



**national**  
**RIGHT TO LIFE**  
**NEWS**

**May 2015**



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# national RIGHT TO LIFE NEWS

## As Promised, House Republican Leadership Schedules Floor Action Wednesday on Bill to Save Lives of Thousands of Pain-Capable Unborn Babies Annually

WASHINGTON – On Friday the Republican leadership of the U.S. House of Representatives announced that the House will consider legislation to extend legal protection to pain-capable unborn children nationwide this week.

The legislation is H.R. 36, the Pain-Capable Unborn Child Protection Act. The foundation of the bill is model legislation developed by National Right to Life in 2010, enacted thus far in 11 states: Nebraska, Kansas, Idaho, Oklahoma, Alabama, Georgia, Louisiana, Arkansas,

North Dakota, Texas, and West Virginia. (For a summary of H.R.36, see page 18.)

Like the state bills, the proposed federal law would generally extend legal protect to unborn humans beginning at 20 weeks fetal age, based on congressional findings that by that point (and even earlier) the unborn child has the capacity to experience great pain during an abortion. The federal bill was originally scheduled for House floor action on January 22, but that consideration was

*See “Promised,” page 32*



**BREAKING:**  
U.S. HOUSE TO VOTE ON  
UNBORN PAIN BILL

**#THEYFEELPAIN**

## Rachel-Campos Duffy to Headline National Right to Life Convention!

*By Joleigh Little, Teens for Life Director, Wisconsin Right to Life*

The NRLC Convention always provides us with a huge line-up of excellent speakers who motivate, educate and train the grassroots -- that goes without saying.

But this year I’m even more excited than usual. Why, you ask? Well, one guest speaker, in particular, is someone I’ve dreamed of having with us at the convention for years. She has much to offer the rank and file of the right-to-life movement: brilliant insights, passionate



*Rachel-Campos Duffy*

advocacy, a fiery ability to motivate, and a lengthy resume that would impress anyone.

Rachel Campos-Duffy is many things. She is the wife of a man who has his own impressive right-to-life career as a stalwart defender of unborn children and their mothers in the United States Congress. She is the mother of seven absolutely incredible children ranging in age from 1 to 15. She is the author of the book “Stay Home, Stay

Happy: 10 Secrets to Loving At-Home Motherhood,” as well as numerous articles published all over the place.

She is the national spokesperson for the LIBRE Initiative, which educates and advocates for Hispanics through limited government, entrepreneurship and self-reliance; and from time to time you may even turn on your

*See “Convention,” page 34*

# Editorials

## The Pain-Capable Unborn Child Protection Act, Kermit Gosnell, and a day of reckoning

There are multiple reasons the story about H.R. 36, the Pain-Capable Unborn Child Protection Act, is on page one. Here are just a few of the most important.

When the House of Representatives takes up the bill Wednesday, not only will the fundamental difference in values and worldviews between pro-life and pro-abortionists be thrown into stark relief, the public will also be reminded that the anti-life forces have never encountered an abortion they find unacceptable. It is not in them.

Every “concession” is (to them) not merely a tiny step down a slippery slope which **eventually** ends in ruin. It’s more like a game of Jenga. Only in this case if **any** block is moved, the entire tower collapses.

You can understand their nervousness. The case for death is so inherently repulsive--and therefore fragile-- they know they must be constantly on the alert to keep the slaughter “private.”

All this will take place while the specter of abortionist Kermit Gosnell hovers in the background. On May 13 it will be two years since he was convicted and sentenced to serve three life sentences at Huntingdon State Correctional Institution for atrocities that boggle the mind. More about the proprietor of the “House of Horrors” momentarily.

The Pain-Capable Unborn Child Protection Act has already been passed in eleven states and introduced in two more. Why is this particular law so potentially historic and such a threat to the Abortion Establishment?

Consider: there is a considerable body of medical evidence and congressional findings that by 20 weeks fetal age (and even earlier) the unborn child has the capacity to experience great pain during

### TIMELINE of UNBORN PAIN

At **42** days, her skeleton is complete and reflexes are present.

By **43** days, brain waves can be recorded.

At **8** weeks, all her organs are functioning.

By **20** weeks, her body’s entire pain network is established and **she can feel pain.**



an abortion. If this truth works into the public conversation, the damage of the abortion industry could be incalculable.

And not just because all that resonates with an intuition--**of course** by this state of development, the baby can feel pain--but also because it reminds people that abortion is essentially legal

*See “Reckoning,” page 30*

## Another attack on NRLC

Every pro-lifer over the age of about four knows that pro-abortionists use language the same logic-disregarding way Humpty Dumpty does in Lewis Carroll’s *Through the Looking Glass*:

**“When I use a word,” Humpty Dumpty said, in a rather scornful tone, “it means just what I choose it to mean - neither more nor less.”**

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

**“The question is,” said Humpty Dumpty, “which is to be master - that’s all.”**

And when they are in power--when they are the masters of any situation--they use words as bludgeons to try to crush the objections--even the liberties--of anyone that gets in their way.

Enter the “Reproductive Health Non-Discrimination Amendment Act,” the latest armament in the arsenal of the fanatically pro-abortion Washington, D.C. City Council. What is RHNDA? Nothing less than an all-out attack on the right of NRLC to choose who it hires!

(This measure is a stalking horse for a national pro-abortion activist organization; they’ve already had similar bills introduced in five states.)

Under the rubric of “non-discrimination,” the D.C. City Council discriminates with impunity against pro-life organizations, such as NRLC, who have the temerity to actually want to hire pro-lifers! NRLC is located in D.C. so if this measure is not negated, we will face the full brunt of RHNDA.

NRLC President Carol Tobias put this assault in its wider context. (See page 5.)

*“We’ve written before how the freedoms of pro-lifers are being threatened or taken away, one at a time. Campaign laws that would ban National Right to Life from writing or talking about issues that the (pro-abortion) media are exempted from and allowed to speak about. Government mandates whose underlying premises could be used to require all employers to provide insurance that covers*

*See “Attack,” page 30*

# From the President Carol Tobias



## The Right-to-Life Movement WILL Win and here is why

I have had the pleasure, and the honor, of speaking in several states this spring. I love having the chance to visit with our grassroots base and hear their stories. While some are sad, even heart-breaking, others are tremendously uplifting and encouraging almost beyond words.

One young man in a wheelchair thanked me for NRLC's position against rationing of medical treatment in Obamacare. With a realistic look at his situation, he said that he would be one of those denied treatment. A woman shared the story of her newborn son, born with a chromosomal abnormality, having a "Do Not Resuscitate" order placed in his medical chart **without** her knowledge. I often wonder if I had the right words to offer hope and encouragement, and sympathy when necessary.

I also get to hear the stories that would uplift any pro-lifer's spirits. One mother shared the joy a disabled daughter has brought to her family. Counselors at pregnancy centers share stories about some of the many women considering abortion that they were able to help.

Another woman speaks to thousands of students every year, using her background as

a biology teacher, to explain the fascinating story of fetal development and the way those precious babies are killed by abortion. One of the most common questions she gets asked is, "Why have we not heard this before?" I find that encouraging because our young people want the truth, and when they hear the truth they take a stand.

And I get to meet young people who are continuing the battle for life. One college group was looking for more ideas on how they could influence their college campus for life. One youth group, active in a pro-life ministry, has discovered that "anger can only take you so far; God can take you farther."

I can say conclusively that all of the people mentioned above, along with the many other pro-lifers I have met, seem to lead mostly ordinary lives-- taking care of a family, working a job, helping out with church or civic organizations. But they are not "ordinary" in all the ways that really matter.

They/You are the conscience of America. You are the voice for the voiceless, reminding this great nation that what is happening to our unborn children is wrong—relationally, morally, and spiritually.

And every time I tell an audience that the pro-life movement will succeed because they (the audience) will not give up, they applaud! You might think they would applaud if they were told they can retire, or give up, or take a break, but no-- they've been working hard for many years; I tell them they

are going to continue to work hard, and they applaud.

That is the determination and tenacity of pro-lifers. They know we're in a battle for the hearts and minds of Americans, for the soul of the country. Giving up is not an option. They are dedicated to the proposition that human life is precious and must be protected.

We've had some tremendous successes this year. Two states, Kansas and Oklahoma, enacted laws to prohibit the killing of unborn children by dismemberment abortion. Arkansas and Idaho passed a ban on webcam abortions. West Virginia passed the Pain-Capable Unborn Child Protection Act. The U.S. Senate, no longer under the control of Harry Reid, adopted a bill against human trafficking that prevents funds raised through fines and penalties from paying for abortion. The U.S. House will consider a bill this week to protect unborn babies who can feel pain.

These are incremental steps forward, but do not underestimate their significance. They are waystations on the journey that will end the day the law protects all babies.

Beyond legislation, more and more Right to Life chapters are educating their communities with fair booths. Many of them have stories about young children pointing to the fetal models and saying, "baby," recognizing intuitively what many in society would try to deny.

Our chapters and volunteers are making their presence known on social media,

reaching out to those who may not hear the truth in other conventional ways. Our affiliates are reaching young people-- through oratory and video contests, youth camps, Teens for Life groups, college groups, and sponsoring students to the NRL summer academy.

We look forward to our annual convention in New Orleans in July for the opportunity to learn from and encourage each other. We continue to recruit more laborers into this mission field for life.

Because of the stalwart people active in the right-to-life movement, and the newcomers who join each day, the future is exciting and promising. Being pro-life has no boundaries. Stereotypes about age, race, gender, political or religious philosophy, income, or education break down the moment you get to know pro-life grassroots Americans. The right-to-life movement is stronger because we are diverse.

I wish I could get a message to everyone working to keep abortion legal. I would tell them to give up. They sometimes have legislative successes (but not many!), they sometimes have election victories, and they can certainly be vocal, but all they are doing is delaying the inevitable.

They will not win because our cause is just and because pro-lifers are resolute and persevering. One day unborn children will again be protected because we will not give up until all the little ones are welcomed in life and protected in law.

# Colorado Democrats kill Unborn Victims of Violence Act

By Dave Andrusko

Sadly, as anticipated, on April 4 the Democratic members of a Colorado House committee voted to reject a bill to establish that when a pregnant woman is attacked and loses her baby, there are two victims.

On a straight party line vote, the Offenses Against Unborn Children Act (SB 268) was defeated 6-5.

The bill had passed the Republican-controlled Senate April 28.

Thirty eight states have some version of an unborn victim of violence act. Most (29) extend that protection to the unborn throughout the entire period of pre-natal development.

But Democrats on the House State Veterans and Military Affairs Committee were unswayed, even though the impetus for the bill was a horrific attack on Michelle Wilkins. Wilkins's unborn baby was 34 weeks when Wilkins was attacked and her baby cut out of her womb.

Wilkins survived the savage attack by Dynel Lane but baby Aurora was pronounced dead at Longmont United Hospital. (Longmont is 30 miles north of Denver.)

Under SB 268, prosecutors could file a separate murder charge for the death of an unborn child. This was not possible under current law when the coroner concluded the baby had not "exhibited any signs of life outside of the womb, therefore the circumstance is not being considered a live birth."

Lane was bound over for trial by a judge after a preliminary hearing last Tuesday. She will be arraigned in July. Lane, 34, is charged with attempted first-degree murder, felony assault, and unlawful termination of a pregnancy.

"Planned Parenthood Votes

Colorado applauded the Democrats for killing the bill," *The Washington Times* reported. Proving yet again there is no depths to which they will not sink, the group said in a statement, "It could have opened the door to prosecutions of women whose pregnancies face complications and tragically end in miscarriage."

Of course SB 268 would have done nothing of the sort. As *NRL News Today* reported, supporters of the bill made it crystal-clear that the law would not change the abortion law.



Michelle Wilkins (Facebook)

"It specifically says it does not apply to an act committed by the mother of her unborn child or a medical procedure performed by a physician or other licensed medical professional at the request of a mother of her unborn child or the mother's legal guardian," according to the *Denver Post's* John Frank.

While the attack on Ms. Wilkins crystallized the debate, when Senate President Bill Cadman introduced his bill on the floor of the Senate, he began "by describing a long list of Colorado crimes where pregnant women were killed or harmed but the suspects didn't face murder charges for the unborn

child," according to *Colorado Springs Gazette* reporter Megan Schrader. "They included the Aurora movie theater shooting, a Colorado Springs slaying of a newlywed Fort Carson soldier and his pregnant wife and the recent Longmont attack where a woman's 7-month-old fetus was cut from her womb."

Cadman told his colleagues, "There are stories, story, after story, after story about women being attacked in Colorado, in some fashion, where their baby is hurt or killed and there is no justice for that baby. He added,

over Wilkins' head, prosecutors said.

"Then she used the lamp to stab Ms. Wilkins in the neck, and proceeded to choke her with her hands, and smother her with a pillow," the document said.

After she rendered Wilkins unconscious, Lane used a knife to slice open the victim's abdomen and remove the fetus, prosecutors said.

Lane then placed the fetus in a bathtub and left Wilkins bleeding on a bed in the basement for "a lengthy period of time," according to the brief.

David Ridley, Lane's unsuspecting husband, then came home, according to the criminal complaint.

Lane had told him she was pregnant and when he saw her drenched in blood, Lane told Ridley she had miscarried.

Ridley went upstairs and found the baby in the bathtub. He told police the baby was alive.

"He rubbed the baby slightly, then rolled it over to hear and see it take a gasping breath," according to the complaint.

The arrest report states that Ridley rushed the baby and his wife to Longmont United Hospital where Lane was taken to the emergency room with the baby in her arms.

The arrest report states that Lane refused to let the hospital staff examine her. "The report states that she then 'admitted' to a police officer 'that she cut [the victim's] abdomen open to remove,'" the baby, according to the *Denver Post*.

"This is not a new situation, although I would say the details of this crime are as horrific as they could be."

Wilkins was seven months pregnant when she answered a Craigslist ad for baby clothes.

The Friday before the preliminary hearing, prosecutors submitted a brief to the judge, In it, according to *Reuters*, they wrote

**After the two women talked for about an hour, Lane asked Wilkins to come into the basement of the home, where she attacked the younger woman, smashing a lava lamp**

# You won't believe what they're trying to defend

By Carol Tobias, President, National Right to Life

It has to be about the hardest thing in the world to defend.

