national RIGHT TO LIFE NEWS

March 2016

national RIGHT TO LIFE NEWS

Trump, Clinton wins large victories, Kasich wins in Ohio, Rubio withdraws

By Dave Andrusko

And then there were three. After losing in his home state of Florida, Sen. Marco Rubio ended his presidential campaign last night, leaving billionaire Donald Trump, Texas Senator Ted Cruz, and Ohio Gov. John Kasich to contest for the Republican presidential nomination.

Meanwhile, Hillary Clinton swept all five states last night--Florida, North Carolina, Illinois, Ohio, and Missouri–to widen her already considerable lead over Democratic Socialist Sen. Bernie Sanders. However, according to the *St. Louis Post-Dispatch*, the margin is so small in Missouri–less than one-half of one percent–there could be a recount.

Donald Trump

Hillary Clinton

Mr. Trump won pluralities in Florida, North Carolina, Illinois, and Missouri. (His margin over Sen. Cruz in Missouri was also so tiny–one-half of one percent–a recount is possible as well.)

See "Victories" page 20

State Legislature Overrides Governor Tomblin's Veto, West Virginia Bans Dismemberment Abortion

WASHINGTON – Last Thursday both chambers of the West Virginia Legislature voted to override Democratic Gov. Earl Ray Tomblin's veto of the Unborn Child Protection from Dismemberment Abortion Act (S.B. 10/H.B. 4004).

In February both chambers passed the bill by overwhelming margins. The Mountain State becomes the third in the nation to pass the National Right to Life model bill, which will go into effect in late May and prohibits the use of dismemberment abortions.

WVFL Legislative Coordinator Karen Cross testifying before the House Health Committee.

"When the national debate focuses only on the mother, it is forgetting someone," said National Right to Life Director of State Legislation Mary Spaulding Balch, J.D. "Banning dismemberment abortion in West Virginia has the potential to transform the debate when people realize that living unborn children are being killed by being torn limb from limb."

West Virginia joins Kansas and Oklahoma in having enacted the Unborn Child Protection

See "Overrides," page 20

Editorials

Obama nominates Judge Merrick Garland to replace Justice Antonin Scalia on U.S. Supreme Court

Editor's note. As the March digital edition of *National Right to Life News* was about to go online, President Obama announced he would nominate Merrick Garland to serve on the Supreme Court, replacing the late Justice Antonin Scalia.

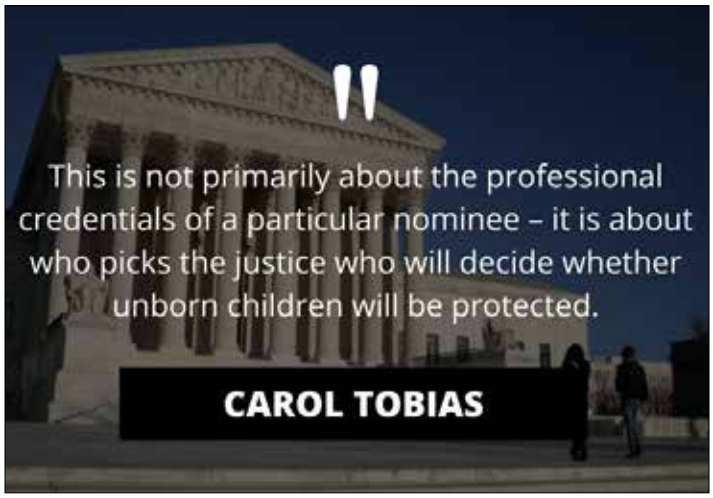
Garland, 63, is chief judge of the U.S. Court of Appeals for the District of Columbia Circuit. According to multiple newspaper stories, Garland was a finalist for the two Supreme Court vacancies that Obama eventually filled with Justice Elena Kagan and Justice Sonia Sotomayor.

The *Washington Post* reported

> **Senate Majority Leader Mitch McConnell (R-Ky.) reiterated Wednesday that the GOP-controlled Senate would refuse to consider Garland's nomination, asserting in a series of tweets that Obama made the nomination "to politicize it for the purposes of the election."**
>
> **House Speaker Paul D. Ryan (R-Wis.) said he fully supports that stand. "We should let the American people decide the direction of the court," he said in a statement Wednesday.**

As more is learned about Judge Garland, we will continually update our readers at *NRL News Today* (www.nationalrighttolifenews.org).

In her President's column, "Give the People a Voice," Carol Tobias does an outstanding job explaining how the Senate is not obliged to hold hearings on an Obama Supreme Court nominee (let alone confirm him or her) and how the howls from pro-abortion Democrats ring hollow, given that "when the shoe was on the other foot, they held the same position senate Republicans hold now."



I would like to add some additional perspective on this hugely important topic. By way of background, there is "The Supreme Court: What's at Stake in this Presidential Election?," a speech delivered on the Senate floor by Senator Charles Grassley (R-Iowa), chairman of the Senate Judiciary Committee, which we posted in *NRL News Today*. [See http://nrlc.co/1YWkkQ5]

See "Court," page 25

Among pro-abortionists an unmistakable whiff of panic

As I put the finishing touches on the March digital edition of *National Right to Life News*, there came an onrush of stories I wish I had space to include. But, luckily, we have our sister publication, *National Right to Life News Today,* which you can read Monday through Saturday for the latest breaking news.

As you peruse this encouraging issue of the "pro-life newspaper of record," please keep these ideas in the front of your mind.

Our benighted opposition is feverishly on the defensive. There is an unmistakable whiff of panic. Not so long ago, they thought the world was their oyster.

They'd grown comfortable with their out-of-date playbook, not grasping (initially, at least) that the center of gravity had shifted. Having subcontracted out the defense of their indefensible position to the Establishment Media, they were unprepared as pro-lifers extended the battle of ideas into new territories.

Some examples. Just in the last week, there have been two huge victories with more on the way.

Consider that 13 states have now passed the Pain-Capable Unborn Child Protection Act. South Dakota is the latest to approve a measure which says you can't--you just **can't**--abort children who have reached the point in their development where they can experience horrific pain when they are torn limb from limb. Not surprisingly, national polls reveal strong support for such a humane law.

The most recent success in passing the Unborn Child Protection from Dismemberment Abortion Act came in West Virginia where the legislature brushed aside the governor's veto. The Mountain State joins Kansas and Oklahoma in enacting the law which has also been introduced in Idaho, Mississippi, Missouri and Nebraska. It is expected it will also be introduced in several other states.

Both laws have stoked the embers of the nation's perennial unease with cavalierly taking the lives of unborn children. The more this happens, the sooner we will re-orient our moral compass.

In addition--and what an irony--the insistence by the pro-abortion camp that debate moderators ask pro-abortionists Hillary Clinton and Democratic Socialist Sen. Bernie Sanders about abortion has

See "Whiff," page 24

From the President
Carol Tobias

Give the People a Voice

Friends, we have a job to do. There is a vacancy on the U.S. Supreme Court and Republican senators will be under tremendous pressure for the next (approximately) nine months to hold hearings and vote on any nominee put forth by President Obama. Our job is to encourage and support the Republican senators in their decision to "Give the People a Voice."

The death of Justice Antonin Scalia was a tremendous tragedy for the right-to-life movement. Appointed to the Supreme Court in 1986 by President Ronald Reagan, Justice Scalia steadfastly defended the right of elected lawmakers to enact laws that protect unborn children and their mothers, and he often criticized the judicially manufactured barriers that limited such legislative efforts.

Article 2, Section 2, of the Constitution says that the president "*shall nominate, and by and with the Advice and Consent of the Senate, shall appoint Ambassadors, other public Ministers and Consuls, Judges of the supreme Court…*"

President Obama is determined to fill the vacant seat and thereby decisively shift the Court's balance on abortion, political free-speech rights, and a host of other issues. Yet, while he has the authority to *nominate*, he *appoints* only with the consent of the Senate. Nothing says the Senate **has** to consent to his nominee. The Republican senators have decided that, with an upcoming election in November, the voters should decide what kind of justice they want on the Court by the election of a presidential candidate. Thus, the "Give the People a Voice" campaign.

Senate Democrats and many left-leaning organizations have started a counter-campaign, telling senators to "Do Your Job." They argue that the senators **must** hold hearings and vote on the nominee; of course, with the hope that the nominee will be confirmed. They are desperate to give President Obama the opportunity to put his third justice on the High Court.

What these senators and groups are conveniently overlooking is that, when the shoe was on the other foot, they held the same position senate Republicans hold now.

In opposing President George W. Bush's nomination of Samuel Alito in 2005, then-Senate Minority Leader Harry Reid (D-NV) stated, "The duties of the United States Senate are set forth in the Constitution of the United States. Nowhere in that document does it say the Senate has a duty to give presidential nominees a vote. It says appointments shall be made with the advice and consent of the Senate. That's very different than saying every nominee receives a vote." He added, "The Senate is not a rubber stamp for the executive branch."

In July of 2007, 19 months before President Bush's term ended and when there was not even an opening on the Supreme Court, Senator Charles Schumer (D-NY), then a member of the Democrat majority on the Senate Judiciary Committee, stated, "We should not confirm any Bush nominee to the Supreme Court, except in extraordinary circumstances." (Schumer is widely expected to take over as leader of the Democrats upon the retirement of Reid at the end of this year.)

In 1992, the current vice president of the United States, Joe Biden, then serving as chairman of the Senate Judiciary Committee, stated on the Senate floor, "It is my view that if a Supreme Court justice resigns tomorrow or within the next several weeks, or resigns at the end of the summer, President Bush should consider following the practice of a majority of his predecessors and NOT, and NOT, name a nominee until after the November election is completed.

"The Senate, too, Mr. President, must consider how it would respond to a Supreme Court vacancy that would occur in the full throes of an election year. It is my view that if the president goes the way of Presidents Fillmore and Johnson and presses an election year nomination, the Senate Judiciary Committee should seriously consider NOT scheduling confirmation hearings on the nomination until after the political campaign season is over. And I sadly predict, Mr. President, that this is going to be one of the bitterest, dirtiest, presidential campaigns we will have seen in modern times.

"I'm sure, Mr. President, after having uttered these words, some will criticize such a decision and say that it was nothing more than an attempt to save a seat on the court in hopes that a Democrat will be permitted to fill it, but that would not be our intention, Mr. President. If that were the course we were to choose as a Senate, to not consider holding hearings until after the election, instead it would be our pragmatic conclusion that once the political season is underway, and it is, action on a Supreme Court nomination must be put off until after the election campaign is over. That is what is fair to the nominee and essential to the process. Otherwise, it seems to me, Mr. President, we will be in deep trouble as an institution.

"Others may fret that this approach would leave the Court with only eight members for some time, but as I see it, Mr. President, the cost of such a result, the need to reargue three or four cases that will divide the Justices four to four are quite minor compared to the cost that a nominee, the President, the Senate, and the nation would have to pay for what would assuredly be a bitter fight, no matter how good a person is nominated by the President, if that nomination were to take place in the next several weeks. In the end, this may be the only course of action that historical practice and practical realism can sustain."

See "People," page 4

National Right to Life: The next President will pick Justice Scalia's successor

WASHINGTON -- The head of the nation's largest pro-life organization, National Right to Life, said that her organization's members will strongly support Republican senators' decision to preserve the current U.S. Supreme Court vacancy for the next president to fill.

"This is not primarily about the professional credentials of a particular nominee – it is about who picks the justice who will decide whether unborn children will be protected, whether religious liberty will be protected, and whether the free-speech rights of groups out of favor with the liberal elites will be protected," said Carol Tobias, president of National Right to Life. **"President Obama hopes to decisively shift the Court's balance on abortion, political free-speech rights, and a host of other issues. Yet, while President Obama has the authority to nominate, he appoints only with the consent of the Senate. The Republican senators have decided that, with an upcoming election in November, the voters should decide what kind of justice they want on the Court by the election of a presidential candidate."**

In a new column being published today in *National Right to Life News*, to be read by pro-life activists nationwide, Tobias writes,

> **In a sense, the makeup of the U.S. Supreme Court is on the ballot in every presidential election -- yet, the intensifying debate surrounding the current vacancy may have an impact on the general election to a degree seldom if ever seen before in our nation's history.... Use every opportunity—petitions, fair booths, social media pages, advertising campaigns, etc., to reach voters; explaining their opportunity to make their voices heard in the nomination process. And definitely use every means possible to encourage the Senate to stand firm and #GiveThePeopleAVoice.**

President Obama recently claimed that the Senate must act on his nominee, lest it will threaten the independence of the judiciary, and create risk that the Supreme Court would "become one more extension of our polarized politics." National Right to Life Legislative Director Douglas Johnson called such concerns **"laughable, coming from Obama, who filibustered Samuel Alito's nomination, and whose administration has repeatedly urged the Supreme Court to strike down state laws that violate no constitutional text. In reality the president wants not an independent judiciary, but a Supreme Court majority that will vote in lock step to strike down protections for unborn children, to tolerate escalating governmental attacks on religious liberty, to permit severe limits on the rights of independent groups to criticize those who hold or seek public office, and to nullify other laws that conflict with current liberal dogmas and policy preferences."**

Johnson also noted that Senate Democrats had killed many of President George W. Bush's nominations to courts of appeals by denying them up or down votes. Even earlier, as chairman of the Senate Judiciary Committee, Sen. Joe Biden killed President George H.W. Bush's January, 1992 nomination of John Roberts to the U.S. Court of Appeals for the District of Columbia, simply by refusing to schedule a hearing on the nomination through the entire year. Indeed, during 1992 alone, Roberts was one of over 50 Bush judicial nominees who never received a hearing from Biden.

Give the People a Voice

From page 3

Moreover, during the administration of President George W. Bush, Senate Democrats blocked the confirmation of many of President Bush's nominations to the federal courts of appeals, in most cases by denying them up and down votes, or even hearings in some cases. Indeed, in 1992, Senate Judiciary Committee Chairman Biden killed the nomination of John Roberts to the U.S. Court of Appeals for the District of Columbia simply by refusing, throughout the year, to even schedule a hearing on the nomination.

Biden, Reid, Schumer, and friends won't let their hypocrisy get in the way of a well-funded, well-executed plan to pressure Senate Republicans to conduct hearings and vote on President Obama's nominee. The #DoYourJob campaign is well underway, on TV, radio, newspaper and social media.

In a sense, the makeup of the U.S. Supreme Court is on the ballot in every presidential election -- yet, the intensifying debate surrounding the current vacancy may have an impact on the general election to a degree seldom if ever seen before in our nation's history.

As Justice Scalia's chair remains vacant, voters across the nation will consider: What kind of justice do we want in that chair? What kind of president do we want making that nomination? What kind of Senate do we want holding hearings and giving advice and possible consent to the nominee?

Use every opportunity—petitions, fair booths, social media pages, advertising campaigns, etc., to reach voters; explaining their opportunity to make their voices heard in the nomination process. And definitely use every means possible to encourage the Senate to stand firm and #GiveThePeopleAVoice.

The Presidential candidates on Planned Parenthood

Planned Parenthood continues to be a key issue for pro-life voters, and for good reason. Planned Parenthood, the largest abortion provider in the United States, performs over 300,000 abortions a year, traffics in baby body parts, and receives nearly a half-billion dollars a year in government funds. Pro-lifers want their government to have nothing to do with Planned Parenthood. So what have the candidates for President said and done about Planned Parenthood?

Republicans:

Donald Trump has never held public office and has no voting record on Planned Parenthood. He has spoken about them several times saying both that he would defund them and that he thinks Planned Parenthood has done good work.

"Planned Parenthood has done very good work for millions of women. But we're not going to allow and we're not going to fund, as long as you have the abortion going on at Planned Parenthood."

"What I would do when the time came, I'd look at the individual things they do and maybe some of the individual things they do are good."

