



national **RIGHT TO LIFE** NEWS

May 2016



BUILDING A PRO-LIFE FUTURE

NATIONAL RIGHT TO LIFE CONVENTION 2016
HERNDON, VA // JULY 7-9, 2016 //



Guy Benson

Townhall.com Political Editor
& Radio Personality



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Former Abortion Clinic Worker



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national RIGHT TO LIFE NEWS

Expect more twists and turns in an already unprecedented presidential campaign

By Dave Andrusko

The Republican National Convention will be held July 18-21 in Cleveland. The Democratic National Convention takes place July 25-28 in Philadelphia. *NRL News* and *NRL News Today* will provide constant, in-depth coverage of developments over the next eleven weeks.

As the May digital edition of *National Right to Life News* is posted online, we can confidently say that as wild a primary season as we've witnessed thus far, the next two + months could be zanier.



Donald Trump



Hillary Clinton

When he crunched Texas Senator Texas Cruz and Ohio Gov. John Kasich in the Indiana presidential primary, billionaire entrepreneur Donald Trump became (as they say) the presumptive Republican presidential nominee. Pro-abortion Hillary Clinton continues to try to shake Democratic Socialist Sen. Bernie Sanders, but as of May 10, the Vermont senator gives no hint he will stop campaigning.

See "Twists," page 45

2016 Congressional Elections are Important, too!

By Karen Cross, National Right to Life Political Director

I'm breaking through all the noise surrounding the presidential election to share updates on the developing congressional elections. Whatever happens in the presidential race, the struggle for majority control of the U.S. Senate and U.S. House of Representatives will have sweeping implications for the future of the pro-life movement.

Both houses of Congress are currently under majority Republican control, and pro-life leadership. The loss of the pro-life Republican majorities would be devastating to life issues.

The Senate elections will be

tough. Twenty-four Republican seats are up compared to only 10 Democrat seats. Democrats only need a net gain of five, or a net gain of four if they win the White House (in which case the Vice President would cast tie-breaker votes), to have a majority in the Senate.

Overall, Democrats need a net gain of 30 seats to take pro-abortion control of the U.S. House of Representatives.

Congressional primaries that took place in Pennsylvania and Maryland on April 26 and in

See "Elections," page 37



Editorials

What the self-repairing power of unborn babies teaches us

In late March, there was a brief but hopeful flurry of news coverage about a remarkable study published in the journal *Nature Communications*. Researchers from the University of Cambridge, the Wellcome Trust Sanger Institute, and the University of Leuven, Belgium, found that “Abnormal cells in the early embryo are not necessarily a sign that a baby will be born with a birth defect such as Down’s syndrome,” according to Science News. “[S]cientists show that abnormal cells are eliminated and replaced by healthy cells, repairing – and in many cases completely fixing – the embryo.”

Professor Magdalena Zernicka-Goetz, the lead author, explained, “The embryo has an amazing ability to correct itself.” According to the *Daily Mail*

‘We found that even when half of the cells in the early-stage embryo are abnormal, the embryo can fully repair itself.

‘If this is the case in humans too, it will mean that even when early indications suggest a child might have a birth defect because there are some, but importantly not all abnormal cells in its embryonic body, this isn’t necessarily the case.’

I asked Dr. David Prentice about the study’s significance. He began by observing that while a child should not be aborted because a chromosomal anomaly is found, the fact that this may be much more common than previously thought--and is self-correcting in



many instances--should be reassuring to doubting parents.

“This does show that embryos have an inherent ability to repair, again suggesting that the typical tests done by PGD [Pre-implantation genetic diagnosis], or even early in gestation, may

See “Motivates,” page 24

Pro-abortionists’ desperate attempt to hide the truth about fetal pain

Let me begin with three quotes.

“The truth is incontrovertible. Malice may attack it, ignorance may deride it, but in the end, there it is.” So said Winston Churchill.

“All truths are easy to understand once they are discovered; the point is to discover them”--the words of Galileo Galilei.

And my favorite (from George Orwell), “To see what is in front of one’s nose needs a constant struggle.”

The pro-abortion mind is not big on incontrovertible truths. There is only one: **nothing** matters but choice, exercised by the woman. Whether to snuff out that child’s life is fair, ethical, just, or its very opposite, doesn’t matter. It is literally a decision beyond right and wrong: it is hers to make, so get over it, pro-lifers, and move on.

To pro-lifers, there are many incontrovertible truths--human equality, mutual interdependence, the responsibilities that attend absolute power over a powerless unborn child, to name just three. But here I’d like to talk about a “truth” that pro-abortionists will defend with the unborn child’s dying breath: these children cannot

experience pain until at least the 27th week or even (some would argue) until after birth.

Put another way fetal pain **cannot** be true. Were pro-abortionists to concede the self-evident--the capacity of the unborn child to experience unfathomable agony as she is ripped apart-- suddenly that “tissue” or that “pregnancy” or that “uterine content” takes on human qualities that gives pause to all but the hardest heart.

This denial of reams of scientific evidence constitutes such a key component of the pro-abortion narrative that no amount of evidence could ever cast even the slightest doubt.

But, of course it **is** true; it is just an inconvenient truth for the Abortion Industry. National Right to Life has produced model legislation that is on the books in thirteen states--The Pain-Capable Unborn Child Protection Act. (The bill has been introduced in other states as well.) It has also passed the U.S. House of Representatives before being waylaid by pro-abortion Democrats in the Senate.

See “Refusal,” page 31



From the President Carol Tobias

Live and Let Live

“Live and Let Live” is usually interpreted to mean: You do your thing and I’ll do mine; I won’t interfere with anything you want to do; we’ll all get along and live happily ever after.

That attitude, in today’s society, not only has led to the death of over 58 million human beings through abortion, it is also setting us up for a huge step down the slippery slope to euthanasia and assisted suicide.

We need to emphasize those last two words and understand their true meaning. When the lives of innocent human beings are threatened we insist, “Live and **Let Live**.”

Trying to bring some sanity back to our culture, thirteen states have passed laws to protect unborn children who have developed enough to feel pain and four states (with a fifth in the wings) to protect babies from the gruesome dismemberment abortion. While current Supreme Court decisions prevent the Right-to-Life community from doing more to protect children, these measures do allow some babies to survive. To the abortion industry, we say, “Live and **Let Live**.” Unborn children are not “spare parts” and are not to be used for research.

That abortion industry has shown that it doesn’t care about the women involved in abortion. They oppose laws that would require women be given specific information about abortion and alternatives that are available. They oppose giving her the opportunity to view her child via ultrasound. Abortionists prescribe chemical abortions to women over the internet,

leaving the women on their own should complications arise from the abortion.

To those in the abortion industry, we say “Stop taking advantage of women in order to make a profit. Stop killing unborn children because they somehow got in the way.” Live and **Let Live**.

We aren’t surprised to find that when a society devalues life at the beginning of the life cycle, it will also devalue life at the end of the cycle--or somewhere along the way--if that life is “imperfect” in the eyes of some.

Food and water, or nutrition and hydration-- now defined as “medical treatment”-- are routinely withheld from the elderly in hospitals and nursing homes. It is also withheld from those who are disabled, but not dying, or not dying fast enough, in the eyes of some. There is an on-going push to starve to death those patients with Alzheimer’s, even those who would ask for food.

Don’t starve our sick and/or elderly brothers and sisters. Live and **Let Live**.

Studies show that somewhere between 60% and 90% of unborn babies diagnosed with Down’s syndrome are aborted. Parents whose child is born with a genetic disorder may have to fight with doctors and hospitals to get treatment for their child. One mother found out, after her son died, that a DNR order had been placed on her son’s chart without her knowledge.

In an opinion column in the *Washington Post* last month, Timothy Shriver, son of Eunice Kennedy Shriver and chairman of the U.S. Special Olympics, detailed the case in California of Lily Parra. At the time Lily was four months old and needed a heart transplant. The doctors took her off the transplant recipient list because she has a developmental disability, Shriver charged. They want to give the heart to someone “normal.”

We’ve seen the battle for assisted suicide heat up as more state legislatures are asked to legalize the practice. The argument starts out as “allowing” terminally ill” patients the right to decide when and how they die. But we know that is just a foot in the door.

The Netherlands and Belgium were the first to allow assisted suicide but the numbers are growing of people being put to death *without* their consent.

When we start to decide who should live and who should die, when we try to determine which lives have value, it is not the young and healthy who will be the first to go. The elderly and the disabled will be “encouraged” to end their lives. Disability groups such as Not Dead Yet are among the most vociferous opponents of assisted-suicide. They know the future for persons with disabilities, should such laws become widespread.

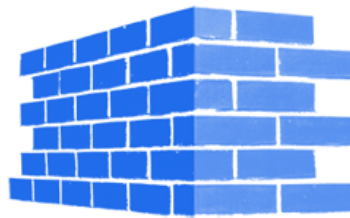
Life can be challenging enough. When someone has added challenges, our response must be one of love and acceptance and assistance. Human life—from unborn baby to senior citizen—must be protected. **Live and let live**.

Grassroots pro-lifers are constant and consistent--educating, working on legislation, working with pregnancy centers, talking to friends and neighbors, working with young people. That faithfulness is making a difference. Rather than Live and Let Live-- in the sense that I won’t object to anything you do-- we are seeing Live and **Let Live**, as in don’t kill these innocent little ones.

Polling consistently shows that younger people, usually late teens to early thirties, are the age group most in favor of making abortion illegal. Younger people are more pro-life than their parents; they are the bright light for the future of the pro-life movement.

Young people may accept the traditional “live and let live” philosophy when it comes to other issues, but they support “Live and **Let Live**” when it comes to unborn babies. I believe that as we convince others to see unborn children as fellow human beings, deserving of respect and protection as members of the human family, that attitude of inclusion will extend to all human beings, including those with disabilities and the elderly.

We can and will live in a culture that promotes “Live and **Let Live**.”



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Two Jeromes (one exalted) and a physician's duty to care for his patient

By Jean Garton

In my whole life I have only known two people named "Jerome." Actually, I really didn't know either one of them. The first "Jerome" was an eighth grader when I was in my NYC public school. I had a big crush on him, but he didn't even know I existed.

The second "Jerome" was a doctor of Medicine with Ph.D.s in both Science and Philosophy. He was a Frenchman named Jerome Lejeune.

For years Dr. Lejeune was a Professor of Genetics at the University of Paris, and he had received the world's highest award in genetics. Although he had been honored by numerous countries, he is best known for finding the chromosome that causes Down's syndrome. He was seeking its cure when he died in 1994.

He was a man of great wisdom. Physicians, he once said, who view their patients as just a higher form of animals are "dangerous." And while a veterinarian has the right to kill a race horse

with a broken leg, "the doctor has the duty to take care of the jockey."

