortions based on disability or gender

By Dave Andrusko

Senate Bill 334, which would prohibit abortions based on gender or disability, has passed the Indiana Senate Health and Provider Services Committee on a vote of 7-4. It now heads to the full Senate.



Indiana State Senator Travis Holdman

"Senate Bill 334 sends a clear message that Indiana does not tolerate discrimination," said Mike Fichter, President and CEO of Indiana Right to Life. "Studies show babies have been targeted for abortion simply because of a disability, potential disability or gender. The United Nations estimates as many as 200 million girls in the world were aborted because of their gender. Additional studies show up to 90 percent of babies with Down syndrome are targeted for abortion because of their extra chromosome."

Bill sponsor Sen. Travis Holdman said unborn children diagnosed with disabilities deserved protection and to do otherwise was heading down a "slippery slope" on judging the value of life, the *Associated Press* reported.

"I think we need to have a policy of life rather than a policy of extermination."

Mary O'Callaghan, the mother of a child with Down syndrome and a Public Policy Fellow, Notre Dame Center for Ethics and Culture, said allowing abortions when babies are prenatally diagnosed with a disability helps continue what she sees as discrimination against those with disabilities.

"Banning abortion due to disability sends a clear message to mothers that their child's disability is not a death sentence," she said.

According to Indiana Right to Life, many witnesses lined up to speak on SB 334.

In addition to O'Callahan, they included Dr. David Prentice, Charlotte Lozier Institute; Dr. Aaron Deweese, neonatologist; Kathleen Black, disability activist; Dr. Lori Buzzetti, OB-GYN, trained residents at St. Vincent Hospital and starting "So Big," a non-profit to help pregnant women; Asleigh Moon, mother who was given a negative prenatal diagnosis and whose child was born without any genetic anomalies; Kathie Shaw, young woman with Down syndrome; and Sue Swayze, from Indiana Right to Life.

Maternal health is better where abortion is restricted

From page 7

Older mothers and high risk pregnancies

An increase in pregnancies at advanced age and a higher frequency of low birth weight also appeared to explain the differences in MMR among Mexican states. Byron Calhoun, perinatologist and researcher at the University of West Virginia explains: "An increase in the frequency of high risk pregnancies without appropriate referral to specialized medical care may be associated to poor maternal health outcomes, including deaths."

Protection of the unborn goes with better conditions for mothers

For molecular epidemiologist Elard Koch, PhD and lead author of the research, an epidemiologic correlation does not necessarily imply causation. Thus, in the light of these results, it cannot be concluded that making abortion legislation less permissive will automatically decrease maternal deaths. Rather, in this study "differences appear to be explained by other variables that directly impact maternal health, most of them better distributed in several Mexican states with laws more favourable to the unborn," Koch explained.

Finally, the authors propose a list of seven evidence-based public health recommendations to decrease maternal mortality in Mexico and other developing countries.

This article is adapted from a MELISA Institute press release.

* Koch E, Chireau M, Pliego F, Stanford J, Haddad S, Calhoun B, Aracena P, Bravo M, Gatica S, Thorp J "Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states" BMJ Open 2015;5:e006013

Editor's note. This appeared at www.mercatornet.com

Pro-abortion Super PAC EMILY's List lauds pro-abortion Hillary Clinton

By Dave Andrusko

It's hardly surprising that Hillary Clinton, the all-but-announced 2016 presidential candidate, would be the star attraction at the fundraising dinner Tuesday night honoring the 30th anniversary of EMILY's List.

Mrs. Clinton is one of them; just check her record as a former First Lady, senator from New York, and Secretary of State. That bond was reaffirmed by the rounds of applause. (To be more specific, Clinton offered a standard stump speech with only one allusion to her potential candidacy. The whoops and hollers came when other speakers "mentioned Clinton's likely candidacy," the *Washington Post* reported.)

For those who don't follow the ins and outs of pro-abortion politics, evidently Clinton and EMILY's List are pretty much joined at the hip. For example," The entire event had the flavor of a Clinton-for-president pep rally, with many of the speakers suggesting that 2016 is finally the year to elect a woman president," the *Post* reported. "If there was an audience waiting to be called to action for a Hillary 2016 campaign, this was it."

We learned even more from a piece about EMILY's List that ran before the dinner in the *New York Times*.

NARAL President Stephanie Schriock is an unabashed Clinton supporter. Reporter Amy Chozick noted

Ms. Schriock's ties with Mrs. Clinton, whom she presented with an award at Tuesday's gala, are strong: She was on a short list to be Mrs. Clinton's presidential campaign manager. And she left the board of Priorities USA Action, a "super PAC," so she could legally work more closely with Mrs. Clinton's campaign.

Pro-abortion Hillary Clinton, speaking at EMILY's List 30th Anniversary dinner

Of course, this is hardly breaking news. What may have come as a surprise to readers of the New York Times (but not to readers of NRL News Today), NARAL talked very, very little about abortion in the last election cycle. Schriock will, according to Chozick, "barely utter the word."

"What we want to talk about is what voters want to talk about," she said when asked about abortion. "That's equal pay, and minimum-wage increase, and access to health care, and paid sick leave, and the list goes on."

When pressed, Ms. Schriock did not relent, arguing that "pro-choice" should mean "women having the ability to make choices in their lives to be successful, to have economic opportunity and to raise their families."

But NRL Political Director Karen Cross talked about this pro-abortion misdirection tactic more than once in the run up to the 2014 off-year elections. As Karen wrote

> **EMILY's List, Planned Parenthood, and NARAL Pro-Choice America are avoiding the "a" word like the plague in traditionally "red" states "" especially EMILY's List. They are focusing on "fluff" issues, unrelated to abortion, and their candidates are pretty mum on the issue, too. I believe they "get it." They realize their extreme positions on abortion hurt their ability to win so they disguise it and sugarcoat their rhetoric.**

We will be hearing a great deal about Mrs. Clinton who not only is her party's presumptive front-runner but also perpetually embroiled in controversies of her own making. Meanwhile, if you want to read about the great successes enjoyed by NRL-endorsed candidates versus EMILY's List-endorse candidates, go to http://nrlc.cc/1HgPrwK

And please keep in mind that track record of pro-life success came about even though vastly outspent by EMILY's List.

NRLC director of medical ethics testifies against Nebraska POLST

Robert Powell Center for Medical Ethics Director Burke Balch, J.D., testified before the Nebraska Legislature's Health & Human Services Committee on February 18th in opposition to creating a standard state medical orders form to govern provision or denial of life-saving treatment.

Balch worked with Nebraska Right to Life, NRLC's state affiliate, to provide input on LB 490, Providers Orders for Life-Sustaining Treatment (POLST), which was introduced this session by state Senator Dan Watermeier.

Nebraska Right to Life and NRLC took an official position of opposing LB 490 because of biased language which Balch said would encourage vulnerable patients, especially people with disabilities and older people to choose less treatment over more treatment.

"The POLST form proposed by LB 490 is biased against life-preserving measures, omits

Burke Balch, J.D.

important treatments from options that may be chosen and suffers from ambiguity, inaccuracy and inadequacy in important respects," Balch said in testifying before the committee. "The bill that incorporates it has a shockingly sweeping provider immunity section that robs patients and their families of even minimal protections and legal recourse."

Balch asked the Committee to put aside LB 490 in favor of a total re-write, using the draft POLST form he had provided. Balch added

> **"I urge that there be full, frank and thoughtful consultations among not just health care providers but also advocacy organizations such as disability rights and older people's groups as well as Nebraska Right to Life to agree upon a bill that genuinely protects patients, rather than them being pushed into accepting premature death in the service of cost-cutting motivations or a 'quality of life' ideology** ."

Nebraska Right to Life hosted a press conference featuring Balch at the State Capitol prior to the hearing. Balch also did an in-person radio interview while in Lincoln, Nebraska.

"It is critically important to educate Nebraskans and their legislators on navigating the nuances of POLST legislation which must be carefully drafted to provide truly informed consent, and not 'nudge' people toward premature death as a means of limiting health care spending," said Julie Schmit-Albin, Nebraska Right to Life executive director.

R.I.P. Brother Paul O'Donnell ~ Taken too Soon

By Jacki Ragan

One of the sweetest, kindest men I have ever known passed away February 20. I can't imagine that it was his time but God knows these things, not me. Brother Paul was only 55 years old. He was the Superior at the Franciscan Brothers of Peace, a stalwart advocate for life throughout its spectrum, and he was my friend – for well over 25 years. He was also one of my heroes.

Brother Paul was a founder of the Pro-Life Action Ministries and served with them still. He was a board member of the Terri Schiavo Life and Hope Network, and a valiant spokesperson for life.

If someone was in need, any need, he was there. He was always there for the babies– front and center, from the time he was a teenager. Always. When Terri Schindler Schiavo was being starved and dehydrated to death, ten years ago next month, he was there. He was there for Terri. He was there for the family, helping hold them together. And his presence at their side brought great comfort to all of us who knew him because we knew that if Brother Paul was on the scene, things would be as okay as they possibly could in such a situation.

More recently, Brother Paul was there for baby Joseph Maarachli and his family. He was there for Jahi McMath and her family. His ability to advocate for the medically vulnerable started decades ago when he was there to fight for and care for Brother Michael Gaworski, fbp, the founder of the Franciscan Brothers of Peace, and to save and protect him from the death movement and its care-rationing and euthanasia agenda. Brother Paul, himself, said it was because of Brother Michael that the Franciscan Brothers of Peace were on the forefront of the battle to save the life of Terri. Out of that tragedy, this good and gentle man learned to be the anchor others would need in similar times of need.

He would travel far and wide to spread the message of life. From the National Right to Life Conventions, to the Life and Hope Network, to Youth Camps — any gathering where he could speak on the life issues, he was there. One of our camp leaders referred to him as her "superhero in a habit." And that fits.

What an honor and privilege it was to see him in action, taking a stand for the truth… for life.

We chatted on the phone often and I will miss hearing his voice. I will miss him at this year's convention. I will miss him every day.

For now, I will picture him holding baby Joseph, hugging on Bob Schindler and Terri Schindler Schiavo, Brother Michael, and reuniting with his parents. Today, Heaven is a little more crowded, but we can be very certain that the words "Well done, thou good and faithful servant" are reverberating throughout heaven and, as Congressman Henry Hyde so eloquently spoke decades ago, " a chorus of voices never before heard in this world" will also be joining in that welcome.

We will miss you, our very dear brother and friend, but we will see you again. Until then, we will do everything we can to be worthy of the lessons you taught us about never saying "no" when there is a life to be saved.

Idaho House votes 55-17 to curb web-cam abortions, bill on its way to the Senate

By Dave Andrusko

Proving the 13-4 vote in the Idaho House State Affairs Committee was no fluke, on March 2 the full house voted 55-17 in favor of House Bill 154. The measure would require abortionists to perform in-person exams when they use chemical abortifacients.

In a brief story, the *Associated Press* reported that all the "yes" votes came from Republicans, all the "no" votes from Democrats. HB 154 now will be considered by the state Senate.

Currently, 18 states have laws on the books which say abortionists cannot avoid the duty of being in the same room as the pregnant woman. (Sixteen are in force, two are being litigated.) But having abortionists at a remote center far from the pregnant woman is at the core of "webcam" abortions.

Dr. Randall K. O'Bannon, NRLC's director of Education, testified in favor of the "Physician Physical Presence Women Protection Act of 2015"

In his testimony, Dr. O'Bannon carefully summarized how webcam abortions work and the much-underreported dangers of chemical abortions.

In webcam abortions (which proponents insist is part of telemedicine), an abortionist at a hub clinic teleconferences with a woman at one of the smaller satellite offices, reviews her case, and asks a couple of questions. If satisfied, he clicks a mouse, remotely unlocking a drawer at her location.

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.

Dr. O'Bannon read from the tally from a postmarketing summary on mifepristone published by the FDA on April 30, 2011.

* more than 2,200 reports of "adverse events" or complications (2,207)

* more than 600 women (612) hospitalized,

* more than 300 (339) requiring transfusions.