Little unborn baby boys and girls, killed by being dismembered, limb by limb, until they bleed to death. Many of these babies are developed enough to feel excruciating pain when they are torn apart.

We call them Dismemberment Abortions, because that's what they are – but pro-abortion advocacy organizations are actually defending them!

National Right to Life is working to pass laws to ban these barbaric abortions. We succeeded in banning one method of abortion, known as partial-birth abortion. We've passed laws in 11 states banning abortions when babies are developed enough to feel pain. And now we are working hard to ban dismemberment abortions.

But that has made the

abortion movement absolutely apoplectic. Yesterday one of those groups sent out an email bringing attention to everything they see as wrong . . . except what happens to a little baby in these abortions.

NARAL Pro-Choice America is calling laws to stop this barbarism “devious.” It’s “part of a devious new strategy,” they wrote, “to chip away at abortion rights one procedure at a time.”

They call dismemberment abortions “a medical procedure” or a “specific medical procedure,” but they don't describe what that procedure is!

Is it any wonder they won't describe the procedure, in which an abortionist uses a forceps or other clamping instrument to crush and tear off pieces of the baby's body, extract them from the uterus,

and then re-assemble the pieces on the table to make sure none are missing and left inside the woman's body?

Do you think that honest description might cause NARAL some problems selling their cause . . . or their fundraising pitch?

NARAL is right about one thing, though: National Right to Life is going to go all-out to ban this horrific kind of attack on innocent unborn babies. We're going to expose what goes on in these types of abortions and tell the world how little regard NARAL and its abortionist allies have for the lives of the innocent.

We're going to bring our case to legislators around the country. Although National Right to Life launched this campaign only recently, we have already passed bans on

dismemberment abortions in two states — Kansas and Oklahoma.

Now we want to spread this protection for unborn babies far and wide. Americans will recoil when they hear how these abortions are done, just as they did when we ran the first educational campaigns about partial-birth abortion.

And the people will demand laws to stop dismemberment abortion, just as they did with partial-birth abortion.

You can help make that happen! A donation to National Right to Life (<https://www.nrlc.org/donate/>) will help us educate more Americans about what really happens in an abortion.

And it will help us pass laws to make this horrific, unconscionable act a thing of the past.

*"...It would be intolerable for an advocacy organization such as ours to be required to hire, or prohibited from firing, a person who makes a "decision" to engage in advocacy or any other activity that is directly antithetical to our core mission to lawfully advocate for the civil rights of the unborn."*

 **national  
RIGHT TO LIFE**  
letter to U.S. House

urging support for H.J. Res. 43 to nullify the so-called “Reproductive Health Non-Discrimination Amendment Act” in DC



# 5 amazing things preborn children can do inside the womb

By Rebecca Downs

Preborn children may not be at the same developmental stage as us, but there are many things that they can still do! They have beating hearts at only 21 days gestation, detectable brain waves at roughly 42 days, and can suck their thumbs and yawn. They even have taste buds and their own fingerprints!

The incredible things preborn children can do inside the womb may surprise us, however, they certainly showcase the humanity of preborn life.

## Learn!

BabyCentre shares that the “womb is a sensory playground for your baby,” noting that when babies respond while in the womb, it is a sign that the child is preparing for life after birth.

WebMd states that babies have the ability to learn and listen while in the womb:

The new research suggests that babies began to absorb language when they are inside the womb during the last 10



weeks of pregnancy — which is earlier than previously held.

Newborns can actually tell the difference between their mother’s native tongue and foreign languages just hours after they are born.

These incredible facts display that while the baby is not yet

seen, he or she is very much human.

## React with gestures!

Babies have the ability to hear language and music in utero — the latter of which the child may react to. Babies can react in the womb to music “by blinking or moving to the beat.”

Children in the womb can also react in other ways, such as giving a thumbs up or other hand signals. A baby recently



made headlines after the mother posted a video of her child at 14 weeks, clapping in the womb.

## Remember!

Research on how children learn inside the womb also note a preborn child’s ability to remember. In fact, research shows us that children can actually distinguish their mother’s language and voice from others.

Speech pathologist Melissa Wexler Gurfein suggests that mothers should “continue to talk to her newborn from the moment of birth to help facilitate language development.”

Children can also remember songs they hear in the womb for up to four months, as noted by The Daily Mail. Researchers say exposure to music in the womb may also influence a “critical period of brain development.



It is amazing how children not only learn in the womb, but remember.

## Dream!

At 32 weeks, it is reported that babies sleep 90 to 95 percent of the day. Some of these hours are spent in different stages of sleep, including REM, deep sleep, or in an indeterminate state.

During REM sleep, [a baby’s] eyes move back and forth just like an adult’s eyes. Some scientists even believe that fetuses dream while they’re sleeping! Just like babies after birth, they probably dream about what they know — the sensations they feel in the womb.

Researchers who observed babies in utero note that they

are in a state of quiet alertness. This suggests that the child may be focusing on something — perhaps listening to their mother’s voice.

## Exist as human beings!

Even before preborn children are able to do these things, they still exist. The moment the sperm fertilized the egg, a new human person came into existence!

An individual child is never anything but human, and has never existed, nor will exist again. From the moment of conception, preborn children amaze us.

*Editor’s note. This appeared at [liveactionnews.org](http://liveactionnews.org) and is reprinted with permission.*



# NEJM study shows nearly a quarter of babies born at 22 weeks survive if actively treated; 33% for babies born at 23 weeks

*One lead researcher considers 22 weeks a new marker of viability*

By Dave Andrusko

The results of a massive study of nearly 5,000 extremely premature babies published last Wednesday in the *New England Journal of Medicine* found that the survival rate of babies born at 22 and 23 weeks increased substantially if hospitals actively treat the babies.

The *NEJM* study shows nearly a quarter of babies born at 22 weeks survive if actively treated; 33% for babies born at 23 weeks.

Likewise the severity of disabilities was lessened when these very young babies were actively treated.

Active treatment (as opposed to comfort care) included assistance in breathing, feeding tubes, and surfactant to improve the babies' lungs.

The study, funded by the NIH, ran between April 2006 and March 2011. The analysis examined 4,987 babies who born before reaching 27 weeks of gestation.

When *Roe v. Wade* was handed down, 28 weeks was thought to represent the threshold for "viability." But the medical consensus figure has not only dropped to 24 weeks but more and more hospitals are now treating babies born at 22 and 23 weeks, according to the *NEJM* study.

But not all.

According to the *Associated Press*' Marilynn Marchione

**Researchers looked at rates of comfort care versus active treatment, such as breathing machines, feeding tubes or heart resuscitation. Active treatment was given to 22 percent of babies**

**born at 22 weeks, 72 percent of those at 23 weeks and nearly all beyond that.**

**Survival rates were higher for the actively treated babies — 23 percent versus 5 percent for all babies in the study born at 22 weeks, and 33 percent**

Rysavy—talked to various publications to explain what their findings represented.

Dr. Bell told the *New York Times*' Pam Belluck that at Iowa,

**treatment is offered to most 22-week-olds, and he considers 22 weeks a new marker of viability.**

**also should be given better information on survival odds — not just by gestational age but also by what happens if active care is given, said another study leader, medical student Matthew Rysavy.**

**"A doctor might say**



**versus 24 percent for those born at 23 weeks.**

**Survival without severe impairment also was higher with treatment: 15 percent versus 3 percent at 22 weeks, and 25 percent versus 18 percent at 23 weeks.**

**Four hospitals never actively treated babies at 22 weeks, but five other hospitals always did.**

Two of the study leaders— Dr. Edward Bell of the University of Iowa and University of Iowa medical student Matthew

**"That's what we think, but this is a pretty controversial area," Dr. Bell said. "I guess we would say that these babies deserve a chance."**

Dr. Bell told the *Associated Press* that parents need to know that "the hospital that you go to might determine what happens to your baby," although he acknowledged that many parents, when they find themselves in these emergency situations, do not have the opportunity to shop around.

Marchione continued that parents

**"no 22-week infant has ever survived," but that might mask the fact that doctors there don't try, because they don't consider such babies viable, he said.**

Belluck also noted that **The study, one of the largest and most systematic examinations of care for very premature infants, found that hospitals with sophisticated neonatal units varied widely**



# Hundreds of mourners attend funeral for abandoned baby

By Dave Andrusko

Writing for the *Daily Mail*, Stephanie Linning wrote an achingly poignant story of hundreds of strangers who took time to mourn an unnamed baby laid to rest in Seafield Cemetery in Edinburgh, England.

The baby boy, wrapped in a blanket and found on a railroad track, was laid to rest in a tiny white coffin. The cemetery is only yards away from where his tiny body (he was about six months old) was discovered by a man walking his dog in July 2013. Tests revealed he may have abandoned as much as a month before.

But the local community would not allow his burial to go unnoticed. Nor would they permit his body not to be prayed over.

How could this outpouring come about for a little one known to no one who was found almost two years ago?

“Police Scotland published a death notice in the Scotsman newspaper, inviting people to attend the funeral for the ‘unknown little baby boy,’” Linning wrote. They’d feared no one would attend because, in spite of an intensive investigation, police have been unable to identify the baby’s family.

The notice read

**‘With deep sadness, the little baby boy who was found wrapped in his blanket on the walkway/cycle path at Restalrig, Seafield, Edinburgh, will be**

**laid to rest at Seafield Cemetery on Friday, May 1, 2015 at 10am, to which all will be warmly invited to come along and pay their final respects to this little baby boy.’**

The message quickly went viral, and community leaders encouraged people to attend.

Reverend Erica Wishart, who led the service, thanked mourners for attending. She said all felt “A deep sadness that this tiny baby is never going to have a chance to grow up and live a life,” Linning reported. “We are here to say goodbye to this wee one, with the dignity and respect he deserved. We are here to mourn the life that could have been.”

Rev. Wishart praised the community for the turnout. “It’s just something like this touches everyone’s hearts,” she said. “This is a great community. Leith is a great community. It’s just been fantastic, a wave of compassion.”

The congregation of strangers “bowed their heads in respect as the tiny white coffin was carried through the cemetery, accompanied by the moving sound of a single piper playing *Amazing Grace*,” Linning wrote. The plaque on the coffin read, “Known to God, precious little angel.”

Margaret Halliday works with the support group *Angel Wings*, “which makes burial clothes for babies,” Linning reported.

**She made a burial “pocket of love” for the boy fashioned from a wedding dress and attached a tiny brooch in the shape of wings to help the baby fly to heaven.**

**She said: “I think the turnout is absolutely incredible. It’s very moving to think that there are so many people here today just**

**to give this baby some love.”**

Many mourners came with their own children. As one said, “He will not be forgotten about by the Leith community, the Lochend community.”

“I’m sure he’ll always be remembered, especially by me as I have got family here, and I’m sure he will be looked after,” Carol Lind added.



# Lauren Hill laid to rest

By Dave Andrusko

Lauren Hill was buried in April in a private ceremony, one day after thousands filled the basketball arena for a public memorial—the very location where she scored her first basket for the Mt. Saint Joseph women’s basketball team.

Lauren, only 19, suffered from a vicious, inoperable brain cancer for over a year. But she refused to allow the disease to derail her from her dream of playing college basketball. When she scored that first bucket (using her off hand because she was already having serious problems with her dominant hand), the place went absolutely wild.

She died after using her last few months to raise over \$1.5 million for cancer research and the spirits of everyone who came into contact with her.

The *Associated Press*’ Joe Kay and the *Cincinnati Enquirer*’s Paul Daugherty wrote eloquent testimonies to a young woman whose motto “Never Give Up” became a rallying cry.

Kay began his story from Cincinnati by describing Lauren’s gray, metal casket that was wheeled to the Xavier’s Cintas Center where five months before she scored her first basket. There could be, as it wrote, “No more perfect place to remember her.”

**The 19-year-old college basketball player was remembered Monday with her own music and words in the arena where she had one of her greatest moments. Only this time, the crowd celebrated not a layup, but a life.**

**A brief life, fully lived.**

**Hill died Friday from a brain tumor that had been growing inside of her for more than a year. The Mount**



**St. Joseph freshman devoted her final year to playing basketball, raising money for cancer research, and inspiring others.**

**She’s still doing that part.**

**“She made you think: What am I doing with my life?” said Lexy Saraswate, 19, a Xavier student who volunteered to work at the memorial service. “How can I be a better person?”**

That was a common response to Lauren’s courage and fortitude and absolute determination not to be pitied but to live each day as it came.

We wrote about the satellite interview she gave to “The View” a few weeks ago. Kay adds

**In an interview with the WCPO crew that set up the remote for that interview, Hill was asked how she’d like people to remember her when she’s gone.**

**“She was a hero and she showed cancer who’s boss,” Hill said.**

Daugherty caught that never-give-up spirit in the headline to his story: “Lauren Hill played ‘to the final buzzer’”

He wrote about all the people who came to celebrate Lauren’s life, including her high school basketball team, her college team, and Hiram College, the team they played against Lauren in her first collegiate game!

Daugherty talked about Brad Johansen, the Channel 12 anchor

**who first told us about Lauren’s fight with incurable brain cancer, said she was “insistent on being vulnerable. She refused to hide. She wanted to be seen.”**

**As her body puffed from the steroids she took to fight the disease, Lauren’s fight went wrenchingly public. The puffer she became, the closer she got to death. It takes guts to do what she did...**

Daugherty wrote about asking Lauren last December (the last time they spoke) what she liked about basketball?

**“Playing to the final buzzer,” she said. “Not worrying about the last play or the play that’s coming.”**

**Never give up, in other words. Be in the moment. Play it out. Basketball, again, as metaphor.**

**Over the months, we tried to share in her goodness. We gave money and said prayers. We shot layups with our non-shooting hands. We cried when she said she didn’t worry about dying. She worried about the family she’d leave behind. We attended her games, read and heard what she said, hoping that whatever magic Lauren had was transferable.**

**It was. It is.**

**We just need to act more like she did.**

*See “Lauren Hill,” page 36*

# national RIGHT TO LIFE CONVENTION 2015

New Orleans July 9, 10, & 11

WE ARE A  
**VOICE**  
*for the  
voiceless*



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Abortion Pill Reversal



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## 4-year-old receiving adult stem cell transplant to ward off recurrence of neuroblastoma cancer

By Dave Andrusko

It is one of those stories that makes everyone wipe a tear of joy away and then celebrate.