When people argued for abortion by saying that "we can't talk about individual life

because life is a continuum," Dr. Lejeune would ask them their age. Not one of them ever told him that they "were millions of years old." "Life continues, it is true," said Lejeune, "but individuals do begin."

Lejeune suggested that Tom Thumb really does exist in the unborn child. "At two months of age in the womb," he argued, "the child is less than a thumb's length from head to rump, but his fingerprints - his national identity card - are detectable."

Dr. Lejeune believed that scientists ought use a simple rule to decide if certain research would benefit society. "There is only one guideline by which to judge everything," he said. *'What you have done to the smallest of my brethren you have done to me.'*

The name "Jerome" means "exalted." It surely fits Jerome Lejeune, the world is poorer and less safe for unborn children for having him gone.



Dr. Jerome Lejeune and friend

Mega-analysis Confirms Abortion's Connection to Subsequent Preterm Pregnancy

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

Preterm birth is the leading cause of perinatal mortality in the U.S. and is emotionally and financially costly for families even when it does not prove fatal to the child.

That there has been significant increase in preterm birth in the U.S. in the last forty to fifty years has made researchers curious as to whether there might be a connection to abortion, legalized in 1973. *Science Daily* (2/3/16) says "One reason to conduct the study is that the incidence of preterm births has been rising, and falling, in parallel to popularity of abortion, the vast majority of which, until late, have been surgical."

In the last several years, researchers have published multiple studies appearing to demonstrate such a link, but now comes a meta-analysis in a major medical journal which lends strong support to that conclusion. A mega-analysis has more predictive power because it combines the results from multiple studies--in this case 36 studies covering more than one million women.

The study, "Prior uterine evacuation of pregnancy as independent risk factor for preterm birth: a systematic review and meta-analysis," was published in the May 2016 issue of the *American Journal of Obstetrics & Gynecology*. The authors are Vincenzo Berghella and Lisa Perriera, two researchers from Thomas Jefferson University (Philadelphia), and Gabriele Saccone, of the University of Naples Federico II in Italy.

Berghella and his colleagues looked at 36 studies covering

the cases of 1,047,683 women. They were looking for data that showed what happened in subsequent pregnancies after some form of "uterine evacuation"--that is, an "induced termination of pregnancy" (surgical or chemical abortion) or the use of some medical means to clear

Numbers were worse for those women who had D&E abortions (+ 27.9%) or had more than one prior surgical abortion (+172%).

While chemical abortion did not appear to show an increased risk in the three studies authors examined, chemical abortions have their own unique risks:

of the cervix occurs slowly over a period of many hours. Mechanically stretching the cervix--however, may result in permanent physical injury to the cervix."

The resulting scar tissue, Berghella said, could increase the odds of faulty implantation of the placenta in the womb,



the uterus after a "spontaneous abortion" (miscarriage).

What they found was a significantly higher risk of subsequent preterm birth among women who had surgical abortions or used some surgical means to resolve their miscarriages.

Though both those with surgically treated miscarriages and abortions saw increases, the numbers were much higher for women who had surgical abortions (+ 22.7%) than for those who had surgical treatment for miscarriage (+9.3%). Taken together, those women who had "uterine evacuations" for abortion or miscarriage saw a 14% increase risk of subsequent preterm birth.

women taking abortion pills ["RU-486" with an accompanying prostaglandin] have bled to death, died from undetected ectopic pregnancies which ruptured, or died of rare infections which were not the subject of this study.

Berghella suggested that the cause in surgical abortion procedures may be the rapid, mechanical dilation of the cervix that is done in order for the abortionist to enter the uterus and remove the child. The cervix is the lower neck of the uterus that is normally, naturally sealed in pregnancy.

"In normal birth," Berghella told *Science Daily* (www.sciencedaily.com/releases/2016/02/162023111155.htm), "dilation

and could also increase the risk of infectious disease.

In the studies that looked at women with prior surgical abortions, those women had a 5.4% risk of having a subsequent preterm birth as opposed to "controls" who had just a 4.4% risk. ("Controls" are women who've had children but had not had a previous "uterine evacuation.")

To illustrate the significance of these numbers, let's assume that 80% of the 58.5 million women who have aborted in the United States since 1973 had surgical abortions. Then conservatively estimate that

See "Analysis," page 10

Ohio: Ground Zero for Senate Control

100% Pro-Life Sen. Rob Portman faces off against pro-abortion former Gov. Ted Strickland.

By Andrew Bair

As always, Ohio is ground zero for the 2016 elections. Not only will the Buckeye State play a key role in determining the outcome of the presidential race but it may decide which party controls the United States Senate come January.

Republican Senator Rob Portman, who holds a 100% rating with National Right to Life, will face pro-abortion former Governor Ted Strickland.

On Wednesday, Planned Parenthood, the nation's largest abortion provider, enthusiastically endorsed Strickland. Planned Parenthood president Cecile Richards tweeted, "So proud that @PPact has endorsed @Ted_Strickland to be the next US Senator from Ohio!"

Strickland replied that he was "honored" to be endorsed by the abortion provider and vowed to "stand up to attacks on reproductive healthcare."

By stark contrast, Portman voted in favor of the Pain-Capable Unborn Child Protection Act, which would protect unborn babies from abortions after 20 weeks, a point by which science shows they have the capacity to experience pain. He is also a cosponsor of the Born-Alive Abortion Survivors Protection

Act, which would enact an explicit requirement that a baby born alive during an abortion must be afforded "the same degree" of care that would apply "to any other child born alive at the same gestational age," including transportation to a hospital.

Portman also voted to redirect federal funds from Planned

eight times more in the state of Ohio for instance — and they can provide the women's health needs that are legitimate, that are needed."

Earlier this year, Strickland came to Planned Parenthood's defense when state lawmakers passed legislation to deny state funding to the abortion provider. Ironically, he claimed

racers across the country is the future of the United States Supreme Court. The Ohio race is no different. In Strickland, abortion advocates are assured they will receive a vote for a pro-abortion justice. Strickland campaign spokesman David Bergstein says his candidate "would not support a nominee who opposes a woman's right to choice."

Strickland has called for the confirmation of Obama Supreme Court nominee Merrick Garland. Portman is standing strong with other Senate Republicans to the position that the replacement for the late Justice Antonin Scalia should be nominated by the President elected in the November presidential election. Portman told Ohio reporters, "We should let the people decide. This is not about the person, it's about the principle."

A Public Policy Polling survey of nearly 800 registered voters taken at the end of April found the race to be a dead heat with both candidates earning 38%.

Rothenburg & Gonzalez Political Report currently rates the contest Tossup/Tilt Republican, giving a slight edge to Sen. Portman.



Pro-life Sen. Rob Portman (left) and Pro-abortion former Gov. Ted Strickland.

Parenthood. Portman told Fox News host Neil Cavuto, "Taxpayer dollars should not be going to Planned Parenthood. I think our legislation makes a lot of sense. It says, not only do you not send taxpayer dollars to Planned Parenthood, but those tax dollars instead go to community health centers — there are a lot more of them than Planned Parenthood clinics;

in a statement that Planned Parenthood clinics in Ohio are "providing vital, life-saving healthcare services." Nowhere in his statement did he mention Planned Parenthood's number one money-maker: abortion, the "service" that violently ends the lives of unborn babies through a variety of methods including brutal dismemberment.

A huge issue in Senate

A candid admission that the number of abortion clinics is declining in blue states as well as red states

By Dave Andrusko

In pro-life circles, no one has documented and explained the depletion—the shrinking number—of abortion clinics more thoughtfully and more thoroughly than NRLC’s Dr. Randall K. O’Bannon, director of education and research. That is why it is appropriate that Randy would forward me a story by Madeleine Schwartz, “Abortion Clinics In Blue States Are Closing, Too.”

That headline speaks volumes and is a necessary corrective to the endless supply of superficial stories about how/why the number of abortion clinics is dropping.

The abortion industry and its hordes of media apologists spend most of their time lamenting how “red states”—which is code for them for conservative Republican statehouses—are “closing down” abortion clinics. We hope and believe that laws are having an effect by closing down dangerous and substandard facilities, and helping women consider life affirming alternatives to abortion. But Ms. Schwartz’s larger observation, one rarely acknowledged outside of *NRL News Today*, is that abortion clinics are closing everywhere for reasons that go far beyond changes in the law.

Schwartz uses the Women’s Health Specialists of California, a group of six abortion clinics in Northern California, as a way of illustrating what is happening in even the bluest of blue states. Schwartz observes that executive director Shauna Heckert

feels lucky to be working in a blue state.

California abortion laws are among the most favorable to providers. The state is the only one rated A+ by the lobbying group NARAL Pro-Choice America in its state-by-state survey.

Yet even as her organization celebrates its 40th anniversary, Heckert worries that she may no longer be able to keep all of them open. In the past few years, she’s seen other small providers close their doors because they simply couldn’t afford to keep going. The fees for services they charged were too low, the reimbursements from Medicaid and insurance too small and too infrequent. And the demand for abortions has fallen with the rate of unwanted pregnancies. “We are a dying breed,” Heckert said. Clinics in California and around the country have stopped operating, not only because of restrictive legislation and policy changes but “because of economics,” she said.

Economics as a reflection of...what? A reduced demand to off unborn children. More about that in a moment.

But, let’s be more specific. Is it a handful of abortion clinics in blue states disappearing versus a bushel full in red states? No!

According to Nikki Madsen, executive director of the Abortion Care Network, a national association for independent abortion care providers, for every three

Well into the story Schwartz talks about fewer unintended pregnancies, which (besides more women who are pregnant choosing life) means less business for the abortion clinics.

Something she doesn’t



independent abortion clinics in her network that close in more conservative states, about two have closed in more liberal states over the past five years. She broadly defines these more liberal states as those that offer Medicaid funding for abortion, almost all of which voted for President Obama in the 2012 election.

Of course abortion “providers” offer a bevy of other excuses. Low Medicaid reimbursements; limitations on the categories that do qualify under Medicaid (very minimal, thanks to the Hyde Amendment); “generally hostile atmosphere”; laws that abortion clinics must meet something more than absolutely minimal requirements; and the like.

address which Dr. O’Bannon has frequently documented: that more and more, the already bloated Planned Parenthood behemoth is growing even larger. They are gobbling up their own smaller affiliates to build “mega-clinics” and are able to out-price smaller independent abortion clinics which has the effect of driving them out of business.

There is a very important piece of information that comes near the very end of Schwartz’s story.