* 256 women reported infections, with 48 of them classified as severe.

* 58 cases of ectopic pregnancies, which the pills do not treat

Sometimes these complications prove deadly.

The FDA knew of at least 14 deaths associated with use of these drugs in the U.S. and at least five more in other countries. And that was nearly four years ago!

"As the testimony demonstrates, it is in Planned Parenthood's interest to make this a discussion over telemedicine, in general, rather than the unique risks associated with chemical abortion and what telemedicine does to compound those risks," said Mary Spaulding Balch, JD, NRLC Director of State Legislation.

Randall K. O'Bannon, Ph.D.

Balch noted that telemedicine is not currently used for any other invasive procedures in this country or anything similar to abortion. It is mainly used for primary care doctors to share charts, X-rays and other vitals with specialists, or to monitor medical devices in use by patients to measure things like heart ECGs and blood glucose levels, or to help consumers get specialized information, participate in discussion groups or for medical education.

Use of telemedicine for abortion is inappropriate because there is no doctor to examine the woman before the abortion or to give follow-up care in the case of an emergency," Balch told NRL News Today.

HB 154 also requires that abortionists make "all reasonable efforts" to ensure that women return between 12 and 18 days after their abortions for follow-up examinations.

How to change hearts on abortion in under one minute

Editor's note. This appeared on the website of Texas Right to Life, NRLC's state affiliate. You can watch the video at https://www.youtube.com/watch?v=hlb1XC4zPMM

A new video from Pro-Life Texas, Stolen Moments, offers a perspective so powerful, you may be left speechless after you see it:

The video gives faces to a handful of the 57 million Americans who are not with us today because of legal abortion. Just imagine the millions of unique individuals who would be your siblings, your aunts and uncles, your teachers, your classmates, your doctors, your childhood best friends, your co-workers, or maybe even your spouse or your own children. They were not the victims of circumstance, disease, disaster, or accidents. Their deaths were wholly preventable – their lives could be thriving today. We will never know who those 55 million were, but we have all been affected by their loss.

The filmmakers at Pro-Life Texas, Jason Vaughn and Andrew Koch, wanted to expand the perceptions of the millions lost to abortion. Abortion victims are usually depicted as babies in utero, growing and developing.

But what if we carried that image further, thought the filmmakers, to explore the adults and children who are tangibly missing from our daily lives today as a result of abortion. "I wanted something different that made people think of those aborted as not just blobs of tissue or faces on a sonogram," said Koch. "These were people who had a life and future taken from them and the world."

Unfortunately, the pair's vision was stalled by the anti-Life antics of Kickstarter, the crowd-funding site that bizarrely banned the Stolen Moments campaign, along with the hugely-funded Gosnell Movie campaign. Both campaigns moved to Indiegogo, where they each achieved or exceeded their full funding goals. "Crowd-funding has been huge to help creative messages on both sides of the spectrum to get out and promote open and free speech," said Vaughn.

For such a short video, the pair put many months of work into production. But they wanted to get the first video just right, in hopes that the first installment will serve as the catalyst for a forthcoming series of short films aimed at providing an unexplored perspective on abortion to the masses. "If it makes one person think about their options and what may be lost if they get an abortion," said Vaughn, "then it's a success beyond measure and well worth the efforts of all involved."

PolitiFact downplays Planned Parenthood's abortion priority for pregnant women

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

Whenever anyone tries to expose Planned Parenthood's heavy abortion agenda, expect pushback.

The latest to rush to Planned Parenthood's defense is Kate Mulvaney of the *Providence Journal*.

In an article appearing March 2 on the *Journal's* PolitiFact website, Mulvaney looks at a statement made in a 1/22/15 column by Providence's Roman Catholic Bishop Thomas J. Tobin.

Bishop Tobin wrote, "Abortions account for 94 percent of the services provided for pregnant women by Planned Parenthood." After checking with Planned Parenthood (which, of course, would be a source of non-partisan, unbiased information), PolitiFact rated this claim "false."

Let's take a few minutes to look more carefully at the data behind Bishop Tobin's statement and see whether PolitFact's conclusion was warranted.

The ultimate source of Bishop Tobin's claim was Planned Parenthood's own 2013-14 annual report, which listed the following numbers in its services:

Abortions - 327,653
Prenatal Services - 18,684
Adoption Referrals to Other Agencies - 1,880

The other services Planned Parenthood mentions – different forms of contraception, HPV vaccinations, HIV tests, urinary tract infections treatments, etc. – may, of course, in theory, be accessed by pregnant women.

But those three services – abortion, prenatal care, and adoption referrals – are the onlyones listed which inherently presume pregnancy.

Totaled together, those three services equal 348,217 services that necessarily involve pregnancy. As a percentage of these three services that Planned Parenthood performs specific to pregnant women, abortion represents 94.1%.

So how did Bishop Tobin's statement become "false"?

Mulvaney tells us what Planned Parenthood told her. It does not segregate its service statistics by separating out those that go to pregnant women and those that go to women who are not pregnant. Thus, the argument goes, no one, not even Planned Parenthood, knows what percentage of pregnant women walking through its doors receive abortions.

Bishop Thomas J. Tobin

However Mulvaney's own research shows that PPFA offers pregnant women few choices other than abortion.

Mulvaney says that Planned Parenthood informed her that nationwide, just nine of Planned Parenthood's affiliates provided prenatal services at 45 of its clinics.

A Planned Parenthood policy announced in December 2010, though, mandated that every affiliate have at least one abortion performing clinic by the end of 2012. The number changes all the time, with clinics opening and closing, but somewhere in the neighborhood of 340 of Planned Parenthood's 700 clinics were doing abortions in 2014–almost exactly half.

It isn't hard to guess Planned Parenthood's priorities when just 45 clinics are offering prenatal services and 340 are selling abortions

What about adoptions?

PolitiFact doesn't say how many clinics do adoption referrals but with just 1,880 adoption referrals among the 700 clinics Planned Parenthood operates in the U.S., that's less than three per clinic. By contrast, the 327,653 abortions Planned Parenthood reports performing would translate to 468 per clinic.

Planned Parenthood repeatedly insists that abortion represents only 3% of its total annual "services" (which includes counting every time it passed out a packet of condoms as a "service"). Let's dig deeper.

In 2013, Planned Parenthood said it saw 2.7 million clients. If 327,653 women had abortions, that means that 12.1%–or about one out of every eight patients who walks through a clinic door–has an abortion.

Even this statistic grossly underestimates the importance of abortion to Planned Parenthood's mission and bottom line.

Planned Parenthood has taken the lead in integrating chemical abortion into its practices, which has allowed it to expand its business "model." Close to half of its 700 clinics (323 as of 2014) are now offering chemical abortions ("RU-486") which was only approved for U.S. distribution in the fall of 2000.

How much revenue do abortions provide? At going rates for a standard first trimester surgical abortion, Planned Parenthood's 327,653 abortions would represent at least $147.8 million in revenues.

Even this number doesn't take into account that so many of the abortions Planned Parenthood performs are not standard first-trimester surgical abortions, but more expensive chemical abortions or later abortions.

Over a hundred Planned Parenthood clinics offer second trimester abortions, including the one in Providence, Rhode Island!

The point made by Bishop Tobin is valid.

Denial of the Abortion-Breast Cancer Link gets Curiouser and Curiouser

By Joel Brind, Ph.D.

Where to begin to expose the over-the-top dishonesty of abortion advocate Dr. David Grimes' piece on abortion and breast cancer posted on Feb. 26 in the *Huffington Post* Blog ("Abortion and Breast Cancer: How Abortion Foes Got it Wrong")?

Not surprisingly Grimes begins by announcing dismissively that the abortion-breast cancer connection (ABC link) "was debunked long ago." In truth, it is the **denial** that has been repeatedly debunked.

Ironically, one of the key studies Grimes relies on as "a landmark prospective study of women in Denmark" to "prove" the ABC link is a myth is actually the largest and most egregiously flawed of the prior studies.

Grimes neglects to tell us that this 18-year-old study was itself debunked by published correspondence.

In that back and forth, multiple errors were illuminated. For example 60,000 women in the study who had had legal abortions on record, were misclassified as not having had any abortions, badly skewing the study.

Moreover, the fundamental rule of temporality was violated by the authors' inclusion of breast cancer diagnoses since 1968 but abortions only since 1973.

The omissions of pre-1973 legal abortions from the study were based on the Danish authors' false claim that abortion was legalized in Denmark in 1973, when in fact, it had been legalized way back in 1939.

But Grimes' main argument rests on another false report emanating from Sweden—a 23-year-old paper that claimed

By Joel Brind, Ph.D.

to show evidence of "recall bias.' Recall bias posits that more healthy women (called "controls" in epidemiological studies) "underreport" (i.e., lie about) having prior abortions on study questionnaires than do breast cancer patients (called "cases" in epidemiological studies).

To make his case, Grimes shows us a pair of hypothetical statistical data tables (called 2×2 data tables; a standard presentation of raw epidemiological data, such as were presented in that Swedish study Grimes cites). He tells us this is evidence how such differential "underreporting" between women who "have breast cancer" and women who "do not" "caused an apparent 60% increase in risk!" among women who'd had an abortion.

Note the problem here: Grimes uses simple present and past tenses to describe the data he presents, and never tells us the data are hypothetical!

Why not use the real data to make his point? That's easy: The original Swedish data tables tell a different story. Follow carefully because this is SOP for ABC link deniers.

The "underreporting" of abortions among the healthy Swedish women only showed up when compared to the supposed "overreporting" of abortion among the Swedish breast cancer patients.

"Overreporting" represents the bizarre notion that breast cancer patients imagined abortions that never took place—based on the fact that they reported having abortions that do not appear on the computerized record. So preposterous is the notion of overreporting that seven years later, the Swedish group publically retracted the claim, admitting that the phantom abortions were real but "not recorded as legally induced abortions."

So Grimes was faced with a tough problem. The only epidemiological study which claimed to show direct evidence of "recall bias" was the aforementioned 1991 Swedish study. But he couldn't just dust it off and use it to make his argument, since it was publicly discredited in 1998!

So he solved his problem by making up hypothetical data (an unfriendly critic would say fictitious data) and reporting it in such a way that the reader would infer it was the real data that evidenced recall bias.

All this clever rehashing and misrepresenting of last century's junk science that Grimes engages in might be funny were the ABC link not devastating so many women's lives. In this regard it is not funny at all that Grimes is totally silent on the veritable tsunami of ABC link evidence that has poured in from Asia in just the last few years.

A 2014 meta-analysis of 36 studies from mainland China reported a 44% overall increase in breast cancer risk among women with any abortions. But the strongest evidence comes from South Asia (i.e., India, Pakistan, Bangladesh, Sri Lanka), where the typical woman marries young, has several children and breastfeeds them all, and never drinks alcohol or smokes cigarettes. In such populations—where there is little else besides abortion that could cause breast cancer—relative risks for abortion average greater than fourfold and as high as 20-fold, according to at least a dozen South Asian studies in the last 5 years alone!

In other words, contrary to Grimes' assertion, the recent studies provide the strongest evidence yet of the reality of the ABC link and its deadly effects.

With over a billion women in China and India alone, it's very conservative to predict millions of breast cancer deaths in Asia attributable to abortion, in the coming decades. Doing the math is quite simple.

"If half of those billion women (five hundred million) end up having one or more abortions, and as few as 2% of

See "Denial," page 20

Why are ardent pro-abortion feminists reluctant to tell their own children about their abortions?

By Dave Andrusko

We've run dozens of stories about the attempt of pro-abortionists to "normalize" abortion by (among other tactics) "telling their stories."The assumption is not hard to figure out. They believe if woman "openly"talk about their abortions, over time the public will grow used to hearing the stories and conclude, hey, it's no big deal to dismember a baby.

Of course, in reality the grisly reality of what happens to the kid is subsumed under the sprightly nomenclature of "choice." My guess is few abortion "stories" talk about separating tiny arms and teeny legs from little torsos.