Devon Still is a defensive tackle for the Cincinnati Bengals. On May 5 Still shared a photo on Instagram of his daughter Leah preparing for a stem cell transplant.

Leah was diagnosed with stage four neuroblastoma cancer last year and the bravery she has displayed in fighting that deadly disease since then “has captured the hearts of millions,” as one reporter put it.

She’s been in remission for over a month but according to her father’s post, he’s been asked then why the transplant?:

**Remission basically means that doctors can’t see any cancerous cells when looking at scans and test. But when studying cancer you know that although you can’t see any cancer cells on scans, physicals, or test because of the strength of the technology, more than likely there are cells hiding.**

I have been unable to locate specifics about the transplant, so I asked Dr. David Prentice, our expert on all-things stem cells, what is likely going on. He wrote me that he, too, did not have the particulars about 4-year-old Leah’s treatment but added

**It is definitely adult stem cell. The usual treatment uses the patient’s own (autologous) bone marrow adult stem cells, collected after stimulating the cells to come out into the bloodstream**

In other words, they are using ethically unobjectionable adult stem cells which are the “gold standard” when it comes to helping patients. Over 60,000

**player surprised his daughter with a weekend trip to her favorite place, Disney World.**

they “signed Still to their practice squad in order to help him pay for his daughter’s medical treatment after she was diagnosed with cancer,” Chang reported.



Leah Still (Courtesy Devon Still)

patients are treated each year because of the track record of adult stem cells in saving lives and improving health.

There are so many wonderful aspects to the story of Devon and Leah. According to the Associated Press, in another Instagram post

**Still said Leah was sad about spending her fifth birthday in the hospital at first but then told him, “That’s ok! Can we just have cake and balloons in my room?”**

**Instead the football**

**“Although her only wish was for cake and balloons I couldn’t let my baby celebrate her bday like that,” he wrote in the post.**

According to reporter David Chang, Leah had a tumor removed from her abdomen last June. She “completed her latest course of chemotherapy last month.”

But then there is the exemplary, generous behavior of the Cincinnati Bengals. Last August Devon was cut from the team but

**Still’s No. 75 jersey quickly became the team’s top seller after the Bengals decided to donate proceeds from his jersey sales to the Children’s Hospital in Cincinnati and pediatric cancer care and research. More than \$1 million have been raised from sales of the \$100 jersey, according to the AP.**

# I Can't Fix This

By Melissa Ohden

*Editor's note. This first ran on The Mighty (the [mighty.com](http://mighty.com)) in March 2015. When I asked for permission to reprint, Melissa wrote back, "The good news is that even though 'I can't fix this,' Ava is growing stronger and making progress every day. She is an overall healthy, strong little girl."*

To my daughter's complex medical issues:

We don't know yet if you have a formal name, like "syndrome," "disease" or "disorder," or if you're just a random group of health issues, but I'll be honest. I wouldn't really feel the need to call you be your formal name if I knew it because we're pretty close. Too close, as far as I'm concerned, but close, nonetheless, and so I can drop the formality and simply call you "complex medical issues."

There's so much I want to say to you, like how perplexing you've been to both my husband and me and even the team of specialty doctors; how frustrating it's been to have to research you day in and day out over the past seven months so I'd know best how to advocate for our daughter's care; how hard it's been for me as a mother to see my baby struggle at first to breathe, to eat, to grow, to reach milestones because of you; to recognize that I can't fix you.

Ugh. I. Can't. Fix. You.

That's been the absolute hardest thing for me on this whole journey. As you know, my close friend, I'm a fixer by nature. That's what I do. Someone needs something, I can get that for them. There's

a problem to be solved, I can help solve it. There's a situation that needs to be researched, I'll get to the bottom of it. In the past, if I worked hard enough, searched long enough, I could fix darn near anything. And then in August of 2014, you came along with the birth of our second daughter.

Don't let this go to your head or anything, but I was scared of you for a long time. From the moment I knew I was pregnant with all three of my



*The day Ava came home from the hospital after her birth.*

children, one of whom I lost in a miscarriage, I deeply feared your presence in their lives. Ultrasounds were met with both excitement and trepidation as I awaited the news that my children were healthy.

When your presence at Ava's birth caused her to be whisked off to the NICU, my fear over you was again palpable. You'd somehow taken the life of my son, and now here you were, trying to take my daughter from me. Doctors assured us you were just a mild airway issue, and we soon had our

daughter home safe and sound. But as the days and months passed by and you continued to rear your ugly head, my fear turned into dread. Doctor visits turned into tests, hospital stays and surgeries.

I was afraid. Of you. Of what you were doing to her. Of what you might continue to do to her throughout her life. Of the fact that I can't control you.

And then something amazing happened. As Ava has fought back against you and

matter what we face, I'm no longer afraid of you. I hope you heard that loud and clear.

## I AM NO LONGER AFRAID OF YOU!

Our tiny but mighty little girl has fought you tirelessly over the past seven months and look at her! Despite all you've tried to do, she's survived and is now thriving. You don't stand a chance against her or her doctors, who have implemented medications and surgeries. And no, I may not be able to fix you, but I'm happy to say that I'm able to research you, to get to know you inside and out and advocate for the tests, medications and even surgeries that have been needed to loosen your grip on our daughter's life. And if you haven't figured this out about me, not only am I a fixer by nature, but I'm also relentless, so you don't stand a chance against me, either, or her father, sister and extended family who love her dearly and stand by her side.

So, complex medical issues, or whatever your name might be, please keep this letter as a reminder of your glory days because they've shown to be short-lived. Health, growth and development have replaced you, and hope has replaced my fear.

P.S. You've now made it my lifelong goal to help other families experience likewise in their lives and the lives of their children. So when we talk about fear, I hope that you recognize that the tables have now turned. Be afraid "complex medical issues," be very afraid. As you know, I'm relentless.

recovered from surgeries and complications, as she's gained weight and grown in strength, as she's met her milestones and even blown past a couple, she showed me I have nothing to be afraid of. Figure that. A little 7-month-old baby teaching her old mother she has nothing to be afraid of!

You may remain nameless throughout Ava's life, and we're hopeful the worst of her days with you have passed, but we know you will still linger in her life, hopefully more in name than in deed. Yet, no

# Have you registered for the 45<sup>th</sup> National Right to Life Convention?

By Luis Zaffirini

The 45th annual National Right to Life Convention is right around the corner, and it's coming to New Orleans, Louisiana, this summer. July 9, 10, & 11, to be exact. It is time to make arrangements to be the premier pro-life educational event of this, or any, year!

The Convention not only educates pro-lifers from around the world, it is a tremendous motivator for people who value the right to life and who use their voices to speak for those who cannot speak for themselves -- the innocent unborn.

I am very excited about our opening general session guest speaker, Dr. David Delgado. His address to the Convention Thursday morning is titled: "Abortion Pill Reversal: Real Options, Real Hope."

Dr. Delgado is the medical director of Culture of Life Family Health Care and a regional medical director with The Elizabeth Hospice. Additionally, he and the other members of the staff are

available to counsel women who are in crisis pregnancies. Dr. Delgado published the first peer-reviewed article in the medical literature on the reversal of mifepristone (RU 486). He is the medical director



of Abortion Pill Reversal.

Later that same day, we are delighted to have author and television personality Rachel Campos Duffy address the Convention in a general session titled "The So-Called War on Women: Identifying the REAL Victims of Abortion." Mrs. Duffy's specializes in

political punditry, culture, and parenting. She is the national spokesperson for The LIBRE Initiative, a non-profit that educates and advocates for the economic empowerment of Hispanics through limited

life heritage of Louisiana and its culture. The reception will include music, New Orleans themed festivities and refreshments, and special guests. All convention attendees are welcome!

And this is just the opening day of the three-day Convention!

The National Right to Life Convention is a goldmine of information, with nearly 100 expert pro-life speakers, dozens and dozens sessions covering countless topics. And that's not all: in addition to all the vital activist training, we have pro-life exhibitors, a separate "Teens for Life" Convention called "LIFE Camp," and even affordable childcare for all three days.

Check out the Convention website ([www.NRLConvention.com](http://www.NRLConvention.com)) for all the exciting details. And be sure to share this information with your pro-life family, friends, and contacts.

government, entrepreneurship and self-reliance.

Thursday evening, our friends and hosts of the Convention, Louisiana Right to Life, are showing us some local hospitality. The "Festival Of Life: A Taste of Louisiana" reception will be an exciting evening to celebrate the pro-

# Dad's Amazing Photos of Son with Down Syndrome Are Touching Hearts

By Andrew Bair

We already knew that children with Down syndrome are spectacular. But one Utah dad is using his photography skills to drive home the message that there is no limit to what people with Down syndrome can accomplish. Alan Lawrence's photo series features his 18-month old son Wil in a variety of settings flying through the air like a superhero.

Here are some examples!



As reported by BuzzFeed, "Lawrence said that he and his wife Nikki didn't know their son had Down syndrome before he was born. While his wife handled the news 'really, really well,' Lawrence said he struggled with it at first. 'I was a little more selfish about it,' he said."

"However, Lawrence said he quickly grew to understand what a blessing Wil was to his family. 'Wil is going to be able

to do anything he took his mind to,' he said."

Lawrence says the idea came from Wil's unique crawl that made him look like he was about to take off in flight. It grew from there once Lawrence realized the broader impact the photos could have.

In an interview with BuzzFeed, Lawrence noted that the message he hopes viewers, especially parents expecting children with Down syndrome,

is a priceless gift. Each one of us is grateful that living with Christina has made us more tolerant of diversity in others, more patient with their

is vitally important that parents receive the information they need to make a life-affirming decision. Hopefully, efforts like Alan Lawrence's photo series



weakness, and more able to give of ourselves in response. Christina has increased our compassion and our joy."

As pro-life advocates, we know that unborn children who prenatally diagnosed with Down syndrome face a tragically high abortion rate. It

will touch people's hearts and help pave the way for a society that fully embraces people with disabilities, before and after birth. An unborn child should not be denied her right to live because she has an extra chromosome.



will take from the photos is "A child with Down syndrome can be a blessing to your family."

More photos can be viewed on Lawrence's Instagram.

Raising a child with Down syndrome is not easy but along with great challenges comes great joy.

Leticia Velasquez, co-founder of KIDS (Keep Infants with Down Syndrome), writes this about raising a daughter with Down syndrome, "This

# Oklahoma Gov. Mary Fallin signs 72 hour waiting period into law

By Dave Andrusko

On May 6, when Oklahoma Gov. Mary Fallin signed HB 1409 into law, it meant that there are now four states that allow women considering an



Pro-life Oklahoma Gov.  
Mary Fallin

that abortion facilities, on their websites, link to the state's Woman's Right to Know website, and by providing that mothers considering abortion



Oklahoma State Representative  
Lisa Billy

abortion 72 hours to ponder this life-and-death decision. The other three states are Missouri, South Dakota, and Utah.

The Sooner State is on quite a roll. Less than a month ago, on April 13, Oklahoma became the second state to enact the groundbreaking Unborn Child Protection from Dismemberment Abortion Act. That measure passed the state House of Representatives, 84-2, in February, and the state Senate, 37-4 in early April. The law will go into effect on November 1.

HB 1409 also passed both houses overwhelmingly. The tally in the House was 75-3, in the Senate 40-7.

The 72-hour waiting period has multiple purposes.

Tony Lauinger, State Chairman of Oklahomans For Life, explained that HB 1409 improves Oklahoma's current abortion-informed-consent law by increasing from 24 hours to 72 hours the waiting period before an abortion, by requiring

"The purpose of the law," he added, "is to provide a better opportunity for adequate reflection – following receipt of informed-consent information about risks, alternatives, and the development of the unborn child – before undertaking the irrevocable act of taking a child's life."

According to Rick Green of the *Oklahoman*, when the bill was debated in the House, State Rep. Lisa Billy spoke eloquently and passionately:

**"I just think before you have any kind of surgery you need to have all the information in your hand before you make that irrevocable decision,"** Billy said.

**Alternatives to abortion, including adoption, should be discussed,** she said.

**"Unfortunately abortion clinics have not historically provided facts and information to women,"** Billy said.

**"I'm very pro-life. Anytime a woman makes a decision, she needs to have all that information in her hand prior to making a decision that will take the life of an unborn, separate, unique human being from her."**



**GOV. MARY FALLIN**  
SIGNS INTO LAW  
**72 HOUR WAITING PERIOD**  
BEFORE ABORTION



## Gov. Brownback tells NRLC he is proud Kansas is first state to ban dismemberment abortions

Capitol Building  
Room 241 South  
Topeka, KS 66612



Phone: 785-296-3232  
Fax: 785-368-8788  
governor@ks.gov

Sam Brownback, Governor

May 5, 2015

Mary Spaulding Balch, J.D.  
State Legislative Director  
National Right to Life Committee  
512 10th Street, NW  
Washington, DC 20004

Dear Ms. Balch:

As Governor, I was proud that Kansas was the first in the nation to pass legislation protecting the unborn from dismemberment abortion, when I signed Senate Bill 95 on April 7, 2015.

For many years, those who supported right to life were perceived as being on the "wrong" side of an argument. Today most people agree that life at all stages is precious and must be protected. This law is extraordinarily important. It is a major piece of legislation for the major issue of our day; one that hopefully will start a movement that spreads nationwide.

Kansans are sensible, decent, compassionate, thoughtful people and recognize an obligation to their fellow man, especially the voiceless and the powerless. We see human life as sacred, and recognize its immeasurable worth.

Kansas is, in my view, the most pro-life state in America.

To think about this barbaric procedure breaks my heart, especially now as my family awaits the birth of our newest member, my first grandchild. That baby is so special, precious and deserving of protection. If that baby needs any medical intervention, we know we will have access to the finest care in Kansas. Modern medicine treats the unborn child today as a true patient with specialized fetal anesthesiologists, surgeons and NICU intensive care units.