Because most abortion procedures happen in small clinics, the practice has been “siloed from other care and other reproductive health care,” said Kelly Baden, director of state

See “Candid,” page 18

Unborn Child Protection from Dismemberment Act on its way to Alabama Governor's desk

By Dave Andrusko

At literally the eleventh hour, the Alabama House last week passed The Unborn Child Protection from Dismemberment Act. Last Tuesday was the final day of this legislative session and "We are pleased that the House was determined to pass the bill this year," said Mary Spaulding Balch, JD, who directs NRLC's Department of State Legislation.

"We anticipate Gov. Bentley signing the Act, which has also passed the Senate by an overwhelming vote of 30-2," Balch added.

This would raise to five the number of states which have the Unborn Child Protection from Dismemberment Act on their books: Kansas, Oklahoma, West Virginia, and Mississippi.

This legislation, which is one of NRLC's highest priority this year, has also been introduced in Pennsylvania, Minnesota, Idaho, Nebraska, Missouri, Rhode Island, Utah, and Louisiana.

"It has already passed easily in the Louisiana House," Balch said, "and it will be taken up soon by the Senate."

On April 15, Mississippi became the fourth state to ban dismemberment abortions

when Governor Phil Bryant signed House Bill 519. Authored by Rep. Sam Mims, R-McComb, HB 519 had

be outlawed not just in five states, but everywhere," Balch said.

Indeed, one of the myths



overwhelming support in the legislature, passing the House of Representatives in February, on a vote of 85-32. and the Senate in March, 40-6.

The Unborn Child Protection ---from Dismemberment Abortion Act, is based on model legislation provided by the National Right to Life .

"The killing of fully formed unborn children by tearing them apart piece by piece as they slowly bleed to death is unacceptable and should

supporters have to overcome is the idea that dismemberment abortions to kill relatively undeveloped babies. But as NRLC has explained:

By three weeks and 1 day following fertilization, the unborn child has a beating heart and is making her own blood, often a different blood type than her mother's. At six weeks, she has brain waves,

legs, arms, eyelids, toes, and fingerprints. By eight weeks, every organ (kidneys, liver, brain, etc.) is in place, and even teeth and fingernails have developed. The unborn child can turn her head and even frown. She can kick, swim, and grasp objects placed in her hand. Dismemberment abortions occur after the baby has met these milestones. Any unborn child aborted using the Dismemberment Abortion procedure after 20 weeks would feel the pain of being ripped apart during the abortion.

Alabama Citizens for Life expressed its appreciation to Senate Rules Committee Chairman Jabo Waggoner, who made the bill a priority.

A pro-life stalwart and leader for life, Waggoner twice brought the matter up on the floor of the Senate to insure it would be passed and transmitted to the House of Representatives as time is running short in this legislative session.

Baby is born to mom 55 days after she is declared brain-dead

By Dave Andrusko

The medical community in Poland is hailing it as nothing short of a miracle.

“Baby Wojtus” was born two months after his mother was declared brain-dead and, according to the *Daily Mail*, was recently discharged from a hospital in the western Polish city of Wroclaw.

The *Daily Mail* reports that Wojtus’s birth was the first to a brain-dead woman in Poland, and the sixteenth in the world.

The 41-year-old unidentified mom was 17 weeks pregnant when she died of a brain tumor. She had lived a normal existence for a decade after learning of the tumor’s existence, until she suddenly lost consciousness and collapsed.

Sara Malm reported that the woman

passed away on the way to Wroclaw University Hospital, but medical staff were able to stabilize her vital organs before the fetus died.

In addition to being connected to a respirator, the mom was fed through a feeding tube and given medications intravenously to “to fight off

irreversible brain damage.”

But, miraculously, little Wojtus was born by Cesarean section on January 9 at 27 weeks, weighing 2.2 pounds.

pregnancy for so long.” Ms. Krolak-Olejnik added, “Her whole family wanted us to try to save the child.”

Tucked away at the end of Malm’s



Saved: Baby Wojtus's mother died when 17 weeks pregnant, but as the baby was still alive, her vital functions were sustained until he could be delivered at a hospital in Wroclaw, Poland

infections and falling blood pressure,” Malm reported.

Andrzej Kubler, head of the Department of Anesthesiology and Intensive Therapy at Wroclaw University, said, “We had no experience with such a long-term maintenance of vital functions of a patient with

Doctors determined they couldn’t wait any longer; he’d been in his brain-dead mom’s womb for 55 days!

Barbara Krolak-Olejnik, the head of the neonatal unit at Wroclaw hospital, told the AFP news agency, “It’s rare to successfully maintain a

story is this beautiful nugget:

According to local media, Wojtus’s father had been living in the hospital since his wife’s body was admitted, with the nurses saying that the father was very involved in his son’s rehabilitation.

Mega-analysis Confirms Abortion’s Connection to Subsequent Preterm Pregnancy

From page 6

just 50% of those subsequently went on to give birth to just one child. That would mean that this additional 1% risk would be responsible for 234,000 preterm births, enough to populate a sizeable American city.

Given national fertility rates and the likelihood American women will have more than one child, as well as the high rates of repeat abortion, the

real figures are probably much higher.

Aborting women were also considerably more likely (+23.7%) to later give birth to babies of low birth weight and infants small for their gestational age (13.3% more likely).

Some of these premature babies will die, especially if born exceptionally early, others will have permanent

disabilities. In 2012, researchers estimated that the hospital costs alone associated with prematurity connected to previous abortions were more than \$1.2 billion a year.

This did not include other costs involved with the cerebral palsy, deafness, vision problems, breathing difficulties, conditions often associated with premature births (see “Growing Evidence Linking Abortion

to Subsequent Preterm Birth Being Ignored” in *NRL News Today*, 6/13/12).

This data makes clear that the mere fact that a mother survives an abortion is not sufficient to call her abortion “safe.” What we see now is that not only does the child she’s carrying lose his or her life, but that abortion may damage her and any future children she may bear.

Documents presented at hearing reveal operational details of fetal tissue procurement business

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

Pro-abortion Democrats did all they could April 20 to sidetrack a hearing of the U.S. House's Select Investigative Panel on Infant Lives on the topic of "The Pricing of Fetal Tissue." They challenged the process, the witness list, and particularly the validity of key documents—and understandably so, for these sources revealed a well-developed commercial enterprise.

The defense of abortion advocates is not that babies

parts are to be collected and processed for shipping, e.g., "Liver/18-22 weeks/RPMI/Wet Ice/FedEx Priority Overnight/UCLA."

Someone (it is unclear if it is the clinic or the procurement technician, or it may just vary by clinic) tracks the number of patients coming in for their abortion appointments, the number of patients per range of gestation, and the number of consents obtained (for maternal blood or fetal tissue).

all be identified as the same POC number." For those who may not know, "POC" means "products of conception," which is the abortion industry's dehumanized shorthand jargon for the baby.

Special instructions in one case tell the tech how to prepare and package fetal liver tissue for shipping. A detailed "Supply Inventory" insures that the tech has all the appropriate tubes, needles, cotton balls, tape, ice packs, shipping labels,

Fresno, \$3740 for 68 "POCs" from Sacramento "B" Street, and \$3575 for 65 "POCs" from San Jose.

On the other side of the business, a purchase order for "4 Human Fetal Brains" is shown for 14-Nov-2014 with "Unit Price" of \$3,340.00 and an "estimated tax" of \$292.25.

A bill sent 1/19/2012 seeks \$2,860 for samples for some researcher's "Fetal Brain Procurement Project," exposing these to "environmental factors" like smoking, drug abuse, alcohol, etc. The invoice notes that the "Sample to be provided intact or in 4 parts/tube (anterior, middle, posterior cortex, and brain stem."

A designation identifies these specimens as "POC #01, 02, 04, 05." The cost for FedEx Priority Overnight shipping is \$85.00.

One page listing "Fetal Tissue Sales by Client Detail" shows some 66 transactions for "Human Fetal Tissue" brains, hearts, limbs, livers, pancreases totaling \$42,535.00. Again, whether this reflects transactions between the tissue procurement company and researchers, or between the tissue company and a clinic; whether this involves one research institution, one clinic, or multiple, is not clear from the redacted document.

Though the Select Investigative Panel did not publicly identify any of the clinics or the tissue procurement company (or companies) involved, a



SELECT INVESTIGATIVE PANEL of the Energy & Commerce Committee

aren't being killed and their parts harvested, but rather to assert that it is all entirely legal. While this troubles us and may shock many in the public, to those who have long disregarded the humanity and rights of the unborn child, the collection and marketing of fetal organs is simply a logical next step.

The documents were redacted, meaning company names were not shown.

What the documents reveal is that researchers can go online to a website where they can specify what type of tissue (or organ) they want to order – the number and type of organs, the gestational age of the "specimen," and their shipping preferences and options (no indication of "free shipping" for regular customers, though).

From such orders, the fetal tissue company develops a "procurement schedule," informing technicians what

Also tracked is the numbers of consents without "procurable tissues" (presumably, because too damaged from the abortion process) or consents where usable tissues were obtained but there was no identified researcher seeking the parts at the moment.

Instructions given to the tech detail the processes that need to be followed for collecting and labeling maternal blood, the forms that need to be filled out with every specimen, and consent forms.

"Clinic Procedures and Policies" tell the tissue procuring tech how to behave and interact with abortion clinic staff. For example, "Upon arrival, inform the staff clearly what you are procuring for the day."

Techs are told how to identify and number samples, with helpful advice such as "if you procure multiple organs from a single case, they would

FedEx pouches, etc., that are required.

A company "Compensation Policy" rewards techs for obtaining more of the most sought-after tissue. While "maternal blood" and other blood items in "Category C" only bring in \$10 a specimen for the first ten (it goes as high as \$30 per specimen if there are more than 40), fetal brains, hearts, lungs, livers, eyes, spinal cords, ovaries, etc., bring in \$35 a specimen for the first ten.

If the tech gets over 40, he or she can obtain \$75 for each additional organ from "Category A." (Items from "Category B" like fetal ears, kidneys, intestines, nose, tongue, or scalp, start at \$15 per specimen and go as high as \$35 a piece for higher volumes.)

One partially redacted document shows invoices for August 2012 listing charges of \$2090 for 38 "POCs" from

See "Documents," page 28

Sen. Ben Sasse: “Babies Are Not the Sum of Their Body Parts”

Sasse testifies before House Select Investigative Panel on Infant Lives

Washington, D.C. — On April 20, U.S. Senator Ben Sasse (R-Ne.), who has introduced S.2066 the Born-Alive Abortion Survivors Protection Act, testified before the House Select Investigative Panel on Infant Lives at hearing to examine the pricing of fetal tissue and whether abortion clinics and middleman businesses were making a profit from the transfer of human fetal tissue — a violation of federal law.