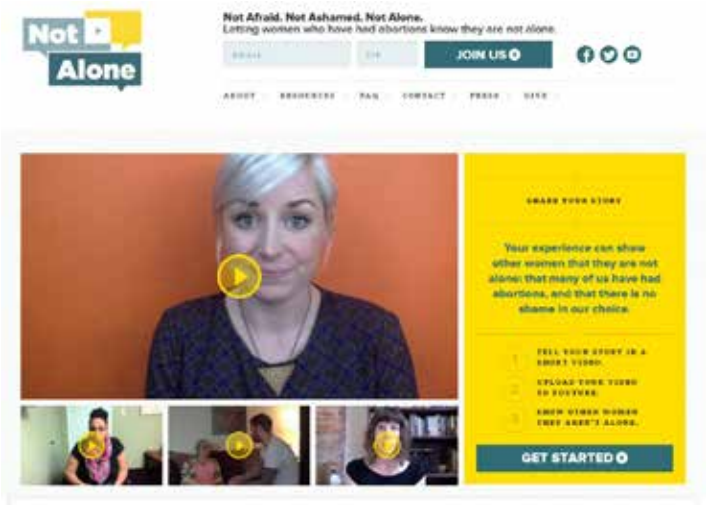
"What Happened When My Daughter Asked About My Abortion," by Raven Snook appeared yesterday on Yahoo's Parenting section.

The first third of the story–about Snook's acute discomfort at the prospect of telling her own child about her abortion–introduces us to the wonderfulness of "Not Alone,"an organization run by Sherry Matusoff Merfish and her two grown daughters.

Merfish had an abortion in college and did not tell her daughters about it until they went off to college. Beth Matusoff Merfish subsequently wrote an op-ed for the *New York Times*. We commented on it at the time and are reposting it both as background to this post and because it is a fascinating example of **burying** the truth in the guise of **telling** the truth.

There's nothing terribly original in "Not Alone," except that (a) the accounts are short videos posted on the site, and (b) more "stories" than you might think would be posted on a pro-abortion site talk of pain and depression following an abortion. (We also wrote about that last year.)

Snook asks herself why she "froze" when her nine-year-old daughter asked, "Mommy, were you ever pregnant besides me?"



After all, Snook tells us, she'd been open with her friends about her abortion, was "unabashedly pro-choice," had talked to her daughter about the birds and the bees "and the fact that women have the right to decide if and when they become mommies."

Yet…

> **when it came to revealing my own abortion "a necessary conversation so that my daughter views it as a personal choice, not a political one" I panicked.**

Which is what led Snook to the discovery that "Apparently I'm not alone."

> **I spoke with a number of moms, including a few ardent feminists who discussed their abortions with me, but couldn't bring themselves to tell their kids. As one admitted,**
>
> **"I don't know why! I'm not ashamed of it, and it was the right thing to do at the time, but I have this mental block about it. The stigma goes deep."**

Which led her to the importance of "telling stories"and "Not Alone." After all, why should any woman who had aborted–let alone someone who is "unabashedly pro-choice"–dread telling her own kids?

Just to ask the question is to answer it: all the pro-abortion feminist jargon in the word doesn't minimize the fear that your living children might look at your differently, might feel less secure.

Snook ends with an unintentionally revealing final paragraph:

> **I still haven't answered my daughter's question. The day she inquired, after a few moments of silence, I blurted out, "Why would you ask that?"and quickly changed the subject. Now I want to find my way back to that conversation, but in an organic way. I'd rather she initiate it than me say, "By the way, have I ever told you about the time I had an abortion?"So I'm waiting, but I know it will come. And this time, I'll tell the truth.**

"By the way?"

"By the way, did I tell you about the time I forget to get milk?"

"By the way, have I ever told you that I once forgot to unplug the curling iron?"

Taking an unborn child's life is not a by-the-way topic of conversation. Snook squares the circle by telling us that she's going to find an "organic way" to revisit the subject she quickly changed from.

But there is night and day difference between trying to portray abortion as an example of how "women have the right to decide if and when they become mommies"and honestly admitting (if you feel it is right to tell your children) that you made a mistake.

One is rationalizing an evil. The other is confessing human vulnerability and asking for forgiveness.

Arkansas Governor Hutchinson signs bill banning webcam abortions

By Dave Andrusko

When pro-life Gov. Asa Hutchinson signed the bill into law in late February, Arkansas became the latest state to require that abortionists be in the same room as the pregnant woman when she receives chemical abortifacients.

So-called webcam abortions are premised around just the opposite. The abortionist is in a hub miles (or even states) away and dispenses chemical abortifacients by remotely unlocking a drawer at her location. He never is in the same room as the pregnant woman.

When Arkansas' law goes into effect in July, 18 states will have passed web cam laws. Sixteen are operational, while two (Iowa and Kansas) are currently enjoined

The law had enormous support in Arkansas. The House overwhelmingly approved HB1076, sponsored by State Rep. Julie Mayberry, by a vote of 85-3. An identical bill, SB53, sponsored by state Sen. Missy Irvin, passed the Senate by a vote of 28-5.

Arkansas State Senator Missy Irvin

Arkansas State Representative Julie Mayberry

The law also requires abortionists to make "all reasonable efforts" to ensure that the woman returns between 12 and 18 days afterwards for follow-up examinations.

Rose Mimms, executive director of Arkansas Right to Life, told *NRL News Today*, "We are thrilled to get this law in place an effort that began when Planned Parenthood of the Heartland made a home in Arkansas."

Planned Parenthood of the Heartland is a massive and very aggressive affiliate, whose headquarters is in Iowa. PPH has since moved into Arkansas, Nebraska, and part of Oklahoma.

Truth matters

From page 2

of the book and gave them a "solid B." (Always the educators.)

I write all that to end with this. Truth about assisted suicide does matter. Fairness (as opposed to caricature) matters. Recognizing the Willkes' unparalleled contributions to the abortion debate matters.

Greenhouse gave "credit" where it was due—to Jack Willke. And, as unexpected as it for me to write this, credit is due to Greenhouse for her obituary of one of the preeminent leaders of the greatest movements for social justice of our time.

Babies "serenaded" in the womb have more developed language centers

By Dave Andrusko

What's more fun than the latest example of how much the unborn child can learn? The latest news is courtesy of Ben Spencer, science reporter for *The Daily Mail* newspaper, based on an ingenious study by researchers at Harvard.

It's long been known, as Spencer put it, that "The sound of a mother's voice is one of the first sensory experiences a tiny baby has as they develop in the womb" and that babies "are able to recognize certain elements of language from the moment of their birth."

What the new research (published in the journal *Proceedings of the National Academy of Sciences*) demonstrates is that the auditory cortex – the brain's language center—is more developed in babies "serenaded" in the womb. How this was shown is truly clever.

Study leader Dr. Amir Lahav and colleagues at Brigham and Women's Hospital carried their tests out on babies who were born extremely prematurely—between 25 and 32 weeks—who would ordinarily still be in the womb.

They divided the 40 infants into two groups. Spencer reports

> **One group was played three hours of audio recordings of their mother's voice and heartbeat every day for a month – at which time they would still have been in the womb during a normal birth.**
>
> **The infants in the second group only heard routine background hospital noise.**

What did they find, scanning the brains of each baby after 30 days? In layman's terms that the babies who listened to the voice of their mother had a significantly larger auditory cortex. In more technical language, Lahav and his team wrote

> **'We demonstrate that the auditory cortex is more adaptive to womb-like maternal sounds than to environmental noise.**
>
> **'Results are supported by the biological fact that maternal sounds would otherwise be present in utero [the womb] had the baby not been born prematurely.**
>
> **'We theorise that exposure maternal sounds may provide newborns with the auditory fitness necessary to shape the brain for hearing and language development.'**

Babies played recordings of their mother's voice while they were in the womb were born with a more developed auditory cortex - the brain's language-processing center.

And there is real, practical use for preemies, especially those who are in intensive care wards the first few weeks or months of their lives. The team wrote

> **The use of recorded maternal sounds in the first month of life may be especially helpful in the population of newborns whose exposure to live maternal stimulation is often limited because of infrequent parental visits.**

Obviously, this is not a panacea for all the problems preemies may face. But while "Clearly, pre-term newborns have more working against them than can be fully compensated for by added exposure to maternal sounds," it is also true, the authors write, "the present study begins to show the effect that maternal sounds could have on very early brain development."

The Empty Rocking Chair

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

I celebrate a birthday this month--not that unusual, especially where I work. Five staff members celebrate birthdays in the month of March.

When I gaze back on the tapestry of my life, my favorite birthday scene is when I was seven years old. I remember great excitement waiting in my room, as my mother readied her party preparations. I had high hopes for my presents that year, and my parents did not disappoint.

The best gift I received was a petite white rocking chair with gold accents. I loved chairs that swiveled, spun, or rocked, so this was a godsend.

I outgrew the chair quickly, but I kept dolls and stuffed animals in my seat when I no longer occupied it. That rocking chair became the symbol of my greatest birthday ever.

I had a little sister whom I adored, and you would have thought, in generosity of spirit, I would have passed the rocking chair down to her. But, although our mother always stressed the benefits of sharing, it somehow did not get passed on to the next child. It was always my chair.

For my mother, that little rocking chair was synonymous with me. No one--cute cuddly teddy bears notwithstanding--could take my place in that chair.

And so it is with all of us--no one can really take our place. Other people may occupy our former houses and desks--but no one can assume your place in your family, your neighborhood, and your workplace. You may have successors, but no real replacements, since you are a unique individual. And that is why abortion is so unjust. It takes a life that cannot be repeated.

And it is a tragedy not only for the person killed, but for the family she would have been born into and all the various people who would have crossed her path. It is an impoverishment of our nation, a searing of our country's soul.

If we built one little rocking chair for each child who never got to see a seventh birthday because of abortion, our landscapes would be filled with more than 57 million empty chairs. Empty chairs...empty houses.. empty lives.

Every single abortion changes the world. And not for the better.

Denial of the Abortion-Breast Cancer Link gets Curiouser and Curiouser

From page 16

them end up with breast cancer as a result, that would be 10 million women.

No wonder Grimes is not interested in the recent data, for it is devastating to his "safe abortion" agenda as well as to the lives of millions of unsuspecting women.

Joel Brind, Ph.D. is a Professor of Biology and Endocrinology at Baruch College, City University of New York, Co-founder of the Breast Cancer Prevention Institute, White House Station, NJ and a frequent contributor to *NRL News* and *NRL News Today.*

Abortion doctor condemns pro-lifers for "dwelling on the details" of abortion

By Kristi Burton Brown

For years, Dr. David A. Grimes has written books and manuals, detailing how to perform abortions.

Now, however, he is roundly condemning pro-lifers for "dwelling" on those exact same details. In an article for RH Reality Check, Grimes writes, with Carole Joffe, that the pro-life movement is attempting another "public-relations success" with new proposed legislation that would ban D&E abortions:

[T]hat same playbook is being used again in Kansas, Oklahoma, and South Dakota in a new campaign to outlaw yet another second-trimester abortion method, "dilation and evacuation" (D and E). Once again, the medical term for this procedure has been replaced by a garish one, "dismemberment abortion," and once again, abortion opponents are hoping that dwelling on the details of this procedure will lead lawmakers to ban it.

Well, note to Dr. Grimes: pro-life advocates came upon the term "dismemberment abortion" because that's exactly what a D&E abortion is. In short detail, a baby is literally ripped apart with metal instruments, limb by limb. While still alive, the baby is made into piecemeal and taken, bit by bit, out of her mother's womb.

By all means, don't take my word for it. Here's a longer description of a D&E abortion, written by Dr. Anthony Levatino, who performed abortions for eight years:

Abortionist Dr. David A. Grimes

A second-trimester D&E abortion is a blind procedure. The baby can be in any orientation or position inside the uterus. Picture yourself reaching in with the Sopher clamp and grasping anything you can. At twenty weeks' gestation, the uterus is thin and soft, so be careful not to perforate or puncture the walls. Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard "" really hard. You feel something let go, and out pops a fully formed leg, about 4 to 5 inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again, and out pops an arm about the same length. Reach in again and again with that clamp, and tear out the spine, intestines, heart, and lungs.