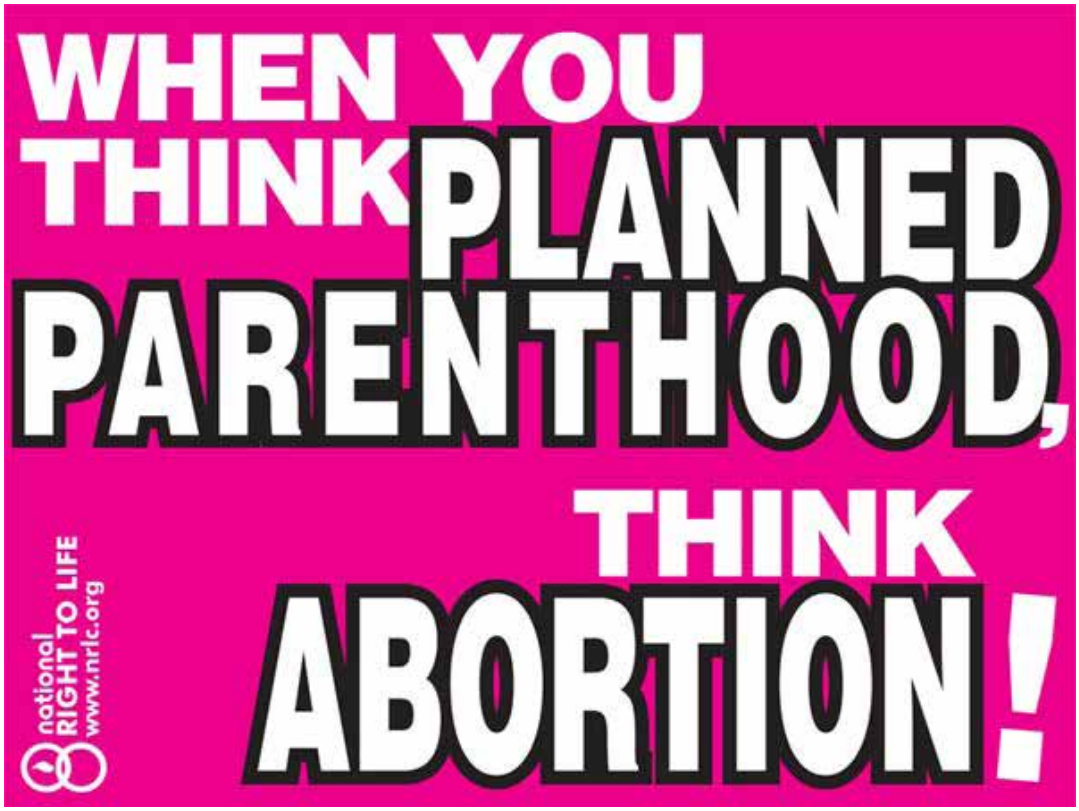
Ted Cruz has voted repeatedly in the U.S. Senate to defund Planned Parenthood. Ted Cruz has said, "Congress should renew efforts to fully defund Planned Parenthood to ensure its morally bankrupt business receives not one penny of taxpayer money.

John Kasich as governor of Ohio directed 1.4 million in funding away from Planned Parenthood. When John Kasich became governor, the Ohio Department of Health stopped awarding new state dollars to Planned Parenthood.

Democrats:

Hillary Clinton served as a U.S. senator from New York from 2001 until 2009. During that time she maintained a 0% pro-life record, voting against the pro-life position on every vote. Referring to congressional efforts to defund Planned Parenthood, Clinton said, "That's why President Obama's veto was so important, and that's why we need to have a Democratic president on January 20, 2017. And I want to be that president that will say, 'Forget about it. Don't waste your time; you know you're not getting past me.'"

Democratic Socialist Sen. Bernie Sanders (Vt.) has voted against the pro-life position more than 100 times in his federal legislative career, first in the House of Representatives (1991-2007) and since in the U.S. Senate. In response to a question from Univision's Jorge Ramos, he said, "Do I support Planned Parenthood? I absolutely do. … I will defend Planned Parenthood. I think a lot of this attack, to be honest with you, comes from people who simply do not believe that a woman should have a right to control her own body. That's the motive."



Killing of over 300,000 babies a year tops whatever "good things" Planned Parenthood does

Planned Parenthood does abortions. LOTS of them. In its last corporate report, Planned Parenthood took credit for performing 323,999 abortions (2014). The year before it was 327,633. The year before that 333,964. The year before that….well, you get the picture. Planned Parenthood is easily the country's biggest abortion chain, responsible for about a third of all abortions performed in the U.S. every year. They're HUGE. In the last 25 years, they've killed more than 5 and a half MILLION babies.

Planned Parenthood makes MILLION$ from abortion. Wonder why Planned Parenthood doesn't just get out of the abortion business and concentrate on birth control and cancer screenings? A big reason is MONEY. At a minimum, at going rates for simple surgical first trimester abortions ($451), Planned Parenthood would have raked in $146 MILLION from abortion in 2014 alone. We know from those DISGUSTING Planned Parenthood videos that they perform and profit from considerably more expensive LATE ABORTIONS, meaning that figure is probably WAY TOO LOW.

Planned Parenthood has gotten BILLIONS of dollars from the government. It's bad enough that Planned Parenthood kills hundreds of thousands of babies a year and pockets the cash from it. But that they have the TAXPAYERS kick in a HALF A BILLION dollars every year to help fund their operation is DISGUSTING. FORTY-THREE PERCENT of their annual $1.3 BILLION budget from OUR POCKETS! Don't believe it? Check out pages 32 and 33 of Planned Parenthood's latest annual report for 2014-15: www.plannedparenthood.org/about-us/annual-report

Planned Parenthood maintains its abortion biz while letting CANCER SCREENINGS slide. How strong is Planned Parenthood's commitment to "WOMEN'S HEALTH?" Well, for the past several years, while abortion was TANKING nationally, abortion at Planned Parenthood was staying at RECORD LEVELS (over 300,000 a year since 2007). At the same time, those CANCER SCREENINGS Planned Parenthood's political supporters like to talk about? They have FALLEN THROUGH THE ROOF, by nearly two thirds, from 1,830,811 in 2009 to just 682,208 in 2014. Breast exams/breast care (Planned Parenthood DOES NOT DO MAMMOGRAMS!) fell by MORE THAN HALF, from 830,312 to 363,803 in that same time frame. Planned Parenthood is obviously concentrating its ENERGY on what it considers its PRIORITIES.

Planned Parenthood spends MILLIONS to elect their favorite POLITICIANS. Planned Parenthood is much more than just a "health care provider." In the last presidential election, Planned Parenthood PACs spent at least $11 MILLION to re-elect President Obama and other Democrat politicians (See here.) They've officially endorsed HILLARY CLINTON for president.

Planned Parenthood still defends harvesting BABY PARTS. Caught red-handed haggling over prices for harvesting baby parts, Planned Parenthood has assured the public that it would no longer accept payment for the fetal tissue it harvests from BABIES IT ABORTS. Notably, it did NOT say that it would stop HARVESTING the tissue, only that it would no longer accept reimbursement for its efforts (does that mean that IT DID BEFORE?). Planned Parenthood said it would continue to provide fetal tissue (that is, BABY'S EYES, LIVERS, HEARTS, etc.) for research, though (NY Times, 10/14/15).

Why would anyone defend Planned Parenthood?

Give that Planned Parenthood not only performs abortions, but hundreds of thousands of abortions a year, is the nation's largest abortion chain, and is abortion's biggest promoter and defender, why would anyone defend them? Maybe they don't see anything wrong with a group doing a pregnancy test in one room while taking the life of a child down the hall.

But a few "good deeds" can't balance out killing hundreds of thousands of unborn babies each and every year. For most people it's not ok to kill kids so long as you have a good marketing program, powerful political connections, or do a few "cancer screenings" that most can get from a local community center which isn't tainted with the blood of the abortion industry.

Oklahoma House passes "Humanity of the Unborn Child Act"

By Dave Andrusko

Nobody but nobody believes in the power of education more than pro-lifers. That is why the vote in the Oklahoma House March1 in favor of the "Humanity of the Unborn Child Act" (HB 2797) is so encouraging.

What is HB 2797?

"The Humanity of the Unborn Child Act establishes a public education program for high school students to foster increased awareness of the growth and development of a baby during the nine months before birth," explained Tony Lauinger, state chairman of Oklahomans for Life. "When young people have a good understanding – in advance – of the development and humanity of the unborn child, they are much less likely to view abortion as an acceptable 'solution' to an unwanted pregnancy."

Lauinger went on to explain, "The Humanity of the Unborn Child Act constitutes an affirmation by our legislature that it is the public policy of the state of Oklahoma to make a value judgment favoring *childbirth* over *abortion*."

The U.S. Supreme Court affirmed the state's right to express that preference way back in its 1977 *Maher v. Roe* ruling. The Court held that the U.S. Constitution imposes "no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds."

"Ultimately, the pro-life movement is engaged in an effort to reach the hearts and minds of our fellow citizens – especially the young," Lauinger said. "The Supreme Court has made it clear that the states are **not** required to be **neutral** between **life** and **death**. We are free to come down on the side of life. The Humanity of the Unborn Child Act represents a tangible way for our legislature to do that."

HB 2797 now advances to the Oklahoma state Senate.

No less sacred before birth than after birth

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

Recently, a friend of mine, ever-sunny Robin, was all set to serve as a volunteer on a women's retreat weekend. Then she learned that her beloved grandchild in utero, Quinn, had to be delivered by C-section the next morning.

She left the retreat, bound for her daughter-in-law's side. And she left behind a group of faithful women who were praying fervently that Quinn would journey safely into the world.

The retreat was jam-packed with talks and activities, but when we had a few moments to pause, we, the team members, prayed again for the young lady's blessed arrival.

A few hours later, a team member glanced at her phone and quietly informed those around her "We have a baby."

We logged onto Facebook and there, in all her five-pound glory, was the girl we had been praying for—stunningly beautiful, preciously pink, uniquely lovely, and unashamedly and completely loved by the grandmother who held Quinn in her arms.

While I was filled with joy and wonder at seeing Quinn's breathtaking face, I couldn't help but think of some politicians—most notably Hillary Clinton and Sen. Bernie Sanders—and what they'd said at a *Fox News* Town Hall in Detroit: they support abortion even at the latest stages of pregnancy.

While Quinn's remarkable family members were greeting her with open, loving hearts, two candidates for President were callously defending the brutal practice of late-term abortion.

It's entirely possible that these same politicians would ooh and ahh if they saw Quinn's photo on Facebook. And yet, they remain committed to a political agenda which allows abortion up to the moment of birth.

Quinn's life is no accident—and neither is the life of any unborn child. There is purpose and reason for her life. And perhaps her worth is all the more apparent, given the struggle her mother faced in giving birth to her.

She comes at a time when political candidates can blindly and blandly dismiss children in the womb, assigning them no rights—as if these public officials had the power to determine a child's worth. No matter how powerful they believe they are, no matter the height of the office they hope to hold, assigning value to human beings is beyond their rightful authority.

Quinn was no less sacred before birth as after birth. Sure, we can see her sunlit face now, when before, with the ultrasound, she would demurely turn her face away.

But she is no more human now than she was when snugly living inside her mother's body. She is the same person—only older and more exposed to the world—a world that she will forever change, just through her very being.

When Hillary Clinton and Sen. Sanders talk about "women's rights," they forget about the rights of those little women in the womb, who are every bit as deserving of respect as a President, a premier, or a king.

I am convinced that someday women will be able to look at a baby picture and not have to think about the babies who never got a chance to see their grandmother's faces—the babies that *Roe v. Wade* cast away.

Roe v. Wade will be no more.

The next generation will guarantee it.

Takeaways from the oral arguments made to the Supreme Court in the case of Texas' pro-life HB 2

By Dave Andrusko

Editor's note. For more on ***Whole Woman's Health v. Hellerstedt****, see the stories beginning on page 13.*

As *NRL News* readers know, pro-abortionists challenged two parts of HB 2, the omnibus 2013 Texas pro-life law. They were (1) that abortion clinics meet the same building standards as ambulatory surgical centers (ASCs); and (2) that abortionists have admitting privileges at a nearby hospital for situations of medical emergencies.

#1. Outside the Supreme Court building, a group of pro-lifers was engulfed by a small army of pro-abortionists. Talking to people who were there March 3 (and who'd also been in Texas in 2013 when pro-abortionists were temporarily able to derail HB 2), the behavior of the pro-abortionists was exactly what you would have anticipated.

The difference was the heightened level of physicality in front of the Supreme Court. The confrontations in 2013 were intense, but as one Texas pro-lifer told me, she was shoved to the ground three times the morning of the oral arguments.

But what would you expect from a crowd whose manners were as crude as their mouths and who held signs with such thoughtful messages as "Abortion on Demand and Without Apology" and "No Uterus No Opinion"?

#2. I read the entire 93-page transcript and listened to some of the exchanges between the four pro-abortion justices and Scott Keller, the Texas solicitor general, who ably defended HB2. I had two primary reactions.

First, I was embarrassed by the rudeness of the justices who grilled Keller. I understand they'd already made up their minds but common courtesy would demand that you not interrupt constantly. If you have a question, give Keller a fighting chance to respond even if–as is your right–you immediately attempt to rebut his answers. That courtesy was rarely extended.

Second (again based primarily on the transcript), Keller gave a sterling performance. No matter how many times Justices Ginsburg, Sotomayor, and Kagan attempted to keep him from answering the questions they had asked, Keller never lost his composure.

Stephanie Toti, of the Center for Reproductive Rights, was less impressive. Enough said. And the justices gave something close to deference to U.S. Solicitor General, Donald B. Verrilli, representing the Obama administration, who supplemented Toti's argument with a dire prediction of his own should the justices not strike down HB 2.

#3. There were many substantive issues raised. I'll touch on a couple here as will Dr. Randall K. O'Bannon, NRLC's director of education, in two stories that begin on page 13.

Many commentators picked up on two arguments Toti and Verrilli made: supposedly that the requirements had resulted in delays, meaning more women had later abortions, and more surgical, as opposed to chemical abortions.

Safety: Toti and the pro-abortion briefs argue the law has led to more surgical abortions. They told the justices that surgical abortions have more complications that chemical abortions–at the same time they insist that abortions are safe, safe, safe.

But as Dr. O'Bannon has explained in great detail, chemical abortions have dangers that are part and parcel of the two-drug RU-486 abortion technique. Generally, earlier surgical abortions are safer than later surgical abortions, owing to the size of the baby and the reduced complexity of the procedure.

But it doesn't necessarily follow that first-trimester chemical abortions would be safer than surgical abortions. Surgical abortions and chemical abortions have their own individual risks, according to Dr. O'Bannon, and women with failed chemical abortions often end up having surgical abortions anyway.

Moreover, an April 2011 FDA report requested by a U.S. senator found more that 2,200 "adverse events" associated with use of the mifepristone/misoprostol combo with 14 known deaths in the U.S. and at least five more in other countries. Deadly infections killed eight of the 14 in the U.S. That was nearly five years ago.

Without rehashing all the research Dr. O'Bannon has conducted, none of this is surprising. And it cannot be emphasized enough that these abortions are terribly bloody and almost unbelievably painful.

Later abortions: But it's the other claim that is intended to raise even greater concerns: that because HB 2 has supposedly "caused" a reduction in the number of abortion clinics, the fewer number of abortion clinics resulted in delays for women, which meant more second-trimester abortions.

See "Takeaways" page 18

BUILDING A PRO-LIFE FUTURE

NATIONAL RIGHT TO LIFE CONVENTION 2016

HERNDON, VA // JULY 7-9, 2016 //

Guy Benson
Townhall.com Political Editor
& Radio Personality

Jewels Green
Former Abortion Clinic Worker

Kathryn Jean Lopez
National Review Online

Sarah Zagorski
Abortion Survivor

Melissa Ohden
Abortion Survivor

Carol Tobias
National Right to Life President

The National Right to Life Convention is:

- 3 Full Days
- More Than 100 Pro-Life Speakers
- More Than 100 Sessions

LOCATION:
Hilton Washington Dulles Airport
13869 Park Center Road
Herndon, VA 20171

SPECIAL RATE:
Flat rate of $119 per night!
Call 1-800-HILTONS

Visit **NRLConvention.com**
for more details.

South Dakota bans abortions of pain-capable unborn children

13th state to enact the bill

By Dave Andrusko

And now it is official. South Dakota Gov. Dennis Daugaard has signed SB72, the Pain-Capable Unborn Child Protection Act, into law.

On March 7 the House overwhelmingly voted in favor of SB72, 59-7. On March 9, the measure returned to the Senate, which had previously passed a slightly different version, and the Senate quickly concurred with the House bill.

Twelve states had previously enacted the Pain Capable Unborn Child Protection Act. They are Alabama, Arkansas, Georgia, Idaho, Kansas, Louisiana, Nebraska, North Dakota, Oklahoma, Texas, West Virginia and Wisconsin.

Republican Rep. Isaac Latterell, the measure's main House sponsor, said it recognizes "the humanity of these children."

"I think it'll save lives because it lets women know that their children really are humans just like us," Latterell said, according to the *Associated Press*. "I think it's a great step forward, and I would like to see us do more to protect the innocent."

Added Debbie Pease, of South Dakota Right to Life, "It's a great day for South Dakota."

In a statement, South Dakota Right to Life explained

The Governor has also signed into law HB1123, which requires the Department of Health to post on their website the date and results of their inspections of abortion clinics, and SB24, which strengthens the language regarding our ban on fetal body parts and provides a penalty.

First enacted in 2010 by the state of Nebraska, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain.