Sasse’s testimony, as prepared for delivery, is found below:

Good Morning Madam Chairman,

Thank you for the opportunity to testify before the Select Investigative Panel on Infant Lives. Many of us in the Senate, like you in the House, and more importantly millions of Americans watched with grief and horror the video footage of abortion clinic doctors and others discussing the sale of baby body parts for profit. As a legislator, but more importantly as the father of three precious little ones, I support your investigation and commitment to get to the bottom of what is going on.

Let’s begin by stating clearly that we should not have to be here today. When Congress passed the 1993 National Institutes of Health Revitalization Act, California Democrat Henry Waxman appropriately noted:

“This amendment that I am offering as a substitute would enact the most important safeguards, and those are the safeguards to prevent any sale

of fetal tissue for any purpose, just not for the purpose of research. It would be abhorrent to allow for a sale of fetal tissue and a market to be created for that sale.”

Words are important. The report language for the NIH Revitalization Act and the floor debate created a very clear

It matters whether or not procurement businesses broke the law.

It matters whether or not abortion clinics line their pockets through the dismemberment and distribution of children—all while receiving tax dollars.

It matters because we are

disagreements over the legality, the justice, and the social implications of abortion policy.

Like many of us in this room, like a majority of Nebraskans, and like a majority across the nation, I believe that every baby is precious and worthy of legal protection, even at her earliest phases of development.

I am unashamedly pro-life.

I understand that others disagree. Our disagreement over abortion will sometimes be heated, but wherever possible, we should look for consensus.

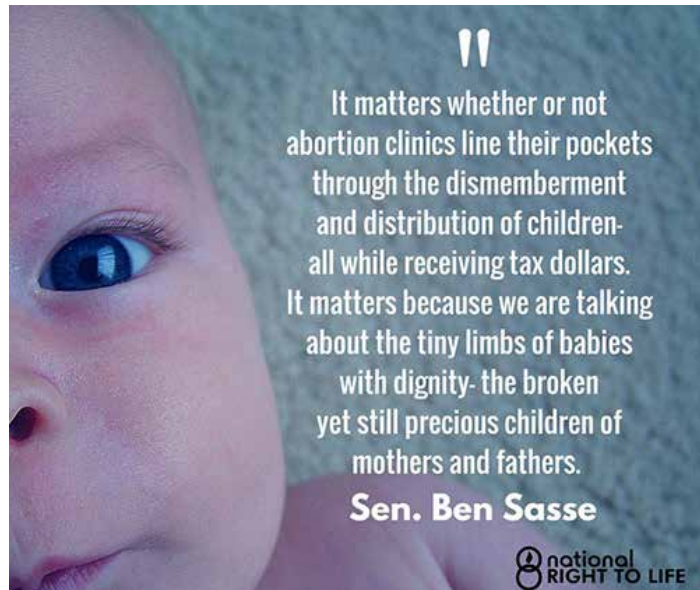
Here, on this basic reality, we can and must find agreement: Babies are not the sum of their body parts. Babies are not meant to be bought. Babies are not meant to be sold.

Babies are just that—babies. They’re meant to be welcomed and rejoiced over, held and nurtured.

Outside of our Congressional responsibilities here, many of us do welcome, hold and nurture children—we adopt, foster, and mentor them and offer hope, support, and encouragement to their parents.

Madam Chairman, your work can and does transcend politics.

I appreciate also your concern with children born alive inside an abortion clinic and the treatment they receive. When I think of all the survivors of abortion and think about your investigation into the sale of baby parts for profit, it makes born-alive legislation all the more important. The Born-Alive Abortion Survivors Protection Act has already



legislative intent that “no one should profit from the sale of fetal tissue.” Yet here, in today’s documents and exhibits, we see the following: A procurement business brochure and web site that urges “partner with us and improve the profitability of your clinic . . . improve your clinic’s bottom line . . . financially profitable.” That procurement business offers a payment per tissue to abortion clinics and offers to do all the work. The Abortion Clinic appears to have no costs. It appears to be precisely about profit.

Questions of profit and legality matter because we are talking about people.

talking about the tiny limbs of babies with dignity—the broken yet still precious children of mothers and fathers.

As the committee’s exhibits indicate—web pages exist where a customer can click on a drop-down box listing every organ in the baby’s body for sale. Just click on a brain, a heart, eyes, or scalp and then select your gestation period and then proceed to check out and select your shipment method. We should pause to linger here . . . and our humanity should be repulsed.

In this committee room, and across the country, we will have passionate discussions and

These Things We Know

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

There are truths in the universe – things that have been so since the dawn of humanity, and will remain so until its end. However, these truths are not instantly known to all of us, and even though we've heard them spoken time and time again, very often we cannot truly fathom them until live them.

Or perhaps we just can't understand their magnitude until --and perhaps unless--they have touched our lives in a very real and personal way.

Case in point. We who work in the right-to-life movement know and understand that the unborn child is a human being from the moment of conception. We know that unborn children hear, however muffled they might be, sounds from the world outside. We know that babies can dream and have nightmares. We know that she or he feels pain beginning no later than half-way through her developmental journey.

Put plainly, you don't have to be a perinatologist to know that a child's time in the womb isn't spent in a state of suspended animation. It is just the opposite, a time of learning, growing, and interacting.

I have never been pregnant. So outside of what I teach to teen audiences about prenatal development, my experience with actually developing prenatal humans has been limited.

However where I do have fairly extensive experience is in loving children who were not born to me. Children whose gestations are a mystery – children who very well may have been exposed to all manner of toxins, stress, trauma and other unpleasant things

while they were still growing in utero.

For all parents, the day to day task of raising children is both a delight and a challenge. With my two girls, there is an



Annelise and Clara Little

added benefit: as I do my best to shepherd my children into adulthood, I also get to play detective.

Sleuthing about, I am trying to unlock secrets known only to their birth mothers and, albeit unconsciously, to my girls themselves. These secrets have marked my daughters in ways I am still discovering, and probably always will be.

As I have walked this road – first to make these girls my own through adoption, and then to acclimate them to life in a new land, and finally to mold and shape their character and experiences in this life – I have learned many things. These things--these truths--absolutely

back up what we've been sharing with the public for the last four decades.

For example, children do not magically become themselves when they hit the air of the

research of Dr. Karyn Purvis, of Texas Christian University, a leading expert in this field. I was amazed, but not at all surprised to find out that a number of factors shape the way children's brains develop. These very directly impact their behaviors, their ability to self-regulate; the very way they interact with the world. Included in this list are trauma, abuse and neglect, as well as a difficult prenatal experience, difficult birth and early hospitalization.

I have two girls from hard places. One was abandoned at birth after living her first 29 weeks in squalor with, as nearly as I can guess, inadequate nutrition and God knows what else at play. The other was conceived in a land where her very existence was, more than likely, illegal.

My first daughter spent her first two months after birth hospitalized in a NICU. My second daughter spent her first two years in a family. Both girls, by the grace of God, ended up in orphanage environments that were nurturing and loving.

Here's where the shock that wasn't a shock came in. The daughter who has the most issues to overcome in terms of behavior and adjustment isn't the one who came into my life terrified, kicking and screaming (and hitting), absolutely traumatized to leave her safe orphanage behind. It is the daughter who was deposited in her very good orphanage at the age of two months.

But why? Dr. Purvis unlocks that mystery in a way that makes TOTAL sense to anyone who has spent any amount of time

delivery room. They begin to become themselves at the moment sperm meets ovum – a moment science has recently discovered starts with a spark of actual light.

From the time they start growing, their biology is meshed with that of their birth mother. What she eats, they absorb. What she smokes, drinks or injects into her veins affects their developing bodies and brains. We are learning that the stress she feels shapes them just as much as anything else-- and very possibly more.

In trying to unlock the mysteries of my children, I have spent a great deal of time reading and listening to the

Do we write off--or save--the lives of the misdiagnosed?

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

The widespread acceptance of the “quality of life” ethic in mainstream medicine has tragically made it commonplace to deny life-preserving treatment – and even food and fluids – to those labeled incapable of subjectively determined levels of acceptable cognition and communication. One effect of this mindset is how prone doctors are to write off the lives of those they misdiagnose.

Just last week, the *Washington Post* published a powerful piece entitled, “I was still in there’: A 32-year-old learns what it’s like to be trapped inside her own body.”

Reporter Lindsey Bever, in her May 2, 2016, piece chronicles the amazing story of Brisa Alfaro, a woman who in 2014 experienced a rare condition called Locked-in Syndrome where damage to the brain stem disconnects the brain from the body.

According to Barry Czeisler, who was one of Alfaro’s doctors at New York-Presbyterian Hospital, and quoted in the story

[Patients with this condition] can only move their eyes up and down but otherwise cannot speak, move their mouths or any other part of their bodies. But at the same time, they remain fully conscious. They’re fully conscious but unable to communicate with the rest of the world.

Bever described the hours following the young woman’s initial experience with the illness: “She could hear —

but she could not move or see or speak. She could not tell everyone she was okay.”

In the days before a correct diagnosis was made, Alfaro says that the hospital staff openly talked about the grim prognosis to family with her in the room. Brisa told *The Washington Post*, “I just didn’t want them to give up...I didn’t want anyone to give up because I was still in there. I just needed time and for people to believe in me.”

The article describes how **In the long days**



that followed, the Alfaros fought for the 32-year-old’s recovery. Linda Alfaro said she sat by her daughter’s bedside and tried to bring her back — talking to her, touching her, playing her favorite music from childhood. She saw her daughter’s fingers twitch, she said, but doctors told her they thought it was a reflexive movement.

It was the eventual arrival by Brisa’s brothers from the west coast that prompted the young

woman to open her eyes.

Hospital physicians, to their credit, made a proper diagnosis after a period of several days. According to Beven

Soon, Alfaro started working with her doctors on her recovery. Alfaro started communicating — giving her doctors the peace sign or a thumbs-up. Her friends brought in a whiteboard so she could try to form words. She relearned

how to hold up her head, how to sit up, how to eat. She learned to roll in a wheelchair, walk with a cane and then walk on her own.

However, not everyone is as fortunate to have received a proper diagnosis so quickly, as Brisa did. In fact, last year, the *Washington Post* described the fate of another young man stricken with the exact same condition as Brisa in an article, “Meet the man who spent 12 years trapped inside his body watching ‘Barney’ reruns.”

The astonishing full story of

Martin Pistorius can be found at www.washingtonpost.com/news/speaking-of-science/wp/2015/01/13/meet-the-man-who-spent-12-years-trapped-inside-his-body-watching-barney-reruns/?tid=a_inl

According to reporter Peter Holley,

The rest of the world thought Pistorius was a vegetable, according to NPR. Doctors had told his family as much after he’d fallen into a mysterious coma as a healthy 12-year-old before emerging several years later completely paralyzed, unable to communicate with the outside world....