The toughest part of a D&E abortion is extracting the baby's head. The head of a baby that age is about the size of a plum and is now free-floating inside the uterine cavity. You can be pretty sure you have hold of it if the Sopher clamp is spread about as far as your fingers will allow. You will know you have it right when you crush down on the clamp and see a pure white gelatinous material issue from the cervix. That was the baby's brains. You can then extract the skull pieces. If you have a really bad day like I often did, a little face may come out and stare back at you.

Once again, maybe pro-lifers are calling these abortions "dismemberment abortions" because that's exactly what they are. If Grimes really believes in, as he claims, "the shared decision-making that is every patient's right," why isn't he providing these details to the women who come in for a D&E abortion? Why is he so opposed to the specifics getting out in the media, to the public, and to his potential patients?

Of course, Grimes is, in general, opposed to the idea of free speech. One of his ideas includes "punishing" legislators who propose bans on dismemberment/D&E abortions. He writes: "How about a $10,000 fine, imprisonment for up to two years, or both?"

Could Grimes' disdain for abortion facts being made public stem from the reality that ripping a baby apart "" dismembering him "" actually is inhumane, violent, and unspeakably cruel? Could it be because if Americans ever found out exactly what happens during an abortion, many more would be vehemently opposed?

Could it be because "dwelling on the details" paints an accurate picture of the humanity of the preborn child?

After all, when you start hearing about tiny legs, arms, and a crushed head being pulled out of a woman, you start realizing that we really are talking about a separate body, a separate individual, a separate person when we talk about any kind of abortion.

Editor's note. This appeared at liveactionnews.org/abortion-doctor-condemns-pro-lifers-for-dwelling-on-the-details-of-abortion/#more-60130

Babies With Down Syndrome Deserve Life, Too!

La. Law Aimed at Curbing Trend to Abort

By Ryan Verret, Center for Medical Ethics Director

Editor's note. The following is excerpted from a post from Louisiana Right to Life about HB 1058.

[A] diagnosis of disability can elicit traumatic feelings within families, especially when the "news" is delivered with a dose of horror and without information about how to handle the decision.

Last spring, Louisiana State Rep. Joe Harrison (R-Gray) authored a bill requiring more robust information and resources to be offered to parents of children either diagnosed in utero or born with Down syndrome.

Prior to this bill, the information provided to parents on the diagnosis was mixed and could include a subtle (or not so subtle) recommendation to abortion or abandonment. Numerous studies observe that the vast majority of mothers who receive a prenatal diagnosis of Down syndrome choose abortion for reasons based on fear and a lack of knowledge about support. …

Louisiana Right to Life was criticized during the legislative process by national pro-abortion organizations for using disability rights groups to promote "anti-choice" measures. But our efforts with Rep. Harrison's bill helped highlight the discriminatory nature of the medical profession's misguided role in promoting abortion as an option for dealing with children with limitations. The reality is that, upon hearing that their child will be "handicapped" with Down syndrome, nearly 9 out of 10 mothers choose to end their child's life.

This statistic reveals a quietly approved form of eugenics when it comes to babies faced with a prenatal diagnosis of Down syndrome. A recent comment by Oxford biologist Richard Dawkins made in a response to a young woman who was wondering how to act upon discovering that her child would be born with Down syndrome highlights this evil. He said, "Abort it and try again. It would be immoral to bring it into the world if you have the choice."

Statements like this from "respectable" people like Dawkins send a sad message to parents and families all across our state and country. And when the media reports on the sharp decline in Down syndrome births throughout the United States, obviously exacerbated by the aggressive abortion rate, people become accustomed to the notion that Down syndrome babies should not be born.

And yet, stories and experiences of people with disabilities and of those who care daily and often times unconditionally for them offer a different view. In fact, three recent studies conducted by Boston's Children's Hospital surveyed 2,044 parents and guardians of children with Down syndrome. One report included the following results:

*** 79% of parents and guardians reported that their outlook on life was "more positive," specifically because of their child with Down syndrome;**

*** 97% of siblings of children with Down syndrome expressed pride for their brother or sister and also confessed that they were a better person because of their sibling.**

Another study, focused on the feelings of adults with Down syndrome, found that 99 percent of those surveyed said they were happy with their lives. Such results give proof to the inspiring quote: "**Life is the right of every child. Not a special privilege for the fortunate, the planned, and the perfect!**"

In recent history our nation has witnessed a dramatic shift in societal attitudes toward individuals with disabilities at birth. In 1990, the Americans With Disabilities Act was passed. In this federal law, the U.S. Congress made the following finding: "Physical or mental disabilities in no way diminish a person's right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination."

The law begs the question, if people with mental and physical disabilities have the right to "fully participate in all aspects of society," then shouldn't children prenatally diagnosed with a disability or a genetic variation have the right to be born without the medical profession promoting a discriminatory solution of abortion? Such common sense, however, does not reach the minds of the many people who choose abortion to deal with the "biologically imperfect."

Harrison's law [HB 1058] provides a strong push to ensure that information offered to Louisiana parents of children with Down syndrome will offer them life-affirming stability in a time of shock, thereby showing them that abortion is not the answer. Still, there is much more work to be done. By educating our community on the beauty of children with Down syndrome, and the resources that exist to support their families, we can reverse a trend that is proving deadly for so many of our Louisiana special children.

Dismemberment abortions and the case of the amazing vanishing baby

By Dave Andrusko

I'm not sure what it means, at least not on first pass. Two veteran pro-lifers, with 60+ years of collective involvement in the Movement between us, missed what should have been obvious to anyone, let alone us.

Let me explain.

What is the heart and soul (so to speak) of the pro-abortion case? Not just that abortion is trivial. Not just that pro-lifers make much ado about nothing. Not just that whether to 'terminate' whatever it is residing within a "woman's body" is her decision and her decision alone to make.

In a real sense the Alpha and Omega of the case for abortion is that there is nothing inside her, at least nothing of physical, moral, or ethical weight. It's as if they believe we all but imagine the "unwanted" unborn baby into existence.

So….

A friend asked me to go to www.nrlc.org/uploads/stateleg/NAFChapter11DE.pdf. Then to look at page 19 (which is page 172 of Chapter Eleven) of a National Abortion Federation textbook whose subtitle is "Comprehensive Abortion Care." It's reproduced below.

What do you see?

A line drawing of a post-16-week dismemberment abortion. Here's what's written underneath the two drawings.

On the left:

Figure 11.2 Placement of forceps in the lower uterine segment. Hinge remains at the level of the cervix, allowing maximum range of motion of the jaws [of the forceps] to extract pregnancy elements ["pregnancy elements"?] from the lower uterine segment. When deeper insertion of the forceps is necessary to explore the fundus and cornu, care must be taken to apply cervical traction and follow the axis of the uterus to minimize the risk of trauma to the uterine wall.

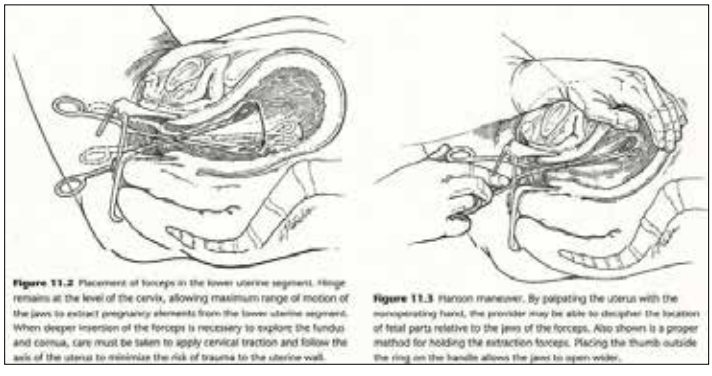
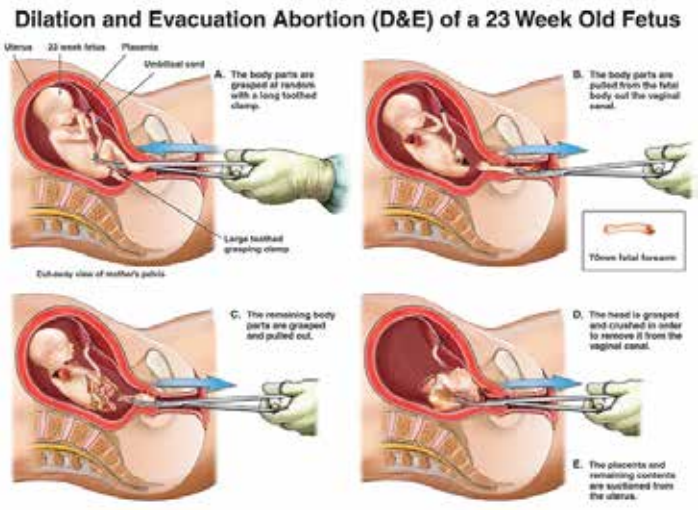


Figure 11.2 Placement of forceps in the lower uterine segment. Hinge remains at the level of the cervix, allowing maximum range of motion of the jaws to extract pregnancy elements from the lower uterine segment. When deeper insertion of the forceps is necessary to explore the fundus and cornua, care must be taken to apply cervical traction and follow the axis of the uterus to minimize the risk of trauma to the uterine wall.

Figure 11.3 Hanson maneuver. By palpating the uterus with the nonoperating hand, the provider may be able to decipher the location of fetal parts relative to the jaws of the forceps. Also shown is a proper method for holding the extraction forceps. Placing the thumb outside the ring on the handle allows the jaws to open wider.

On the right:

Figure 11.3 Hanson maneuver. By palpating the uterus with the nonoperating hand, the provider [the abortionist] may be able to decipher the location of fetal parts relative to the jaws of the forceps. Also shown is a proper method for holding the extraction forceps. Placing the thumb outside the ring on the handle allows the jaw to open wider.



What did you not see—or at least what did my friend and I not see at first glance? For a hint, take a look below at a medical illustration of a D&E dismemberment abortion.

Exactly. The forceps are opening and closing over…. nothing. There is no baby, not even any "pregnancy elements" in sight.

A NAF textbook is showing an abortion but there's nothing/nobody being aborted.

Even the National Abortion Federation is afraid to show what a later abortion looks like. Without admitting to, they have imagined the baby out of existence.

Since (to them) there is no there there, is it any wonder that NAF, Planned Parenthood, and the rest of their motley crew would charge anyone daring to run a medically accurate illustration of using "grisly" photos?

Lesson? They are terrified that the visual truth about dismemberment abortions will get out, even to their own kind.

India Considers Letting Homeopathic Doctors Prescribe Abortifacients

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

It is a short story from the *Times of India*, but perhaps the portent of a bigger story that may soon reach round the world and is already evident in many U.S. states.

The headline of the 3/4/15 story simply is, "Ayush doctors may get nod to do abortions." "Ayush" is a term unfamiliar to a lot of western readers, but it is actually an acronym for several alternative or traditional Indian medical practices – Ayurveda, Yoga, Unani, Siddha, and Homeopathy.

In 1970 India's parliament set out qualification and accreditation standards for practitioners of what is generally termed "Ayurvedic" medicine. The following year, the Central Council of Indian Medicine was established under the Department of AYUSH of the Ministry of Health and Family Welfare to monitor higher Ayurvedic education. The Indian government supports teaching and research in these traditional medicines and there are many clinics across the country staffed by graduates of national governmental institutes. [1]

Now, through the *Times of India* story, comes word that the Indian health ministry has made revisions on an amended "Medical Termination of Pregnancy" bill being sent to the cabinet. The amendment would allow Ayush doctors to do "non-invasive procedures on women seeking to terminate pregnancy." In other words, chemical abortions.

The *Times* says that there are some 7 million abortions conducted every year in that country. (By contrast, there are just over a million abortions a year in the U.S.).

The proposed revisions come over objections of the Indian Medical Association, which expressed concerns that this could put patients at risk and allow for sex selection abortion, which is a hugely significant problem and illegal in India. A particular worry was that doctors without the usual standard medical training would have difficulty handling conditions like excessive bleeding and incomplete abortions, which sometimes occur with chemical abortions.