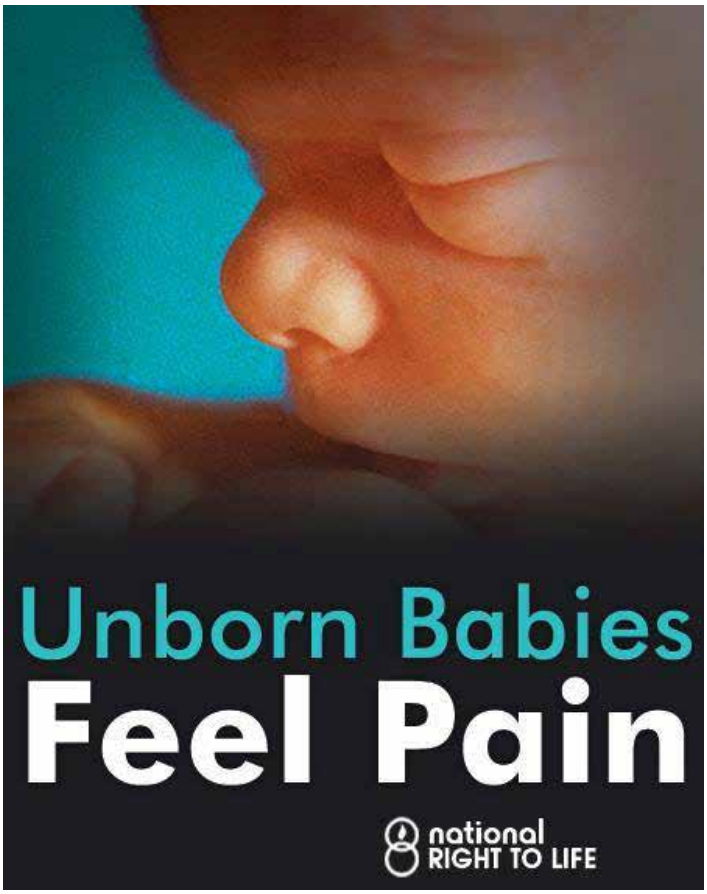
There is widespread support for a bill like this one.

South Dakota Gov. Dennis Daugaard

South Dakota State Rep. Isaac Latterell

In a nationwide poll of 1,000 American adults conducted in July 2012, The Polling Company asked, "Unless an abortion is necessary to save a mother's life, do you think abortion should be permitted after the point where substantial medical evidence says that the unborn child can feel pain?" A majority, 63%, responded "no, abortion should not be permitted," compared to just 21% who would allow abortion after the point at which the unborn child is capable of feeling pain.

"South Dakota now joins twelve other states in recognizing the humanity of the unborn child," said Mary Spaulding Balch, J.D., National Right to Life director of state legislation. "The smallest and most vulnerable members of our human family need our protection, and South Dakota has taken a vital step to save unborn children who are capable of feeling the excruciating pain of abortions."



Baby Dezmond's Mom Was Looking to Abort Him. What She Found Instead Was Help

By Amanda Parsley

2015 was a big year in the small town of Artesia, New Mexico, and later you'll find it was a life-changing year in the life of one special teenager.

While it may have gone by unnoticed on a national scale, the year marks the first in the existence of Pregnancy Help Center of Artesia, the first of its kind in the area reaching out to women in unexpected pregnancies.

Before the center opened its doors in February 2015, the nearest pro-life center was 39 miles away in Roswell, a long distance to traverse in the midst of a crisis.

It took Amanda Ramsey and her team over 18 months to make their dream a reality, from planning committees to board elections and acquiring a building. After all these months of prayer and preparation, Pregnancy Help Center of Artesia was finally set to open in February 2015.

What happened on that first day of the center came as quite a disappointment—but also a valuable learning opportunity—to Ramsey and her co-workers.

"Nothing. Nothing happened that first day," Ramsey said. "We had more work to do to get the word out."

The staff and volunteers at PHC of Artesia did just that. As of Dec. 2015, they served their 101st client since first opening their doors.

Though the first handful of clients were expectant moms who were planning to carry to term but were primarily in need of material aid, relational support or education on parenting, Ramsey's heart to reach clients in the valley of an abortion decision came to fruition in April.

On a day, when the office was closed, Ramsey was out working on the flowerbeds in front of the center when two teenaged girls came around the corner.

"They both looked a little rough around the edges," Ramsey said. "They asked me about a pregnancy test. Even though the office was closed, I never want to refuse the opportunity. I had them wait a few minutes while I went into the office and turned on some lights."

Meet the first mom and baby saved by PHC of Artesia. Dezmond Ray was born Jan. 23, 2016, less than a year after the center first opened its doors.

Inside the center, one of the girls explained to Ramsey that she'd had a one-night stand and was afraid she was pregnant. A pregnancy test confirmed her suspicion, and she began asking Ramsey about abortion.

At the tail end of a conversation that focused on the procedures and risks associated with abortion, the girl began asking a different set of questions—starting with adoption and moving into single parenting.

From the initial conversation, the young woman started attending the pregnancy center's parenting class. She never missed a session.

"I just saw this transformation in her as she became this beautiful child of God," Ramsey said. "She decided to go ahead and parent her child."

She just recently gave birth to a beautiful baby boy, Dezmund Ray. He was born on Jan. 23, 2016 at 6:38am. He weighed in at 6lbs 5oz.

That's just one example of the day-to-day work at PHC of Artesia, which currently provides pregnancy tests, peer counseling, pregnancy follow-up, post-abortive healing and 18 weeks of parenting classes—after which the staff throws a new mom-to-be a baby shower.

The center's services also include a baby boutique, where a mother can spend "baby bucks".

Ramsey said they also have big plans for the future.

"In 2016, our goal is to have a sexual integrity program," Ramsey said. "Currently, we are not a medical facility, so in three years, our goal is to have ultrasound services. In the next five years, we plan to have STD/STI testing for our clients as well."

All these accomplishments and plans have not been without struggles. There has been opposition in the community, and occasionally Ramsey has been heckled at speaking engagements.

"When they asked for volunteers, I thought that would be neat," Jamie Heady, peer counselor with the center, said. "I wanted to learn as much as I could, so that I could be prepared for any questions someone might have. Knowledge is power. And if I am going to dive in God's work, then Satan is going to come at me hard. I wanted to be ready. "

Celebrating its one-year anniversary, the Ramsey and Heady are invigorated by an abundance of women and their families who have been hungry for the hope the pro-life message brings.

Around the center, they have had a tagline to focus them on their work: "We're saving babies, sharing the Gospel with parents, and doing it all again tomorrow," Ramsey said.

Editor's note. This appeared at pregnancyhelpnews.com.

Issues raised as the Supreme Court Considers Texas Abortion Law–Part 1: Behind the Clinic Closures

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

Editor's note. In reading through the March 3 transcript of the oral arguments presented to the Supreme Court in the case of ***Whole Woman's Health v. Hellerstedt****, there were several pivotal contentions challengers made in seeking to overturn HB 2, the 2013 omnibus Texas pro-life law. All are vitally important.*

Dr. Randall K. O'Bannon, NRLC's director of education, broke his analysis into four parts. Part One begins below. Part Two begins on page 15. Parts Three and Four can be read at NRL News Today [www.nationalrighttolifenews.org].

First question: Is the new law responsible for the closure of many of the state's abortion clinics, and does the closing of these clinics represents an "undue burden" on a woman seeking to abort her child?

Counting clinics at the court

As *NRL News* readers know, the plaintiffs challenged two requirements: that abortionists have admitting privileges at a nearby hospital and that abortion clinics meet the standards of an ambulatory surgical center (ASC). Whether and how much these provisions were responsible for clinic closures, and whether these closures resulted in an "undue burden" on women seeking abortions, quickly became the focus of discussion on the court.

Just minutes into the oral arguments, the Center for Reproductive Rights' Stephanie Toti, lead counsel for the plaintiffs, made mention of "new" evidence of clinic closures directly tied to the enforcement of the law's requirement that abortionists have admitting privileges to local hospitals.

Justice Samuel Alito noted "there is very little specific evidence in the record in this case with respect to why any particular clinic closed." This is very important.

Blaming the admitting privileges requirement

Toti argued that the "timing" of the closures, more than 20 clinics closing within a short period of time, was evidence of the connection. Toti told Justice Stephen Breyer that "Eight closed prior to initial enforcement of the admitting privileges requirement, and 11 closed the day that the admitting privileges requirement first took effect."

Alito again asked Toti whether she had direct evidence that the law closed the clinics. Toti said she did for 12, but Alito asked if she did, why didn't she put that evidence in the record. Alito said that "as to some of them, there is – there's information that they closed for reasons that had nothing to do with this law."

Alito was specific where Toti wasn't. Alito asked Toti whether the Planned Parenthood clinic in Bryan was one of those she was counting. Toti said "Yes, Your Honor." Alito then cited a *Huffington Post* news report that said that clinic was closed as a result of the 2011 Texas Women's Health Program bill, a different law, not being considered in this case, which cut funding to family planning clinics involved in abortions.

Toti said she would supply citations for those clinic closings for the record later.

Effect of ASC requirement

Justice Elena Kagan then stepped in. She began discussing the effect of the other provision of the law, the requirement that abortion clinics meet the standards of ASCs.

As challenges worked their way through the courts, that provision was first enforced, and then stayed two weeks later. Kagan said "over a dozen facilities shut their doors" when it was in effect, but reopened once it was enjoined. She called it "almost like a perfect controlled experiment as to the effect of the law."

Justice Anthony Kennedy shifted the conversation. He asked about capacity, whether the remaining clinics would be able to handle the caseload of clinics that had closed. This cut through the clutter and got to the heart of the matter. The number of clinics that did or did not close was of little consequence if the remaining clinics could do the work of those that were shut down

Toti began by stating that she thought there was "sufficient evidence in the record… that the remaining clinics, which would number fewer than ten, don't have the capacity to meet the statewide demand."

So, where was the "evidence"? We find out the nature and source of this evidence from Donald Verrilli, the Obama administration's solicitor general, who joined Toti in challenging HB 2.

Verrilli argued that the ASC requirement reduced capacity (because some closed) and the remaining abortion clinics couldn't meet demand. Prior to the law, Verrilli said, there were about 65,000 to 70,000 abortions a year and that "the ASC facilities that will be able to remain open performed about 14,000 a year."

But where did Verrilli get this information? "That's what the record tells you. It's Dr. Grossman's expert testimony."

See "Issues," page 14

Issues raised as the Supreme Court Considers Texas Abortion Law–Part 1: Behind the Clinic Closures

From page 13

Grossman and his "evidence"

Though we do not have direct access to the formal court briefing documents, we do know who Dr. Grossman is and we do have access to the "expert testimony" of Dr. Grossman given to U.S. District Court back in August of 2014. His testimony there appears to make the same claims and use the same language to which the lawyers and justices refer.

Daniel Grossman is a rising star in the abortion academic establishment, an abortionist who is an assistant clinical professor at the University of California, San Francisco (UCSF), known as America's abortion academy. In addition to serving as a Vice President for Research at Ibis Reproductive Health, a group promoting worldwide expansion of abortion, being on the editorial board of Contraception, one of the country's premier abortion research journals, and serving as a liaison to the Planned Parenthood National Medical Committee, Grossman also happens to be a "co-investigator" at the Texas Policy and Evaluation Project (TxPEP), a group specifically formed in the last five years to develop research to challenge pro-life laws in Texas.

It is in this last capacity that Grossman and his colleagues developed the data to which the justices are referring.

Grossman on closures

In his testimony to the District Court, Grossman does indeed claim that there were 41 "facilities" performing abortion as of April 30, 2013, and said that some twenty clinics ceased operations or stopped abortion performance by the time his report was written. (These are the numbers that Toti and the Justices discussed in court March 3.)

As Justice Breyer said, Grossman's testimony shows eight clinics closed or stopped performing abortion from May 1,2013 (just before the law was passed) to October 31, 2013 (right before the admitting privileges provision went into effect), with 11 closing once the admitting privileges requirement went into effect. (About these last 11 closures, Grossman said only that they occurred between November 1, 2013, the implementation date, and his next data end point, April 30, 2014, though press accounts did indeed show many occurring the day the law took effect.)

But Justice Alito, and later Chief Justice John Roberts, were totally on mark in questioning the claim that the law was the cause of these closures. Grossman says the decline "appears to be related to changes in State law," which he said includes HB2. But the "changes" he spoke of also included the state's 2011 restructuring of its funding for "family planning" services.

Furthermore, Grossman admitted in his testimony that "I am not here offering any opinion on the cause of the decline in the number of abortion facilities" during that study period running from November of 2012 to April 2014.

As noted above, Justice Alito pointed out that according to a news account, one of the clinics to which Toti pointed to as having closed, in fact, closed not because of HB2, but because of the earlier Texas law which cut family planning funds to abortion performing organizations. And, unlike Toti, it is notable that even Grossman, the plaintiffs' expert, is hesitant to directly chalk all these closures up to the new admitting privileges requirement.

Grossman on "capacity"

Grossman's testimony to the District Court was given prior to the time that the ASC provision went into effect. So he could provide no hard historical numbers on closures or consequences that followed when that provision temporarily was in place. But he does speculate about the capacity of ASC compliant clinics to meet the Texas caseload. [1]

[1] Courts blocked, reinstituted that provision, then blocked it again.

How does he do that? Grossman takes abortion statistics he gained from anonymous phone calls made to Texas clinics over three six month periods (11/1/12 – 4/30/13, 5/1/13 – 10/31/13, 11/1/13 – 4/30/14) and compares them to official state statistics for 2012.

From this he draws conclusions about trends in the number, type, and location of abortions. And from those, he projects, among other things, what he considers "capacity" for these ASCs.

Grossman noted that the numbers of abortions performed at ASCs in each of this three study periods declined, from 9,378 to 8,867 to 6,786. The total of abortions fell 13% during this year and a half, from 35,415 in 11/12-4/13, to 30,800 in 11/13-4/14. However the numbers of first trimester abortions increased during that same time frame from 20,698 to 23,531.

What Grossman concluded from that data was that this was "indicative of [ASC's] inability to increase capacity in the face of growing demand." It is then that Grossman makes the observation that Verrilli references–that "My opinion is that these existing ASCs as a group will not be able to go from providing approximately 14,000 abortions annually, as they currently are, to providing the 60,000 to 70,000 abortions that are done each year in Texas once all of the non-ASC clinics are forced to close."

Countering the capacity argument

Grossman doesn't tell us the number of ASCs in each study period in his testimony. But in news stories from the time in which reporters asked him about his data on clinics affected by the new rules, it is mentioned that there were just six in the state meeting the ASC requirement (Texas Tribune, 7/23/14).

If so, and if 14,000 abortions a year is supposed to be their combined capacity, that would imply an average maximum caseload of about 2,300 per ASC (14,000 divided by 6).

Verrilli tells the Court, obviously looking at Grossman's data, that the existing ASCs performed about 20% of the abortions in the study (Grossman's research had ASCs performing 26.4% of Texas abortions in his first six month study period and 22% in his last). Verrilli told the justices "these facilities aren't going to be able to increase by four or five times," which appears supported by Grossman's claim that ASCs were at capacity in late 2013 to early 2014 and unable to handle the additional caseload other clinics picked up with the closures.

However this assumes a number of things not necessarily supported by the data. For example, the most

See "Issues," page 16

Issues raised as the Supreme Court Considers Texas Abortion Law–Part 2: A Dying Business

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

Editor's note. The following is Part Two of Dr. O'Bannon's four-part analysis of the claims made by the litigants in oral arguments before the Supreme Court March 3 in their challenge to portions of Texas's 2013 law, HB 2. Part One began on page 13. Parts Three and Four can be accessed at ***NRL News Today*** *[www.nationalrighttolifenews.org].*

In Part One, we looked at arguments and evidence presented to the justices by Stephanie Toti of the Center for Reproductive Rights and Solicitor General Verrilli. They asserted that the 2013 Texas law was responsible for the closing of about twenty clinics, leaving the remaining clinics with greater demand than they could possibly handle.

But, as we explained, the data on the timing, the number, and the reasons behind the clinics closings was nowhere near as clear cut as the abortion industry's defenders wanted the High Court to believe.

And the discussion of the capacity of legally compliant clinics to handle the caseloads hinged on an assumption that data in Texas and national data has proven false – that demand for abortion remains constant.

Abortion clinics close for many reasons – scandal, poor management, failure to meet basic safety standards, etc. But one of the biggest reasons is simply that there isn't enough business to keep them all in operation and profitable.

Failing to account for diminished demand

Toti, lead counsel for the plaintiffs in *Whole Woman's Health v. Hellerstedt*, argued the new law was responsible for the closing of more than 20 clinics. Under questioning from the justices, she admitted that some of these clinics closed prior to the enforcement of the law. And she agreed with Justice Samuel Alito that at least one of the clinics on her list had closed for other reasons.

But this is only part of the story. There were supposed to be 41 clinics in Texas before the law was passed, according to Toti.

Yet in a 2006 factsheet, the Guttmacher Institute wrote there had been 65 "abortion providers" as recently as 2000. Thus, the inescapable conclusion is that the number of clinics was already in steep decline before HB2 was ever passed.

Moreover Guttmacher, a pro-abortion think tank, has demonstrated a significant long-term national downward trend in the number of abortionists. By 2011, after peaking at 2,918 in its 1982 count, the number of "providers" has dropped by more than 40%, to just 1,720. The two developments obviously are related. To some degree, the closing of clinics in Texas merely mirrors the larger trend of closing abortion clinics nationwide.

A recent study from *Bloomberg Businessweek* shows the national decline continuing. The story said that nationwide 162 clinics had shut their doors or stopped providing abortions since 2011. Even though 21 new clinics opened in that time frame, closures still vastly outpaced openings. The question is why.

Many reasons for closures

Bloomberg found that these clinics have closed for a variety of reasons. Some they do attribute to the passage of new laws and regulations. Others, however, closed because of what *Bloomberg* termed "unfit providers." The classic example here would be Kermit Gosnell, whose butchery prompted much of the legislation now being passed and litigated.