By age, 26, he was able to use a computer to communicate, shocking his family. “When he gets the tools to communicate, he forges ahead,” his mother, Joan Pistorius, told NPR.

It wasn’t long before he’d gotten a job, enrolled in college to study computer science, started a web company and, more recently, written a book, “Ghost Boy,” which was published in 2011....

Indeed, Pistorius also fell in love and got married. Speaking through a device that allows him to talk with the help of a computer keyboard, he can be

See “Misdiagnosed,” page 36

A letter to my aborted half-sibling: “Is it possible to miss someone you’ve never even met?”

Editor’s note. The following was sent a while back to National Right to Life. It speaks volumes about a part of the abortion battle that is rarely discussed: its impact on the aborted child’s siblings.

About a week ago my mother told me that she had an abortion before I was born. It devastated me. Mourning someone I have never met seems bizarre to me, yet I am so sad. To help me find closure I wrote my half sibling, that I will never meet, a letter.

I think there is a lot of focus on the baby, the mother, or at most the father, which is great and needed, but I also think pointing out the effects an abortion can have for future children would prove to be very impactful. I did not even exist when my half sibling was killed, yet it has affected me tremendously.

Below is the letter:

She was 15 when your life started, 16 when your life

ended. She said no one told her you were more than a lump of tissue. I’m sorry for ignorance.

Your father would be 57 now. She said he doesn’t know.

even existed...before I could do anything. I’m sorry for unfairness.

You would have been 34 years old. You would have more than



I wish she told him. I wish he fought for you. I wish somebody fought. I’m sorry for secrets.

You would have been my half sibling. 14 years older than me. She took you from me before I

likely been married and have your own children. I would have nieces and nephews, you would have a family. But you weren’t even given a name. I’m sorry for abandonment.

Maybe when my other siblings were telling me lies and devaluing me, you would have spoken truth. Maybe you would have stood up for me when no one did. I’m sorry for life being devalued.

Is it possible to miss someone you’ve never even met?... because my heart longs for you. It longs for you to have life. I’m sorry for death.

I wish you could have come to my graduation, I wish I could have gone to yours. I wish we were friends. I wish I could call you right now. I wish we could share all of our joys and griefs. I wish we were at least given a chance.

I’m sorry for selfishness.

It’s just so unfair for you... for us. How could she have killed you? How could our grandmother drive our mother to the clinic so that they could murder you? I’m sorry for silence.

I miss you. I love you.

I’m so sorry no one loved you.

Do we write off--or save--the lives of the misdiagnosed?

From page 14

seen on video discussing the book and his wife in the same sitting.

He’s now living happily in the United Kingdom with his wife, Joanna, leading a life that is perfectly regular, which is exactly how he prefers it.

The wildly differing outcomes of two patients, each with Locked-in Syndrome, brings to light the rampant problem of misdiagnosis. *National Right to Life News Today* published a piece last week on this very topic titled, “Maggie’s powerful

story raises troubling questions about how people with serious intellectual disabilities are diagnosed and cared for.”

The story [www.nationalrighttolifenews.org/news/2016/04/maggies-powerful-story-tbl-raises-troubling-questions-about-how-people-with-serious-intellectual-disabilities-are-diagnosed-and-cared-for/#.VykHX5wrLVQ] chronicled the case of one young woman’s fight back from a misdiagnosis and exposed the broader issue that people are too often dismissed as having no capacity or potential.

As the tragedy of Terri Schindler Schiavo’s death by starvation and dehydration illustrates, euthanasia advocates have long been quick to dismiss as worthless the lives of those people with intellectual and physical disabilities they label with the dehumanizing term “vegetative.” The efforts of those in the medical profession working to highlight and address the problem of misdiagnosis need to be applauded and encouraged.

What about treatment? New strides are being made with astounding success daily. Treatment ranging from

deep brain stimulation, to off-brand uses of simple sleeping medicines to “reboot” brain activity, to the use of MRIs and visualization to achieve communication have all begun to gain more widespread use.

The broader hope is that the thousands of individuals with serious intellectual disabilities can receive care from those physicians who, instead of dismissing these patients, are demonstrating the potential to communicate with and provide assistive technology and rehabilitative services to this stigmatized population.

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

By David N. O'Steen, Jr.

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

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

By donating your vehicle to the National Right to Life Foundation, you can help save the lives of unborn babies, and you receive a tax deduction for the FULL SALE AMOUNT! "Autos for Life" has received strong

support, and a great variety of vehicles from pro-lifers all across the country and we thank you.

We will put your donated vehicle to good use. It can be of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better), and we'll take care of the rest.

Digital photos are preferred, but other formats work as well. You don't have to bring the vehicle anywhere, or do anything with it, and there is

no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! All vehicle information can be emailed to us directly at dojr@nrlc.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

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

babies and their mothers.

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



Perinatal hospice offers alternative to abortion in cases of babies unlikely to live long after birth

By Dave Andrusko

What are the odds that a large “mainstream” newspaper would ever carry a story even marginally sympathetic to the growing perinatal hospice movement? If you would have asked me prior to April 17, I would have said, “zero.”

And then I read, “Perinatal hospice care prepares parents for the end, at life’s beginning,” by the *Washington Post*’s Danielle Paquette.

Because such coverage is like finding a needle in a haystack, I don’t want to dwell on the obvious flaws. There are parts in the story where the average reader would think (as Paquette suggests more than once) that this deeply humane movement is little more than a “political tool,” rather than a way of helping parents deal with soul-wrenching reality that a child they deeply want will die in utero or likely within hours or days after birth.

She uses the occasion to beat up on a recent Indiana law that does no more than require the state health department to create brochures about the service.

But whatever Paquette’s personal biases may be, the importance of perinatal hospice in the cases of “nonviable pregnancies” clearly shines through in ways that are impossible to miss. It begins with acknowledging that there is a “flourishing community” of parents connected online.

She notes that a woman or a couple may be “pro-choice” but find abhorrent (or at least be “uncomfortable” with) the idea of aborting their child just because he or she likely will not

live long after birth. Indeed, one of the primary stories is about just such a couple (naturally Catholic), struggling with just such a diagnosis.

The mother, after learning their baby’s prognosis first declined to hear a recording of her baby’s [“fetus’s”] heartbeat, then changed her mind and placed it inside a Teddy Bear.



Paquette writes

Her husband, who is also Catholic, wasn’t comfortable making the call [to abort], either. She figured that was a sign. “Somehow,” she said, “I knew abortion just wasn’t the right choice for me.”

So, Warner went to support groups and routine checkups. She found a photographer, invited her extended family to the hospital on her due date and arranged for a grave site in Quantico, Va.

When the fetus’s heartbeat started to slow at 34 weeks, Warner’s doctor suggested a Caesarean section. That would

give them the best chance to meet her.

Erin died in her dad’s arms. She was 27 minutes old.

The “care model” for perinatal hospice is **a bundle of services, untethered to a hospital or medical**

Your love is stronger than your fear.

PERINATAL HOSPICE

center. Hospice nurses and social workers help families prepare for loss, coaching parents on what to say to siblings and co-workers. They take calls at 2 a.m. They recommend family therapists for couples whose relationships strain under grief. They teach mothers how to deliver painkillers to a dying infant, should the baby live long enough to go home.

The story’s key caregiver is a nurse in Virginia who operates her program at Mary Washington Hospital, not 30 miles from where we live. Tammy Ruiz Ziegler emphasized that the program is not “connected to religion”

[whatever that means].

Ruiz Ziegler has met parents from both sides of the ideological aisle who have decided to continue nonviable pregnancies. Some feel it helps them grieve, she said. Some want to know they’ve done everything they could.

“Eleven years ago, when I first brought this idea up to physicians, they stared back at me like there was something genuinely wrong with me,” Ruiz Ziegler said. “Today those same doctors are my staunchest supporters.”

They’re acknowledging a demand for an alternative to abortion for women carrying nonviable fetuses, a need that previously received little attention, she said.

Eight years later, Warner, now 46, cherishes the memory of her birth. She remembers it as joyful, as though the first wave of grief prepared her for the baby’s last minutes in the delivery room.

There are so many beautiful stories that I want you to read for yourself at beginning that I will talk about only one more.

See “Hospice,” page 41

National Right to Life News Today: Your Daily Online, One-Stop for breaking pro-life news

By Dave Andrusko

First published in 1973, *National Right to Life News* immediately became the news vehicle through which members of the pro-life community could “speak” with one another.

A few years back, National Right to Life added *National Right to Life News Today* for Monday through Saturday coverage of all things pro-life.

I shouldn’t be, but I am constantly amazed by how many pro-lifers remember and read our monthly digital version of *National Right to Life News* but who are unaware of *National Right to Life News Today* which, in the age of 24/7 news coverage and virtually instantaneous updates, is “must reading.”

You may be one of them: you ran across a link to a story on *Google News* or *Bing News*

or *Yahoo News*. That means you haven’t signed up—which takes about 30 seconds—at nationalrighttolifenews.org/news/join-the-email-list/.

NRL News Today has the same core mission as *National*

Right to Life News: returning legal protection to the littlest Americans and protecting the medically dependent and elderly from euthanasia and assisted suicide. And because the Internet provides virtually limitless space, there is room each and every day for *NRL News Today* to compile stories that run the pro-life gamut.

A typical day—actually, there is no typical day, so let’s review just some of what ran last Friday.

- Pro-life Indiana Gov. Mike Pence endorsed pro-life Sen. Ted Cruz.

- NRL Political Action Director Karen Cross

with amazing new technologies.

- Numerous stories (alas) about the euthanasia/assisted suicide virus spreading to various parts of the globe.

- Pro-abortion efforts to undo the 2014 pro-life “Amendment 1” added to the Tennessee Constitution.

And much, much more.

Be sure to sign up to have *NRL News Today* sent to your inbox every Monday through Saturday: www.nrlc.org/join_our_mailing_list.htm. You’ll be glad you did.

And be sure to alert all your pro-life friends through your social networks.



reminded us of the importance of congressional elections.

- An incredible story about how more and more patients with severe brain injuries—once discarded as hopeless and thus in peril of being starved to death—are being reached

A candid admission that the number of abortion clinics is declining in blue states as well as red states

From page 8

advocacy at the Center for Reproductive Rights, an abortion-rights nonprofit organization that is representing Texas abortion clinics before the Supreme Court. Some clinics have tried to integrate abortion care with other aspects of women’s medicine in order to stay afloat. “We are seeing many abortion clinics expand their services to reach some of the other health

gaps in reproductive health care,” Madsen said. Although clinics have long offered contraception and counseling services, Madsen said she sees more clinics expanding into other aspects of women’s health care, including birthing, Pap smears, cancer screenings, miscarriage management and insemination services, as well as health care for LGBT patients.