The article does not specify the abortifacient to be used. But abortions performed with mifepristone and misoprostol, both with multiple generics on the market in India, have been associated with significant numbers of complications in the U.S. Those complications include infections, ruptured ectopic pregnancies, hemorrhages, and other "adverse events" that have, in more than a dozen cases, proven fatal.Even "successful" chemical abortions are extremely bloody and painful.

According to the *Times of India*, the government's proposal was based, to some extent, on some (unspecified) study conducted by the Population Council – the group that was responsible for bringing the RU-486 "abortion pill" to the U.S. The aim is said to be "increasing access to safe abortion by expanding the number of healthcare providers."

The newspaper also notes that the World Health Organization (WHO) seems to endorse the government's proposal. That is a reference to a 2012 WHO technical and policy guidance document that argues abortion can be done by "mid-level providers" such as "midwives, nurse practitioners, clinical officers, physician assistants, family welfare visitors, and others" who are properly trained "to provide basic clinical procedures related to reproductive health..."

Before dismissing such concerns as unique to India or nations far removed from home, Americans should consider what has happened in states such as California. I have written how the state has, for some time, allowed non-physicians like nurse midwives, nurse practitioners, and physician assistants to perform chemical abortions. In 2013 the state passed a law allowing these personnel to even perform first-trimester aspiration abortions.

In the same vein, Planned Parenthood's giant Midwest affiliate Planned Parenthood of the Heartland (PPH) began performing "web-cam" abortions in Iowa in 2008. The abortionist is never in the same room as the pregnant woman.

Typically, he is in Des Moines, chatting by video with a woman who may be in some rural storefront a hundred miles away or more. After a short interview and review of medical records, the doctor clicks a button on his computer releasing a drawer at the woman's location containing the abortion pills.

If there is any physical examination, a check of vitals, an ultrasound, etc., it is done by a lower level clinician. In Iowa, these were often not doctors or nurses but "certified medical assistants," which may have done as little three semesters of college study, performed just a ten week practicum, and passed an exam.

Aware of the serious risks associated with chemical abortions, the Iowa Board of Medicine was not satisfied with PPH's and passed a rule that would essentially end web-cam abortions in the state (a rule currently in the courts). Nevertheless, other Planned Parenthood affiliates have looked at the PPH model and sought to institute web-cam abortions in their own states.

The common thread, both here and in India, is the effort of abortion advocates to make up for the dearth of abortionist by enlisting lower level medical personnel, with perhaps the barest of the usual medical training, to expand abortion to areas where facilities and trained physicians are lacking.

The point is that the decision of the Indian government to bring in homeopaths, ayurvedacharayas, and other practitioners of alternative medicine to do chemical abortions is not altogether surprising, given the larger, long term aims of abortion advocates.

So don't be surprised when they try something similar in your state.

[1] Though there are some surgical techniques associated with Ayurvedic medicine, a lot of it involves yoga, meditation, diet, and the use of certain herbs, minerals, animal products. The U.S. does not license Ayurvedic practitioners and while Ayurvedic medicine is not generally recognized in the West, there are Ayurvedic herbs that can be bought at your local Walmart and there are practitioners who work in the U.S. as midwives and massage therapists.

Concerns about heavy metals (lead, mercury, arsenic) found in certain Ayurvedic products prompted the Food and Drug Administration (FDA) to put an import alert on those products sold in the U.S. in 2007 and a consumer caution in 2008.

Autos for Life and Spring House Cleaning

By David N. O'Steen, Jr.

As I write this, spring is less than two weeks away, although you'd never know it by the snow that has blanketed the Washington, DC metropolitan area where I live.

Spring brings to mind house cleaning—and that often extends to the garage. Perhaps you have an unused or under-used vehicle that you'll looking for a productive way to dispose of.

Think, please, of "Autos for Life," a life-affirming program through which you can help the most defenseless in society.

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

Please, keep them coming!

Recent donations to Autos for Life include a 1995 Mazda 626 from a pro-life family in Maryland, a 2001 Kia Sportage from a pro-life gentleman in Illinois, and a 1997 Buick LeSabre from a pro-life supporter in Iowa. As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life.

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

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

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

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

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

"Autos for Life" needs your help in making 2015 a great year for the pro-life movement! Please join us in helping to defend the most defenseless in our society, and remember that we are so thankful for your ongoing partnership and support! We thank you, and the babies thank you!

Viral Photos of Little Girl and Her Dad Capture Why China is a Ticking Time Bomb

By Marisa Lengor Kwaning

Editor's note. This appeared today at bound4life.com and is reprinted with permission.

On the eve of Chinese New Year, photos of a father and daughter traveling to see her grandparents have gone viral – picked up by dozens of blogs and media outlets worldwide.

A recent interview with Reggie Littlejohn reveals the harrowing realities faced by China's mothers and fathers.

Seen waiting for their flight in an airport, Chen Yen has handcuffed himself to his little girl to ensure she is not kidnapped for use as a future bride.

"I saw a warning by police on the TV to take care as traffickers and pickpockets would be out stealing in the holiday rush," said Mr. Chen according to reporting by *The Daily Mail*. "I don't care about pickpockets, but I do care very much about losing my daughter."

Such a stark image begs the question: how did China reach this point? The story stretches back over three decades, to a government policy that has resulted in the prevalence of sex-selective abortions.

Strict government control over family size has caused a serious gender imbalance due to a preference for sons, with today 33 million more Chinese men than women. "As more men remain unmarried, it raises the risks of anti-social and violent behavior," notes one recent report.

Major media outlets such as the *New York Times* and BBC News have recently touted a supposed shift in China's totalitarian policies – from allowing Chinese parents to have a single child, to now proposing incentives for a newly revised Two Child Policy.

Yet the true picture is not as reassuring as the "official" story would indicate. Thirty-five years of national population control have had an undeniably troubling impact on Chinese society.

According to China's former Minister of Health Gao Qiang, China has 400 million fewer people today as a result of these policies. In other words, China has lost more people than the current 321.4 million population of the United States.

In Shanghai, men search postings at the "marriage market" (Photo: Chris Bentley / Flickr)

The Chinese Communist Party has a long history of falsely representing its family-planning regulations. Originally implemented in 1979, the One Child Policy utilizes forced abortions, forced sterilization and forced contraception to manage population growth.

A 2013 Chinese law sought to revise this policy, stating that families in which one parent was a single child would be allowed to bear two children. However, revising regulations has not reversed the human rights violations that persist.

"Even if all couples were allowed two children, there is no guarantee that the Chinese Communist Party will cease their appalling methods of enforcement," says human rights activist and lawyer Reggie Littlejohn.

Describing the violent methods that have continued for decades, Littlejohn continues, "Women who get pregnant without permission will still be dragged out of their homes, strapped down to tables, and forced to abort babies that they want, even up to the ninth month of pregnancy."

According to the latest report of the Congressional-Executive

See "Viral," page 36

Missouri bill would require annual inspection of abortion clinic

By Dave Andrusko

The Missouri House of Representatives has passed a bill that would require the Department of Health and Senior Services to conduct a yearly on-site inspection at the Planned Parenthood of St. Louis in the Central West End. Passed overwhelmingly 119-35, the Women's Health Care Protection bill now goes to the state Senate for its consideration.

Missouri State Representative Kathy Swan

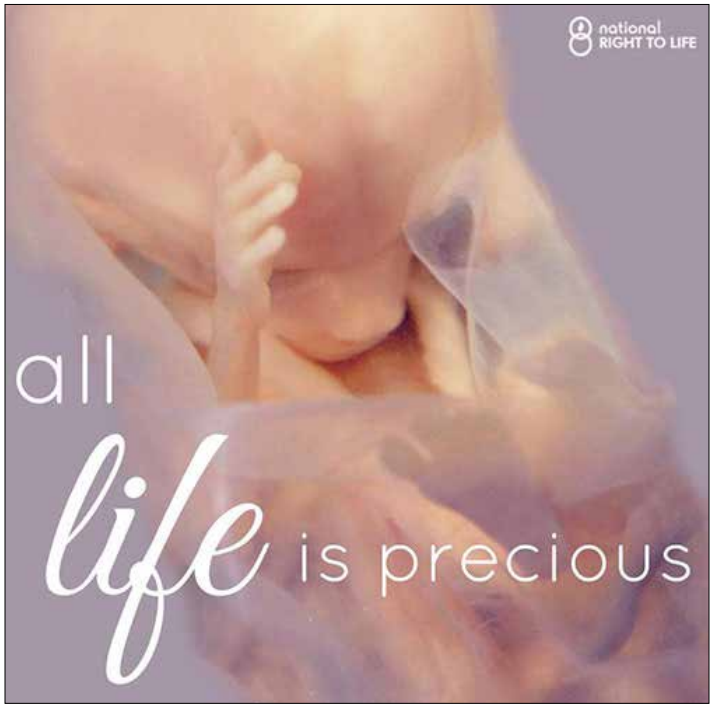
Missouri is one of 22 states that license abortion clinics as ambulatory surgical centers.

"By passing [State Rep. Kathy] Swan's bill 119-35 Wednesday, the House sent one of about a dozen abortion-related bills into motion," the pro-abortion *St. Louis Post-Dispatch* reported. "And historic GOP majorities — 117-44-1 in the House and 25-9 in the Senate — mean Republicans could push for more."

Swan and M'Evie Mead, state director of organizing for Planned Parenthood, had diametrically opposite interpretations of the same reporting data. According to reporter Alex Stuckey

> **Mead said seeing ambulances at the clinic means it was doing a good job.**
>
> **"The fact that we get (patients) to the hospital quickly is a high standard of care," Mead said. "There's no way you'd want a health center to be adverse to calling an ambulance."**
>
> **But Swan believes those ambulance visits are a sign that things aren't running smoothly. Based on ambulance visits, abortion opponents say there have been more than 25 medical emergencies there since 2009.**
>
> **"We don't have details of why the ambulances appear, but given the history I wouldn't want to go to the facility," Swan said. "An annual inspection would ensure proper protocols are being followed."**

Once an ambulatory surgical center is licensed, the Department of Health and Senior Services currently is required to inspect these centers "as it deems necessary." According to department spokesman Ryan Hobart, Planned Parenthood of St. Louis was inspected in 2009, 2013 and 2014 after complaints. Mead insisted, "at no time was a patient at risk" and that all the problems had been addressed.



Humpty Dumpty and Judge Saundra Brown Armstrong's decision upholding SF ordinance's blatant attack on local women-helping centers

By Dave Andrusko

My apologies for letting this important decision fall between the cracks.

Last week we learned that U.S. District Judge Saundra Brown Armstrong of Oakland had upheld the "Pregnancy Information Disclosure and Protection Ordinance." We wrote a short post at *National Right to Life News Today*, promising to get back to it.

This week I belatedly read Judge Armstrong's decision. I can't figure out (a) what exactly it is that the San Francisco Board of Supervisors is prohibiting and (b) what it was that First Resort (a woman-helping center) had done to violate the ordinance signed into law by Mayor Ed Lee in November 2011.

It purports to protect women "seeking information regarding options to terminate a pregnancy" from receiving "untrue or misleading" information.

I asked Mary Spaulding Balch, a lawyer who is the director of NRLC's Department of State Legislation, if she could figure out what Judge Armstrong was saying. She told *NRL News Today*

The San Francisco decision started as a conclusion in search of a reason. Judge Armstrong knew what she wanted the result to be and so she threw every possible idea that she could think of in order to try to support her result.

The ordinance uses vague words to proscribe certain actions. But I don't know what it is that the pregnancy center is doing which is "untrue or misleading."

First Resort's statement is very straight forward, informative, and true.

Just what conduct is punishable? What can the pregnancy center say or not say so as to not violate the law?

Constitutional law requires fair notice of what is punishable and what is not. Vague words result in arbitrary results and enforcement.

The "void for vagueness doctrine" helps prevent arbitrary enforcement of the laws. Judge Brown Armstrong failed to address the vagueness issue, but it seems apparent that the San Francisco ordinance's use of terms that are extremely vague renders it unconstitutional.