Bloomberg admits that several closed because there was "no doctor available." The abortion industry has scrambled to recruit and train new abortionists for years, but has not had success in getting these out in the field. This is one important reason behind the push for web-cam abortion–which require a minimal number of trained staff–and intense efforts to allow nurses, midwives, and physician assistants to perform abortion.

What else? "Business decisions" also played a role in some closures, which could be anything from financial mismanagement to a determination that there was simply not enough demand to hire an abortionist or keep a clinic open.

What Toti and the abortion industry did not want to admit to the Supreme Court is that one of the basic reasons behind the closure of clinics is that there is reduced demand for their services.

And, as *NRL News Today* has shown in many stories, there is evidence of that diminishing demand in Texas and nationally.

Insufficient abortions for clinics to stay in business

Guttmacher says there were over 110,000 abortions performed in Texas in 1981. By 2011–long before passage of HB 2– the number was down to 73,200 . [1]

The reduction in the number of abortions, both yearly and cumulatively, could not help but affect clinic business. There is no way that an industry could lose more than a third of its "customers" and still keep all its clinics open, particularly those dependent on abortion. To repeat, this indisputable fact typically gets overlooked.

In a business with numbers

See "Business," page 16

Issues raised as the Supreme Court Considers Texas Abortion Law–Part 1: Behind the Clinic Closures

From page 14

caseload other clinics picked up with the closures.

However this assumes a number of things not necessarily supported by the data. For example, the most basic: Is 2,300 to 2,400 the maximum caseload of an ASC?

Going back to data from Grossman's testimony, this does not appear to be the case. In his original data tracking abortions performed in Texas between November of 2012 and April of 2014, Grossman says that ASCs performed 9,378 abortions in the first six months he studied (11/1/12-4/30/13) and nearly that many (8,867) in the six months following (5/1/14-10/31/14) the imposition of the admitting privileges requirement.

Unless there were veteran abortionists who retired or significant closures of ASC abortion clinics between the first and the last of Grossman's study periods, it would mean that the earlier results showed an average annual caseload for six clinics was closer to 3,000 than 2,300.

Note, though, that an October 2015 report by Grossman and his colleagues at TxPEP admitted that the actual clinic caseloads in Texas were even higher, with clinics in major metropolitan areas reporting average annual abortions per facility at 3,744 (Austin), 4,415 (Dallas-Ft.Worth), 3,861 (Houston), and 4,428 (San Antonio).

Even this is not capacity. Scott Keller, Solicitor General for Texas, told the justices that the ASC run by Planned Parenthood in Houston estimated it could perform 9,000 annually.

The number of ASCs is also higher now than it was then, perhaps due to the Planned Parenthood's building of new megaclinics. Keller pointed out that Planned Parenthood operates five ASCs in Texas and noted that there were another four ASCs operated by others and a clinic in McAllen, Texas that lower courts had exempted from that requirement!

So while one might try to make the case that six compliant ASC clinics with caseloads of 2,400 each could not suddenly handle a caseload four or five times that large, that's not the real situation in Texas. It's much different situation of when, in fact, there are ten operational clinics with caseloads ranging from 4,000 to 9,000 a year, which should indeed be able to handle "demand" for somewhere between 60,000 and 70,000 abortions a year.

This, of course, assumes that demand remains constant. In Part Two, we see that the data actually indicates otherwise: the number of abortions is decreasing nationwide as well as in Texas.

[1] Courts blocked, reinstituted that provision, then blocked it again.

Issues raised as the Supreme Court Considers Texas Abortion Law–Part 2: A Dying Business

From page 15

repair and remodeling, the passage of the law, the rolling out of its various provisions, simply presented a prime opportunity for these abortionists to retire and the clinic to shut down.

In one sense, that the law passed when it did and went into effect when it did gave clinics a strategic time and target date for already inevitable closures made it possible for the abortion industry and its academic abettors to blame the law. But as we have seen, looked at more broadly, many factors were responsible and these closings were simply the result of several trends coming to a head.

Abortion is, after all, a dying business.

May it please the Court….

What we have seen thus far is that there is no cut-and-dried evidence to support the assertion that HB 2 caused clinics to close in Texas.

Clinics closed before and after the law passed and was put in force, and for many different reasons. Declining numbers are an indication that demand for abortion continues to drop. That some of these clinics were old and that there were safety and sanitation issues was reason enough both for clinics to close and for legislators to be concerned .

The abortion industry has been transforming itself for years, some of it because of pro-life legislation, but also in response to changing business conditions. They are hardly passive actors in this latest trend, closing smaller less profitable clinics in smaller cities and more remote areas and pointing patients towards large, modern, up to code mega-clinics in the big cities. These huge mega-clinics are more than capable of handling the caseloads.

What the abortion industry does not want to see is anything that draws attention to its failings; that shows abortion to be the dangerous, bloody reality that it is; or that in any way inhibits their ability to promote and profit from abortion on demand.

They will try to cow the courts and the media with charts and numbers and statistics, but the reality remains. Abortion was never a solution to women's problems, and fewer women are buying it anymore.

In Part Three, we will look further at the evidence and arguments the Supreme Court heard in *Whole Woman's Health v Hellerstedt.* We'll look at claims that the law has changed the timing and type of abortions women are having (that women are having later abortions) and what might be the consequences of long travel times.

[1] The number Grossman cites, which the Supreme Court seems to discuss, comes from the Texas state health department. That number, 68,298 for 2012, is the one reported to the U.S. Centers for Disease Control (CDC), which does its own abortion surveillance.

Those numbers are generally smaller, but track trends from Guttmacher fairly closely. The state health department for Texas showed 63,849 abortions for 2013, a further decline reflecting similar declines in other states.

Don't forget Autos for Life when you clean out your garage and driveway

By David N. O'Steen, Jr.

We are just a few days away from the official start of Spring. Depending on what part of the country you live in, you may already be busy cleaning out your attic and closets and garage.

Whenever you undertake that annual ritual, maybe this is the year you have a project car that you just don't have time to finish, a minivan that is no longer needed because the kids are all grown, or an extra car that is rarely being used but you're still paying insurance on it!

We here at Autos for Life--We'll take it!

By donating your vehicle to the National Right to Life Foundation, you can help save the lives of unborn babies, and you receive a tax deduction for the FULL SALE AMOUNT! "Autos for Life" has received strong support, and a great variety of vehicles from pro-lifers all across the country and we thank you.

We will put your donated vehicle to good use. It 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. 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! All vehicle information can be emailed to us directly at dojr@nrlc, or sent by regular mail to:

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

As all of us in the pro-life movement know, we now face great challenges in 2016. With our educational efforts we will continue to see a dramatic reduction in the number of abortions each year. We know these numbers decline even more as we teach the truth about how abortion hurts unborn babies and their mothers.

"Autos for Life" needs your continued support in making 2016 a great year for the pro-life movement! If you or someone you know has a vehicle to donate, please contact David O'Steen Jr. at (202) 626-8823 or dojr@nrlc.org. The National Right to Life Foundation wishes to thank all of the dedicated pro-lifers that have donated their vehicles to this great program, and we are looking to make 2016 our best year ever! Please join us in helping to defend the most defenseless in our society!

Kentucky State Senate overwhelmingly passes ultrasound bill, on to the House

By Dave Andrusko

Currently, there are 24 states with ultrasound laws on the books. They vary according to various criteria but all provide a woman considering an abortion information about her unborn child's true humanity,

And if the Kentucky House follows the lead of the Kentucky Senate, the Bluegrass State will become #25.

Three weeks ago, *NRL News Today* reported that the Senate Committee on Veterans, Military Affairs and Public Protection had voted 11 to 1 to advance a measure requiring an ultrasound prior to an abortion and the abortionist to describe what is seen on that ultrasound.

At the end of February the full Senate overwhelmingly passed SB 152 on a vote of 32-4. The 4 nays were cast by Democrats.

In explaining the Senate's vote, the *Louisville Courier-Journal's* Tom Luftus reported

Sen. Whitney Westerfield, a Hopkinsville Republican who sponsors the bill, told senators Monday he was inspired to file the bill by a constituent and friend who many years ago sought to have an abortion and was denied her request to see an ultrasound by a nurse who proceeded with the abortion.

Kentucky State Sen. Whitney Westerfield

"She regrets to this day not being able to see it —knowing now, feeling certain, that had she been able to see it, had she been allowed to see it — she wouldn't have made the decision that she did," Westerfield said.

Opponents recycled the usual interference-with-doctor-patient-relationship argument, including this unintentionally revealing comment from Derek Selznick, the Reproductive Freedom Project director for the American Civil Liberties Union of Kentucky, who said the bill leaves "no room for a doctor to actually treat her patient as a human being."

Luftus reiterated a political reality *NRL News Today* has previously addressed which helped explain why Senate Bill 4 passed and why SB 152 may as well.

Abortion bills have been routinely blocked in recent past sessions in the Kentucky House where Democrats are in the majority. But that majority is a narrower this year — 50 Democrats to 46 Republicans with four vacant seats to be filled in special elections this month.

Takeaways from Wednesday's Supreme Court abortion case: Part One

From page 9

Much of the basis for this contention comes from the work of Daniel Grossman, who always manages to produce results which support the pro-abortion case.

But as Dr. O'Bannon has written

What about the claim that such laws lead to more later abortions? There is little evidence of any increase in 2nd or 3rd trimester abortions in recent years, in spite of the protestations of groups like Texas Policy Evaluation Project (TxPEP) that new laws would push women into later abortions. According to the U.S. Centers for Disease Control (CDC), abortions at greater than 13 weeks gestation have gone down, not up, since 1998 (probably earlier – earlier CDC charts break gestational dates down differently), pointing to their being fewer, not more of these later abortions since the advent of various pro-life laws.

Okay, but what about Texas specifically? They rely on calls the TxPEP project made anonymously over an 11 month period to abortion clinics, representing themselves as women seeking appointments for first-trimester abortions.

Even though (a) two of the larger cities saw no real increase in wait times over the study period; (b) times in another city peaked, dropped, peaked again with no identified obvious reason; and (c) the delays in two other cities were never more than eight days, TxPEP researchers claimed on the basis of these numbers that if other abortion clinics were to close, the increased wait times would have the result of pushing about 5,700 women into more dangerous second trimester abortions.

But, as Dr. O'Bannon explained in Parts One and Two, there are a host of other explanations why clinics close (besides the unmentioned fact that clinics were closing before HB2 was passed). Everything from new (and bigger) abortion clinics replacing older clinics, to the retirement of abortionists, to a reduced demand for abortion.

"Late Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain"

Editor's note. The following is the opening statement delivered Tuesday by Sen. Chuck Grassley (R-Ia.), chairman of the Senate Judiciary Committee.

Good morning to my colleagues, the Ranking Member, and especially to our guests. I look forward to hearing from our panel about the subject of late term abortions.

This is not the first occasion on which this Committee has discussed the importance of protecting babies after the fifth month of pregnancy and newborns who are born alive during botched abortions. At a hearing two years ago, we discussed the shocking case of a woman who entered a West Philadelphia abortion clinic for the purpose of terminating her pregnancy, but who never made it out alive.

This woman, Karnamaya Monger, was 41 years old and about 19 weeks pregnant when she entered that clinic and died during an abortion performed there. She was just one of many of the victims of Kermit Gosnell, in whose clinic babies were born alive and had their spines sliced with scissors after breathing on their own. Kermit Gosnell ran his clinic in West Philadelphia for well over three decades, performing numerous late term abortions in this period. The Grand Jury report on his crimes is stomach churning.

But the Gosnell case also raises the question of whether the substandard abortion clinic is a phenomenon that exists in other communities across the United States. That very question was examined in a May 2013 National Review article, entitled "Abortion's Underside." The author, Jillian Kay Melchior, hints that the Gosnell case may not be the isolated incident that some would have us believe.

This 2013 article identified several abortion clinics, located mostly in Florida strip malls and operating on an essentially "walk-in basis," that "had several run-ins with the law." I will quote briefly from the article and ask unanimous consent to include this article in its entirety in the hearing record:

> **Sycloria Williams was recovering from a botched abortion at her Pompano, Fla., home on July 21, 2006, when two homicide detectives knocked on her door. They asked if she knew why they were there. "Yes," Williams said immediately. "Because the baby was born alive." It took investigators one week and three separate searches to find the corpse of Williams's infant, which was hidden away in the abortion clinic in Hialeah, Fla. It was a tiny black girl, only 25.5 centimeters from head to toe, born prematurely on July 20….[T]he autopsy report and an expert physician's review both suggested she had drawn breath on her own before she died."**

We do not yet know the extent to which these cases are the norm, and perhaps we will never know. But that doesn't mean we shouldn't support legislation that would help bring greater transparency and accountability to those who staff and operate abortion clinics.

Sen. Charles Grassley

S. 2066, the Born-Alive Abortion Survivor's Protection Act, is an example of such legislation. I joined Senator Ben Sasse in introducing it last September. It's aimed at those, like Kermit Gosnell, who furnish substandard care to women and their newborns after a failed abortion attempt. If enacted, it would require that any child born alive following an attempted abortion must receive the same degree of care as any other newborn born alive at the same gestational stage of development. In imposing mandatory reporting requirements on health care practitioners who know that this requirement was violated, the bill may help save lives.

I also have joined Senator Lindsey Graham in introducing a related measure, S.1553, the Pain-Capable Unborn Child Protection Act. This bill would protect the unborn beginning at 20 weeks after the date on which fertilization occurred, which is the same as 22 "weeks of pregnancy," also known as 22 weeks gestational age.

Gestational age is a method that relies on the date of the mother's last normal menstrual period. It is well established that babies can survive at 22 weeks gestational age. As noted in The Washington Post Fact Checker article of May 26, 2015: "That babies can survive at 22 weeks gestational age has been known for 15 years." Research on the pain capacity of premature infants also suggests that the unborn child at this stage of development can experience pain that could even be more intense than that experienced by full-term newborns.

Some who object to the Graham bill do so on the ground that abortions past 20 weeks fetal age are exceedingly rare. Because data on late term abortions is not widely available, it's hard to understand the basis for such a claim. Some jurisdictions with the most lax abortion policies don't even collect data on the stage of pregnancy when an abortion is performed, while others could have reporting requirements on the books but not actually enforce them. Several hundred doctors in the United States reportedly perform abortions after 20 weeks fetal age, which seems to undercut the claim that late term abortions are exceedingly rare.

In addition to its ban on most elective abortions after the 22nd week of pregnancy, S. 1553 also would require that any child born alive after a failed

See "Abortion," page 41

State Legislature Overrides Governor Tomblin's Veto, West Virginia Bans Dismemberment Abortion

From page 1

from Dismemberment Abortion Act. The bill has also been introduced in Idaho, Mississippi, Missouri and Nebraska; it is expected it will also be introduced in several other states.

West Virginians for Life Legislative Coordinator Karen Cross observed, "Governor Tomblin has now vetoed three pro-life bills in as many years. The pro-life leadership in the Legislature and an overwhelming bipartisan majority of senators and delegates stood up on behalf of the unborn and voted to override the Governor's veto. Thanks to their efforts, unborn children in West Virginia will be protected from this barbaric procedure."

Sponsored by state Sen. Dave Sypolt (R-Preston, 14) and Del. Lynne Arvon (R-Raleigh, 31), the Unborn Child Protection from Dismemberment Abortion Act has been the top state legislative priority for National Right to Life and its affiliate, West Virginians for Life.

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

In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."

Justice Kennedy added in the Court's 2007 opinion, *Gonzales v. Carhart*, which upheld the ban on partial-birth abortion, that D&E abortions are "laden with the power to devalue human life…"

"When abortion textbooks describe in cold, explicit detail exactly how to kill a human being by ripping off arms and legs piece by piece, civilized members of society have no choice but to stand up and demand a change," added Spaulding Balch. "When you think it can't be uglier, the abortion industry continues to shock with violent methods of abortion."

A medical illustration of a D&E dismemberment abortion is available here.

Background materials on the bill are available on the National Right to Life website at www.nrlc.org/statelegislation/dismemberment/ Included in the background materials is the testimony of Anthony Levatino, M.D., before the U.S. House Judiciary Committee Subcommittee on the Constitution and Civil Justice in May 2013, in which he described in great detail the D&E dismemberment abortions he once performed.

Trump, Clinton wins large victories, Kasich wins in Ohio, Rubio withdraws

From page 1

Sen. Cruz also ran close to Trump in North Carolina, with Trump winning by only three points, 40% to 37%.

Gov. Kasich won his home state of Ohio by 11 points.

According to NBC News' "First Read," of the delegates won last night, "Trump [won] 194, Kasich 75, Cruz 32, Rubio 6, with 60 delegates remaining to be allocated (the bulk in Illinois)."

Cumulatively, Trump leads Cruz by 248 delegates (with the aforementioned 60 delegates yet to be allocated).