I remember in 2003, as Chairman of the U.S. Senate Subcommittee on Science, Technology, and Space, we held a hearing on surgery performed on unborn children. Among conferees were the parents of a little boy, Samuel Armas, whose tiny hand was captured in a now-famous photograph, reaching out from his mom's womb to grasp the finger of the surgeon repairing his spine.

## Gov. Brownback tells NRLC he is proud Kansas is first state to ban dismemberment abortions

*From page 16*

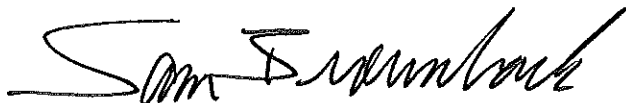
What a visually impactful moment: the delicate, miniscule hand with each finger and nail, trustingly holding on to the doctor. I said at that time, "There is little debate about whether the child in utero is alive; the debate is over whether or not the child is a life worthy of protection."

And protection is at the heart of SB 95. Protection of an actively developing baby with his or her unique DNA, and who can be seen thumb-sucking, hand-waving, and smiling in routine sonography. A defenseless child with so much potential.

Another significant event occurred in 2003. Congress passed a ban on the horrific partial-birth abortion procedure. When the American public learned about that procedure, they strongly wanted it banned, and the U.S. Supreme Court in 2007 upheld that ban. I believe the public will agree that this barbaric procedure also should be banned.

I am pleased that Kansas is the first state in America to ban dismemberment abortions. The people of Kansas do not support dismembering the unborn nor will the American public. As I stated in my 2015 State of the State address, we need a vision to pass on to our children and their children to come: A vision of Kansas that stands the test of time because it is built on truth. The Unborn Child Protection from Dismemberment Abortion Act is now part of that vision.

Sincerely,



Sam Brownback  
Governor of Kansas

**The Pain-Capable Unborn Child Protection Act (H.R. 36):  
A summary of the revised version (“Franks Substitute Amendment”)  
introduced in U.S. House of Representatives on May 11, 2015**

The federal Pain-Capable Unborn Child Protection Act (H.R. 36) would ban abortion nationwide after 20 weeks fetal age (equivalent to 22 weeks of pregnancy, about the beginning of the sixth month), on the basis that by that point in development (and probably earlier) the unborn child is capable of experiencing great pain during an abortion. Some key provisions summarized:

! The bill contains an exception for abortion to prevent the death of the mother.

! There is an exception for cases of rape or incest in which the victim is a *minor*, provided that there is documentation that the crime has been reported either to (1) a law enforcement agency or (2) a government agency authorized to act on reports of child abuse. The bill makes it a federal requirement that the abortionist comply with any state law designated by the state’s attorney general pertaining to reporting of such crimes. In addition, it would become a federal requirement that the abortionist must comply with all state laws regarding parental involvement in their minor daughter’s abortion decision; the bill gives parents the right to sue an abortionist who fails to fulfill these requirements or other requirements in the bill.

! There is an exception for cases involving an *adult* woman who is the victim of rape, if the rape has been reported to law enforcement authorities, or alternatively if there is documentation that the woman has received medical treatment or counseling for the rape or for an injury related to the rape at least 48 hours prior to the abortion. The counseling must be provided by licensed personnel at a facility that does not perform abortions (unless a hospital), or by a victims rights advocate provided by a law enforcement agency. In addition, it would become a federal-law requirement that the abortionist must comply with any state law designated by the state’s attorney general regarding the reporting of such crimes.

! Any abortion performed under the three above-described exception clauses must be performed by the method that “provides the best opportunity for the unborn child to survive” (unless another method is necessary to prevent risk to the mother of death, or substantial and irreversible physical impairment of a major bodily function). If the baby “has the potential to survive outside the womb,” a second physician must be present to provide neonatal resuscitation. Any child born alive must receive appropriate medical care, including prompt transportation to a hospital. All clinic employees are required, on pain of federal criminal penalties, to report any failure to fulfill these requirements.

! Prior to the abortion, the abortionist must inform the woman of the bill’s requirements, including the live-birth requirements, and obtain her informed consent. The bill provides the woman with a right to sue the abortionist if he fails to give her the required information, or if he violates any of the other requirements contained in the bill. These right-to-sue provisions are in addition to the federal criminal penalties (up to five years incarceration) applicable to violations.

More information about the pain of the unborn child and the Pain-Capable Unborn Child Protection Act can be found on National Right to Life’s website:  
[www.nrlc.org/abortion/fetelpain](http://www.nrlc.org/abortion/fetelpain).

NRLC 5/11/15 1230

# NARAL sees Unborn Child Protection from Dismemberment Abortion Act as “major, nationwide threat”

By Dave Andrusko

When NARAL uses a piece of pro-life legislation to fundraise, you can be sure it will exhibit exactly the kind of behavior it falsely attributes to pro-lifers. That is, the language will be inaccurate, intended to polarize, and wholly misleading.

There is a particular irony that NARAL should rhetorically go off the deep end about the Unborn Child Protection from Dismemberment Abortion Act on May 6. I will explain why in just a second.

Pro-abortionists are nothing if not unoriginal. So...how do they describe a piece of legislation that won't allow abortionists to dismember a living unborn human being piece by piece? They don't get into the specifics—they don't dare to.

We will.

The Act bans “the use of clamps, grasping forceps, tongs, scissors or similar instruments [that], slice, crush or grasp a portion of the unborn child's body in order to cut or rip it off.”

Instead they recycle the idea that the Act uses “medically inaccurate language.” Not to be confused, of course with such familiar pro-abortion ruses as saying dismemberment abortion “involves dilating the cervix and using surgical instruments to remove the fetal and placental tissue.”

Ilyse G. Hogue, President, NARAL Pro-Choice America, tells her followers that in addition to using “gory”

language, the Unborn Child Protection from Dismemberment Abortion Act “demonizes abortion providers” intending to “polarize public opinion.”

Really? Let's take the latter charge first.

Talk about the pot calling the kettle black. “Polarizing public opinion” is the Abortion Industry's stock and trade. Nothing pro-lifers propose—no

foot or hand) of a developed and living fetus and drag the grasped portion out of the uterus into the vagina...[using] the traction created by the opening between the uterus and vagina to dismember the fetus, tearing the grasped portion away from the remainder of the body... [until the unborn baby] bleeds to death as it is torn limb from limb...”

That is taken from an opinion



*Ilyse Hogue*

matter how middle-of-the-road or supported by the public—is anything other than “radical,” “disrespects women,” and/or unconstitutional.

This law would “polarize public opinion” for one reason only: because it removes the veil, bringing what actually happens in an abortion out of the darkness and into the light of day

What about demonizing abortionists? Presumably because only really awful people would “use instruments to grasp a portion (such as a

written by Supreme Court Justice Anthony Kennedy, drawing on the testimony of abortionist LeRoy Carhart. “In Dr. Carhart's words, the abortionist is left with ‘a tray full of pieces,’” Justice Kennedy added.

In the beginning I referenced the timing of Hogue's email. It came the day after we ran “Staff admits to being disturbed by dismemberment abortion method.” In her post, Kansans for Life Legislative Director Kathy Ostrowski drew on a paper written 37 years ago

by a specialist in “late-term” abortions.

Warren Hern admitted that there were members of his own staff who were disturbed by this particular method of abortion which (in his words) they “view as destructive and violent.” As Kathy wrote

**According to Hern, unlike the staff response to first-trimester suction abortions, dismemberment abortions cause “significant emotional reactions of medical and counseling staff” including “physiological symptoms, sleep disturbances, effects on interpersonal relationships, and moral anguish.” Two employees reported being preoccupied with the gruesome procedure outside of work and having disturbing dreams.**

Those responses came from staff who were a party to this hideous assault on innocent unborn babies. They didn't need the Unborn Child Protection from Dismemberment Abortion Act to know that what they were doing was wrong, wrong, **wrong!**

Hogue concludes the law needs to be treated “as a major, nationwide threat.” It is.

It is a threat to barbarism, inhumanity, and cruelty beyond description.

# Born seven weeks after mom declared brain dead, “Baby Angel” is doing well

By Dave Andrusko

It will be interesting to see how many pro-abortion bloggers hate on the family of Karla Perez. Few things make them angrier than a family’s decision to keep a pregnant woman on life support when she has been diagnosed as brain dead.

And baby Angel is alive precisely because Ms. Perez’s family urged doctors at Methodist Women’s Hospital in Omaha, Nebraska to give Ms. Perez’s son every chance to survive. And because of the skill and dedication of over 100 doctors and nurses.

In early February Perez was 22 weeks pregnant and at home when, as Dr. Todd Lovgern told WOTV, she

**noticed she had a headache and needed to lay down and take a nap. She woke up later that evening around 10:30 or 11 and noticed the headache had become progressively worse and told her family she needed to go to the hospital.**

Tragically, a CT scan revealed that the “headache” was an intracranial hemorrhage—a severe brain bleed. When Perez was diagnosed as brain dead, her son was too young to survive outside the womb.

“And so if we were going to

give baby Angel any chance of survival we were going to have to prolong Karla’s pregnancy as long as possible with the

was fitted with a breathing tube. “Our team took a giant leap of faith,” said Sue Korth, vice president of Methodist

not yet feeding by mouth. It’s hard for us to know the long-term outcome due to the rarity of the situation, but we are



minimum being possibly 24 weeks,” said Dr. Lovgern.

Karla Perez was kept in the hospital and over the course of the next seven weeks more than 100 doctors and nurses would monitor Angel’s growth.

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

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

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

“Angel’s condition remains very stable,” added Dr. Brady Kerr of the hospital neonatal intensive care unit. “He has no severe complications. At this time he is still in an incubator and has a feeding tube – he is

cautiously optimistic.”

Berta (Angel’s grandmother) expressed gratitude and confidence.

“Thank God,” she told reporters. “He’s doing very well. He’s growing and I’m very happy about it. I come to see him every day. I get him dressed, I give him baths, I change him, I hold him. I have no words for the attention and how they took very good care of my daughter.”

# New Research demonstrates conclusively babies in first week feel pain

By Dave Andrusko

A first-of-its-kind study at Oxford University demonstrates not only that babies in their first week after birth can and do feel pain, they are also far more pain-sensitive than are adults. The findings were published in the journal *eLife*.

As *Science Codex* described the findings, “The researchers say that it is now possible to see pain ‘happening’ inside the infant brain and it looks a lot like pain in adults.”

Rebecca Slater, a doctor at Oxford’s pediatrics department, who led the study, said, “Obviously babies can’t tell us about their experience of pain and it is difficult to infer pain from visual observations.” In fact, she noted, “some people have argued that babies’ brains are not developed enough for them to really feel pain ... [yet] our study provides the first really strong evidence this is not the case.”

Using an MRI to demonstrate newborn pain was problematic because it was thought babies would not keep still enough.

“However, as babies that are less than a week old are more docile than older babies, we found that their parents were able to get them to fall asleep inside a scanner so that, for the first time, we could study pain in the infant brain using MRI,” Dr. Slater said

The subjects were 10 healthy babies between the ages of one and six days and 10 healthy adults, ages 23 to 36. (Infants were recruited from the John Radcliffe Hospital, Oxford. The adult volunteers were Oxford University staff or students.)

According to *Science Codex*

**MRI scans were then taken of the babies’ brains as they were ‘poked’ on the bottom of their feet with a special retracting rod creating a sensation ‘like being poked with a pencil’ – mild enough that it did not wake them up. These scans were then compared with brain scans of**

covering the study noted, it was common medical practice for babies to be given neuromuscular blocks but no pain relief medication during surgery as recently as the 1980s. “In 2014 a review of neonatal pain management practice in intensive care highlighted that although such infants experience an average of 11 painful procedures per day 60% of babies do not receive any

in adults, Dr. Slater said they “have shown that it is possible to detect a neurological signature of pain using MRI. In the future we hope to develop similar systems to detect the ‘pain signature’ in babies’ brains: this could enable us to test different pain relief treatments and see what would be most effective for this vulnerable population who can’t speak



**adults exposed to the same pain stimulus.**

**The researchers found that 18 of the 20 brain regions active in adults experiencing pain were active in babies. Scans also showed that babies’ brains had the same response to a weak ‘poke’ as adults did to a stimulus four times as strong. The findings suggest that not only do babies experience pain much like adults but that they also have a much lower pain threshold.**

As virtually all the stories

kind of pain medication.”

Dr. Slater put the importance of the findings in context. “Thousands of babies across the UK undergo painful procedures every day but there are often no local pain management guidelines to help clinicians. Our study suggests that not only do babies experience pain but they may be more sensitive to it than adults”. She added, “We have to think that if we would provide pain relief for an older child undergoing a procedure then we should look at giving pain relief to an infant undergoing a similar procedure.”

Alluding to recent studies

for themselves.”

Of course, virtually everything that Dr. Slater said about pain and the newborn child applies to pain and older unborn children (after 20 weeks), especially the conventional wisdom that insisted their brains lacked the structures to feel pain.

In fact there is ample evidence that by 20 weeks, the unborn child can experience pain. To read about just some of the extensive documentation, go to [www.nrlc.org/abortion/fetalspain](http://www.nrlc.org/abortion/fetalspain) or [doctorsonfetalspain.com](http://doctorsonfetalspain.com)

# Clinton's pro-abortion speech candidly reveals just how a dangerous a threat she poses

By Dave Andrusko

Given her status as her party's unrivaled favorite to be the Democrats' 2016 presidential nominee (at least for now), everything pro-abortion Hillary Clinton says takes on significance. I'd like to offer some thoughts on Clinton's speech to the "Women in The World Summit" in New York City.

Arch-feminist and militant pro-abortionist Amanda Marcotte, described it as "an annual feminist shindig that's all about improving women's fortunes around the world." Let's see.

Marcotte saw heavy symbolism in the location and the audience of what she sees as the first substantive speech of Clinton's campaign. Message? "This speech suggests she is running an aggressively feminist campaign. It's a smart move."

Okay. Let's see what the part that directly relates to us has to say.