As we have discussed in many previous stories, a key (perhaps the key) to the outcome of ordinances targeting women-helping centers is whether the court can somehow conclude that what a group–which charges its clients nothing– is engaging in is "commercial speech." Commercial speech is not as highly protected as First Amendment speech.

And, sure enough, Judge Armstrong concluded that speech promoting First Resort's free services is commercial speech.

First Resort issued a response last week which critiqued Judge Armstrong's decision. Anyone involved in non-profit work that aids the poor should instantly be alarmed:

The judgment was based on the ruling that our organization was engaged in "commercial speech" primarily because our ability to attract clients to our state licensed medical clinics is important to our fundraising efforts. Based on this definition, a non-profit food pantry that raises funds based upon telling people how many hungry families they have served or a non-profit animal shelter that tells their supporters how many dogs and cats they rescued would be categorized as engaging in "commercial speech" and left without the protections of the First Amendment. This is damaging to any nonprofit organization that raises funds and tells supporters about the amount of services provided.

In other words, if First Resort—or any non-profit—asks for help so it can provide

See "Humpty DumptyDenial," page 30

Behind the failure of an amendment to specify that sex-selective abortions are not legal in Great Britain

By Dave Andrusko

At first blush it would seem to be a surprise that a bill to clarify–make explicit–that the 1967 Abortion Act does not allow for what opponents of the practice correctly call gendercide could go down to defeat.

On February 24 we talked preliminarily about the 292 to 201 defeat of an amendment to Section 5 of the Serious Crime Bill which read, "Nothing in section 1 of the Abortion Act 1967 is to be interpreted as allowing a pregnancy to be terminated on the grounds of the sex of the unborn child."

MP Fiona Bruce, sponsor of the amendment

But a column written later that week by Tim Stanley in *The Telegraph* got me thinking more deeply about the defeat of a measure that you would think would have been fully embraced by feminists, pro-abortion or otherwise, but wasn't.

Supporters of the amendment have made hash of the bogus objections. Stanley lists and then debunks some of the same beside-the-point/inaccurate/dissembling criticisms. From there he goes on to ask why.

For example, critics charged that "The amendment was an attempt to limit abortion access in the future because it introduced into law language referring to 'the unborn child.'" But the foundational 1967 Abortion Act already refers to a fetus as a "child."

Or that "Addressing the problem of sex selective abortion will 'stigmatise entire communities' – in the words of Sarah Wollaston MP – because it will imply that some parts of the nation are more progressive than others." This may be the most irritating ("most spurious," is Stanley's description) of all the objections.

Most people (including me) probably did not know that opposition did not originate in the last year or so. Stanley quotes members of the Hindu Council UK and National Council of Hindu Temples UK who commented,

> **"We are all united in the belief that sex-selective abortion must end. We were campaigning for this long before [the amendment's backers] or anyone else became interested."**

Stanley also quoted Dr. Jafer Qureshi, Muslim co-chairman of the Medical Ethics Alliance, who said: "Islamic teaching is very clear on this – it is not allowed, period. I am extremely worried about this being abused."

Stanley's column turns then to the question, "If the [House of] Commons was united in opposing sex selective abortion and if there were no fair arguments against the amendment, why did it not pass?"

He correctly begins by noting that philosophically, the abortion issue does not and ought not divide along Right/Left lines. (Several members of the Labour Party supported the amendment.)

However, in his view

> **But in the last few decades the Left-wing establishment has come to conflate women's rights with unlimited access to abortion, and its professional lobby now regards this issue as its own.**

As one example, he cites the TUC [The Trades Union Congress] which wrote to Members of Parliament advising them to vote against the amendment in language that was almost identical to the objections voiced by the British Pregnancy Advisory Service (BPAS), a leading provider of abortions.

So how do you explain "The failure of this very modest amendment"? According to Stanley

> **The Left-wing establishment could not let it pass because it cannot tolerate the concept of any limit on access to abortion whatsoever. It proclaims that it wants abortion to be safe, legal and rare. But it regards abortion as a fundamental human right if not a positive assertion of a woman's freedom to control her own destiny – and any attempt to constrict a human freedom is, obviously, a betrayal of that freedom in principle.**

Sound familiar?

Missouri man charged with four murders, including murder of unborn baby

By Dave Andrusko

Tragically, in still another murder whose brutality almost defies belief, authorities have charged Brian D. Williams of Missouri with four counts of murder in the deaths of three adults and an unborn baby.

Casey Maples, who was 7-8 weeks pregnant when she and her baby were murdered

The victims, who were all shot in the head, were James Marsh, Casey Maples, his pregnant girlfriend, and Christina Winden. Maples' unborn baby was estimated to be 7-8 weeks old. The baby died as "a result of being suffocated from Maples sustaining trauma from the gunshots."

In a story filed by *Springfield News-Leader's* Stephen Herzog

> **"Williams stated that before the killings he knew that Maples was pregnant and that Marsh was the father," the statement says. "Williams advised that he does not feel bad about killing Maples knowing that she was pregnant**

Adelena Michel Marsh, James Marsh's mother, told Herzog in an interview Monday

> **that her son and his slain girlfriend were expecting a child and last week heard the baby's heartbeat for the first time.**
>
> **"Please remember there's four dead, not three," said, referencing the unborn child. "That was my son and my grandbaby who were killed."**

Brian D. Williams

> **She believes revenge is the motive for the killings but has not described specifically what happened to lead her to that conclusion. No specific motive for the shootings is described in court records.**

The details of the murders are too brutal to detail. Suffice it to say, according to Highway Patrol investigators, Williams, 25, shot all of the victims in their beds, returning a second time when he heard noises and found Marsh still gasping for air. He shot him again "to make sure that he would die."

Williams did express one regret, according to the Highway Patrol investigators' statement: Not that he had shot all his victims but that "he wished Winden's boyfriend had been there too so Williams could kill him.

Humpty Dumpty and Judge Saundra Brown Armstrong's decision upholding SF ordinance's blatant attack on local women-helping centers

From page 28

its services free of charge to the indigent, it's engaged in "commercial speech."

"As a result," First Resort accurately observed, "these other organizations serving women in unintended pregnancies [abortion clinics, which are not covered by the ordinance] are held to a different and more lenient standard."

Talk about Humpty Dumpty. 'When I use a word,' Humpty Dumpty said, in rather a scornful tone, 'it means just what I choose it to mean — neither more nor less.'

'The question is,' said Alice, 'whether you can make words mean so many different things.'

'The question is,' said Humpty Dumpty, 'which is to be master — that's all.'

Armstrong was also able to wiggle out of the obvious conclusion that the ordinance was an attack on a particular viewpoint. But how could it be otherwise when the speech of abortion providers is exempt from the ordinance?!

As of last week, First Resort was evaluating their appellate options.

> **"In the meantime, we will continue to maintain the highest standards of honesty and integrity, while providing much needed professional medical and emotional support to the women in San Francisco who find themselves in unintended pregnancies and are unsure of what to do."**

Six months pregnant, Bianca Balti walks the runaway at "Hurray for mom" show

By Luis Zaffirini

It's nice to see motherhood honored, especially in what would seem to be the unlikeliest of places.

That's precisely what happened at the showing of Dolce & Gabbana's fall/winter line at Milan Fashion Week on Sunday, March 1.

Sure, Mother's Day is still two months away (even in Italy), but it's never too early to honor motherhood.

The title of the show was "Viva la mamma!" which translates roughly as "Hurray for moms!" Models walked the runway with young children, toddlers, and babies.

One of the models, Bianca Balti, even walked the runway at six months pregnant. Even if the message was unintended, this inclusion speaks to the understanding that motherhood begins even before birth.

The relationship between mother and child was a theme throughout the show. Invitations to the show were made in the style of a card from a child to her mother with an affectionate "I love you, mom!" scribbled on it.

This same style found its way onto the runway. Some of the outfits made by the designers incorporated a child's handwriting as prints and embroidery. Drawings that the designers had made as children were even used to create prints for some of the looks.

The show was accompanied by the 1996 pop ballad "Mama" by British group Spice Girls. The song was inspired by the relationships between the group members and their mothers. The 1997 video for this song featured the mothers of each of the group members as well, so it was a fitting compliment to the theme of the show.

The Dolce & Gabbana show is an acknowledgement of the significant role of motherhood to everyday life. Pregnancy, birth, and child rearing are important work that deserve that acknowledgement and respect.

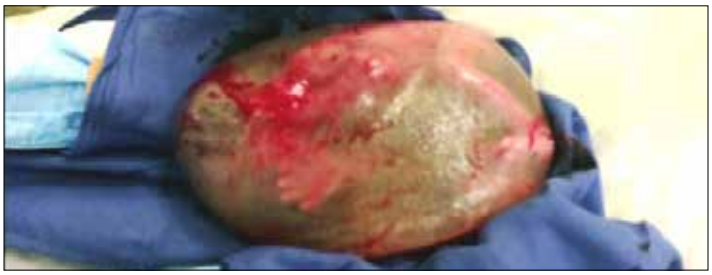
I hope their show resonated with the Milan Fashion Week crowd and reminds us all to be grateful for the woman who gave us life.

You can view some of the looks by searching the hashtag #dgmamma on Instagram.

Baby born with amniotic sac intact, placenta and umbilical cord tucked inside

By Dave Andrusko

Over the years—indeed over the decades—pro-abortionists have offered up painfully arcane explanations to convince the public that the unborn does not deserve legal protection at [fill in the blank]. Many/most insist that abortion ought to be legal up until birth—and, for some, beyond, depending on the parent[s] whim and/or the child's "imperfections."



It's the tiresome "dependency" argument, which is why the pro-death set, having slid through the birth intersection, finds no logical way to apply the brakes at infanticide.

I thought of what they might say when I read about 10 week-old Silas Phillips who was delivered at 26 weeks via emergency caesarean section. What made this birth truly amazing is that Silas was still in the amniotic sac—his "water bag"—with the placenta and umbilical cord still tucked inside. According to *CNN*

"It was a moment that really did, even though it's a cliché: we caught our breath. It really felt like a moment of awe," said Dr. William Binder, a neonatologist at Cedars Sinai Medical Center who helped deliver Silas. …

Dr. Binder snapped the photo with his cell phone before going to work on Silas, born a full three months early.

"It felt like slow-motion but really, realistically, probably about 10 seconds that we had to sort of quickly pause and be able to do this, because at the same time, we want to get the baby out of that sac, start helping the baby to begin breathing," he said.

"It was definitely like a clear film where you could definitely make out his head and his hair," said mom Chelsea Phillips, who first saw the picture hours later.

He was kind of in a fetal position and you could see like his arms and his legs curled up. It was actually really cool to see. And when I heard that was actually really rare I was like "Oh my gosh, you'e a special little baby."

CNN reports that Silas' doctors say the baby is doing well and should be headed home in about a month. That would be right around his due date!

Tip of the hat to lifenews.com.

Abortion provider to colleagues: Don't let women see the sonogram

By Sarah Terzo

Dr. Sally Faith Dorfman, who worked at Einstein Medical College, gave the following advice to abortion providers:

> **A compassionate and sensitive sonographer should remember to turn the screen away from the plane of view [of the woman having an abortion]. Staff, too, may find themselves increasingly disturbed by the repeated visual impact of an aspect of their work that they need to partially deny in order to continue to function optimally and to concentrate on the needs of the women who come to them for help.**

Transcript excerpts from a talk entitled "Abortion Update" (talk no. 1065), given by Dr. Sally Faith Dorfman, director of Family Planning, Development and Research at Albert Einstein Medical College in New York, at the American Public Hospital Conference November 18, 1985, in Washington DC. Recorded by Robert G Marshall, director of research, Castello Institute

Quoted in Robert Marshall, Charles Donovan Blessed Are the Barren: The Social Policy of Planned Parenthood (San Francisco, CA: Ignatius Press 1991)

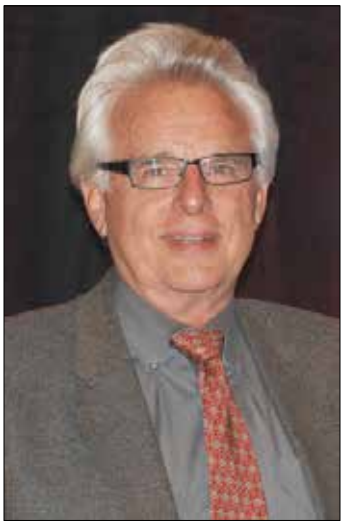
Editor's note. This appeared at liveactionnews.org.