Worth noting—very much worth noting—is that not a single person in Schwartz’s story expresses happiness that there are fewer abortions.

Dr. O’Bannon has insight into what is taking place, and helps us connect a series of dots:

All these – the publicity campaigns, the legislative efforts, the building of new mega-clinics, the promotion of chemical abortion, the strategic studies to “recast” abortion – can easily be seen

as dramatic efforts of a flailing industry desperate to rebrand its product. But no amount of publicity, no shiny buildings or new improved packaging, no study will change the reality of what abortion is, though – the deliberate and unnecessary destruction of innocent human life.

Maggie's powerful story raises troubling questions about how people with serious intellectual disabilities are diagnosed and cared for

By Jennifer Popik, J.D., Legislative Counsel
Powell Center for Medical Ethics at the National Right to Life Committee

As the tragedy of Terri Schindler Schiavo's death by starvation illustrates, euthanasia advocates have long been quick to dismiss as worthless the lives of those people with intellectual and physical disabilities whom they label with the dehumanizing term "vegetative." Even as Canada explicitly targets people with disabilities through legalized active euthanasia; and the campaign to expand the states in which assisted suicide is legal in the U.S. continues, iconoclastic physicians are instead demonstrating the potential to communicate with and provide assistive technology and rehabilitative services to this stigmatized population.

In an article from the May 6, 2016, *Newsweek* entitled, "Given the right stimuli, brain activity in patients in persistent vegetative states can bear similarity to non-injured people," author Don Heupel highlights two separate but related issues related to serious brain injuries.

The first problem is the large number of patients whose brain injuries are misdiagnosed. The second is that these improper diagnoses lead to patients who could greatly benefit from therapies being denied these services on the mistaken basis that they would not work. What is worse, countless numbers of these patient's erroneous diagnoses have meant an early death.

The *Newsweek* article focuses

on Maggie Worthen, a young woman who was set to graduate college in 2006 when she suffered a massive stroke. Her mother was given the grimmest of predictions that she could never recover, and was pushed



to remove a ventilator, forgo feeding and hydration, and even donate her organs. Her mother resisted. According to the article,

About two weeks after the stroke, Maggie regained the ability to breathe on her own. And after another two weeks, she was strong enough to be transferred to a brain rehabilitation facility. With a tracheostomy helping to keep her airway clear and a feeding tube in place, Maggie received intensive

physical, speech and occupational therapy each day. Nurses were able to help her sit up in a wheelchair. But when she remained unresponsive and failed

to show any outward signs of progress two months later, she was labeled "vegetative," a diagnosis that disqualified her from insurance coverage for future rehabilitation.

Her parents and close family believed Maggie was trying to communicate with them, but were dismissed as being in denial or having wishful thinking. However, "one doctor questioned Maggie's diagnosis and arranged for her to be transported to Weill Cornell Medical College in New York City. There, she was enrolled

in a clinical trial aimed at understanding how the severely injured brain recovers."

While under the new care, Maggie was asked simple questions while the neurology team observed brain activity with the use of high-tech imaging. This trial yielded remarkable results.

According to Heupel, "The responses showed, without a doubt, that Maggie was still conscious." This proper diagnosis enabled Maggie to qualify for rehab where she was eventually able to be in regular communication for the last year of her life. Up to her death in 2015 at age 31 from pneumonia, Maggie was able "to communicate through an assistive device that let her use eye movements to control a computer cursor to select words and predetermined questions."

Heupel writes

Dr. Joseph Fins, chief of the division of medical ethics at Weill, says Maggie's experience and that of others like her raise troubling questions about how people with serious brain injuries are diagnosed and cared for. "Patients like Maggie are routinely misdiagnosed and placed in what we euphemistically call 'custodial care' where they have no access

Georgia Governor Nathan Deal Signs Positive Alternatives Grant Program Bill

By Kristina Twitty

ATLANTA – Georgia Life Alliance Committee proudly attended the April 26th signing of Senate Bill 308 by Gov. Nathan Deal.

S.B. 308 establishes the “Positive Alternatives for Pregnancy and Parenting Grant Program.” Georgia Life Alliance Committee praises and thanks state Senator Renee Unterman for championing this exciting and positive approach to saving the unborn.

The grant will provide \$2 million in funding for pregnancy support services throughout the state which are offered for no charge by non-profits committed to helping women and men facing unplanned pregnancies.

“Positive Alternatives is a proven program in approximately 8 to 10 states across the country,” said Executive Director Emily Matson.

“This grant program helps to expand the established success of our non-profit Pregnancy Resource Centers which have existed for over forty years and which

give women free care and support as they face unplanned pregnancies. By creating this grant program, we are offering Georgia’s women true and genuine support as they make choices regarding their unborn babies. Our Pregnancy Resource Centers and

Pregnancy Medical Clinics provide the perfect alternative to the profit-motivated abortion clinics where our women are solely a number and a payment.”

SB 308 received impressive support through the 2016 General Assembly. The Senate Republican Caucus made it a priority and the measure passed

both chambers by a wide margin.

The 2017 budget provides an initial funding of \$2 million. Georgia has approximately 70 Pregnancy Resource Centers which may apply for the grant, and which provide care and support for over 25,000 women each year.

Georgia Life Alliance is the Georgia affiliate of National Right to Life.



*Gov. Nathan Deal signed SB 308, funding pregnancy centers through a state grant
Photo Courtesy: Kristina Twitty, Georgia Life Alliance*

Sen. Ron Johnson, Champion of the Unborn

By Chelsea Shields

I think Wisconsin has a lot to be proud of, from our fantastic cheese to the Green Bay Packers. We are also just as proud of some of our champions of the unborn in Congress, like U.S. Senator Ron Johnson.

Since Senator Johnson took office in the U.S. Senate, he has stood for the unborn at every turn. He has a 100% pro-life voting record with National Right to Life, and has proven to be a key vote in Congress for the right-to-life cause. Ron Johnson has been a co-sponsor of some of the most important pieces of pro-life legislation this session, from the Born-Alive Abortion Survivors Protection Act to the Pain-Capable Unborn Child Protection Act.

In addition, Ron Johnson co-sponsored a bill to steer funds away from Planned Parenthood, and invest in other women's health centers that do not perform abortions. In a statement concerning the legislation, Ron Johnson made clear: *"It is our duty to protect life, including our most vulnerable."*

In direct contrast, Russ Feingold in his 18 years in the U.S. Senate was profoundly pro-abortion, and even voted against the Partial-Birth Abortion Ban every chance he

got. Partial-birth abortion is a method usually used in the fifth and sixth months (sometimes even later) in which the baby, while still alive, is partly extracted from the womb, usually feet first, before being brutally killed. With the living baby's head still lodged



Pro-life Sen. Ron Johnson

in the uterus, the abortionist punctures the base of the baby's skull, inserts a suction tube, and removes the baby's brain.

As if standing by that horrific abortion procedure weren't terrible enough, Feingold was unable to give a straight answer on whether or not a born-alive child could be killed by an abortionist. Just see his

cringe-worthy waffling here: https://www.youtube.com/watch?v=mfOU_M8ZEco

Here's a snippet of the eye-opening exchange:

"Sen. Santorum: *The Senator from Wisconsin says that this decision should be*

was completely delivered-- would it then still be up to the doctor and the mother to decide whether to kill that baby?

Sen. Feingold: *I would simply answer your question by saying under the Boxer amendment, the standard of saying it has to be a determination, by a doctor, of the health of the mother, is a sufficient standard that would apply to that situation. And that would be an adequate standard.*

Sen. Santorum: *That doesn't answer the question. Let's assume that this procedure is being performed for the reason that you've stated, and the head is accidentally delivered. Would you allow the doctor to kill the baby?*

Sen. Feingold: *I am not the person to be answering that question..."*

left up to the mother and the doctor, as if there is absolutely no limit that could be placed on what decision that they make with respect to that....And my question is this: that if that baby were delivered breech style and everything was delivered except for the head, and for some reason that baby's head would slip out-- that the baby

As evidenced above, there is a reason why Planned Parenthood loves Russ Feingold. But there is also a reason why Ron Johnson is loved by Wisconsin's citizens, both born and unborn. Ron Johnson is truly a champion for the unborn, and we couldn't be happier that he stands for us in Congress.

Changing the debate over abortion through our heartfelt words

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

I had been writing since first grade, when I began my first diary. I had worked on my high school newspaper, graduated from Ohio State University with a Bachelor's Degree in Journalism, then went on to earn a Master's Degree in the same from Northwestern University.

And yet, I don't think I really understood the power of words until I became involved in the pro-life movement.

As a journalist, the *Associated Press* style book was my Bible. This reference book offered the "journalistically correct" ways to refer to various news topics and those involved in a multitude of issues. The style manual frowned upon using the term "pro-life" in the abortion context, the thought being that this was a biased phrase.

So, as a radio reporter and a television producer, I dutifully used phrases such as "opponents of abortion rights" or, the perennial journalistic favorite, "abortion foes." It did not dawn on me that I never used the word "foe" in any context other than abortion.

I have also seen other reports which use the bizarre term "abortion care." As if killing

has become a way of caring for women. Again, this is a carefully-crafted phrase meant to sell mainstream America on the idea of abortion on demand.

Perhaps one of the strangest turns of phrase occurred during Terri Schindler Schiavo's lethal ordeal. Terri was starved and dehydrated to death, in spite of the heroic opposition of her parents and siblings.

Journalists referred to those

opposed to this ghastly scenario as "anti-abortion activists." But Terri was not an unborn baby, and this was not an abortion issue. This was euthanasia and,



in terms of accuracy, the best term was what these individuals called themselves—"pro-life."

Language is critical in the pro-life debate. It is the pro-lifers who use the words that humanize—"baby," "child," "person with a disability."

The advocates of abortion and euthanasia use dehumanizing terms such as "fetus," "parasite," and "vegetable."

One of the best lessons we can teach the children in our lives is to use precision marked by compassion when speaking about the life issues. Pregnancy can be described as bringing unexpected joy; the unborn child is a miracle deserving our respect and love. Pregnant women need support and affirmation—not a cold-hearted offer to take the lives of their babies.

The more thoughtful our message, the more likely it is that we will win the hearts and minds needed to end the scourges of abortion, doctor-prescribed suicide, and euthanasia. We can change the course of debate in this country through our heartfelt words.

For pro-life positions can easily be articulated in the language of love—love for children, for the elderly, for the sick, for people with disabilities. Carefully-chosen words--words that humanize rather than dehumanize--are essential if we are to bring a happy ending to the sad, dreadful story of *Roe v. Wade*.