Clinton's style was to say, "Yes, but..." — to talk about progress women have made — and then talk about what else she saw as necessary:

**"Yes, we've cut the maternal mortality rate in half but far too many women are denied access to reproductive health care and safe childbirth. All the laws don't count for much if they're not enforced. Rights have to exist in practice — not just on paper. Laws have to be backed up with resources and political will. And**

**deep-seated cultural codes, religious beliefs and structural biases have to be changed [applause] As I have said and as I believe, the advancement of the full participation of women and girls in**

the 48th annual Commission on Population and Development, held April 13-17 at the United Nations headquarters in New York. He wrote

**Some say that legalizing or expanding access to abortion is necessary to protect the lives and**

**maternal mortality. It is a matter of fact that legalizing abortion is not necessary to reduce maternal mortality.**

Indeed, for many reasons which we have talked about numerous times, legalized abortion increases maternal mortality.

Second, Matt Lewis hit the nail on the head in a brilliant analysis. He writes

**If one is to assume that "reproductive health care" rights are a euphemism for abortion (a fairly safe assumption), then this is quite telling. Maybe it's because she was speaking to a friendly audience (at the Women in The World Summit), but this honest appraisal is a reminder that politics are downstream from culture, and that uprooting long-standing religious and cultural beliefs are a prerequisite for utopian progressivism. As President Obama might say, we do tend to "cling to guns or religion."**

Hillary's comments also remind me of something Frank Bruni wrote in a recent column, "Bigotry, the Bible, and the Lessons of Indiana." In that piece Bruni argues that "our debate about



**every aspect of their societies is the great unfinished business of the 21st century, and not just for women, but for everyone — and not just in far away countries but right here in the United States."**

Let me make three points.

First, as we have written countless times, Clinton's first sentence is flatly wrong. Consider what MCCL Executive Director Scott Fischbach said in a statement for

**health of women. That is not true. Maternal health depends on the quality of medical care, not on the legal status or availability of abortion. Countries such as Ireland, Poland, Chile and Malta prohibit most or all abortions and have a very low incidence of maternal mortality. Other countries permit abortion for any reason and have a very high incidence of**

# Publicity over assisted suicide corresponds with significant increase in assisted suicides and requests for lethal drugs in Oregon

*Media campaign by advocacy group likely resulted in “suicide contagion”*

MINNEAPOLIS — The publicity campaign surrounding one young woman’s decision to die by assisted suicide in Oregon correlates closely with a significant increase in assisted suicides and requests for lethal drugs in that state, an indication of suicide contagion. A white paper analysis of suicide contagion and Oregon assisted suicide statistics was released May 4 by Minnesota Citizens Concerned for Life (MCCL).

Assisted suicide advocacy group Compassion & Choices (the former Hemlock Society), the nation’s leading advocate and facilitator of assisted suicide, used Brittany Maynard’s intention to end her life by assisted suicide to launch a massive public relations campaign. Compassion & Choices aggressively promoted the story, which ended up on the cover of People magazine and received extensive coverage by CNN and many other media outlets. In the process,

Compassion & Choices and its media allies violated nearly every suicide prevention media guideline, including those strongly recommended by the World Health Organization and the National Institute of Mental Health.

Scott Fischbach. “The collateral damage Compassion & Choices caused by its exploitation of Maynard’s story was tragic and entirely avoidable.”

As the MCCL white paper explains, suicide contagion occurs when one

Maynard’s own death on Nov. 1, rising 71.4 percent above the 2014 average. The number of assisted suicide deaths in November 2014 was higher than that of any other month in at least the last five years.

The white paper places the Oregon figures in the broader context of media reporting and contagion. More than 50 studies worldwide have found that suicides increase with certain types of news coverage. Evidence indicates that the promotion, publicity and legalization of assisted suicide also likely have a contagion effect.

“The impact of the Compassion & Choices media blitz is indefensible,” Fischbach added. “Its reckless promotion of assisted suicide has served as encouragement to depressed, vulnerable people to end their lives. These people need hope and help, not a push into assisted suicide.”



compassion & choices

“Compassion & Choices’ sensationalizing of this woman’s assisted suicide obviously benefited the organization with massive donations, but it was a disaster in terms of suicide contagion,” said MCCL Executive Director

or more suicides contribute to additional suicides. The number of deaths from assisted suicide in Oregon was 37.1 percent higher in October than the 2014 average. The death total then spiked in November, following

## NEJM study shows nearly a quarter of babies born at 22 weeks survive

*From page 7*

**in their approach to 22-week-olds, ranging from a few that offer no active medical treatment to a handful that assertively treat most cases with measures like ventilation, intubation and surfactant to improve the functioning of babies’ lungs.**

**“It confirms that if you don’t do anything, these babies will not make it, and if you do something, some of them will make**

**it,” said Dr. David Burchfield, the chief of neonatology at the University of Florida, who was not involved in the research.**

But others quoted in the stories disagreed that babies this young should be actively treated, especially when many who survive will have disabilities.

Dr. Jonathan Muraskas, a neonatologist at Loyola University Medical Center in Maywood, Illinois, told the Times. “We just seem to be resuscitating more and more

tinier babies, and there are consequences.” He added, “How low do we go and what are the implications?”

But by and large, there was much more optimism than pessimism in the coverage and some stories not only cited success stories but also cautioned about how imprecise estimates of fetal age can be. Belluck noted

**The authors and other experts also noted that gestational age is an educated guess, based on women’s recollection of their last menstrual period**

**and estimated fetal size. Other factors, including prenatal care and the fact that girls are often a week more mature than boys, should also influence decisions, experts say.**

**“It’s very difficult to say to a mother, ‘If you deliver today, I’m going to do nothing, but if you deliver tomorrow, I’m going to do everything,’ ” said Dr. Neil Marlow, a neonatologist at University College London.**



# Serious Obamacare Rationing Provision Again Under Fire

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

A renewed pushback is underway against one of the most serious of the multiple rationing provisions of the five-year old Obama Health Care law — the “excess benefits tax.” The original law deliberately delayed the provision’s implementation until 2018 because of its controversial nature.

According a story by Brian Faler in *Politico*, “Many expect it to be the next protracted battle over Obamacare — one that threatens to become a headache for Democrats, many of whom never liked the tax despite supporting the law more generally.”

Obamacare imposes a whopping 40% excise tax on employer-paid health insurance premi-

disease, and organ failure.

Unions, including the AFL-CIO and the National Education Association, long known for tough negotiating with employers that has been successful in securing employee-friendly health insurance benefits for their members, are calling for a repeal of the tax. They assert their members’ employers are already faced with having to reduce benefits if the tax is not repealed.

As Faler explains,

**What’s more, even if a company ducks the tax in 2018 — and many have been trying to wring savings out of their plans in anticipation of the new rules — they may only get a tem-**

porary reprieve. That’s because Congress pegged the tax threshold to a relatively slow measure of inflation. It’s linked to the consumer price index plus 1 percent, even though medical costs typically grow much faster.[1]

**With the coming in 2018 of the ...[excess benefits tax], both collectively bargained and employer-based plans that exceed these thresholds will probably reduce the generosity of their benefits to reduce premiums. Consequently, the comprehensive plans offered today by some unions and employers will likely become scarcer. [2]**

This hefty tax might even be meant to have the long-term effect of driving all Americans into the frequently skimpy plans of the government health care exchanges, pushing employers out of providing health care benefits altogether. According to Faler, **Former Obamacare adviser Jonathan Gruber, in one of the now-infamous videos that emerged late last year, said rising medical costs ensure the ...[Excess Benefit] tax will eventually all but eliminate the break companies get for providing health insurance.**

Obamacare is slowly beginning the process of destroying much that is valuable in the health care system which has evolved to serve Americans. It is wrong to suppose—as does Obamacare—that in order to provide health care to those with low incomes the government must limit health care for others, or that the government must “protect” ordinary Americans from using too many of their resources to save the lives of their family members by imposing arbitrary limits on what they are allowed to spend for health insurance and health care.

But that is just what the excess benefits tax intends to do....to squeeze out plans that allow people access to sometimes expensive, but lifesaving, medical care.

Contrary to conventional wisdom, in the aggregate and over the long term Americans can afford to devote an ever growing proportion of our income to saving our lives and promoting our health, because increasing productivity in producing other goods and services frees up resources that enable us to do so. See [www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf](http://www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf).

As more money is spent on health insurance by employers and individuals, cost-shifting keeps pace in making available health care for those who cannot themselves afford to pay its full cost. As NRLC has proposed, incorporating the cost of subsidies for growth in health care spending on behalf of those who genuinely cannot afford it into what employers and individuals pay for their own health insurance would result in a self-executing restraint on unsustainable growth in health care spending, while avoiding Obamacare-type arbitrary government limits that suppress what we are collectively able to, and desire to, spend to preserve the lives and health of our families.

Details can be found at [www.nrlc.org/uploads/medethics/ObamacareAlternativeNRLC252015.pdf](http://www.nrlc.org/uploads/medethics/ObamacareAlternativeNRLC252015.pdf)

[1] For documentation on the way medical inflation exceeds the average rate given by the consumer price index (CPI), see [www.nrlc.org/uploads/medethics/MedicalInflationOutpacesCPI.pdf](http://www.nrlc.org/uploads/medethics/MedicalInflationOutpacesCPI.pdf).

[2] Gabel, Jon R., et al. “Collectively Bargained Health Plans: More Comprehensive, Less Cost Sharing Than Employer Plans.” *Health Affairs* 34.3 (2015): 461-466.



ums above a governmentally imposed limit that does not allow for medical inflation. The “excess benefits” tax will have its intended result of effectively imposing a price control on health insurance premiums.

Consequently, insurance companies will be forced to impose increasingly severe restraints on policy-holders’ access to medical diagnosis and treatment—limits that will not prevent setting broken legs and giving flu shots, but will make it harder and harder to get the often expensive medicines, surgery, and therapy essential to combat such life-threatening illnesses as cancer, heart

porary reprieve. That’s because Congress pegged the tax threshold to a relatively slow measure of inflation. It’s linked to the consumer price index plus 1 percent, even though medical costs typically grow much faster.[1]

Frequently cited employer surveys by Mercer, a health care consulting firm, show that about one-third of employers will be hit by the tax in 2018 with current plan benefits and nearly 60% would be subject to the hefty tax by 2022.

A recent analysis published in

# Kansas Gov. Brownback travels the state in symbolic reenactment of signing SB95

By Kathy Ostrowski, Legislative Director, Kansans for Life

A special event took place in Kansas April 27 as Gov. Sam Brownback traveled to four cities for ceremonial signings of SB 95, The Unborn Child Protection from Dismemberment Abortion Act.

The model language for the Act was provided by Kansans for Life, from the National Right to Life Committee. It prohibits the barbaric abortion method of dismembering living unborn children. The measure was first enacted in Kansas and then in Oklahoma.

SB 95 was technically signed into law April 7 but this dismemberment ban has such significance in advancing the pro-life cause that Gov. Brownback deemed it important enough to mark its signing with a wide public audience.

The governor traveled with the bill's lead sponsor, Sen. Garrett Love (R-Montezuma) and the bill's carrier in the House, Rep. Steve Brunk (R-Wichita) to school locations in the 4 quadrants of the state: Lenexa, Pittsburg, Wichita and Hays. Rep. Brunk was a lead carrier of Kansas' Unborn Victims of Violence Act in 2007 and Sen. Love was sponsor of Kansas' Pain-Capable Unborn Child Protection Act in 2011.

The signing events kicked off at 9 a.m. in northeast Kansas at the Holy Trinity Catholic Church and elementary school. Archbishop Joseph Naumann, Kansas Catholic Conference Director Michael Schuttloffel, and representatives of

Benedictine College, were among the special guests. Also in attendance were numerous legislators, including Rep. John Rubin (R-Shawnee) who

said, "We look forward to many lives being saved by this law; it is an answer to many peoples' prayers. This law will educate and awaken people to the

are most affected, the unborn, cannot be here today. So we stand in solidarity with those unborn children by standing here for them today.



*Attendees at the ceremonial re-signing of SB 95 in Lenexa, Kansas, include legislators and Kansans for Life members.*

assisted in the defense of the bill during floor debate.

Gov. Brownback commended the "outstanding long-term work of Kansans for Life" and for "bringing this measure to ban a horrific abortion procedure." He told the audience that when the American public learned about partial-birth abortion, they strongly wanted it banned and the Supreme Court said it could be done. "The people of Kansas don't support dismembering unborn children."

Archbishop Naumann, who has been involved in pro-life advocacy for many decades,

horror that is abortion, which is the civil rights issue of our times."

Mary Kay Culp, executive director of Kansans for Life, offered some introductory remarks to the crowd, which included 7th & 8th grade students.

"The signing of this pro-life law shows Kansas' deep commitment to protecting innocent life and setting an example for the nation.

"Often a formal signing ceremony is done in the Capitol and is witnessed by those most affected by the change in law. In the case of SB 95, those who

"Let us applaud all our pro-life lawmakers and our pro-life governor for achieving this law and pray that Kansas will continue to work to show respect for life."

Pro-lifers in southeast Kansas gathered at 11:00 at the St. Mary Colgan high school, while pro-lifers from south central and western Kansas attended the signing at Bishop Carroll High School at 1:30.

Lt. Gov. Jeff Colyer, who is a physician and who testified in support of SB 95, joined the final signing event at 3:30 at his alma mater, the St. Thomas More Prep school in Hays.

# Notorious abortionist sells interests in NJ abortion clinics to man convicted of sexually abusing patients

By Dave Andrusko

*NRL News* and *NRL News Today* has posted dozens of stories about abortionist Steven Brigham, who is routinely (and rightly) described as “notorious.” In April we reported that Brigham, 58, was (not surprisingly) appealing the decision of the 16-member New Jersey Board of Medical Examiners to permanently revoke his license.

Among other things the Board “voted unanimously that Brigham had engaged in professional misconduct, dishonesty and misrepresentations, and repeated acts of negligence, based on the records.”

In the meanwhile Brigham had to divest himself of ownership of his eight abortion clinics in New Jersey, the bulk of his “American Women’s Services,” multi-state operation.

Following the Board’s decision, there was a passing reference in several accounts to his medical director, Vikram Kaji. However, in a story that appeared in the April 28 edition of the *Philadelphia Inquirer*, Marie McCullough fleshed out what has happened since.