Thou Shalt Abort–and LIKE IT!

By Wesley J. Smith

My *First Things* column warns against the coming "medical martyrdom," by which I mean that the minions of the culture of death intend to require doctors, nurses, and facilities to either kill (abortion, assisted suicide, etc.) or get out of medicine.

As if to prove my thesis, the



Wesley J. Smith

ACLU in Washington has sued a health care system for not performing enough abortions. From the *Reuters* story

> **The lawsuit alleges that Skagit Regional Health, which operates a large hospital and several clinics in Skagit County about 100 miles north of Seattle, is not following thae state's 1991 Reproductive Privacy Act. That law requires that any state medical facility that provides maternity care must also provide abortion care, and it prohibits the state from interfering with or denying a woman's right to an abortion. The right of women to choose or to refuse to have an abortion is fundamental and has long been recognized under Washington law, Kathleen Taylor, executive director of the ACLU of Washington, said in a statement announcing the lawsuit. The ACLU action accuses Skagit Regional Health of providing a wide array of maternity care services while not offering pharmaceutical abortions and rarely providing surgical abortions. Instead, the lawsuit said Skagit Regional routinely referred women seeking abortions to off-site facilities, like Planned Parenthood, rather than performing them at its hospitals and clinics.**

In other words, women are not denied a "right" to an abortion, they just are referred elsewhere. Moreover, the defendant claims their hospitals DO SO perform all kinds of abortions–apparently just not enough to satisfy the ACLU.

In his great Cooper Union speech, Abraham Lincoln said of slavers:

> **What will convince them [that we mean them no harm]? This, and this only: cease to call slavery wrong, and join them in calling it right. And this must be done thoroughly done in acts as well as in words. Silence will not be tolerated we must place ourselves avowedly with them... We must arrest and return their fugitive slaves with greedy pleasure the whole atmosphere must be disinfected from all taint of opposition to slavery, before they will cease to believe that all their troubles proceed from us.**

Ditto culture of death authoritarians. It's the nature of the beast.

This appeared at www.nationalreview.com/human-exceptionalism/414145/thou-shalt-abort-and-it-wesley-j-smith

The happiest pregnancy announcement ever

By Nancy Flanders

It's both uplifting and heartbreaking to watch. Actor Justin Baldoni and his wife Emily made a video as they announced their pregnancy to family and friends around the world. Their coworkers, their friends, their parents, all cheered for joy. They literally sobbed tears of pure happiness and excitement. You would think this was the first baby ever created these people are so elated. Men and women alike. No one was untouched by the news. You can watch the video at www.popsugar.com/moms/Justin-Baldoni-Pregnancy-Announcement-Video-36848555 but just be ready, you are guaranteed to cry, or at least smile.

But as your heart melts, you may wonder what's so heartbreaking about this beautiful video. Quite simply, there are babies who won't ever receive such a warm welcome or any welcome at all. But this video shows us how it should be with every baby. Every single baby, no matter the situation, the family, the age of the mother, should be welcomed with this level of enthusiasm. THIS is how we should all see new life.

Think of the relief that unexpectedly pregnant women will feel when you jump for joy at their news. So many women are scared to tell family and friends. So many women are pressured to abort their beloved child out of fear – fear of what their family will think, fear of what the future will bring, fear that no one will help them care for their surprise baby. But you, with love in your heart, can change that, by not just crying for joy, but actually helping them welcome their baby into the world and helping them care for that baby – whether it's through gifts, advice, or babysitting.

Some pregnancies are going to come as a shock. That's just the way it is. But once that shock is over, listen to the parents and really hear them and their concerns, but always treat their child as nothing less than a blessing and a gift. You can bring the kind of joy in this video to a mother, father and child in your life.

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

Justin and Emily Baldoni

West Virginia Becomes the Eleventh State to Protect Pain-capable Children as Legislature Overrides Governor Tomblin's Veto.

From page 1

"Medical science provides substantial compelling evidence that unborn children flinch away from painful stimuli, that their stress hormones increase when they are subjected to anything painful, and that they require anesthesia for fetal surgery," said Mary Spaulding Balch, J.D., director of state legislation for the National Right to Life Committee. "States have a compelling interest in protecting the lives of unborn children who are capable of feeling pain from abortion. West Virginia becomes the eleventh state to recognize this obligation by enacting the Pain-Capable Unborn Child Protection Act."

The legislation is based on a National Right to Life model bill that is currently in effect in eight states across the country: Alabama, Arkansas, Kansas, Louisiana, Nebraska, North Dakota, Oklahoma, and Texas.

The West Virginia Pain-Capable Unborn Child Protection Act will protect unborn children from 20 weeks fetal age, based on legislative findings that there is compelling evidence that an unborn child by that point (if not earlier) is capable of experiencing excruciating pain during the process of dismemberment or other abortion procedures.

"The overwhelming override of the governor's veto reflects the will of pro-life West Virginians who worked so hard to elect legislators who will stand for life," said Karen Cross, political liaison for West Virginians for Life. "We are thankful that the legislature took up the mantle of protecting the most innocent and defenseless when we were failed by Governor Tomblin. Today, West Virginia is a safer place for pain-capable unborn children and a better place for all those who value human life."

"We commend the members of the legislature who supported this bill for their courage and compassion by adding their voices in favor of protecting pain-capable unborn children who are unable to speak for themselves," added Balch. "We condemn Governor Tomblin for his cowardice and indifference toward the innocent, unborn child who is capable of great suffering from the violence of abortion."

Want to Elect a Pro-Life President? Here's what NOT to do

From page 6

5) Expect the candidate to always make abortion the major issue in the campaign.

A 2014 post-election poll by The Polling Company/Woman Trend found that 23% of voters said abortion affected their vote and chose the pro-life candidate. Just 16% said abortion affected their vote and picked the pro-abortion candidate. While it is a distinct advantage for candidates to be pro-life and does make a difference in the outcome of an election, it also means that a large majority of the voters had other issues that were more important to them. In order to win, a candidate has to focus on many issues that will appeal to a broad variety of voters. It is the job of the right-to-life movement to inform the pro-life community about the candidate's position on abortion. It is the candidate's job to reach a cross-section of voters on a broad range of issues. When abortion is discussed in the campaign, the candidate must clearly and directly articulate his/her pro-life position. However, to expect the candidate to always make abortion the major issue in the campaign can be a sure way to lose an election.

6) Vote for a third-party or independent candidate who has no chance of winning.

When a general election is between a pro-life candidate and a pro-abortion candidate representing established parties, there will be times when a third-party or independent candidate will get into the race, claiming to be the "real" pro-lifer. He will attack the pro-life candidate who has a real chance of winning and get other pro-lifers to do the same. This is a sure strategy to elect the pro-abortion candidate. Pro-lifers who support the third-party or independent candidate, to the detriment of the pro-life candidate who could win, may feel like they have not compromised their principles. But if they succeed in indirectly helping to elect a candidate who will allow the killing of unborn babies to continue, they have compromised away something far more important -- children's lives.

The 2016 presidential election is an important moment for our movement. Let's not squander this opportunity. The lives of unborn babies and their mothers hang in the balance.

Jack Willke: Answering the Call

From page 1

summer of 1981. Two leaders of NRLC's Minnesota affiliate were kind enough to recommend me to fill the position of editor of National Right to Life News. (Those two, David N. O'Steen, Ph.D., and Darla St. Martin, would later come to assume the positions of Executive Director and Co-Executive Director of NRLC, respectively.)

We had a second interview later in Washington, DC, and my wife and I came to work for NRLC in September 1981. We've been here ever since.

No one could expect younger pro-lifers to appreciate the enormous impact Jack had on our Movement. They've grown up in the age of the Internet and social media where materials can fly across the world with a click of a mouse. You don't need a sympathetic mass media to get your point of view out.

But back in those early days, it was a lot, lot more difficult and infinitely slower. In those early years it was slides and mimeographed materials with a few audio-visual aids all sent by the U.S. mail.

And a handful of books.

No book was more influential in drawing pro-lifers into the Movement than *Handbook on Abortion*. I literally can remember afternoons on my front porch reading entire sections of the book at one sitting (something I never did before or since).

And it is impossible to convey to newcomers or young people the impact of the "Willke slides." To this day I can remember the sharp intake of breath—and gasps–as people would see what an aborted baby looked like for the first time.

Not then or now is everyone comfortable with such graphic materials, However, in the 1960s and 70s, there is no telling how many pro-lifers first experienced their "aha" movement as they watched the Willke slides. It was hard to come away from them and act as if nothing had happened.

You had seen something you would never, **ever** forget.

NRLC President Carol Tobias wrote about attending Jack's funeral, also attended by Dr. O'Steen. Carol told us that "Here I am, Lord" was one of the songs and the one that reduced many to tears. It is, of course, built on the passage in Scripture where God asks "Whom shall I send?" and Samuel responds, "Here I am. Send me."

The lyrics are, I believe, the right way to end this tribute to my old boss. It is also a reminder that all of us have been called to fight this injustice but it is only pro-lifers who have responded to the Call:

I, the Lord of sea and sky,
I have heard my people cry.
All who dwell in darkness now
My hand will save.
I who make the stars of night,
I will make their darkness bright.
Who will bear my light to them?
Whom shall I send?
Here I am, Lord. It is I Lord.
I have heard you calling in the night.
I will go, Lord, where you lead me.
I will hold your people in my heart.
I, the Lord of snow and rain,
I have borne my people's pain.
I have wept for love of them.
They turn a-way.
I will break their hearts of stone,
Give them hearts for love alone.
I will speak my words to them.
Whom shall I send?

Here I am, Lord. It is I Lord.
I have heard you calling in the night.
I will go, Lord, where you lead me.
I will hold your people in my heart.
I, the Lord of wind and flame,
I will tend the poor and lame.
I will set a feast for them.
My hand will save.
Finest bread I will provide,
Till their hearts be satisfied.
I will give my life to them.
Whom shall I send?
Here I am, Lord. It is I Lord.
I have heard you calling in the night.
I will go, Lord, where you lead me.
I will hold your people in my heart.

Viral Photos of Little Girl and Her Dad Capture Why China is a Ticking Time Bomb

From page 26

Commission on China, family planning regulations in 22 out China's 31 provinces explicitly instruct officials to implement coercive measures such as forced abortions as their supposed remedy to solve the issue of "out-of-plan" pregnancies.

"Pro-choice and pro-life advocates can agree: No one should support forced abortion, because it is not a choice," concludes Littlejohn, who advocates for justice through Women's Rights Without Frontiers.

Chinese families' preference for sons became the subject of a 2014 New York City art exhibit, as artist Prune Nourry sought to raise awareness of the human rights injustices created by population control.

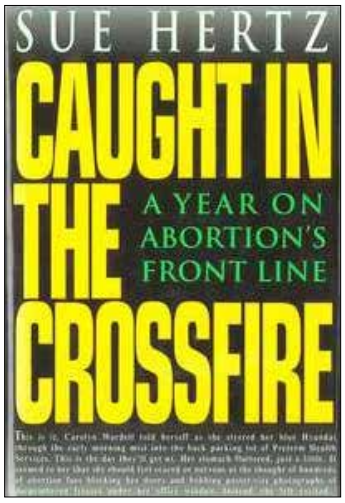
"Standing for the value of every human life is a cause that can change the culture of China," says Matt Lockett, Executive Director of Bound4LIFE International, which is involved in many nations globally. "A prayer movement has already begun that is contending for life with the same determination as this father protecting his daughter at the airport."