Having won approval, Canadian pro-abortionists complain about “strict” RU-486 protocol

By Dave Andrusko

In this May digital edition of *NRL News*, we take an extensive look at the decision by the FDA to make it easier for women to access the two-drug RU-486 abortion technique which has already been associated with the deaths of 14 women just in the United States when last we had an update from the FDA—and that was in 2011!

This can in protocol is terrible news. Alas, there is more bad news, this time from North of the Border.

As we’ve reported previously, the drug approval for RU-486 in Canada has been had gone for years and years. However, with recent approval by Health Canada, the same abortion technique—called Mifegymiso in Canada—will be available as of this July.

And ever-gracious in victory, the Canadian abortion industry is already lamented how “strict” the protocol is. What are these “strict” requirements?

Well, that only doctors who have complete a certified, online training program will be allowed to prescribe and dispense Mifegymiso—and must be in the woman’s presence when she takes the first drug (mifepristone).

Critics want midwives and nurse practitioners to be able to prescribe it and pharmacists to dispense it.

To give you some idea how over-the-top the inflammatory rhetoric has already become, Sharon Kirkey, writing for the *National Post*, tells us

In addition, in a situation some have likened to a heroin

addict on methadone maintenance, a doctor may insist on witnessing the woman taking the first dose — a practise normally reserved in cases of suspected drug diversion or misuse

The combined requirements will severely limit the availability of Mifegymiso “and its

abortions in rural areas. In yet another example of how the Abortion Industry works hand in glove with academics, we read

A newly published study by Norman and her colleagues shows that, outside B.C. and Quebec, abortion facilities are located only in the largest urban centres for most jurisdictions.



Mifegymiso--the name for RU-486 technique in Canada

potential to transform abortion access in Canada,” added Sandeep Prasad, executive director of Action Canada for Sexual Health and Rights.

By “transform[ing] abortion access,” they mean increasing the number of abortions by multiplying the number of

The problems, from their point of view? Not enough abortions (of course!); not enough chemical abortions; not enough abortions outside large urban centers.

Finally, it’s worth mentioned how thoroughly proponents dehumanize the unborn child whose life would be taken if her mother uses Mifegymiso:

The drug blocks the hormone progesterone, which normally helps prepare the lining of the uterus for a pregnancy. The lining breaks down and sheds, similar to what happens during a woman’s menstrual period. Misoprostol causes the uterus to contract, expelling the pregnancy.

(1) There already IS a pregnancy

(2) In shedding the lining, you starve the developing baby

(3) It is NOT like what happens during a woman’s menstrual period, no many how many times they make this bogus analogy

(4) And it is not “the pregnancy” that is expelled but the baby.

Let’s hope Health Canada does not buckle under to pro-abortion pressure.

In all, the researchers identified 94 facilities providing abortions in Canada in 2012; nearly half (49 per cent) were in Quebec. Administrators reported performing a total of 75,650 abortions in 2012. Less than four per cent were medical (non-surgical) abortions.

What the self-repairing power of unborn babies teaches us

From page 2

not be so accurate nor as trustworthy for forecasting the child's outcome," he said.

The study takes on added significance, given the personal experience of Professor Zernicka-Goetz, who gave birth to her second child at age 44. Science News reported she

was inspired to carry out the research following her own experience when pregnant with her second child. At the time, a CVS test found that as many as a quarter of the cells in the placenta that joined her and her developing baby were abnormal: could the developing baby also have abnormal cells? When Professor Zernicka-Goetz spoke to geneticists about the potential implications, she found that very little was understood about the fate of embryos containing abnormal cells and about the fate of these abnormal cells within the developing embryos.

You could take these findings (which involved mouse embryos) in many directions.

#1. It seems as if we will never stop being amazed by the human body's incredible capacity to self-correct and self-repair. When I first read the stories, I couldn't help think of patients with significant brain injuries written off as "vegetables" who "awoke."

Some had been misdiagnosed, others were the beneficiary of outside stimulation and creative

attempts (by scientists such as Adrian Owen) to use brain scans to communicate with people previously written off as unreachable--e.g., those in a so-called "persistent vegetative state."

#2. As Dr. Prentice made clear, having a chromosomal anomaly such as Down syndrome is no grounds to end that child's life. It is discrimination

practiced at a lethal level. This research shows that the unborn child is adept at self-correcting. Are we, as adults, capable of self-correcting our prejudices toward those with developmental disabilities? Finally

#3. I do not know Professor Zernicka-Goetz's full story. What I do know from the news accounts is that her first instinct

was not to abort her child. Often the very opposite is the case.

When we meet (as most of us invariably have or will) a woman who--for whatever reason--is abortion-minded, our task is to provide what she needs to help her off the express elevator whose doors opens up the abortion clinic.

That is a task pro-lifers willingly and eagerly assume.

Alive and Growing

From the moment your life began.

national RIGHT TO LIFE

When abortion is the man's choice

By Sarah Terzo

Abortion is touted as a woman's choice, but according to one study, 64% of women feel pressured into abortion by their partners. Men may pressure their partners into having abortions because they do not want a child and do not want to pay child support.

A common way that men influence women to have abortions is by threatening to leave them. Sometimes a woman is so emotionally dependent on her partner that she is willing to sacrifice her baby in order to keep his "love." Other times, the threat of physical violence or financial dependence is a factor. But, unsurprisingly, these efforts to keep the relationship intact often fail. Many times, the man will leave the woman anyway, or resentment and regret about the abortion will drive the couple apart.

Frederica Mathewes-Green wrote a book compiling testimonies of post-abortive women. One testimony was that of a woman named Eunice. Eunice was influenced by her husband to have an abortion, but even at the last moment, she wanted him to come charging in, like the stereotypical white knight, and halt the procedure:

"When I was at the clinic waiting for the abortion, I kept hoping my husband would show up. I kept hoping he would come in and say, 'Don't do this! I changed my mind!'"

Several months later, the couple divorced – the emotions

related to the abortion were just too much for them to deal with.

Another story in Mathewes-Green's book is that of Kate, whose husband was experiencing health problems when she got pregnant:

"Nobody asked me, 'Is this really what you want?'... I was hoping and praying that someone, my husband, would come in and stop it from happening. But he was totally opposed to what I wanted to do. I felt like I was just being selfish, wanting the child; it was too much of a burden on his health." I asked how her husband's health is now; she responds that he's fine, but he isn't her husband anymore. He left her a few years ago.

A study done in 1985 found that 70% of relationships broke up after an abortion. [Vincent M. Rue, "Abortion in Relationship Context," *International Review of Natural Family Planning*, Summer 1985, p.105.] This is an old study, but it shows that guilt and resentment can tear apart a relationship in the wake of an abortion. Perhaps this would be a good area for further research. A more contemporary study could verify the 1985 study's conclusions.

I remember one of my friends from high school, and how she sobbed into the phone 20 years after her abortion. She had been a 16-year-old impressionable teenager

when she slept with her boyfriend and got pregnant. Her boyfriend, who was several years older than her, insisted she get an abortion. His mother also put pressure

the abortion. She misses her child, whom she has named.

The sad truth is that a man who will pressure a woman to have an abortion against her will is not the type to stick



around anyway. As hard as it is, women need to fight the coercion that they sometimes face from their partners. Crisis pregnancy centers and other pro-life groups need to be sensitive to the problem and be there to help and support the women to find the courage to resist.

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

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Human Life begins in a fireworks of bright lights and sparks

By Dave Andrusko

A colleague was nice enough to pass along one of those stories that will just light up your day.

In your mind's eye, have you ever thought/pictured the precise moment when sperm meets ovum and life begins? We see representations, but that falls short.

Well, what if someone told you human life begins (as Sarah Knapton, science editor for the *Telegraph* put it) as “An explosion of tiny sparks [which] erupts from the egg at the exact moment of conception.” The romantic in you might say, “What I always suspected.”

You can see this remarkable display of bright flashes of light—this “fireworks” at www.telegraph.co.uk/science/2016/04/26/bright-flash-of-light-marks-incredible-moment-life-begins-when-s-

What explains this phenomenon which scientists had previously seen in animals and now for first time in humans?

According to Knapton

The bright flash occurs because when sperm enters and egg it triggers calcium to increase which releases zinc from the egg. As the zinc shoots out, it binds to small molecules which emit a fluorescence which can be picked up by camera microscopes.

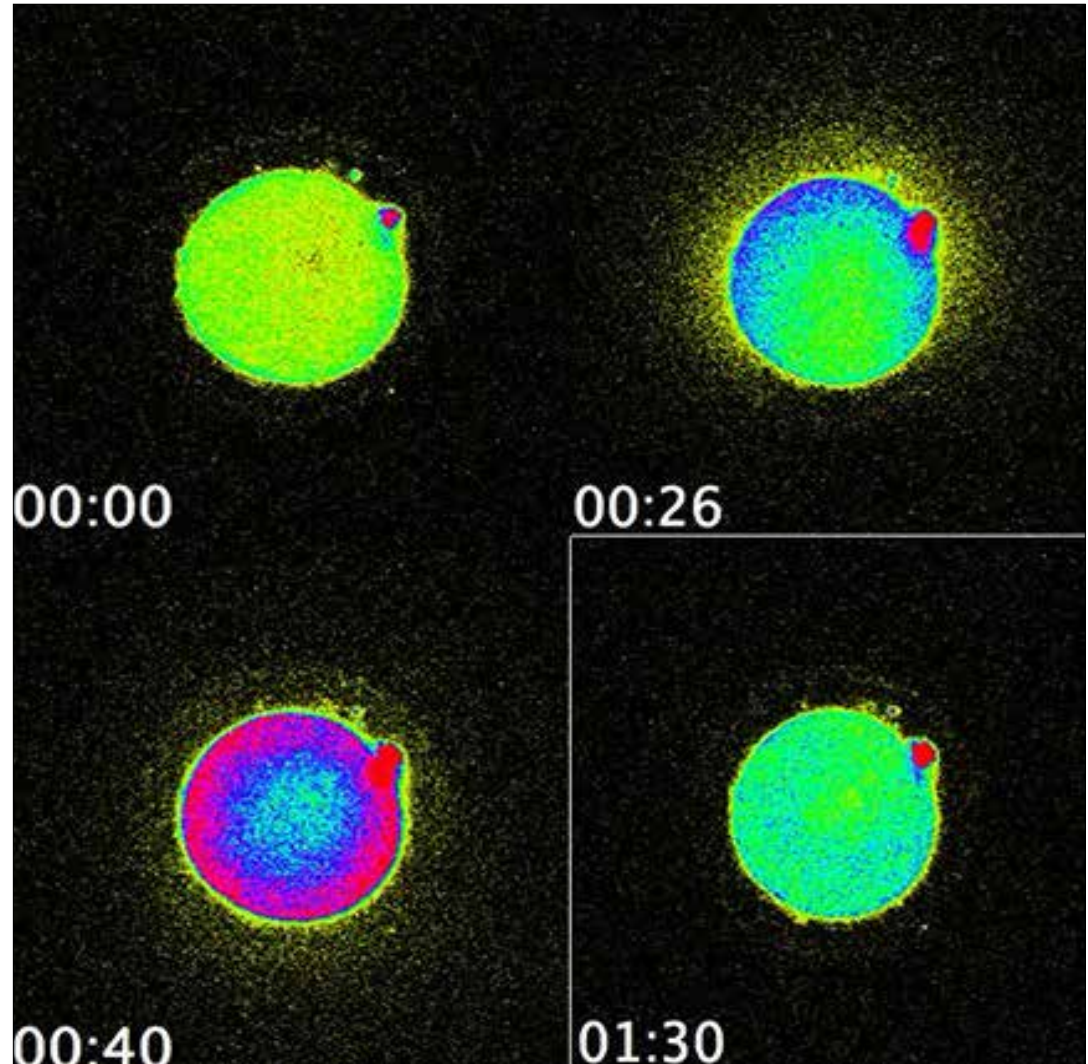
“These fluorescence microscopy studies establish that the zinc spark occurs in human egg biology, and that can be observed outside of the cell,” said Professor Tom O’Halloran, a co-senior author and director of Northwestern University’s Chemistry of Life Processes Institute, of a study that

appeared April 26 in *Scientific Reports*.