Indeed Brigham (who has a “25-year, multistate history of battling medical boards, regulators, the IRS, landlords, creditors, and criminal

prosecutors in Maryland,” according to McCullough) has sold his interests to Kaji.

Who is Kaji? In the mid-1990s, his “medical license was suspended in New Jersey and Pennsylvania,” McCullough explains, “for sexually abusing patients and wrongly prescribing controlled substances.” The

outrageous behavior and just some of the lengthy history.

By way of summary...

Brigham got in trouble most recently in New Jersey and Maryland for doing what he was disciplined for doing back in the 1990s: starting a late-term abortion in one state (New Jersey) but extracting the dead baby in another

risky surgeries,” McCullough reported.

The clandestine operation went on until an 18-year-old woman, 21½ weeks pregnant, almost died.

No matter how many legal and administrative straits Brigham has found himself in, “American Women’s Services has continued to operate clinics, even in states where Brigham has lost a license or never had one,” McCullough explains. “Currently, American Women’s Services’ website advertises 16 clinics in New Jersey, Virginia, Maryland, and Pennsylvania. The two Pennsylvania sites – Pittsburgh and Allentown – are listed as ‘temporarily closed,’ even though in 2012, the state ordered Brigham to let the public know the clinics were permanently shuttered.”

So, in spite of pleading poverty before the New Jersey Board of Medical Examiners (the board ordered him to pay \$561,000 in penalties and prosecution costs on top of a half-million federal IRS lien “for not paying employee taxes”), Brigham “fights on,” McCullough writes.

**“He has appealed his New Jersey license revocation to Superior Court’s Appellate Division.”**



*Abortionist Steven Brigham*

*Inquirer* emailed Neal Buccino, spokesman for New Jersey’s Division of Consumer Affairs, who wrote back, “Dr. Kaji’s license is currently active, and not subject to restrictions.”

McCullough, who has done outstanding work over the years covering Brigham, explains in great detail both the latest

(Maryland, where Brigham was never licensed) a day or two later. He claimed it was out of fear of pro-life activists, but in fact, prosecutors say it was “because Brigham’s New Jersey clinics do not meet the state’s outpatient surgical safety requirements, and he is not credentialed to perform the

# Tennessee Gov. Signs Law mandating inspection of abortion facilities

*Two more bills on Governor's desk*

By Dave Andrusko

The air was thick with pro-abortion gloom last month when the Tennessee House voted in favor of the previously passed Senate bill, 79-17. And on Friday when pro-life Gov. Bill Haslam signed the bill into law, pro-abortionists could not contain their rage.

Alluding to Tennesseans' approval last fall of a state constitutional amendment which makes abortion limitations possible, Nancy Northup, president and CEO at the Center for Reproductive Rights, charged it "opened the door for Tennessee politicians to begin demonstrating their hostility to women's constitutional rights and indifference to their well-being, and now they have marched right through."

Tennessee Right to Life agreed that "Amendment 1" was crucial—and not just to passage of this measure. The amendment, 14 years in the making, was designed to give the legislature—and through

legislators, the voters—"more leeway" in the regulation of abortion facilities in Tennessee.



*Tennessee Gov. Bill Haslam*

"Tennessee Right to Life is grateful to our public officials for fulfilling their commitment to the people of Tennessee and restoring these common sense protections to protect the health and safety of women and girls," said Brian Harris, president of Tennessee Right to Life. Tennessee RTL also emphasized a truth that *NRL News Today*

readers will recall reading about:

**"Weaker abortion laws in Tennessee have contributed to large numbers of out-of-state women seeking to abort which, according to the Centers for Disease Control, has resulted in Tennessee becoming an abortion destination in which of 1 of 4 abortions was sought by a woman or girl from another state."**

A slew of commonsense pro-life laws were tossed out in 2000 when the Tennessee Supreme Court held, "A woman's right to terminate her pregnancy is a vital part of the right to privacy guaranteed by the Tennessee Constitution." Now, thanks to Amendment 1, a pro-life legislature, and a pro-life governor, there are two other laws on Gov. Haslam's desk: informed consent and a 48 hour

waiting for women and girls considering abortion.

Back in April, when the House Health Committee first passed the informed consent and waiting period, pro-life members reminded opponents (including four abortion clinics that testified in opposition) that voters had these laws in mind when they passed Amendment 1.

"This legislation is specifically a response to the approval by a majority of voters of Amendment 1," said State Rep. Matthew Hill. "Amendment 1 was presented to the voters of Tennessee and to the citizens, and they were told clearly time and time again that if Amendment 1 was adopted that informed consent, 48-hour waiting period, and the inspection of facilities would be what the Legislature brought forth. That's why this legislation specifically deals with two of the three things that were specifically delineated during the campaign of Amendment 1."

## Clinton's pro-abortion speech candidly reveals just how a dangerous a threat she poses

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**religious freedom should include a conversation about freeing religions and religious people from prejudices that they needn't cling to and can indeed jettison, much as they've jettisoned other aspects of their faith's history, rightly bowing to the enlightenments of modernity."**

To which Lewis keenly adds ,

"[I]t is interesting that liberals are finally getting around to openly confessing something all of us sort of know — yet few will say out loud: Achieving a liberal social agenda will necessarily require first extirpating many 'deep-seated' Christian values and tenets.

Third, over at Hot Air, Ed Morrissey takes the analysis one step deeper:

**In one sense, this shows just how extreme the pro-abortion caucus actually is. As Hillary**

**admits here — albeit unwittingly — the at-will destruction of the unborn goes against religious beliefs, long-held cultural values, and the structural "biases" that exist to recognize the value of human life. That's what the "clump of cells" fallacy has to overcome, and as Hillary and the Left have discovered, it's a tall order.**

Watch the speech for yourself (the excerpt begins at 8:26), put it all together, and draw your own conclusions [<http://dailycaller.com/2015/04/23/hillary-on-abortion-deep-seated-cultural-codes-religious-beliefs-and-structural-biases-have-to-be-changed>].

My conclusion is that the danger Hillary Clinton poses has been radically underestimated.

# Top Ten reasons she is proudly “pro-abortion”

By Dave Andrusko

As pro-abortionists embrace a position that is further and further and further from where most Americans are on abortion, it's useful for us to see how women such as Valerie Tarico strain out a gnat and swallow a camel in order to come to the correct (that is, death-affirming) answer.

Writing at *Salon*, she tells us immediately that she is both pro-abortion and pro-choice—and then list the ten reasons why she is passionately pro-abortion.

The “pro-choice” explanation need not delay us any more than it does Tarico—“Choice is about who gets to make the decision”—and we can probably guess who Tarico believes that falls to. (She has had an abortion.)

She tells us she is pro-abortion “like I’m pro-knee-replacement and pro-chemotherapy and pro-cataract surgery.” Unsurprisingly Tarico is oblivious to the obvious—the demeaning comparison she has established between the bone and cartilage in your knee and the bone and cartilage in the baby’s body which the nurse reassembles after the abortionist dismembers a living, unborn child.

To Tarico a good way of seeing abortion (and I am not making this up) is as “part of a set of tools that help women and men to form the families of their choosing.”

Kind of like a set of Craftsman tools— Ratchet Sockets – Wrenches – Pliers, etc. Only these “tools” –clamps, grasping forceps, tongs, surgical scissors, etc.- are plied by the abortionist. The only thing missing is the equivalent of a power saw, although abortionists who specialize in killing highly developed unborn babies probably do have something comparable.

Just a couple of paragraphs about Tarico’s Top Ten reasons

she is proud to be pro-abortion, which are as silly as they are shallow. (And, again, it only sounds as if I am making them up.) #2 is

**“I’m pro-abortion because well-timed pregnancies give children a healthier start in**

you can kiss the toes of the one you’re with and have chubbier babies down the line. Such self-sacrifice on Tarico’s part—such caring for possible future babies at the expense of the baby she might be carrying now.

She also misreads and

Pardon?

You really can’t understand Tarico unless you appreciate that her universe is one giant crapshoot. And that she argues by (strained) analogy.

A woman might have gotten pregnant accidentally (an “unsought pregnancy”) or not, just as one woman who makes a random move in a moving vehicle dies while another woman does something more dangerous but survives.

It just like whether an “unsought pregnancy” results:

**Most of the time we get lucky; sometimes we don’t. And in those situations we rely on the mercy, compassion, and generosity of others.**

Tarico tells us she has had three accidents which damaged her knees. “Three accidents, all my own doing,” she writes, “and three knee surgeries.”

Where is she heading with this?

“Some women have three abortions.”

Oh, I get it. Three “fresh starts.”

Tarico seems to have missed that none of these babies was shown mercy, grace, or compassion. They were shown depersonalization, destruction, and death. But, just guessing, I don’t think that would make any difference to her.

If you have a chance, please also read a previous story I wrote about Ms. Tarico at <http://www.nationalrighttolifenews.org/news/2015/05/pro-abortionist-insists-abortion-is-a-blessing-grace-or-gift-2/#.VUzFjI5Vikp>



Sunsara Taylor

life.” Here Tarico (a) resurrects her inane observation that “Wanted babies are more likely to get their toes kissed,” etc., etc., and offers the idea that if women have “rapid repeat pregnancies,” they “increase the risk of low birthweight babies and other complications.”

So, if you off a kid (or, for that matter, more than one),

misapplies a Ray Bradbury story about time travel to justify abortion, but that would take a separate post to deconstruct. So as choice #2, there is her reason #8:

**I’m pro-abortion because I believe in mercy, grace, compassion, and the power of fresh starts.**

# Sightless Mom “sees” unborn baby

By Dave Andrusko

Okay, pretend you didn't read the headline. It's more fun that way.

Tatiana Guerra, 30, is from Brazil, and was 20 weeks pregnant when this video was taken. When she was 17, she lost her sight.

Courtesy of Huggies Brazil and the digital design firm, The Goodfellas, what you see on YouTube is the unfolding of a minor miracle— at least to we who are sighted and especially to those of us who grapple with understanding 3D printing.

The YouTube is less than 4 minutes long. We are immediately introduced to Tatiana and “Dr. David.” He

seems to have a gentle touch and a reassuring voice, the perfect bedside manner.

After the opening “hellos,” the video cuts to Tatiana at home. She caresses her swollen abdomen and talks quietly and persistently to Murilo.

Clearly, Tatiana is passionately in love with her unborn son. “Mommy can't wait to feel your little body, your little face, your little hands ....So come,” she says. “Mommy is counting the days. ...You don't need to be afraid.”

The video cuts back to Dr. David as he is performing the ultrasound. They chat back and forth.

“What does his face look like?”

“His nose looks like yours,” Dr. David says. “His two little eyes are closed.”

Tatiana smiles and giggles when she is told her son has a “small mouth” and a “chubby hand.”

All the while a 3D printer is transforming ultrasound images of Murilo's face into something solid.

“And if...if you could touch him, would that let you know what he's like?” “Yes,” she responds.

At that juncture Dr. David hands Tatiana the 3-D sculpture of her unborn son's face

wrapped in a white cloth.

“That is your son.”

“What do you mean!?”

“That's an image of your son. See if he feels the way you think he does.”

And then, the tear-jerking moment. She read a message, written in Braille...

“I am your son.”

She explores her son's face— his nose, his eyes, his forehead and says (gulp)

“I am so happy to meet Murilo...Before he's born.”

A moment's pause.

“Thanks, Doctor.”

Thanks, Huggies Brazil.



## The Pain-Capable Unborn Child Protection Act, Kermit Gosnell, and a day of reckoning

From page 2

also because it reminds people that abortion is essentially legal on demand throughout pregnancy. A large segment of the public is under the vague impression that abortion is legal only ‘early’ in pregnancy, perhaps through

strongly supports a law like the Pain-Capable Unborn Child Protection Act. In a nationwide poll of 1,623 registered voters in November 2014, The Quinnipiac University Poll found that 60% would support a law such as the Pain Capable

47% against to 46% for.

Just a few words about Gosnell. This was a man prosecutors said he would make \$10,000-\$15,000 a night performing late, late abortions on (almost entirely) women of color.

Gosnell performed abortions so late in pregnancy— “the really big ones”— that “even he was afraid to perform in front of others. These abortions were scheduled for Sundays, a day when the clinic was closed and none of the regular employees were present,” the Philadelphia Grand Jury concluded.

No doubt he made even more money for performing those abortions. (And that doesn’t even address the gobs of money he made writing illegal drug prescriptions, a charge he pled guilty to after his first trial.)

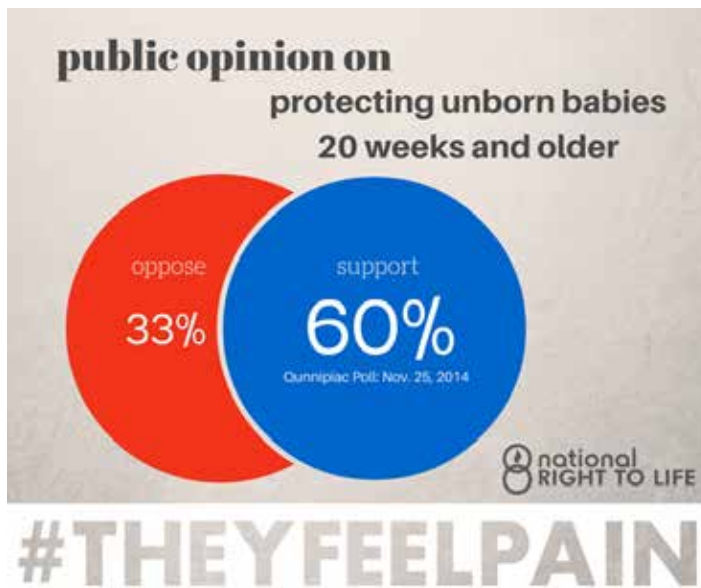
The Grand Jury believed there hundreds of late abortions in which the child was aborted/delivered alive and then murdered when he slit spinal cords. But the one thing Gosnell was fastidious about was making sure there were no records, or that they were destroyed.