Sen. Ted Cruz

Gov. John Kasich

First Read reported

- **Trump 656 (has won 47% of allocated delegates)**
- **Cruz 408 (29%)**
- **Rubio 172 (12%)**
- **Kasich 138 (10%)**

Clinton brushed aside a recent defeat in Michigan and crunched Sen. Sanders who vowed Tuesday to continue his candidacy. Among pledged delegates, Clinton leads Sanders, 1,129 to 835. Among all delegates, Clinton leads Sanders, 1,565 to 858.

The Pro-life ban on dismemberment abortions in West Virginia: How it came to pass

By Karen Cross, National Right to Life Political Director

Editor's note. Last week, the West Virginia legislature overrode the veto of its governor, making the Mountain State the third to pass the Unborn Child Protection from Dismemberment Abortion Act. The following explains how this important victory came to pass.

National Right to Life sent me to the state capitol in Charleston, West Virginia, to work with West Virginians for Life (WVFL) to pass the Unborn Child Protection from Dismemberment Abortion Act. It was the first time West Virginia had attempted to pass this particular legislation, so there was a lot of educating to do for legislators, the public and even ourselves!

I would like to share with you how this unbelievable journey — this is the first time in the history of West Virginians for Life that pro-life legislation was introduced and passed in the same year — unfolded.

Before the start of West Virginia's legislative session, Dr. Wanda Franz, WVFL's president, and I met with a team of leaders from both Houses to discuss the Unborn Child Protection from Dismemberment Abortion Ban Act. Leadership in both houses is truly pro-life.

This bill protects living unborn children from a brutal form of abortion in which she is torn from her mother's womb limb from limb. The legislation is based on a National Right to Life model bill that has passed in Kansas and Oklahoma and has been introduced elsewhere.

On January 13, the first day of the session, West Virginia's Unborn Child Protection from Dismemberment Abortion Ban Act (SB 10 and HB 4004) was introduced. It was double-referenced to the Health Committee and then to the Judiciary Committee.

As the former executive director for West Virginians for Life, I know that guiding legislators through the committee process is challenging, and yet rewarding. Relationships are nurtured and trust is built. Surviving the committee meetings and hearings which, when pro-life legislation is on the agenda, can be grueling and last four or five hours, often leads to more camaraderie – as if we've been in battle together.

Pro-life Senate President Bill Cole, Karen Cross, and pro-life Majority Leader Mitch Carmichael discuss Senate Bill 10, West Virginia's Unborn Child Protection from Dismemberment Abortion Act.

On February 12, the Senate Health Committee adopted a committee substitute for SB 10.

On February 16, West Virginians for Life held a pro-life rally at the capitol. Despite treacherous weather, hundreds of pro-life West Virginians gathered in support of SB 10. Senate President Bill Cole, Speaker Tim Armstead, Attorney General Patrick Morrisey, and Majority Leader Mitch Carmichael spoke during the rally.

Mr. Cole told the crowd, "As I look forward to West Virginia's future, I am encouraged knowing we are doing all we can to protect future generations. …We must defend those who cannot defend themselves, and give them every chance at life."

Pro-life Speaker Tim Armstead said he was pleased to see the pro-life faithful turn out as they always do. Dozens of pro-life legislators joined us to express their support for banning dismemberment abortions.

On February 12, the second reference to the Judiciary Committee was waived, allowing SB 10 to go the full Senate for first, second and third readings, with an amendment pending on third reading.

On February 17, during the third reading (passage) Senators Robert Plymale and Ron Stollings offered an amendment that would have effectively neutralized the bill. Health Committee Chair Ryan Ferns spoke against the amendment, saying it would render the bill "null and void." The amendment failed, and SB 10 passed by a bi-partisan vote of 24-9.

But now the bill had to be sent to the state House, where the process was started all over again. Passing legislation, especially pro-life legislation, is a very tedious process and requires patience, perseverance, and lots of prayer.

On February 18, the House received SB 10 and four days later the Health Committee held a public hearing.

Suzi Bragg, who suffered for years following her abortion at 18 weeks, testified in favor of the legislation. George Wallace, WVFL board member, submitted letters from several West Virginia OB/Gyns who supported SB 10. George read portions of the doctors' letters.

Rev. Brian O'Donnell, S.J., spoke in support of SB 10, as did Mary Anne Buchanan, WVFL communications director.

Mary Anne shared testimony from Dr. Anthony Levatino, a former abortionist, who performed more than 100 second-trimester abortions. Levatino said:

> **"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 large plum and is now free floating inside the uterine cavity. You**

See "Pro-Life," page 39

South Bend abortion clinic to close Friday after 38 years of controversy

By Dave Andrusko

Pro-Choice South Bend broke the news Friday that longtime Indiana itinerant abortion doctor, Ulrich Klopfer, will be permanently shutting the doors to his abortion clinic in South Bend, Indiana this coming Friday, March 18.

"Years of shoddy abortion practices have finally caught up with Dr. Klopfer," said Cathie Humbarger, Indiana Right to Life's Vice President of Policy Enforcement. "We extend our appreciation to the [Gov. David] Pence administration and the ISDH for refusing to sweep Klopfer's shady practices under the rug. It's a good day for the health and safety of Hoosier women."

Added Tom Gill, President of St. Joseph County Right to Life, "We commend all of those individuals, organizations and institutions that have worked side-by-side to bring about this positive, life-affirming and health-endorsing outcome for our community."

Klopfer had come "to an agreement with the Indiana State Department of Health to close the Women's Pavilion in November [2015], after the state agency filed a motion to revoke the clinic's license in January 2015," according to Amanda Gray of the *South Bend Tribune*. "Though Klopfer or anyone on the clinic's staff could have refiled for the license after 90 days, no applications were filed in 2016 for that clinic or any additional one in the state of Indiana, according to Amanda Turney, attorney for the ISDH [Indiana State Department of Health]."

Klopfer's decision not to appeal came on the heels of two complaints by the ISDH to revoke his South Bend facility operating license.

Abortionist Ulrich Klopfer

However, even though the South Bend clinic was no longer providing abortion services as of last November, Pro-Choice South Bend said, "[W]omen seeking the procedure could still come for referral services at the South Bend facility at 2010 Ironwood Circle," according to Gray. "Group leadership [Pro-Choice South Bend] referred those seeking abortion services to Planned Parenthood in Merrillville, Ind., or Kalamazoo, or to Family Planning Associates in Chicago."

For decades Klopfer, an Illinois resident, operated abortion facilities in Gary, Fort Wayne, and South Bend. Klopfer lost his Fort Wayne back-up physician with admitting privileges, required by an Allen County ordinance and state code, in December 2013. This rendered him unable to do abortions in Fort Wayne in 2014 and 2015.

Klopfer is scheduled to go before the Medical Licensing Board to face over 1,833 alleged violations filed against him by the Office of Indiana Attorney General Greg Zoeller. The Medical Licensing Board could strip Klopfer of his medical license or take other disciplinary action against him.

Some of the complaints filed against Klopfer include:

- **Non-compliance of the informed consent law, which requires the abortionist to provide certain information to the patient at least 18 hours prior to the procedure**
- **Failure to report the abortions performed on at least two 13-year-old girls to the state health department within the required three-day time frame to ensure safety of the patient**
- **Violations of code regarding administration of anesthesia**
- **More than 2,400 incomplete, inaccurate and late terminated pregnancy reports**

Pro-abortion Labour Party crushed in Irish elections

By Pat Buckley

Editor's note. Fine Gael, Labour, and Fianna Fáil are political parties. "TDs" are members of the Dáil, the lower house of the Irish Parliament.

On February 26th, the Irish electorate dismissed the Fine Gael–Labour coalition, leaving them struggling to understand what had happened. From their perspective they had delivered economic recovery and stability, and they had implemented social change in the form of legislation for abortion. Not only were they proud of those perceived achievements they were very strident in promising more of the same if they were returned to office.

So what happened?

The national and international media and various think tanks will no doubt come up with an explanation of the economic factors at play but it would be facile to believe that all the answers lie in that sphere.

This analysis is limited to the issues which were important to the pro-life and pro-family community. In order to give a realistic picture it is necessary to briefly look back to the 2011 election.

Fine Gael now hold 50 seats, representing a 33% loss since the last election in 2011 when they won 76 seats. The Labour party now hold 7 seats representing a loss of 80% since the 2011 election when it won 37 seats.

Many of the TDs who lost their seats were those who were some of the loudest proponents of abortion: Deputies such as

Prime Minister Enda Kenny

Anne Ferris, Kathleen Lynch, Alex White and Aodhán Ó Riordáin of the Labour party and James Reilly and Alan Shatter of Fine Gael.

Prior to the 2011 election pro-life groups and individuals, realizing that Fianna Fail which had been seen as being the more pro-life party, was not going to be returned to government, sought assurances that if they voted for Fine Gael that party would not introduce abortion legislation.

When Enda Kenny agreed to this request the pro-life movement decided to switch their votes to Fine Gael. In government however Taoiseach [Prime Minister] Kenny welched on his commitment and proceeded to legislate for abortion. Kenny in his arrogance ignored the massive pro-life demonstrations, instituted a procedure to make it appear that his hands were clean, and refused to allow his parliamentary party to vote in accordance with their consciences, resulting in the resignation of some party members.

The Labour Party in the lead up to the recent general election included the repeal of the pro-life, 8th amendment to the Irish Constitution in their policy manifesto. But in addition, one week before the election, apparently believing the Irish electorate was in a mood for change, the Labour Party held a special press conference during which they unveiled plans for the introduction of a new abortion regime similar to that in the UK.

Just one week later, Labour was decimated in the election, no doubt a week is a long time in politics

The pro-life movement is currently breathing a sigh of relief as the immediate threat of a referendum on 8th amendment seems to be off the agenda. According to Kevin Humphries one of the Labour party's junior ministers who lost his seat, it could be off the agenda for "five or ten years" because of Labour's demise. Social change according to Humphries doesn't happen without Labour in government.

Nevertheless it would be foolish to be complacent because there are pro-abortion deputies in all parties and in the ranks of the independents. Some deputies such as Clare Daly and Ruth Coppinger, are stridently pro abortion and will inevitably do their best to raise the issue in the new Dail. Much will depend on the outcome of negotiations which are about to commence on the formation of the next Government.

Editor's note. Mr. Buckley directors the work of the Society for the Protection of Unborn Children in Ireland and is a SPUC lobbyist at the UN in New York and Geneva.

Saving All Our American Idols

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

HARRISBURG, Pa.–The farewell season of "American Idol" marks the end of an era. A generation of unknown talents from across the country have graced the AI stage, eventually becoming household names like Carrie Underwood, Chris Daughtry, and Jennifer Hudson.

Recently, the original idol, Kelly Clarkson, gave an emotional performance in which she brought the audience, and herself, to tears singing her hit, "Piece by Piece." She said she wrote it when she was pregnant with her first child, talking about the father who had abandoned her when she herself was a little girl.

So often, a woman who walks into an abortion facility feels abandoned–abandoned by a boyfriend, a mother, a father. It is no coincidence that a poll once found that 80 percent of women who have had abortions said they would have continued their pregnancies and given birth had just one person supported them–just one person.

Often times, too, the woman is coerced into having an abortion by the very people who should be loving her and supporting her. Again, research shows as many as 60 percent of abortions are coerced, indicating a boyfriend, father, parent, or even a grandparent is forcing a woman to make a choice she'd rather not make.

Kelly Clarkson

I think, in the end, the premise of American Idol is a simple one–every talented young person deserves a shot at stardom. It's an equal opportunity musician-maker because, over the years, people of all different racial and social backgrounds have had their chance under the spotlight.

Over the 14 year course of the show, I wonder how many Idols we have lost to abortion. We know the yearly figure for abortion stands at about a million. A million children whose songs were left unsung.

The movement to make abortion unthinkable has as its essence the simple premise: everybody deserves a shot. Whether you're black or Latino, male or female, able-bodied or differently-abled, you deserve a shot at life. And no one has the right to take that opportunity away.

Let's keep in mind the lyrics of Kelly Clarkson's stirring new song Piece by Piece and pray that all fathers will courageously accept the duties of parenthood:

"He never walks away
He never asks for money
He takes care of me
He loves me
Piece by piece
He restored my faith
That a man can be kind
And a father could stay…"

Among pro-abortionists an unmistakable whiff of panic

From page 3

flushed their out-of-the-mainstream views on abortion out into the open. Mrs. Clinton is adroit at pretending to place limitations (however meager) on abortion but if you listen with even one ear you hear that she is, like Sen. Sanders, an abortion absolutist.

(In case you've missed it, Clinton has pledged to try to end the Hyde Amendment, a limitation on public funding of abortions that has conservatively saved the lives of a million people.)

It is our job to expose Clinton's craftily smuggled-in assurances delivered in language that, like high-pitched dog whistles, only pro-abortionists can hear. Bland assurances about a woman's right to choose for the unenlightened but promises of pro-abortion militancy to the insiders.

Moreover, remember as you read the March digital edition of *NRL News,* if we ask the wrong questions or employ the wrong measuring stick by which to judge success, we can easily miss the shifting tides.

We are passing legislation, important legislation which we know is making a difference both in saving lives and shaping public opinion. We know we are striking a nerve because even by pro-abortion standards, the hysteria with which they attack pro-life bills is astonishing. (It's a kind of unintended compliment.)

In a sense this is easy to understand. Their vocabulary is saturated with words like rights and power and autonomy and me, me, and (did I mention?) me. Lacking a peripheral vision, all they can see is what is ahead of them…and what is in it for them.

By contrast pro-lifers have been baptized in the words, grammar, and imagery of the sanctity of life, which rests upon the footers of interdependence and a foundational belief in the utter uniqueness of every single human being, born and unborn.

That impulse turned a small cadre of men and women into a powerful grassroots movement. As pro-lifers you and I are part of the greatest movement for social justice of our time.

What a blessing.

Obama nominates Judge Merrick Garland to replace Justice Antonin Scalia on U.S. Supreme Court

From page 2

Sen. Grassley referenced a very, **very** important article written by Adam Liptak for the *New York Times*: "Supreme Court Appointment Could Reshape American Life." The headline is no exaggeration.

The immediate context, of course, was/ is President Obama's attempt to replace the late Justice Antonin Scalia with a justice more to his liking–more like Justices Sonia Sotomayor and Elena Kagan–before his second term ends.

But the larger context is the possibility that the next President could easily nominate three or even four justices.

Here's Liptak's lead:

> **WASHINGTON — There is a reason Republican senators are so adamant in their refusal to let President Obama appoint a successor to Justice Antonin Scalia, a towering figure in conservative jurisprudence. An Obama appointment would be the most consequential ideological shift on the court since 1991, creating a liberal majority that would almost certainly reshape American law and American life.**

A few paragraphs later

> **Every time the party in the White House changes, there is a potential impact on the court as the new president tries to mold it when openings develop. But Mr. Obama has a relatively rare opportunity to make a third appointment at a crucial moment. "The court is now divided on many issues," the president said on Tuesday. "This would be a deciding vote."**

If that doesn't send a chill up and down your spine, I don't know what will.

Liptak quotes a number of legal scholars:

> **Until Justice Scalia's death, the four Democratic appointees were outnumbered by five Republican appointees, all of them more conservative. A fifth liberal vote could be profoundly consequential, said Vikram Amar, the dean of the University of Illinois College of Law.**
>
> **"Adding another justice who has instincts and outlooks similar to those of Justices Ginsburg and Sotomayor could call into question a number of contentious 5 to 4 precedents," he said, ticking off the decisions that might be overruled.**

To take just two examples in our area, the Supreme Court upheld the federal ban on partial-birth abortions by one vote. I don't need to remind you how grotesque these abortions are, but the four justices appointed by Obama and President Clinton had no problem opposing the ban.

As Sen. Grassley said

> **If the American people elect a liberal during this presidential election, and that President nominates another liberal to replace Justice Scalia, we can all expect a constitutional right to abortion on demand, without limitation.**

And then there is ObamaCare.

As NRLC has explained, "At the time Barack Obama was elected president in 2008, an array of long-established laws, including the Hyde Amendment, had created a nearly uniform policy that federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, with narrow exceptions. However, key provisions of the 2010 Obamacare health law sharply departed from that longstanding policy. Among other objectionable provisions, the Obamacare law authorized massive federal tax subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand."

Prof. Amar told Liptak that with the appointment of a fifth liberal, "the judicial debate over the fundamental permissibility of Obamacare would likely draw to an end."

President Obama is already floating names. He may nominate someone whose record is clear on abortion and other issues that are important to the base on the Democratic Party. Or he might try to slide someone through, someone with a thin, if not imperceptible record.

The point is…it doesn't matter.

The next justice is for the next president to nominate, and for the party that controls the Senate in January 2017 -- which will be determined in the November election -- to deal with.

To the chagrin of Senate Democrats and the Establishment Media, Senate Republicans have made clear they are not going to hold hearings. As Mrs. Tobias has noted, there are many reasons not to do, all reasons expressed previously by Senate Democrats.

Here's just one.

In 1992, Joe Biden, the vice president of the United States, was serving as chairman of the Senate Judiciary Committee. On the Senate floor, he counseled President George H.W. Bush to " NOT name a nominee until after the November election is completed." His reasoning?