Reggie Littlejohn speaks at a gathering of international leaders (Photo: WRWF)

Clinic worker: pro-choice activists don't know the reality of abortion

By Sarah Terzo

Author Sue Hertz wrote a book about an abortion clinic and the protesters outside. Her book, entitled *Caught in the Crossfire: A Year on Abortion's Front Line*, was written in a narrative style, but based on extensive interviews with clinic workers and protesters.[1]



In one part of the book, a spokesperson for the abortion clinic named Fran was meeting with pro-choice leaders to discuss proposed legislation. The purpose of the meeting was to decide if the pro-choice coalition of groups was going to defend legal abortion right up until birth. Many of the feminist leaders there argued that abortion should be unrestricted even in the eighth and ninth month. The clinic worker, however, felt differently.

Fran felt that the pro-choice leaders were out of touch with what abortion really was. She worked in a clinic, and saw the bodies of aborted babies regularly, and she knew that abortion was not just a simple medical procedure. To her, third trimester abortions were almost unthinkable.

The author of the book relates Fran's thoughts:

> **These people are political activists, Fran thought. Their work was critical to protecting abortion rights, but how many of them knew the reality of abortion, had seen the reality of what it destroyed? Fran felt like standing up and saying to those arguing for unrestricted abortions,**
>
> **You haven't seen the little feet. They look just like the little feet pushpins that the antis wear." As a provider at Repro [the abortion clinic] once said, if half the pro-choice people saw the fetal remains of a 2nd trimester abortion, they would jump the fence into the antis' arms."**

"Antis" is a term some pro-choice activists use to describe pro-lifers. It is short for "anti-choicers." She is saying that many pro-choice people would convert to pro-life if they saw a second trimester aborted baby.

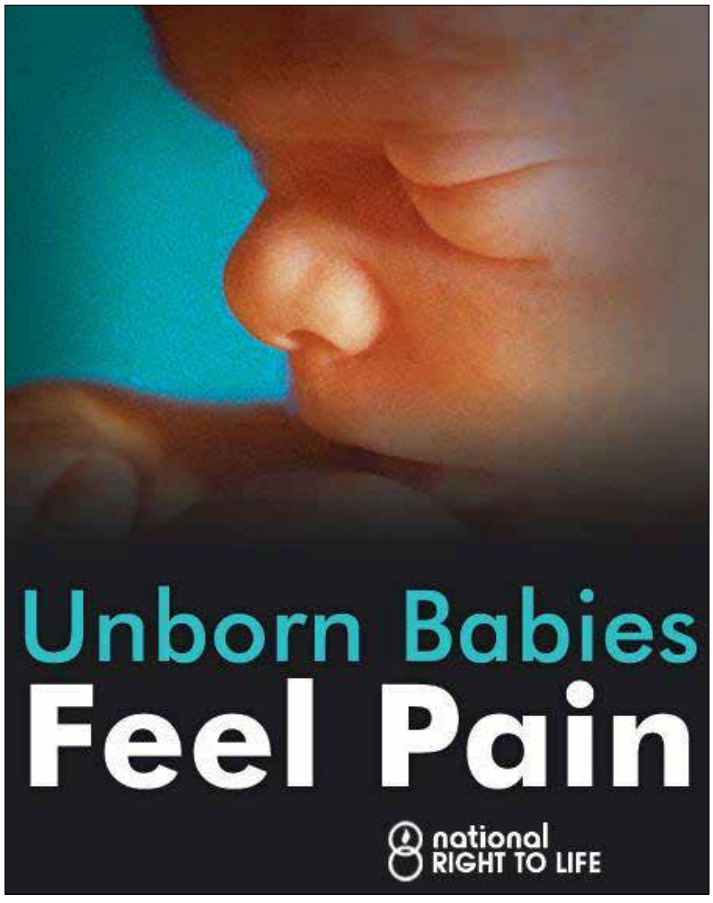
Hertz, through the clinic worker Fran, verifies that what pro-lifers say about preborn babies is true. The "little feet" of the aborted children do look like the little feet of the famous Precious Feet pins.

On the other hand, Fran believes that pro-choice activists are ignorant of abortion's reality. They are not educated about the details of the procedure. That is actually the case for many pro-choicers. This is why pro-lifers must educate and educate and educate. We must teach those who do not know the facts of fetal development or the brutality of abortion procedures the truth. Whether or not it is true that half of all pro-choice people would convert to pro-life if they saw the remains of a second trimester abortion, the truth about abortion is compelling and powerful.

Pro-lifers have one huge advantage in the abortion debate – the most persuasive facts are on our side. Abortion is brutal and gruesome, late term abortion (particularly the "dismemberment abortions" pro-lifers in some states are trying to ban) are even more so. When true information about abortion is expressed in pictures, quotes, videos, or just descriptions, it has the power to change hearts and minds. Even some clinic workers, such as Fran, acknowledge this.

[1] Sue Hertz *Caught in the Crossfire: A Year on Abortion's Front Line* (New York: Prentice Hill Press, 1991) 122

Editor's note. Sarah Terzo is a pro-life author and creator of the clinicquotes website. She is a member of Secular Pro-Life and PLAGAL. This appeared at liveactionnews.org



Shoddy reasoning, elitist pretensions underlie Supreme Court of Canada's decision to overturn law against assisted suicide

By Dave Andrusko

NRL News Today has carried extensive coverage of the Supreme Court of Canada's fateful February 6 decision gutting Canada's law against assisted suicide. NRLC's Burke Balch, JD, provided as good a two-paragraph summary as you could ask for:

> **Unlike doctor-prescribed suicide laws in Oregon, Washington and Vermont that theoretically are limited to those with terminal illness, the sweeping ruling allows killing any Canadian who**

> **"has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."**
>
> **"Irremediable," the court stressed, "does not require the patient to undertake treatments that are not acceptable to the individual."**

An additional perspective—also 100% against the decision in Carter v. Canada—came from Kevin Yuill, author of *Assisted Suicide: The Liberal, Humanist Case Against Legalisation*.

You can read his entirely persuasive piece in its entirety on Spiked Online. So let me highlight five considerations.

#1. Yuill begins by quoting a lawyer representing the appellants who said, "When parliament is paralysed, the courts must act." Actually, that does not follow at all, but it is the kind of leap of logic that judicial activists—here or north of the border—use to tear up laws that have been on the books for just short of forever. Yuill argues

> **The ruling highlights the trend towards an 'enlightened' elite imposing what it thinks is right over the heads of political representatives. The SCC [Supreme Court of Canada] is hardly democratic – the justices are all appointees and are chosen to represent the various regions. None of them have been elected to any office outside of their profession.**
>
> **However, this will not stop proponents of assisted suicide from claiming there is democratic mandate for legalisation, quoting various polls that claim the public agrees with them.**

By the way a primary reason a legislative body may be "paralyzed" is because legislators understand that loaded questions used in surveys may not tell us where the public is on an issue. Yuill cites the results of a 2013 Gallup poll which showed dramatically different results depending on how the question is asked. He offers other polls from other nations that illustrate the same truth: it's how you ask the question.

#2. So it shouldn't surprise us that a real back-and-forth is the last thing proponents of assisted suicide are looking for:

> **What advocates of assisted suicide really fear is any real discussion of the issue; their case falls to pieces when subjected to any real scrutiny. They rely on sad stories, on our instantaneous response to suffering. But, in parallel to the fact that doctors and especially palliative doctors oppose legalisation, the public, when forced to consider the case more broadly, tend to reject assisted suicide. (For a demonstration that even the most sophisticated assisted-suicide advocates lose support in an open debate, see Peter Singer and Andrew Solomon vs Ilora Finlay and Daniel Sulmasy.)**

#3. Proponents love the "autonomy" argument, a variation of the "It's my body" mantra. Yuill makes short work of that:

> **Another example of the court's shoddy thinking was the assumption it made that autonomy implies that the state must assist people to die. It doesn't take a jurist to see that though [even if] it is right to legalise suicide, so that no one has a duty to live, that does not imply that the state has a duty to assist suicide.**

#4. *Carter v. Canada* rests on "some fundamentally flawed arguments." Yuill shrewdly observes

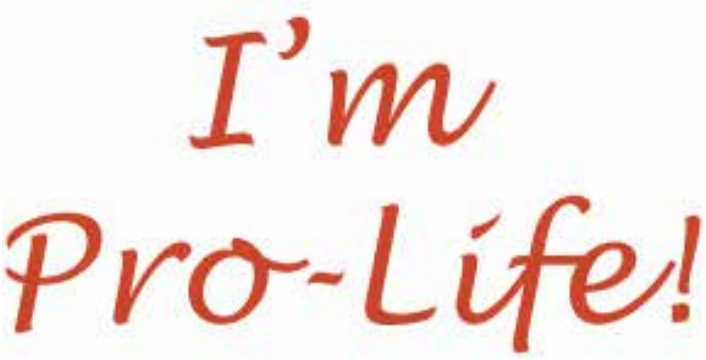
> **One particular assertion made by the court beggars belief: 'The prohibition [of assisted suicide] deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable.' There is simply no evidence to support this. In fact, there is evidence**

See "Shoddy," page 39

Student pro-life club in Virginia wins another battle over recognition

By Dave Andrusko

When last we heard about the pro-life club at Courtland High School in Spotsylvania, Virginia, the principal had begun doing the right thing by reversing an earlier decision, however grudgingly.



Last October Principal Larry Marks first declined to approve the "Students for Life" club which submitted its application in September.

"Marks turned down an initial application for the club in a letter Oct. 6, writing that the group did not appear to 'bear a clear relationship to the regular school curriculum" as required by the division's policies,' according to Jeff Branscome of the Fredericksburg Free-Star.

Marks added that if the club were approved, Students for Life couldn't officially be formed until next school year (2015-2016). School officials insisted that any club seeking "initial recognition" must submit a request before June 1 of the preceding school year.

Marks then heard from the Thomas More Society and Students for Life of America.

In October Sutherland resubmitted the application. In a news release from Students for Life of America, Sutherland said, "Abortion is the greatest violation of human rights in our time, and I believe the pro-life message deserves a voice at my school.

In November, Marks altered his course. He said the Students for Life club would be recognized but until next school year. This did not sit well with Sutherland or the Thomas More Society.

The next day, the club was approved "in light of unique circumstances," the school division said, Branscome reported.

But that was still not the end of it.

In a subsequent story, Branscome reported

> **The Spotsylvania County School Board on Monday unanimously voted to let students establish such clubs more quickly. Members did not discuss their reasons for the vote, which came a few months after the anti-abortion group's supporters deemed the waiting period for clubs excessive.**
>
> **Previously, division policy required applications for new clubs to be submitted before June 1 for them to be considered for the following school year. Now, a student can launch a club 45 days after turning in an application to the principal.**
>
> **In an email to Branscome, Sutherland wrote that the new policy was "great," adding, "Students will be able to start clubs they would like if they come up with the idea later in the summer or beginning of the school year, just like I had."**

Shoddy reasoning, elitist pretensions underlie Supreme Court of Canada's decision to overturn law against assisted suicide

From page 38

> **presented by advocates of assisted suicide in the UK that indicates legalising assisted suicide will increase the suicide rate among the terminally ill three-fold. A study of Danish cancer patients between 1971 and 1999 found that an estimated average of 31 cancer sufferers per year took their lives. If assisted suicide was legalised, the Oregon statistics suggest that the number would rise to 67. In other words, all evidence indicates that suicides will increase by a factor of two or three should legalisation occur. This crucial point, on which the court's decision was based, is simply wrong. …**
>
> **Using torturous, Orwellian logic, the SCC has now defined the right to die as a natural part of the right to life. Therefore, the logic of the ruling was based on the idea that death is a part of life – it's not, it is the end of it – and that we must protect Canadians' right to life, liberty and security by killing people on request. Wow.**

#5. When the SCC issued its ruling, it gave the government 12 months to draft a replacement law. Yuill concludes

> **With this ruling, the SCC has opened up a Pandora's box. However, it can easily be closed if parliament chooses to invoke the notwithstanding clause, whereby parliament can override a decision made by the SCC. This is not an easy decision to make, but one that is necessary if the Canadian government wishes to uphold the equal value of human life and to ensure that, though suicide is legal, it receives no moral approval or assistance from the state.**