Finally, there is symbolism a plenty in the case of man who to this day thinks of himself as “innocent.” What does it say that although he routinely earned between \$1 million and \$1.8 million a year and owned multiple properties, Gosnell chose to live in utter squalor, reminiscent of the disgusting pit known as his Women’s Medical Society?

The NARALs and the Planned Parenthoods adamantly insisted Gosnell was an “outlier,” a “renegade.” In truth, in many ways, Gosnell is the genuine face of an industry that traffics in the blood of unborn children and their mothers’ misery.

“There are Kermit Gosnells all over America, inflicting not only violence, cruelty and death on very young children, but excruciating pain as well,” Rep. Chris Smith said last Friday. “Some abortionists may have cleaner sheets than Gosnell did and better sterilized equipment and better trained accomplices, but what they do and what Gosnell did for four decades—kill babies and hurt women—is the same.”

Amen.



the first trimester. To be shown otherwise can change someone’s mind in a heartbeat.

While I won’t belabor a fact of life we’ve discussed countless times, it is crucial to remember. The public

Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation.

Every demographic supported the law—and even Democrats opposed it by a single point:

## Another attack on NRLC

From page 2

abortion. Threats to conscience clauses for pro-life doctors and nurses. And now a new threat: Who we can hire.”

If you go to <http://nrlc.cc/1JUSAGN>, you can read the letter NRLC sent to the House of Representatives. In it, the full sweep of RHNDAs is explored.

But, in a nutshell (to borrow again from Carol),

“Under RHNDAs, using any ‘decision . . . related to’ abortion to inform decisions about hiring, firing, or benefits (among other things) would expose our organization both to enforcement actions by the District government bureaucracy, and to private lawsuits (some of which would likely be engendered by ‘sting’

operations by pro-abortion advocates).”

NRLC put it this way in its letter to the House. The RHNDAs “is a politically motivated attack on our organization and the other organizations that seek to vindicate the human rights of unborn children.”

The House did pass H. J. Res. 43, a resolution introduced

by Congresswoman Black, to nullify RHNDAs, but there’s been no action yet in the Senate. And, of course, pro-abortion President Obama has threatened to veto any congressional action to protect the rights of pro-life organizations, such as NRLC to hire pro-lifers!

We will keep you update on this deeply troubling turn of events.

# Self-induced abortions and the myth of female empowerment

By Dave Andrusko

Anyone who follows *National Right to Life News Today* knows that we keep close tabs on the occupants (and their numbers, alas, are growing) of the zanier precincts of pro-abortion advocacy. Even if you wanted to, you cannot, you simply **cannot**, write fast

to going to somebody who is supposed to know what they are doing, made “necessary” because of the enactment of state pro-life laws (in this case Texas).

However, on the other hand, there is a brighter side to DIY (or self-induced) abortions,

**drug with a variety of other medical uses, including treating ulcers in humans and arthritis in dogs.**

And since in Texas, she writes, “assisting someone in obtaining an illegal abortion is a felony,” Grimes is merely [nod, nod, wink, wink] “shar[ing] those WHO protocols—again, totally, publicly available information—with people who want to learn them.”

But, she assures her readers, that doesn’t mean “pregnant people” [yes, “pregnant people”] can’t attempt to self-abort using that “totally, publicly available information.”

However, besides giving high-fives to chemically aborting unborn babies, what this particular article is most concerned with is, as the title suggests, “empowerment”—empowerment and female bonding as they role-play aborting imaginary children.

It just doesn’t get any better, right? Well, actually yes (from their point of view). You could videotape your abortion and put the remaining minutes of your baby’s life on YouTube. Cool!

Better yet, they could reenact what thousands of feminists did in November 1983 in Barcelona, Spain. As Rai Rojas, NRLC’s director of Latino Outreach wrote,

**They were gathered there to conference on how to best change and repeal Spain’s protective abortion laws.**

**At the height of the convention, two young**

**pregnant women were taken into a conference room and aborted. At the next day’s general assembly the leading feminists of the day held up two bloody glass jars containing the remains of two aborted children.**

**Thunderous applause led to cheers and screams of delight as the two dead babies were displayed high above the heads of the speakers – their trophies. Some who were there reported that the room shook from the stomping of feet and the chants that followed.**

Grimes, reminiscing, doubtless would conclude, “How good is that?”

What makes the whole Grimes piece so appealing to her audience is how she spruces up this female-huddling by invoking a kind of inverted Martha Stewart setting:

**I bought the good boxed wine last fall when I invited my friends over to my place to learn the World Health Organization’s protocols for inducing safe abortion with misoprostol. Hell, I even broke out my special glasses from Pier One. Somebody brought fancy cheese. As we curled up on**

The screenshot shows the website 'Women on Waves' with a navigation bar. The main heading is 'How to do an Abortion with Pills?'. Below the heading, there is a paragraph of text: 'The best and safest way a woman can do an abortion herself until the 12th week of pregnancy is with the use of two medicines called Mifepristone (also known as the abortion pill, RU 486, Mifegyn, Mifeprex), and Misoprostol (also known as Cytotec, Arthrotec, Oxaprest, Cyprostol, Mibetec, Prostokos or Misotrol). If you live in a country where there is no access to safe abortion services and you would like to obtain a medical abortion with Mifepristone and Misoprostol, please go to Women on Web (www.womenonweb.org).' To the right of this text is a photograph of several white, round pills. Below the photo, there is more text: 'Using Misoprostol (or Cytotec) alone to cause an abortion will be successful 90% of the time. If it is not effective the first time, you can try again after 3 days. The information is based on research by the World Health Organization.' At the bottom of the screenshot, there is a warning: 'Women who live in a country where they have the possibility to have a safe and legal abortion, should go to a doctor. For abortion clinics worldwide, see www.womenonwaves.org/article-458-en.html. Some women attempt to have an abortion by placing sharp or dirty objects into the womb or by punching the belly. This is very dangerous and should never be done because there is a very high risk of wounding the insides of the woman, infection, heavy bleeding and even death. For many women, ending a pregnancy is a difficult decision. When the woman cannot discuss the abortion or alternatives with a healthcare provider, we advise her to talk about it with a good friend or a relative. We strongly advise any young girl to talk with her parents or another adult she trusts about her situation, her decision and the abortion procedure.'

enough. By the time you finish a post, they’ve taken their extremist a few miles further into outer space.

“Sharing Information About Self-Inducing Abortions Made Me Feel Empowered,” says Andrea Grimes, writing at Rhrealitycheck.org. This post appeared last month, so by now somebody somewhere has something even more outrageous.

Oh, that’s right, they **have**. Visit Carafem and you can obliterate your baby amidst all the creature comforts of a trip to the spa!

But back to Grimes.

DIY [Do It Yourself] abortion is, on the one hand, portrayed as a much-needed alternative

from the perspective of women like Grimes. Sure, those bad old patriarchs have limited their traditional killing options, but that has just led to more creative ways to obliterate that troublesome collection of cells and in the process enhance feminist solidarity.

With a nod and a wink, Grimes explains to her readers that she is just passing on information. And what is she telling people?

**What I do tell people is that the World Health Organization has publicly made available information that explains how a pregnant person might induce an abortion using misoprostol, a**



## As Promised, House Republican Leadership Schedules Floor Action this week on Bill to Save Lives of Thousands of Pain-Capable Babies Annually

*From page 1*

postponed when a small group of House members raised objections to certain language in the exception clauses to the ban, even though they had previously endorsed exactly the same language.

“National Right to Life strongly supports this legislation, which can save thousands of babies from painful deaths each year,” said Carol Tobias, president of National Right to Life. “We are grateful to Speaker John Boehner, Majority Leader Kevin McCarthy, Majority Whip Steve Scalise, Republican Conference Chairwoman Cathy McMorris Rodgers, and chief bill sponsor Trent Franks, among others, for their steadfast commitment to overcoming the obstacles raised in January, while refining the bill to enhance protections for pain-capable unborn children. This is a strong bill that can save

thousands of babies from painful deaths annually. The problems that developed in January were not the fault of these leaders. They deserve great credit for not taking the easy route of gravely weakening the bill in order to facilitate a quick vote. National Right to Life is deeply grateful for their determination to take the time to do the job right and do the diligent work necessary to craft strong legislation focused on the unborn child.”

Rep. Chris Smith (R-NJ), co-chair of the bi-partisan House Pro-Life Caucus, pointed out that “The timing could not be more fitting.” May 13 marks the second anniversary of the conviction of the infamous abortionist Kermit Gosnell. Gosnell is serving three life sentences for deliberately aborting mature babies alive and then killing them by severing their spinal cord.

Gosnell was also convicted of one count of involuntary manslaughter in the 2009 death of Karnamaya Mongar who died from a massive overdose of Demerol administered by Gosnell’s unlicensed, untrained staff.

“There are Kermit Gosnells all over America, inflicting not only violence, cruelty and death on very young children, but excruciating pain as well,” Smith continued. “Some abortionists may have cleaner sheets than Gosnell did and better sterilized equipment and better trained accomplices, but what they do and what Gosnell did for four decades—kill babies and hurt women—is the same.”

There is widespread public support for a bill like H.R. 36.

In a nationwide poll of 1,623 registered voters in November 2014, The Quinnipiac University

Poll found that 60% would support a law such as the Pain Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation.

A closer examination reveals that women voters split 59%-35% in favor of such a law, while independent voters supported it by 56%-36%. In addition among those ages 18-29, there was 57% support for the legislation, with only 38% opposed.

Even Democrats were split down the middle: 47% opposed such a bill while 46% supported it.

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

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# The Disturbing End Game of Organization Pushing Assisting Suicide

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

In a record push, Compassion and Choices or C&C (formerly the Hemlock Society) has introduced bills in nearly half of U.S. states. Although they are promoted as simply another medical option at the end of life, comments made by C&C's president that appeared in an April 17, 2015 *USA Today* article point to its real goal – euthanasia on demand for any reason.

Although there are still a handful of states that remain at risk this year for this dangerous legislation, such as California, these bills are being defeated one by one across the country. In state after state, the broad coalition of opponents including disability rights groups, the American Medical Society along with its state affiliates, and scores of other groups have successfully raised the alarm that these laws are just too dangerous.

C&C has 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 kill herself.

The case is being used to motivate death advocates and influence legislators, and in many states that did not advance legislation this year, we can be sure stronger efforts will be made in the next legislative session. The legislation being promoted in the states purports to allow doctor-prescribed suicide for competent terminally ill patients, so long as some illusory “safeguards” are followed.

Evidence that safeguards are not working is available from both Oregon and Washington. There are state-issued reports that provide evidence of non-terminally ill persons receiving



*Compassion & Choices President  
Barbara Coombs Lee*

lethal prescriptions.

Further, there is nothing in existing Oregon, Washington, or Vermont law that requires doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness. There is also no such requirement in any current proposal in any state. The doctors can make a referral, but nearly never do. In fact, according to the Oregon's official state reports, in 17 years of legalized doctor-prescribe suicide, a mere 5.5% of death candidates have been referred for psychological evaluation.

In short, there is evidence that any so-called “safeguards” simply are not working. What is more shocking is that this is exactly what C&C President Barbara Coombs Lee wants. She would prefer to expand the list of those who can receive lethal drugs to any kind of discomfort a person might

believe she or he is suffering from. In the *USA Today* article, “Half of U.S. states consider right-to-die legislation,” Coombs Lee told reporter Malak Monir that “It's not as simple as pain. Everyone gets to identify their own definition of suffering.”

In another telling remark, Coombs Lee congratulated our close neighbors in Canada on its astounding Supreme Court decision that allows euthanasia for virtually any reason, and possibly for people whose wishes are unknown. In a press release she wrote, “We are heartened, as availability of aid in dying in Canada will have an impact here, especially in border states like New York and Maine.”

The situation in Canada is bleak. On February 6, 2015, the Supreme Court of Canada unanimously found a constitutional right to “termination of life” for anyone who has an “irremediable medical condition” and wants to die.

Unlike doctor-prescribed suicide laws in Oregon, Washington, and Vermont that theoretically are limited to those with terminal illness, the sweeping ruling allows killing any Canadian who “has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.”

“Irremediable,” the court stressed, “does not require the patient to undertake treatments that are not acceptable to the

individual.”

While the ruling on its face only applies to “a competent adult person who . . . clearly consents to the termination of life,” the court hinted that it may later hold that surrogates have the right to kill people with disabilities who cannot speak for themselves and have never asked to die. After rejecting any distinction between rejecting life-preserving treatment and direct killing, stating that both hasten death, the court noted, “In some cases, [decisions to reject life-saving treatment] are governed by advance directives, or made by a substitute decision-maker.”

The court suspended the invalidation of Canada's law against assisting suicide for a year to allow the Parliament and provincial legislatures to create some guidelines, should they choose. However, in light of the court's insistence to defer judgment of potential patient vulnerability to physicians it will be very challenging for Canadian legislators to craft laws that provide any realistic measures of protection.

Now that attention in Canada is turning to see what sort of guidelines, if any emerge. The Canadian Medical Association is hard at work attempting to at least protect doctors' right of conscientious objection to euthanasia. However, it is getting aggressive pushback from the prominent Queens University Professor Udo Schuklenk, editor-in-chief of the journal *Bioethics*.

*See “Disturbing,” page 37*

# Rachel-Campos Duffy to Headline National Right to Life Convention!

From page 1

television and find her guest-hosting on *The Today Show* or *Outnumbered* on FOX.

Yep. She's pretty impressive on every level. But you could have figured all of that out just by Googling her name. I am here to assure you that the reality of Rachel is even more fabulous than the impressive biographical profile indicates.

First of all, rarely have I seen a husband/wife team that works together more effectively than Sean and Rachel do. Together they accomplish great things while managing family and career, and while it is a juggling act at times, it is one that they perform with great love. Of course I follow my congressman on social media, and my favorite posts are the ones he puts on Facebook any time Rachel is on television.

I am also a firm believer that you can tell a lot about a person by meeting his or her children. (A fact that has me on pins and needles every time I leave the house with my own small human tornado in tow.) I've had the joy of meeting all of the Duffy children and interacting with them over the years, but I work most closely with Evita, who is the front-runner among the Duffy offspring. We are very blessed to have her on our Wisconsin Teens for Life leadership team, and she has been gracious enough to help us with National Teens for Life events, as well.