"Others may fret that this approach would leave the Court with only eight members for some time, but as I see it, Mr. President, the cost of such a result, the need to reargue three or four cases that will divide the Justices four to four are quite minor compared to the cost that a nominee, the President, the Senate, and the nation would have to pay for what would assuredly be a bitter fight, no matter how good a person is nominated by the President, if that nomination were to take place in the next several weeks. In the end, this may be the only course of action that historical practice and practical realism can sustain."

Agreed. Be sure to read Mrs. Tobias' column.

Doctor-prescribed Suicide: Early 2016 update

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

After last year's unprecedented number of bills attempting to legalize assisting suicide, 2016 is again shaping up to be an active year on the euthanasia front. Despite last year's major setback when California become the fourth state to join the ranks of states that authorize doctor-prescribed suicide, many bills this session have already been defeated.

New Jersey had a bill that was held over from 2015. But that bill, already passed in the Assembly, never received the requisite support in the Senate, and did not come up for a vote in the session that ended in January of this year. A new bill has been introduced for the new session in New Jersey.

Additionally, bills were also defeated this year in Iowa, Colorado, and Utah. In Hawaii, no hearing was scheduled in the committee by the specified deadline so it is unlikely this bill can move this session.

However, dangerous bills are still making their way through other state legislatures. The primary organization behind these efforts is Compassion and Choices–or C&C (formerly the Hemlock Society). New York, another thickly populated state like California, is very high on the pro-euthanasia agenda. Other targets include Maryland, the District of Columbia, Massachusetts, and Connecticut.

In 2015, C&C gained attention using the case of Brittany Maynard, a California woman with a brain tumor. Maynard moved to Oregon where it is legal to have a physician prescribe a lethal dose of barbiturates to end her life.

Yet as disability rights advocate and President of Not Dead Yet Diane Coleman stated, "Assisted suicide legalization isn't about Brittany Maynard. It's about the thousands of vulnerable ill, elderly and disabled people who will be harmed if assisted suicide is legalized."

In addition to California, doctor-prescribed suicide is legal in Oregon, Washington, and Vermont –and it may have some legal immunity in the state of Montana, due to a court decision. Also, an appeal is pending before the New Mexico Supreme Court regarding that state's decades-old protective law against assisting suicide.

For bills introduced in other states, C&C typically has promoted essentially the same legislative language that currently governs both Oregon and Washington. The language, developed initially for Oregon, purports to "safeguard" the practice of doctor-prescribed suicide by restricting it to the terminally ill and the competent. The so-called safeguards have been widely criticized and the most recent versions of this already dangerous legislation contain even fewer.

These proposals prey on many of our worst memories and potential fears – either having seen or dreading having to go through the experience of someone dying badly. Rather than focus attention on improving pain management, training physicians how to manage illness, or teaching doctors how to interact and communicate in a respectful manner with older patients and those with disabilities, who are often marginalized, C&C touts suicide as a "solution."

Legislatures in multiple states have heard testimony against these bills from countless medical professionals, persons with disabilities, and those who have survived so-called "terminal" diagnosis. While abuses ranging from a patient with dementia receiving a lethal dose, to numerous non-terminally ill people getting prescriptions, to pressure from the state health plans to utilize the cheaper suicide option have been documented and exposed, the real depth of abuses is difficult to know.

The laws rely on the doctors providing lethal prescriptions to self-report. However, there is no penalty if they do not report statistics and complications.

Furthermore, doctors are not held to the ordinary standard of medical malpractice in implementing the "safeguards," but a far lower "good faith" one. Under Oregon law, the death certificate is actually falsified so that it lists some other condition, not suicide, as the cause of death. And much to the dismay of many families who found this out too late, the law does not require families to be notified of a patient's suicidal intent.

While, as noted, four states affirmatively legalize the practice of state-sanctioned suicide, an even greater danger is posed by the United States Supreme Court. We are in a situation, with the current Supreme Court vacancy, under which whoever gets to appoint the new Justice can definitively shift the Court's ideological balance.

Washington v. Glucksberg (1997)

The Court in the 1997 case *Washington v. Glucksberg* unanimously rejected the claim that there was a constitutional "right" to assist suicide, but many of the concurring Justices suggested they agreed only because there was not yet enough evidence to show that states could not rationally fear abuses.

Official reports from California, Oregon, and other states where euthanasia is legal, despite their misleading nature, could in the future be cited to claim that fear of abuses has become irrational, thereby giving the High Court an excuse to no longer allow states the constitutional latitude to prevent assisting suicide.

Indeed, in one concurring opinion in *Glucksberg*, then-Justice John Paul Stevens made a point of saying that he did not intend to "foreclose the possibility that an individual plaintiff seeking to hasten her death, or a doctor whose assistance was sought, could prevail in a more particularized challenge."

Maine Chain Adds Seventeen Abortion Clinics with Webcams

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

Overnight, the state of Maine has gone from having three abortion clinics, all in the state's major metropolitan areas, to having twenty abortion clinics scattered throughout the state.

How is that possible?

Up until the end of February, Maine Family Planning (MFP) had generally done abortions only at its Augusta clinic. Planned Parenthood did abortions in Portland, while another private group, the Mabel Wadsworth Women's Health Center performed abortions in Bangor

Now, after a limited pilot program in a couple of Maine's more rural counties, MFP has launched a webcam abortion program at all eighteen of the group's locations across the state. Maine thus joins Minnesota and webcam pioneer Iowa as states where chemical abortions are currently facilitated by webcams.

Maine's new webcam procedure is similar to what has been used in some of these other states, but with some slight variations.

MFP says it screens women over the phone, determining that they are not more than 70 days from their last menstrual period (LMP).

The official cut-off in the protocol from the U.S. Food and Drug Administration (FDA) was 49 days. However many in the industry have used an alternative protocol which goes to 63 days LMP. A few, like Maine, go higher. The concern has been that the abortion drugs lose "effectiveness" as the baby grows and the pregnancy progresses. It is also thought that side effects increase as well.

If she meets that criteria, the woman comes into her local MFP clinic and meets with a nurse practitioner who talks about her options, takes her medical history, and does her initial lab testing and ultrasound, and obtains what passes for informed consent in Maine.

In other webcam programs such as Iowa's, the mother may see only a certified medical assistant equipped only with a couple of classes from a nearby community college. Ultrasounds are common – to date the gestation and rule out ectopic pregnancy – but are not mandatory.

If the nurse practitioner determines the woman to be "medically eligible," the patient videoconferences with a physician at some central MFP location. He reviews her records, discusses the abortion process and, if satisfied, prescribes the two drugs [misoprostol and mifepristone] that make up the "RU-486" abortion technique

None of the news articles details the exact doses (FDA protocol had three pills of the mifepristone, two of misoprostol; the protocol pro-abortionists prefer uses one of first, four of the second). Nor do they describe how the woman gets the drugs, whether they are handed to her by the nurse practitioner, or whether, as in Planned Parenthood Iowa's affiliate, they are released from a desk drawer which has been remotely unlocked by the physician.

We are told that the woman takes the mifepristone there, on camera, while the physician watches. She takes the prostaglandin misoprostol home with her to take six to 48 hours later, after the mifepristone has had an effect.

Mifepristone blocks the mother's progesterone receptors, shutting down the baby's life support system. Misoprostol initiates powerful, painful contractions to expel the tiny emaciated corpse.

Nor is there a description of the woman's encounter with the aborted child, but MFP admits that side effects include heavy bleeding and cramping, nausea, and stomach upset. Those familiar with the chemical abortion process know that these are common and can be quite serious.

It is not clear what MFP expects this "person" to do, but the Bangor Daily News (BDN, 2/9/16) reports that "Patients must agree to have a support person by their side as the pregnancy is terminated." One supposes such a person would be available to get the patient to a hospital if emergency help was needed.

We are told that MFP has the patients return to the clinic a week later to determine whether or not they are still pregnant. If they are, BDN says "patients must agree to end the pregnancy by another method that uses suction to empty the uterus."

Promoters of the webcam abortion, such as Daniel Grossman of the infamous abortion academy at the University of California, San Francisco (UCSF), argue that these "improve access to early abortion [and] decreases later abortion," which he asserts "would result in improved health outcomes" (*Mother Jones*, 2/29/16).

See "Maine," page 29

PPFA's Political Arms brag about how much money they will spend on behalf of Hillary Clinton

By Dave Andrusko

Am I lucky, or what? My family lives in Virginia and POLITICO is reporting that the cash-drenched political arms of Planned Parenthood are going to spend a boatload of money in my state, Michigan, and Texas.

Let's check the boilerplate statement of Deirdre Schifeling, executive director of the Planned Parenthood Action Fund. (The PP Action Fund and Planned Parenthood Votes are the two entities vowing to make a "seven figure, pro-Clinton ad buy.")

"Hillary Clinton is the only candidate in this race who has made women's health and rights a priority. Hillary Clinton has been fighting for women and their families for her entire life." Schifeling added, "Politicians in Virginia, Texas and Michigan have been stripping women and families of their basic health and rights. Women in these three states know how important it is to elect a champion who will fight for women. That's why so many women are standing up in support of Hillary. They know what's at stake, and they know she'll fight for us."

Three quick thoughts, besides the obvious fact that Mrs. Clinton has had major problems winning the support of Democratic women in her battle with fellow pro-abortionist Democratic Socialist Sen. Bernie Sanders.

We're told "The campaign will use videos, digital ads, phone banks and mailers" in support of the former Secretary of State whom the largest "provider" of abortions endorsed over Sen. Bernie Sanders a while back. We can just hope/pray we can avoid the tedious onslaught.

Second, back in January, the *New York Times* (of all places) wrote about their cheek by jowl relationship. In writing about PPFA's first-ever-in-a-presidential-primary endorsement of Clinton, Amy Chozick observed

> **The Clinton campaign has functioned almost as a marketing arm for Planned Parenthood, featuring a section on its official website titled "17 times Hillary Clinton stood with Planned Parenthood," Facebook messages and Instagram posts with the hashtag #StandwithPP. (Ms. Richards' daughter works on the campaign's staff in Iowa.)**

Third, PPFA's political arms will keep the press updated with hot-off-the-press PR statements about how they are spending their latest cache of money. But to be fair to Chozick, she did note that the endorsement was/is not an unmixed blessing:

> **The endorsement does not come without risks for Mrs. Clinton. Planned Parenthood is a polarizing topic and the group suffered damaging public relations setbacks this summer when anti-abortion rights activists released video of an official from the group discussing the price of providing fetal parts.**

The Planned Parenthood Action Fund and Planned Parenthood Votes will spend, spend, spend.

But come November, they will lose, lose, lose.

Bill to Ban Dismemberment Abortions Approved by Mississippi House of Representatives

By Dave Andrusko

JACKSON, MISS. — The Mississippi State House of Representatives has approved a bill to ban dismemberment abortions. Bill 519 passed overwhelmingly by a vote of 83-33. The legislation is authored by Rep. Sam Mims, R-McComb.

Dismemberment abortion, performed on a fully-formed, living unborn baby, is a barbaric and dangerous procedure in which the unborn child is literally ripped apart in the womb and pulled out in pieces. As stated by U.S. Supreme Court Justice Anthony Kennedy in Stenberg vs. Carhart, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb."

The Mississippi Unborn Child Protection from Dismemberment Abortion Act would end such dangerous procedures in our state.

Mississippi Right to Life President Barbara Whitehead commended the House of Representatives for passing this legislation to protect unborn children in the state.

"Dismemberment abortion is unimaginably cruel and has no place in Mississippi," Whitehead said. "We look forward to joining the states of Kansas and Oklahoma in passing this strong pro-life legislation."

The bill is also making its way through the West Virginia legislature and has been introduced in the Nebraska legislature.

Mississippi State Representative Sam Mims

For more information on Dismemberment Abortion, see www.nrlc.org/statelegislation/dismemberment/

Maine Chain Adds Seventeen Abortion Clinics with Webcams

From page 27

These claims are, at the least questionable, similar to ones Grossman has made in the past.

Little mention is made of the number of women who have suffered serious medical complications like hemorrhage, ruptured ectopic pregnancy, or significant infections, or even died, after taking these drugs.

The ability of groups like MFP and Planned Parenthood to reach out to women in rural areas with webcam abortions will seem like less of an advantage when a woman or her "support person" are scrambling to get her to emergency medical help.

This is why a number of states have passed legislation requiring that the prescribing physician actually be in the same room as the patient receiving the drugs. Her health and safety should be somewhat more secure if she is physically examined and screened by the doctor and that doctor is close by if and when she begins to have problems.

Such a requirement makes sense, if a woman's safety is the aim, rather than just expanding the abortion business and allowing an abortionist to sit in his office and make some easy money with a couple of clicks of his computer mouse.

Proponents want to argue that the webcam abortion is just another application of "telemedicine," which enables doctors to see and treat patients remotely. The additional risk involved may be worth it when someone is trying to save a life and there is no alternative way to obtain urgent care. But it is not good medicine when it involves exposing a perfectly healthy woman to significant risk and is done to take, rather than to preserve, a human life.

Maine's legislature has not previously considered legislation that would limit these abortions, but could do so now that this development has become known. Hopefully before more women and their unborn children die.

Sophie's Mom

By Erin Mersino

Like many women, I spent my early youth nurturing baby dolls. Some could hold their own bottle, some could cry by being flipped upside down, some looked more realistic than others—but they all shared one commonality. My dolls were all girls, or at least my imagination willed it so. How I loved donning my little ladies in pink, lacy dresses and the most stylish accessories. From as young as I can remember, I always dreamed of having a daughter of my own, and I just learned that I am having a girl.

The news hit my husband and I unexpectedly. No one can ever be fully prepared for the gravity of any pure and astounding blessing, although we certainly had thought about this moment.

My husband, Paul, and I met in law school. Immediately, I was captivated by Paul's classically handsome good looks, but even more drawn to his intelligence and confidenct ease. Paul, in contrast, showed no interest in me. I would eventually win this argument.

A few years after law school, Paul and I crossed paths at a Detroit Tigers baseball game. That fateful meeting turned into a beer after the game. And by our second date, I found Paul lying on his back on the couch in my apartment, hands behind his head, and eyes gazing at ceiling. Some of our early dating is beclouded from the thrill and nervousness of our new love or lost due to time gone by, but this conversation remains clear. We discussed baby names, and specifically how we both always envisioned having a daughter named Sophie.

Later, my husband's friends would reveal that Paul wanted a daughter by the name of Sophie to such an extent that they would advise Paul whether his dating prospects were "Sophie's mom" material or not. In time, his friends generously granted me the well-coveted title of Sophie's mom. Paul and I married, and, naturally, had three sons for whom we did not have planned names but love beyond measure.

Erin Mersino with her sons John Thomas, 7, and Colin, 3, enjoying some ice cream, one of life's simple pleasures.

Which brings us to this past November: a positive pregnancy test and with it a tidal wave of loving ardor. Paul asked me if I cared if our baby was a boy or a girl, and with wholehearted honesty, I answered no.

On our wedding anniversary, we scheduled our 12-week ultrasound. Paul and I walked through the open automatic doors of our doctor's office, and next thing you know, we were in the dimly lit ultrasound room, the light from the baby's image on the monitor reflecting on Paul's smiling face. Paul is holding my hand. We see our baby's cute little chin, we see our baby's long legs curled into her chest, we see her ten fingers and ten toes. But, there is no movement in the baby's chest. There is no heartbeat. Our baby is not kicking. Her arms are still, and her body is slowly floating on the screen. I see our baby has died. The room freezes with silence.

Having witnessed ultrasounds, even as early as eight weeks, I have glimpsed at life in its early stages. Nothing made the reality of this life more profound and important, than also witnessing death at this young age. With every cell in my body, I craved to hear the echoing waves of our baby's heartbeat. This desire followed with more silence. As I looked at this beautifully formed baby in my womb, I thought about all the mothers who purposefully end the life of their child at this stage in pregnancy without realizing the effect of their acts. If those mothers knew what I see, would they still want to stop the baby's heart from beating? Would they still want to snuff the life from their baby? I thought about how God has witnessed the life retched from over 58 million babies in the womb in the United States alone since Roe v. Wade. How a large percentage of abortions occur after 9 weeks, and those were not natural deaths in accordance with His will. In this moment, I comprehended that this baby, no—all of my children, never belonged to me, but always to Him, the Creator of all life. Only He knows when to call us home, and my baby's call came quickly. She must have been a first round draft pick.

The coming weeks proved difficult. My husband and I

See "Sophie's Mom," page 31

Man sentenced to nearly ten years for spiking girlfriend's food with chemical abortifacient, killing 8-10-week-old unborn baby

By Dave Andrusko

When last we reported on Scott Bollig, a jury of seven men and five women had found the 32 year old of WaKeeney, Kansas, guilty of conspiracy to commit first-degree murder.

At issue was the 2014 death of Naomi Abbott's unborn baby after Abbott ingesting the abortifacient mifepristone, James Bell of the Hays Post reported.

However, after five hours of deliberation, the jury subsequently found Bollig not guilty of first-degree murder, aggravated battery, and distribution of adulterated food.

Although his attorney insisted that he was not trying to relitigate the case during the sentencing phase, Dan Walter did file two motions prior to the proceeding for what is known as "a downward departure sentencing" and a postconviction bond.

James Bell of the *Hays Post* explained that "Downward departure sentencing would have allowed District Judge Glenn Braun to forgo Kansas sentencing guidelines." Judge Braun denied both motions and sentenced Bollig to 117 months in jail. Walter said he would file an immediate appeal.

In denying the bond request, Judge Braun said "now the presumption of innocence is gone in the case and Bollig is a potential flight risk," Bell reported.

Scott Bollig was found guilty of conspiracy to commit first-degree murder and sentenced to 117 months in jail. Naomi Abbott lost her unborn baby in 2014 after ingesting the abortifacient mifepristone.

Bollig has insisted he was innocent, that Bollig "did it to herself." In addition, Bell reported,

> **He also testified during his trial he had found odd jobs in construction and on the family farm and had continued his education – even earning a pilot's license.**

At the trial, Ms. Abbott testified that on a Sunday in January 2014, Bollig cooked pancakes for her. By Thursday she was seeking medical treatment for extreme nausea and dehydration. Bell reported.

Following that visit, she said she was admitted to the hospital for IV treatment of a urinary tract infection, chlamydia, dehydration, nausea and extreme cramping.

The following morning, Abbott said she awoke finding herself covered in blood. …

It was later confirmed she had lost the baby.

A pathologist and medical examiner testified that the death of Abbott's unborn baby was "not a natural miscarriage" but the result of the abortifacient mifepristone.

WaKeeney, Kansas, Police Chief Terry Eberle testified that on February 20, 2014, Bollig told him "he had sprinkled a drug called mifepristone [an abortifacient] on pancakes eaten by Abbott," Bell reported.

But Walter labored to make the case that Abbott was aware she was taking an abortifacient but later panicked and blamed Bollig. The jury did not buy the explanation but by planting the idea that Naomi Abbott was not a victim, it may have played a role in convincing the jury to convict Bollig of a lesser charge.

Sophie's Mom

From page 30

buried our baby in a miniature white coffin during the cold, snowy winter in a ceremony conducted by our beloved priest and joined by only one other person, the director of the nearby funeral home. We were not joined by groups of friends and family, nor did we invite them. Never was the stark impossibility more clear that our baby would not achieve greatness on earth. Not only would we never be able to hold her, but she would never enjoy the company of friends, attend a daddy/daughter dance, or get to laugh at her dad's jokes, and she certainly would never have her name on a building or become president. We were disqualified from engaging in all the delusions of grandeur in which parents relish. We mourned the future our baby would never live. Yet through our mourning, our faith unflinchingly abounds, for it was all too apparent that God never hesitates to have faith in us, even when people abuse the free will He grants us, even when people blindly destroy life—God's greatest creation. God wants His love, peace, and forgiveness to overwhelm us, if we just let it. Just let it. Choose life over death. Choose faith over weakness from shame or selfishness or depression. Choose His way—it will never disappoint.

About a month after we buried our baby, my husband received a call from our doctor's office with the results of genetic testing from which the sex of our baby could be determined. The results were not conveyed as a joyous "It's a girl" or "It's a boy" moment. Instead, my husband was simply informed that our baby was "female." When my husband told me, I could hear some trepidation and longing in his voice. When I heard the news, however, I felt nothing but a rush of pure excitement. It's our daughter, Sophie! Some may have thought to save the name. We didn't. The best does not exist in this world but will come in time. The responsibility is now on us to earn our way home so we can finally have our Sophie.

Pope's sermons-in-a-tweet are making a difference around the globe

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

To tweet or not to tweet? That seems as if it is one of the pressing questions of the 21st century.

For those of you who are not familiar with it, a tweet is a communication of 140 characters or fewer on Twitter, the social media platform which has an estimated 320 million users, according to a report posted on expandedramblings.com.

Many celebrities have found Twitter helps to solidify their fan base. Pop star Katy Perry has more than 84 million Twitter followers at last count; pop prince Justin Bieber, 76 million.

And, while at eight million followers he has only a fraction of the following of music superstars, Pope Francis seems to be revolutionizing the papacy with his own Vatican City tweets.

In addition to being a religious leader, the Pope is a teacher on the global stage. His tweets are part of a catechism of caring, a cyberspace salute to life at all its stages and in all its forms. By using the tool of technology, Pope Francis is making the pro-life case to a broader audience—and he's doing it in multiple languages.

In the book, The Tweetable Pope: A Spiritual Revolution in 140 Characters, journalist Michael J. O'Loughlin demonstrates how the Pope's sermons-in-a-tweet are making a difference around the globe.

In fact, O'Loughlin devotes an entire chapter of his book to Pope Francis' pro-life tweets. Consider this classic tweet from May of 2013:

> **It is God who gives life. Let us respect and love human life, especially vulnerable life in a mother's womb.**

And this, from May of 2014:

> **A society which abandons children and the elderly severs its roots and darkens its future.**

Certainly, that would seem a poetic way to formulate an argument against abortion and euthanasia.

In June of 2013, the Pontiff tweeted,

> **"With the 'culture of waste', human life is no longer considered the primary value to be respected and protected.**

And isn't that what abortion ultimately is: a tragic waste of human life?

Pope Francis' dedication to the cause of life might have been best demonstrated in his tweet in January of 2015:

> **Every life is a gift. #marchforlife**

It has been said that some of the most memorable passages of the Bible are easily tweetable:

> **You shall love your neighbor as yourself. Before I formed you in the womb, I knew you. Do unto others as you would have them do unto you.**

We are blessed today with technology that allows us to communicate with the world with our cell phones. If you have not already joined Twitter.com , consider doing so. The message you tweet may save a life.

And you may be helping to rebuild America's culture of life, 140 characters at a time.

Clinton and Sanders lay out their abortion on demand/ paid for by you agenda at Detroit Town Hall

By Dave Andrusko

We've posted multiple times about the anger/unease/ frustration expressed by assorted and sundry pro-abortionists that after **seven** Democratic presidential debates, the candidates (all resolutely pro-abortion) had not been asked a single question about abortion.

That dry spell ended March 7 when *Fox News* hosted a town hall in Detroit with former Secretary of State Hillary Clinton and Democratic Socialist Sen. Bernie Sanders (Vt.). What did we learn from their respective answers? [1]

For starters that having answered questions (in her own manner) about abortion many times, Clinton was much more adroit –that is to say evasive and insincere–than Sanders. In response to similar questions from Bret Bair, they both landed at the same point: no limitations/restrictions in practice at any time during pregnancy.

But Sanders said straightforwardly what Clinton did between qualifications and yes-but responses. "Can you name a single circumstance at any point in a pregnancy in which you would be okay with abortion being illegal?" Baier asked Sanders.

"It's not a question of me being okay," Sanders said, thanking Baier for the question. "… Let me be very clear about it. I know not everybody here will agree with me. I happen to believe that it is wrong for the government to be telling a woman what to do with her own body. I think, I believe, and I understand there are honest people. I mean, I have a lot of friends, some supporters, some disagree. They hold a different point of view, and I respect that. But that is my view."

After a quick Sanders detour that blasted Republicans, Baier tried again: "I guess the genesis of the question is that there are some Democrats who say after five months, with the exception of the life of the mother or the health of the baby that perhaps that's something to look at. You're saying no."

Hillary Clinton and Sen. Bernie Sanders (Vt.) [AP]

Sanders: "I am very strongly pro-choice. That is a decision to be made by the woman, her physician and her family. That's my view."

Baier had given Sanders the opportunity, which he rejected and which Clinton would seize upon. He couldn't think of any exception. (BTW, presumably Baier meant by "health of the baby," situations in which a prenatal diagnosis concludes the baby would be born with anomalies incompatible with life.) When it was her turn (they were interviewed separately), Clinton immediately segued into the March 3 oral arguments before the Supreme Court over Texas's HB 2.

"Do you think a child should have any legal rights or protections before it's born?" Baier said. "Or do you think there should not be any restrictions on any abortions at any stage in a pregnancy?"

> **"Well, again, let me put this in context, because it's an important question. Right now the Supreme Court is considering a decision that would shut down a lot of the options for women in Texas, and there have been other legislatures that have taken similar steps to try to restrict a woman's right to obtain an abortion. Under Roe v. Wade, which is rooted in the Constitution, women have this right to make this highly personal decision with their family in accordance with their faith, with their doctor. It's not much of a right if it is totally limited and constrained. So I think we have to continue to stand up for a woman's right to make these decisions, and to defend Planned Parenthood, which does an enormous amount of good work across our country."**

Having heard Clinton's filibuster, Baier said, "Just to be clear, there's no — without any exceptions?"

"No," Clinton said. "I have been on record in favor of a late pregnancy regulation that would have exceptions for the life and health of the mother. I object to the recent effort in Congress to pass a law saying after 20 weeks, you know, no such exceptions, because although these are rare, Bret, they sometimes arise in the most complex, difficult medical situation."

Baier: "Fetal malformities [malformations] and … "

Clinton: "And threats to the woman's health."

Baier: "Sure."

So, in sum, what was the answer from the woman who, while in the Senate, voted against the ban on partial-birth abortions?

Clinton's against requiring abortionists to have admitting privileges at a nearby hospital

See "Detroit," page 39

Supreme Court temporarily stops Louisiana from enforcing law requiring abortionists to have admitting privileges

By Dave Andrusko

In a brief order, the Supreme Court March 4 temporarily stopped Louisiana from enforcing its law that requires abortionists to have admitting privileges at a hospital within 30 miles. The unsigned order came two days after the justices heard oral arguments in a case from Texas that raised that issue (Woman's Health v. Hellerstedt) and another that required abortion clinics to meet the standards of ambulatory surgical centers.

In early February U.S. District Judge John deGravelles found that the admitting privileges requirement would place an "undue burden" on Louisiana women seeking an abortion. He issued a preliminary injunction preventing the law from being enforced against the clinics involved in the challenge: Hope Medical Group for Women in Shreveport, Bossier City Medical Suite in Bossier City, and Causeway Medical Clinic in Metairie.

However, on February 24, an unanimous three-judge panel of the 5th Circuit Court of Appeals lifted the judge's order. According to Louisiana Right to Life, the panel accepted all of the state's arguments–that the district court did not follow 5th Circuit precedent; ignored the state's unrebutted evidence that more than 90 percent of Louisiana women would still be within 150 miles of a provider;

Judge John deGravelles

and ignored the secretary's determination that "Dr. Doe 2's" privileges at Tulane were sufficient.

It was this ruling that the High Court temporarily blocked.

"The Louisiana and Texas laws have been on similar trajectories," the New York Times' Adam Liptak explained. "The high court said it was granting the Louisiana stay 'consistent with the court's action' in the Texas litigation. The Supreme Court last summer prevented parts of the Texas law from going into effect while that case continued, so Friday's move may have been made to maintain the status quo until the court announces the Texas ruling."

Pro-abortionists saw it otherwise. Nancy Northup, the president of the Center for Reproductive Rights which challenged Texas' HB 2 in court last week, said in a statement that the Supreme Court had again "stepped in to preserve women's ability to get the constitutionally protected health care they need."

By contrast, "We disagree with the court's unexplained decision and are disappointed," said Louisiana Attorney General Jeff Landry "We remain confident that we will prevail on the merits."

Added Benjamin Clapper, executive director of Louisiana Right to Life

> **"We are disappointed that the Supreme Court has blocked our common-sense admitting privileges law until further appeals in the 5th Circuit, and ultimately, the Supreme Court's upcoming decision coming in June on a similar law in Texas. Abortion physicians shouldn't have exceptions to safety standards, and we hope the Supreme Court will ultimately decide to protect Louisiana's right to enact appropriate regulations to protect the health of its citizens."**

The other portion of Texas's HB 2 pro-abortionists challenged requires abortion clinics to meet the standards of ambulatory surgical centers.

Planned Parenthood closes Augusta Health Center abortion clinic

By Dave Andrusko

Pro-lifers began protesting Planned Parenthood Southeast's Augusta Health Center in Marietta, Georgia, almost immediately after it took over a building in 2015 that formerly housed a pediatric clinic.

According to a news release, the Augusta Health Center is being closed due to a "commitment to fiscally responsible decisions which ensure high quality patient care," the *Augusta Chronicle* reported.

> **"In the shifting health care landscape both locally and nationally," the statement said, "Planned Parenthood must constantly assess operational efficiency and identify how to remain strong, serving as many patients as possible over both the short and the long term. As a result, Planned Parenthood Southeast is redirecting resources to other communities within the established service area."**

But a story in the *Atlanta Journal-Constitution* paints a far different picture. After protests last August

> **Then came a lawsuit by the former tenant and landlord, saying the operator, Daniel McBrayer, a Marietta OB-GYN, pulled a fast one and they didn't disclose it would operate as an abortion clinic, according to Channel 2 Action News.**
>
> **They also claimed the staff inside were performing medical procedures they weren't licensed for.**
>
> **The case went into mediation, which apparently resulted in the decision to close, Channel 2 reported.**

Augusta Health Center in Marietta, Georgia closing

The Augusta Care Pregnancy Center cheered the closure and said so in an email to the *Augusta Chronicle*:

> **"For 35 years, Augusta Care Pregnancy Center has prayed that Augusta Planned Parenthood would close," the group said. "Thousands of pregnant mothers have been wounded, some physically and some mentally. God has answered many prayers of the Augusta people."**

When it sued, the former tenant, Cobb Pediatrics, P.C., "allege[d] the clinic misrepresented itself on a sublease agreement as an office for 'normal' gynecological services because it provides abortions," the Chronicle reported.

But Staci Fox, the CEO of Planned Parenthood Southeast, said there is "no medical distinction" between a gynecology clinic and an abortion clinic. Fox told the *Chronicle*

> **"Abortion care is part of standard gynecological care," she said, adding many doctors and clinics perform abortions for their regular patients but do not publicize it in order to avoid negative attention. "There are some clinics that do more abortions than others."**

Medical student confronts abortion, becomes pro-life

By Sarah Terzo

Abortion becomes very real when it is seen instead of viewed as an abstract moral and political debate.

Some time ago, I was sent this testimony from a medical student who preferred not to leave a name. He had just witnessed an abortion as part of his training. Deeply troubled, he wanted to tell someone. He was haunted by what he had seen.

The student starts out by saying that he was firmly in the pro-choice camp before witnessing the abortion:

"To begin, I must say that until yesterday, Friday, July 2, 2004, I was strongly pro-choice. I am a pre-medical student, and being very scientific, I understood that the mass of cells that forms the fetal body is not often capable of survival before 24 weeks in the womb. I am also somewhat liberal, and I believed that every woman should have the right to choose what she did with her body and one that could potentially be growing inside of her."

The student had heard the pro-choice movement's slogans. He took them at face value, believing that the unborn baby was "a mass of cells" and not an individual human being. He felt that a woman "had the right to control her body" and did not sympathize with the tiny baby inside her. He did not believe in the child's humanity or right to life.

6 week human embryo

Then he took the opportunity to see an abortion performed. Because of his pro-choice beliefs, he did not expect to be disturbed by anything he would see:

"This summer, I was accepted into a pre-medical program in NYC in which we are allowed to shadow doctors and see all sorts of medical procedures. When given the opportunity to see an abortion, I did not hesitate to accept the offer. It was something new, edgy, and exciting that I had never seen."

He then describes exactly what he witnessed in the operating room:

"When I entered the operating room, it felt like any other I had ever been in. On the table in front of me, I saw a woman, legs up as if delivering a child although she was asleep. Next to her was a tray of instruments for the abortion and a vacuum machine for suctioning the fetal tissues from the uterus. The doctors put on their gowns and masks and the procedure began. The cervix was held open with a crude metal instrument and a large transparent tube was stuck inside of the woman. Within a matter of seconds, the machine's motor was engaged and blood, tissue, and tiny organs were pulled out of their environment into a filter. A minute later, the vacuum choked to a halt. The tube was removed, and stuck to the end was a small body and a head attached haphazardly to it, what was formed of the neck snapped. The ribs had formed with a thin skin covering them, the eyes had formed, and the inner organs had begun to function. The tiny heart of the fetus, obviously a little boy, had just stopped — forever. The vacuum filter was opened, and the tiny arms and legs that had been torn off of the fetus were accounted for. The fingers and toes had the beginnings of their nails on them. The doctors, proud of their work, reassembled the body to show me. Tears welled up in my eyes as they removed the baby boy from the table and shoved his body into a container for disposal."

Since this abortion was done by suction, the baby must have been less than 13 to 14 weeks,

See "Student," page 40

Straight out of "1984": Google Chrome extension changes "pro-life" to "anti-choice"

By Luis Zaffirini

On February 17, the National Institute for Reproductive Health Action Fund (its name tells you all you need to know about its position on abortion) released an extension for the Google Chrome web browser. The extension is called "Choice Language."

Extensions are small add-on programs that modify the way the Google Chrome browser functions. They typically help you perform an often repeated function more quickly or easily.

What does "Choice Language" do? One thing: its function is to take every instance of the term "Pro-Life" in web pages that the user is viewing and change it to "anti-choice."