As I've spent long car rides, weeks during the summer, and retreats as well as conventions working alongside this young woman, I have constantly marveled that anyone can be that articulate, that poised, that competent and that well-adjusted at such a tender age. The reason is obvious to me as a mom who is striving for all of those qualities in her own children -- this young lady has been parented *exceptionally* well. Beyond that, it is very clear to me that she is being encouraged to make a difference in the world by a

mom and dad who understand that children should and do have opinions and can absolutely impact society by sharing them.

In addition to her primary jobs as wife and mother, Rachel is also a passionate advocate. Her belief that every life is precious is obvious as she speaks eloquently on behalf of unborn children, already born children, women and minorities. She doesn't just pay lip service to these values. She lives them.

I have watched her on television along with the rest of the world, but I have also seen her in what she calls her "mom uniform" (yoga pants and a hoodie) with a flurry of little Dufflings circulating about her feet. She is as at home on television discussing political issues as she is in her own kitchen effortlessly juggling a newborn while making smoothies for the rest of her brood. And she has a LOT to say about how we, as a movement, can make a

difference for the cause of life.

In short, I can personally attest that Rachel Campos-Duffy is someone that you want to meet, and from whom you can learn great things. Probably the best place to do that is at the Thursday afternoon general session (aptly titled "The so-Called War on Women: Identifying the REAL Victims of the Abortion War") at the upcoming NRLC Convention in New Orleans. (Yep. Totally shameless plug. You NEED to be there!)

And I strongly suspect that after listening to her for a few minutes, you will probably feel as I do -- that we desperately need more like her in our world and on the front lines of the cause for life.

As an added bonus, Mary Matalin will be the Mistress of Ceremonies.

Rachel is a shining example of what is right in the world among my peers, and by all accounts the next generation

will also be in capable hands as her children grow and take their place in the world. I am so privileged to know her, so proud to live in Wisconsin's 7<sup>th</sup> Congressional District where she and Sean serve, and I cannot WAIT to watch her take the stage at my favorite event of the year -- the National Right to Life Convention!

(Insert me doing an excited happy dance here and every time I think about it!)

Seriously. Check her out on Facebook. Follow her on Twitter. (<https://twitter.com/rcamposduffy>) Read her book. Peruse a few of the articles she has written. And then join us on July 9<sup>th</sup> in beautiful New Orleans, Louisiana to hear the message she has specifically for all of us who make up the right-to life movement. It might just change your life.

It will absolutely give you the encouragement you need to keep advocating for the lives of the vulnerable.

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# North Carolina House passes bill to increase waiting period for an abortion from 24 hours to 72 hours

*HB 465 moves to the Senate where it is expected to pass*

By Dave Andrusko

On April 23, a day after a passionate debate the North Carolina House of Representatives increased the time women will have to reflect on whether to have an abortion from 24 hours to 72 hours. The vote was 74-25. HB 465 has since moved to the Senate.

Three other states—Missouri, South Dakota, and Utah—have a 72 hour waiting period between the time a woman goes in to see the abortionist and when/if she has the abortion.

On the Wednesday before, the House Health Committee approved the measure 20-10. During the debate, 10 of the 11 women lawmakers heard from

Dr. Melinda Snyder said many women feel coerced into having an abortion, according



*North Carolina State Rep.  
Jacqueline Schaffer*

to Jim Morrill of the Charlotte Observer. “I’ve never known

an (abortion) that couldn’t wait for a few hours,” she said. “It’s an irrevocable decision.”

Morrill also reported that **Elena Smith told lawmakers she was at a clinic, prepared for an abortion, when she decided to wait and have an ultrasound.**

**“If I had not waited ... my son Christian would not be here today,” she said. “And neither would his two beautiful sisters.”**

“The poorest decisions that we make are the ones we make under pressure and on impulse,” said sponsor State Rep. Jacqueline Schaffer. “We want

women to be equipped with the right information as they are going to make that decision.”

Planned Parenthood spokeswoman Melissa Reed spoke to reporters after the hearing Wednesday, calling the hearing “a total sham.”

House Bill 465 would also require that when abortionists perform an abortion during the last two weeks allowed by law, they must “send ultrasounds, measurements and all other information to the state Department of Health and Human Services,” according to Laura Leslie of WRAL-TV.

“The point,” said Schaffer, “is to make sure the physician is abiding by the law,” which bans abortions after 20 weeks.

# Wasserman Schultz goes nuclear over 24-hour waiting period, but comfortable with aborting 7-pound baby

By Dave Andrusko

If a bill was proposed that said abortion clinics in Florida must have an actual address (as opposed to a PO Box), I am convinced Florida Rep. Debbie Wasserman Schultz would indignantly announce that it is a “dangerous step toward the ultimate goal sought by some Republicans: banning all abortions,” as she did April 28 in explaining her opposition to a 24-hour waiting period bill.

Wasserman Schultz and a handful of similarly-minded people held a news conference that morning in the courtyard of the Federal Courthouse in downtown Fort Lauderdale. Gov. Rick Scott was expected to sign the bill—passed overwhelmingly in both houses—in short order, so Wasserman Schultz had to hustle if she was going to get her demagoguery for the day in before HB 633 is law.

To be clear, it is true that Wasserman Schultz, who pulls double duty as a congresswoman and chair of the Democratic National Committee, hyperventilates

at a drop of a pro-life hat. So we shouldn’t be terribly surprised—or surprised at all—that she would claim that such commonsense legislation “will



*Pro-abortion Democratic Party Chair  
Debbie Wasserman Schultz (D-Fl.)*

increase suffering for women and their children — and might cost some their lives,” according to the *Florida Sun Sentinel’s* Anthony Man.

Wasserman Schultz and a handful of similarly minded people held a news conference this morning at in the courtyard of the Federal

so Wasserman Schultz had to hustle if she was going to gether demagoguery for the day in before HB 633 is law.

At the risk of stating the obvious (to anyone other than the Wasserman Schultzes), waiting periods don’t cost lives, they save lives. But, of course, **those** lives—the unborn’s—don’t matter.

After all this is the same woman who got into a sparring match with pro-life presidential candidate Rand Paul (R-Ky.) over whether Wasserman Schultz was okay with aborting a seven-pound unborn baby. Answer? Of course, she was.

“We have very different definitions of personal liberty,” she said. “The Democratic Party’s position is that we are pro-choice.”

Mr. Man’s article ended with “This article will be updated. Check back for more.”

He is correct. Wasserman Schultz will probably add something equally over-the-top in the next couple of hours.

## Lauren Hill laid to rest

*From page 34*

What I remember most was something else she said to Daugherty in that interview.

**“Last January, I said to God I’ll do anything to be a voice for this cancer and all the kids that**

**can’t speak their symptoms. I prayed I’d be the voice and that I’d do anything that gave me an opportunity to raise awareness and raise research money.**

**“I believe God has the last say. And I feel like I’ve accomplished what I intended.”**

Daugherty ended his story with the perfect tribute:

**You have. Be good, angel. The pleasure was all ours.**

**You’re needed elsewhere now. Lucky elsewhere.**

## Self-induced abortions and the myth of female empowerment

*From page 31*

**my living room's puffy white sectional and started discussing our bodies, we could have passed for one of those yogurt commercials where people are always talking in stilted euphemisms about bowel irregularity. Instead, we were chatting about self-induced abortions.**

Good wine, good cheese, good conversation about dead babies.

A final thought.

The celebration of abortion—whether dressed up in empowerment language or not—is something that is really,

really unsettling. I could not help thinking of the comments “late-term” abortion specialist Warren Hern made to a late 70s meeting of the Association of Planned Parenthood physicians. He talked about dismemberment abortion and the toll it could take on the personnel who participated.

In an article that appeared in *Advances in Planned Parenthood* (Vol XV, No.1), Hern wrote about some of those who were assisting with the “procedure” who “are having strong personal reservations about participating in an operation which they view as destructive and violent.”

Hern continued

**Some part of our**

**cultural and perhaps even biological heritage recoils at a destructive operation on a form that is similar to our own, even though we know that the act has a positive effect for a living person. No one who has not performed this procedure can know what it is like or what it means; but having performed it, we are bewildered by the possibilities of interpretation. ... We have reached a point in this particular technology where there is no possibility of denial of an act**

**of destruction by the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like electric current. It is the crucible of a raging controversy, the confrontation of a modern existential dilemma. The more we seem to solve the problem, the more intractable it becomes.**

“Existential dilemma”?

Please.

Perhaps Hern and Grimes can exchange notes—over good wine and good cheese.

## The Disturbing End Game of Organization Pushing Assisting Suicide

*From page 33*

In arguing against this one meager right of doctors to at least not be forced to participate he writes on his blog

The very idea that we ought to countenance conscientious objection in any profession is objectionable. Nobody forces anyone to become a professional. It is a voluntary choice. A conscientious objector in medicine is not dissimilar to a taxi driver who joins a taxi company that runs a fleet of mostly combustion engine cars and who objects on grounds of conscience to drive those cars due to environmental concerns.

While what happens in Canada, our close neighbor, certainly impacts us all, we

again can look to C&C and find that it too adopts this dangerous thinking. Essentially, it began by promoting legislation with “safeguards” to make people comfortable with a doctor issuing a lethal prescription – but in quote after quote, we see that it is now moving to authorize lethal prescriptions for anyone who asks. Moreover, C&C has an open hostility to any sort of conscience rights doctors or pharmacists might have.

In the final days of the administration of President George W. Bush, the Department of Health and Human Services issued a rule preventing employment discrimination against medical

professionals who refused to provide certain medical services in violation of religious or moral beliefs.

At the time, Barbara Coombs Lee wrote about this regulation “This is why the Refusal Rule — called ‘Conscience Rule’ by its proponents — is so dangerous. It’s like a big doggy treat for healthcare bulldogs who would love to sink their teeth into other people’s healthcare decisions... These dogmatists want to fill our hospitals and clinics with workers who place their beliefs over the needs of their patients.”

Be on the lookout for these dangerous laws in your state. These laws will not alleviate

pain. In fact pain is not even a top 5 reason people seek prescriptions (“losing autonomy” and “becoming a burden” are the top 2). These lethal prescriptions will be given to non-terminally ill people. Profit-driven insurers and cash strapped state health care plans have and will encourage the use of these inexpensive suicide drugs. These laws will inevitably expand!

It is time to contact your legislators, particularly in California, Massachusetts, New York and New Jersey and tell them that these laws are too dangerous!

# Autos for Life and Spring House Cleaning

By David N. O'Steen, Jr.

Spring officially began March 20. But, depending on which part of the country you live in, you may have begun Spring cleaning in earnest long before then.

In that spirit, may I ask you to consider donating a vehicle to "Autos for Life"? For those new to *National Right to Life News*, let me tell you a little about this life-affirming program.

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

Please, keep them coming!

Recent donations to Autos for Life include a 1995 Mazda 626 from a pro-life family in Maryland, a 2001 Kia Sportage from a pro-life gentleman in Illinois, and a 1997 Buick LeSabre from a pro-life supporter in Iowa.

As always, 100% of the sale amount for these vehicles went to further the life-saving educational work of National Right to Life.

This year will be very import-



**GIVE THE GIFT OF LIFE  
DONATE YOUR CAR**  
**AUTOS for LIFE**

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

Your donated vehicle can be

of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the

good, the bad, etc.) along with several pictures (the more the better), and we'll take care of the rest. Digital photos are preferred, but other formats work as well.

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

You don't have to bring the

vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! If the vehicle is in non-running condition, we can also get it picked up for you as well! All vehicle information can be emailed to us directly at [dojr@nrlc.org](mailto:dojr@nrlc.org) or sent by regular mail to:

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

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

# Kill or Get Out of Medicine!

By Wesley J. Smith

Medical martyrdom is coming, a term I coined to describe doctors, nurses, pharmacists, and other such professionals being forced (soon) to choose between their callings and participating in the intentional taking of human life.

That is already the law of Victoria, Australia, where doctors must perform abortions when asked or refer to a colleague they know will do the deed. Some doctors I met there moved across the country to escape the Draconian diktat.

Canada's Supreme Court recently imposed euthanasia across the country, including for "psychological pain" caused by a diagnosable medical condition. The question now posed is whether doctors will be able to opt out.

So far, it doesn't look good. The Canadian Medical Association—already weak-kneed on assisted suicide/euthanasia—wants doctors protected. But the Ontario and Saskatchewan Colleges of Doctors and Surgeons want doctors forced, as in Victoria, to do the deed, refer, or if no references are available, forced to kill.

Canadian bioethicist Udo Schuklenk agrees. From his blog:

**The very idea that we ought to countenance**

**conscientious objection in any profession is objectionable. Nobody forces anyone to**

**due to environmental concerns. Why did she become a taxi driver in the first place?**



*Bioethicist Udo Schuklenk*

**become a professional. It is a voluntary choice. A conscientious objector in medicine is not dissimilar to a taxi driver who joins a taxi company that runs a fleet of mostly combustion engine cars and who objects on grounds of conscience to drive those cars**

**Perhaps she should have opened a bicycle taxi company instead.**

The very idea that Schuklenk compares driving a taxi to practicing a medical profession, and worries about pollution to the active and intentional taking of human life tells you so much about what has gone wrong in bioethics.

Moreover, when today's doctors and nurses entered the profession, they weren't required to kill.

So, this is where we are heading fast: Kill or get out of medicine! More, don't get into medicine in the first place if you are an orthodox religious believer or philosophically opposed to abortion and euthanasia. You have no place in the medical arts.

It is worth nothing that Schuklenk supports Futile Care Theory. Thus, his anti-medical conscience attitude doesn't extend to the ICU when patients want life-sustaining treatment the doctor thinks is "inappropriate." Then, doctors should have a right to say no—even though the most fundamental job of doctors is to keep patients alive when that is what they want.

He also advocates infanticide in some cases. Can we say, "culture of death?"

When Dutch doctors were ordered by the Nazi occupiers to practice (then) German-style death medicine, they took down their shingles en masse, and won the victory. Will Canadian physicians have similar guts in a society in which dissenters are not murdered?