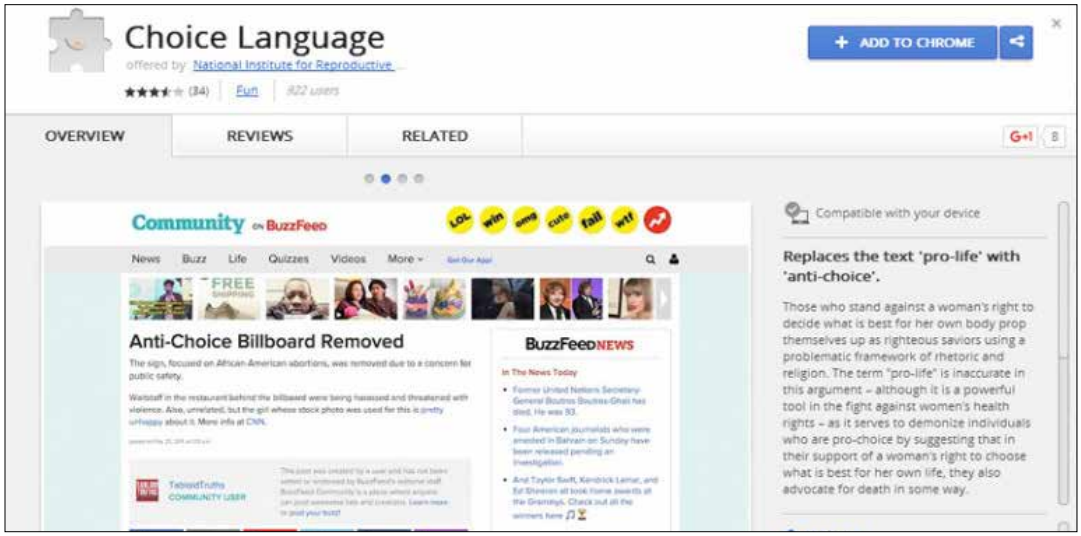
For now the extension is only available using the Google Chrome web browser.

It's bad enough that "pro-life" is replaced with "anti-choice" in major news headlines, but even direct quotes are no longer safe! So if someone accurately describes me as "pro-life Luis Zaffirni," it would become "anti-choice Luis Zaffirini."

So if your feelings about two-word hyphenates are stronger than your capacity to comprehend what you're reading, this is the app for you.

The longer description from the National Institute for Reproductive Health Action Fund is filled with anti-life animus:

> **Those who stand against a woman's right to decide what is best for her own body prop themselves up as righteous saviors using a problematic framework of rhetoric and religion. The term "pro-life" is inaccurate in this argument – although it is a powerful tool in the fight against women's health rights – as it serves to demonize individuals who are pro-choice by suggesting that in their support of a woman's right to choose what is best for her own life, they also advocate for death in some way.**
>
> **Tired of seeing the fraught term "pro-life" used ubiquitously and incorrectly, we conceived of this extension to shift the language of the discussion towards a more accurate framework. Using the language of pro-choice and anti-choice eliminates the sneaky and damning implications of a model built around "pro-life" versus pro-choice language. Pro-choice advocates are not anti-life, anti-choice advocates seek to eliminate a woman's right to choose. A conversation built on pro-choice versus anti-choice language is a more accurate one, and is one that does not vilify those who identify as anti-choice any further than their own actions would suggest.**



It does not appear to be a widely-used extension at the present. In fact, it has only about 35 reviews. Some of the five-star ratings came with such praise as:

> **This is fantastic. The term "pro-life" is a misleading, biased, propaganda term that hardly describes what people are who aim to strip away women's reproductive rights and health care.**
>
> **This is awesome. I have always felt that the words "pro-life" is just a misnomer for people who want to restrict women's reproductive freedom. Thank you for making this extension.**
>
> **Using the deceptive term 'pro-life' instead of the more accurate 'anti-choice' is a HUGE pet peeve of mine, so I absolutely LOVE that someone actually made this!**

Interestingly, a Pro-Life response to the pro-abortion extension was released yesterday on the Chrome app store by a user name Catholic Engineer. The description:

> **Tired of seeing news sites post "politically correct" articles, referring to the tireless work of those brave enough to fight for the lives unborn as "anti-abortion" or "anti-choice"? This extension replaces those phrases with [the] more accurate phrase "pro-life."**

Kansas Senate committees pass two pro-life bills

By Kathy Ostrowski, Legislative Director, Kansans for Life

Pro-life Senate Public Health & Welfare chair, Mike O'Donnell and Senate Ways & Means chair, Ty Masterson, expedited committee passage of two pro-life Kansas bills last week.

On Wednesday, March 9, the Senate Public Health & Welfare committee passed Simon's Law, SB 437, a bill addressing parental rights and life-sustaining treatment for minors.

Only one committee member, Sen. Laura Kelly, voted against passage. Sen. Kelly complained that medical opposition had not come forward to oppose this eminently reasonable and protective bill!

Simon's Law was named for a baby, Simon Crosier, who was allowed to die due to a DNR (Do Not Resuscitate) medical order issued without knowledge or permission of his parents. His parents believe Simon was discriminated against due to his Trisomy 18 condition.

Kansans for Life brought the committee many compelling testimonials from other families whose medically fragile children were harmed and/or denied medical resuscitation due to negative "quality of life" value judgments from physicians and hospitals.

Simon's Law will do two important things:

1. Prevent any medical facility or practitioner from secretly placing a DNR order for children under 18 years of age without written consent of at least one parent or guardian.

2. Require that, upon request, a facility must disclose any existing written policy on denial of life-sustaining treatment.

Pro-life Senate chairmen, O'Donnell & Masterson

The Senate Public Health & Welfare committee added clarifying language defining "futile care" and a process for DNR conflict resolution. The full Senate is expected to vote on Simon's Law within days.

BILL THAT PLANNED PARENTHOOD HATES

On Tuesday, March 8, the Senate Ways & Means Committee passed out a pro-life bill that would make permanent the way the state health department (KDHE) assigns grants using Title X federal funding.

SB 436 codifies the original 2007 Huelskamp-Kinzer proviso, prioritizing comprehensive care facilities as Title X recipients. The proviso was annually passed– but line-item vetoed– until signed into law in 2011 under Gov. Sam Brownback.

Planned Parenthood sued in 2011 to get that Title X money for which it no longer qualified. The Tenth Circuit Court of Appeals denied their claim in 2014.

The ruling vindicated Kansas, and what former KDHE secretary, Robert Moser, had maintained: "*Title X was not intended to be an entitlement program for Planned Parenthood*."

SB 436 prioritizes that full-service public clinics and hospitals are first in line for Title X reproductive-services money. Remaining money is secondarily prioritized to private, full-service clinics and hospitals. The measure strengthens local 'safety net' health clinics.

The Senate Ways & Means committee passed SB 436 with Senator Marci Francisco as the only no vote. This bill is also expected to get a vote from the full Senate in short order.

During committee action, Sen. Francisco, with support from Sen. Kelly, had offered an amendment to SB 436 that would have created a brand new KDHE funding stream for Planned Parenthood!

The committee soundly defeated that amendment.

The Pro-life ban on dismemberment abortions in West Virginia: How it came to pass

From page 21

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 white gelatinous material coming through the cervix. That was the baby's brains."

When told the bill was unconstitutional, I shared a written memorandum prepared by Mary Spaulding Balch, J.D., director of state legislation for the National Right to Life Committee.

In 2007 the Partial-birth Abortion Ban (PBA) was upheld by the Supreme Court in *Gonzales v. Carhart*. Because of the close resemblance of the constitutional issues settled in Gonzales, it is highly likely that the U.S. Supreme Court would uphold the dismemberment ban against constitutional attack.

On February 23, SB 10 was on the agenda in the House Health Committee, where a series of hostile amendments were rejected by voice votes.

On February 24, in Health Judiciary pro-life delegates voted overwhelmingly to send it to the floor with a recommendation that it "do pass."

It was time for passage in the state House with first, second and third readings.

On Monday, February 29, SB 10 advanced to third reading with an amendment pending.

Delegate Joe Ellington, an ob/gyn, defending SB 10. He discussed a number of procedures in which boundaries have been placed on physicians in the state, including tubal ligation, cloning and euthanasia.

And then…following nearly two hours of debate, an overwhelmingly bi-partisan majority passed the Unborn Child Protection from Dismemberment Abortion Act, 86-13.

Gov. Earl Ray Tomblin (D) vetoed the bill which both houses easily overrode.

It is always a challenging, yet incredible opportunity to work closely with pro-life legislators, to help educate them through the legislative process in order to pass laws that protect unborn children.

Thanks to the many pro-life West Virginians who worked for this law, who educate their neighbors, and who elect pro-life legislators. When SB 10 goes into effect in May, West Virginia will be better place for all those who value human life.

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

Clinton and Sanders lay out their abortion on demand/paid for by you agenda at Detroit Town Hall

From page 33

and requiring abortion clinics to meet the standards of ambulatory surgical centers (the Supreme Court case).

She's against a ban on abortions performed on babies capable of experiencing excruciating pain while they are being killed (the "after 20 weeks" reference).

Clinton is against a ban on any abortion performed at any point in pregnancy if there is not the all-purpose escape clause—the "health of the mother."

But everybody—surely every pro-abortionist—already knew this. Why did they want the issue raised in the debates?

Just to get them on the record? Possibly but unlikely.

To move the discussion beyond "support for *Roe v. Wade*"? Sure.

The objective is to try to demonize even the most commonsense limitation—which Clinton is good at—and to move on to other parts of the ever-expanding abortion agenda. Near the top is ending the Hyde Amendment, a limitation on federal funding which is conservatively estimated to have saved at least a million lives.

And in addition to all that (as an article in *Rolling Stone* maintained in January), they want the Democratic candidates to explain "How will they lead a national conversation that questions the assumptions that abortion is somehow always a difficult decision, or even a moral failure?"

Voila! The complete "normalization" of abortion, paid for by you and me, to annihilate kids up until the moment of birth.

That's the Democratic position on abortion.

[1] Kudos to the *Washington Post* for transcribing both answers in their entirety.

Amazing Use of Technology Advances Pro-Life Cause

By Carol Tobias, President

I'm frequently asked by reporters why the pro-life movement is doing so well, especially among young people. I give a variety of reasons but one of them is always the ultrasound.

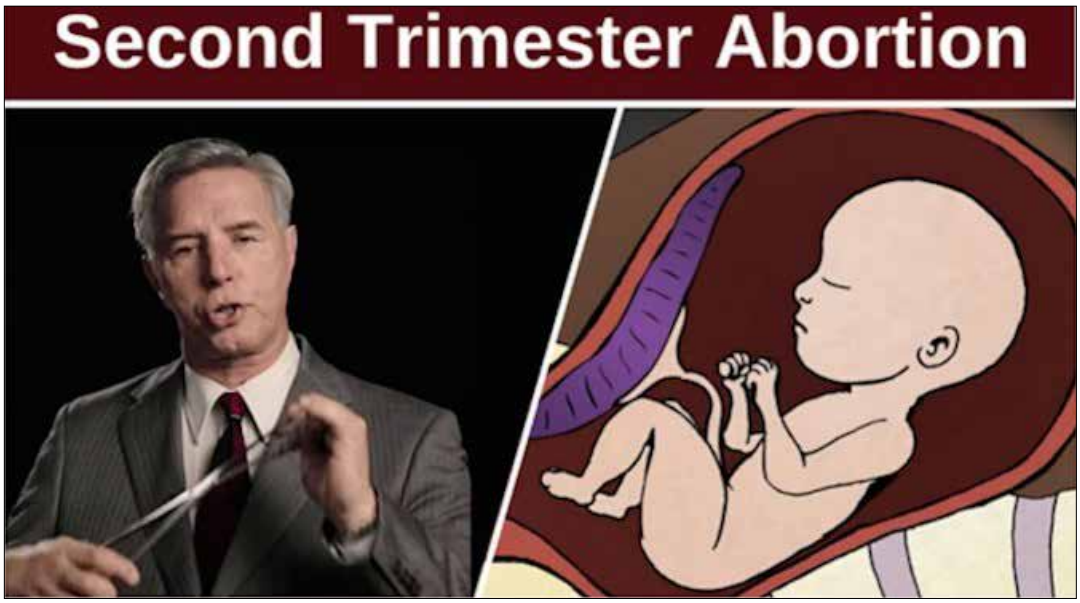
On the one hand, many young people have as their first baby picture, not the one showing them wrapped in a pretty pink or blue blanket after having been placed in their mother's arms, but, rather, an ultrasound picture taken many months before they were born. Grandparents probably had that ultrasound photo taped to the refrigerator door or posted on their Facebook page. I recently told one interviewer that the pro-abortion movement was waning because of the advancement of technology.

On the other hand, technology that shows us the beauty of developing unborn life can also reveal the ugliness of abortion. There is now the opportunity to create and share amazing videos of abortion procedures, which Live Action has just done.

Working with Dr. Anthony Levatino, an OB-GYN who used to perform abortions, Live Action has produced animated videos showing the most common methods used to kill unborn children.

The videos, while unmistakably unsettling, are handled calmly by Dr. Levatino. His explanation of each "procedure" is compelling. They are a must-see for every pro-lifer, who then needs to share them with anyone willing to watch.

The videos can be viewed at abortionprocedures.com.



Working with Dr. Anthony Levatino, an OB-GYN who used to perform abortions, Live Action has produced animated videos showing the most common methods used to kill unborn children.

Medical student confronts abortion, becomes pro-life

From page 36

but still far enough along that his humanity was evident.

Abortions in the second trimester are usually done through dilation and evacuation, a procedure in which forceps are used to tear apart the baby, rather than through suction.

The student was haunted by what he saw:

"I have not been able to think of anything since yesterday at 10:30 besides what that baby boy might have been. I don't think that people realize what an abortion actually is until they see it happen. I have been tortured by these images – so real and so vivid – for two days now…and I was just a spectator.

"Never again will I be pro-choice, and never again will I support the murder of any human being, no matter their stage in life."

Unlike the vast majority of abortions, this baby was mourned. Someone felt sadness and horror at his death. Thousands of babies like him are suctioned out of their mothers' wombs every day. They are rejected by their mothers and regarded as medical waste by their killers. Society allows these babies to die silently, with no recognition or acknowledgment of their humanity. This little baby boy will never have a name. He will never take a breath of air, never pet a dog, never watch a sunset, never ride a bike… He will never experience all the things that you and I take for granted. But this baby, perhaps, did not die entirely in vain – his tragic death revealed the truth to this young man. And those of you who are reading this article now know about this baby's death.

Perhaps the story of this unfortunate child can motivate you to become more active in the pro-life movement. There are many things you can do, even from your computer. Share this article on Facebook. Sign on to a mailing list of a pro-life group. Donate money to a pro-life organization or a crisis pregnancy center – every little bit helps. Consider going to a clinic and trying to talk to the women entering it – with respect and kindness. Vote pro-life. Talk to your loved ones about abortion – share this or other pro-life articles with them. Be patient and understanding, be kind, be respectful, but most of all, be active – do something.

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

"Late Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain"

From page 15

abortion be provided the same care as a child who was born at the same gestational age. That means the child who survives an abortion attempt would have to be immediately transported to a hospital. Finally, the bill requires that health care workers with knowledge that these guidelines were not followed must report the violation to law enforcement.

As we explore these deeply important issues, we are fortunate to have both a distinguished and knowledgeable group of panelists join us today. First, I would like to welcome Iowa native Melissa Ohden. Ms. Ohden, who as a newborn survived a 1977 abortion attempt, has a Master's in Social Work. Through an organization known as the Abortion Survivors Network that she founded, Ms. Ohden strives to help other abortion survivors heal.

I also want to thank the two physicians who are joining us today. Dr. Kathi Aultman, who recently retired after three decades of experience as a medical doctor in private practice, received her doctorate in medicine from the University of Florida's College of Medicine. She completed her residency in OB-GYN at the University of Florida Health Education Programs. Dr. Aultman co-founded the first Rape Treatment Center of Jacksonville Florida, and at one time served as the medical director of Planned Parenthood of Jacksonville, Florida.

Dr. Colleen A. Malloy, the other medical doctor who will testify today, works as a neonatologist at Children's Hospital of Chicago. She is board certified in general pediatrics and neonatal-perinatal medicine. Dr. Malloy also serves as Assistant Professor of Pediatrics-Neonatology at Northwestern University's Feinberg School of Medicine. Dr. Malloy earned her undergraduate degree, summa cum laude, at Notre Dame and obtained her doctorate from Northwestern University's Feinberg School of Medicine.

Finally, we are fortunate to have with us today four other witnesses willing to share their expertise with this Committee today. They include Ms. Angelina Baglini Nguyen, a lawyer and Associate Scholar with the pro-life Charlotte Lozier Institute in Washington, D.C.; Ms. Jodi Magee, the head of Physicians for Reproductive Health in New York; Diana Greene Foster, an Associate Professor in the Department of Obstetrics, Gynecology and Reproductive Services at the University of California in San Francisco, California; and Ms. Christy Zink of Washington, D.C.

The preservation of innocent human life is a very important subject for our Committee to discuss. I also want to thank my good friend and colleague from South Carolina for his leadership in crafting thoughtful legislation on this topic.