A companion paper was published March 18, also in *Scientific Reports*, Knapton explains. In that experiment

a zinc spark is shown at the precise time a sperm enters a mouse egg.

This discovery was made by Zhang, a postdoctoral fellow at Northwestern. Little is known about the events that occur at the time of fertilization, because it is difficult to capture the precise time of sperm entry.



*A fluorescent flash captures the moment that sperm enzyme enters the egg
Photo credit: Northwestern University*

The mother who risked her own life to protect her unborn baby

Editor's note. This comes from our friends at SPUC—the Society for the Protection of Unborn Children.

A mother's love for her child is a special bond.

There are many wonderful and inspiring stories of the lengths which different mums have gone to to keep their children safe – even going so far as to put their own lives in danger to keep their little ones safe.

For Kimberly Boreham, that danger came when she discovered she had cancer while she was 16 weeks pregnant.

Ultrasound scan

Without telling her husband, Kimberly went for secret blood tests when she noticed a lump on her neck, hoping the mystery swelling was just something to do with over-active hormones. On the same day, she had an ultrasound scan which revealed she was carrying a baby girl.

But while giddy with excitement at the prospect of her son Parker having a little sister join him, she couldn't help but fear the worst.

Good news and bad news

"I didn't tell my husband Adam because it was a big day for us – it was the day we found out we were having a little girl," she told MailOnline.

"It was a really mixed day. At this point I was trying to tell myself it was nothing and it was probably my pregnancy playing havoc with my immune system.

"But it snowballed when they came back

and didn't give the results we expected."

Cancer diagnosis

A few weeks later Kimberly was called in to see a consultant where she and husband Adam, 39, were given the devastating diagnosis that she had grade



Baby Darcey was safely born after her mother delayed chemotherapy

three cancer of the tonsils. It was treatable, but only if it hadn't spread to the chest or elsewhere in her body, she was told.

However, treatment would naturally carry a risk to herself and her unborn baby.

"He just came straight out with it and said it was cancer. It was a complete bombshell and is still. I was holding out for anything else.

"It was such an out of body experience. He said 'yes, you have got cancer' and I looked at my husband and burst into tears. I completely forgot I was pregnant and just thought I was going to die."

"I wanted to protect the baby"

But then moments later when the consultant mentioned the pregnancy, her worries immediately turned to the baby.

"I put my hand on my bump and thought, 'oh no'. I wanted to protect the baby, my health was secondary. I just felt completely responsible for the baby inside me.

"It was incredibly

difficult. I spent the night in tears lying on my son's bedroom floor because I didn't want to leave him.

"I was thinking I won't see him grow up and he's not going to have a mummy. It was devastating."

All a blur

Kimberly says that the next few days passed in a blur before she decided she had to 'pull herself together' and focus on beating the cancer.

A whirlwind of appointments followed in the next few weeks including one with her obstetrician who warned doctors would ask her if she wanted to keep the baby.

To her horror, she was told they might suggest she had the baby delivered from as early

as 24 weeks, if she decided to keep her.

"I can remember thinking 'that's tomorrow'.

A mother's instinct

"It was crazy, I couldn't contemplate the baby would be anywhere near ready.

"There was no way I wasn't keeping the baby though, no question at all. I'd seen the scan and we'd bonded; it's a mother's instinct to want to protect the baby."

Doctors explained if she underwent surgery to remove the cancer, she could continue with the pregnancy for longer – giving both mother and baby the best chance of survival.

As with all operations, the surgery carried some risks but medics agreed to monitor the baby throughout the four-hour procedure at Luton and Dunstable University Hospital.

'Just save my baby'

She was also adamant the surgeons looked after the unborn child ahead of herself but was advised she was their priority.

"I said if anything goes wrong, just take the baby – but the doctors said wasn't how it worked and they would be looking after me.

"I was told the only way they would

Video of pro-life speech by brave young woman with Down's syndrome goes viral

Editor's note. This comes from our friends at the Society for the Protection of Unborn Children—SPUC.

Heidi Crowter is a 20-year-old woman from Coventry who happens to have Down's syndrome. She lives

a rally outside Parliament organised by 'Don't Screen Us Out', protesting against the potential introduction of a controversial new pre-natal test for Down's syndrome and urging Jeremy Hunt, Secretary of State for Health, to join their cause.

Viral video

A video captured of Heidi talking at the rally has gone viral since it was uploaded to social media, gathering nearly 200,000 views. In it, she calls for equal protection of unborn children with disabilities and asks Jeremy Hunt not to introduce the new test, which campaigners believe is likely to lead to an increase of 92 abortions for Down's syndrome annually.

A source at the rally told SPUC: "It was so emotionally powerful being at the rally. I was there chanting 'don't screen them out', but Heidi was next to me saying 'don't screen us out' – and that really hit home. It's not abstract for her – in different circumstances she could have been killed because of this pre-natal screening."

"All life is precious ... we deserve to live"

Now the BBC has picked up on the story too. In the video below, Heidi explains why she's speaking out:

"I wanted to get across that all life is precious and it doesn't matter if you have a disability.

And I want to get across to Jeremy Hunt: 'don't screen us out'; that we are precious and that we deserve to live."

Over 90%

Heidi's mum Liz explained further:

"At the moment, when a baby is diagnosed with Down's syndrome, after an amniocentesis, which is at about 20 weeks, over 90% of mothers choose to terminate. So there are already fewer babies with Down's syndrome being born."

"I live life to the full"

Supporters of the UK's abortion law will argue that abortion needs to remain legal up to birth because people born with Down's syndrome and other 'severe' disabilities – such as spina bifida, cleft palate and club foot – are not capable of living fulfilling lives.

But Heidi's view is clear:

"I live life to the full, I don't ever let it hold me back, and I love every day."



Heidi Crowter

Documents presented at hearing reveal operational details of fetal tissue procurement business

From page 11

Politico reporter said that the documents are clearly talking about StemExpress (*Politico*, 4/19/16).

StemExpress did not deny that it had engaged in the practice of harvesting and selling fetal organs, but claimed in a later

Politico story from 4/20/16 that documents it submitted to the panel demonstrated that the group had not profited from such activities.

Profitable or not, these documents make clear that this is no casual, small-time

operation, but an established commercial enterprise. And whether or not it is a major or minor part of the business (StemExpress tells *Politico* that fetal tissue represents only about 1 percent of its gross revenues each year), the

point remains the same – that babies are being chopped up in American abortion clinics and their parts are being harvested and sold.

It's an awful, bloody business.

Pro-abortion laments that pro-lifers are so clever

By Dave Andrusko

Okay, fill in the two-word blank. “[_ _] are skilled wielders of symbolism, if not of subtlety.”

Well, if you are Nora Caplan-Bricker, the two missing words are “Abortion’s opponents”—aka, you and me.

The title of her piece on Slate is “The Latest Anti-Abortion

Bricker’s first examples. It is The Unborn Child Protection from Dismemberment Act, which is on the verge of passing in two more states, increasing the number to six.

Interestingly, Caplan-Bricker shortens the title to “Dismemberment Abortions.” If one of her major arguments

abortionist who reaches into the mother’s womb and using a variety of sharp-edged metal clamps and tools, yanks off parts of the child, pulling them out, piece by piece.

Caplan-Bricker interviewed Anne Davis, an OB-GYN and the consulting medical director for Physicians for

this. (It’s not developed here, but this is rote abortion-speak.) Just because something is yucky or “gruesome” doesn’t mean anything.

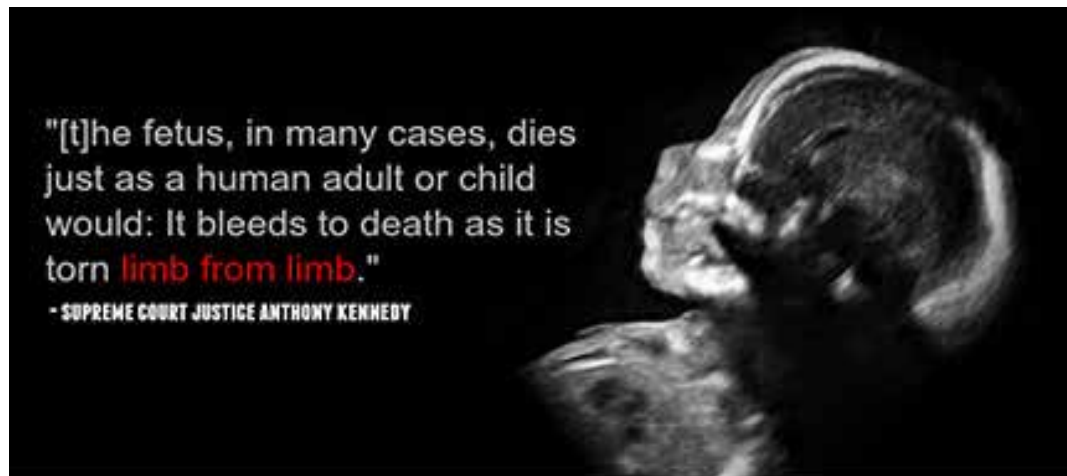
We wrote about this last year when we dissected a piece by Sarah Erdreich which ran under the all-explaining headline, “Take It From Me: Abortion Isn’t More Gruesome Than Any Other Surgery.”

Erdreich’s tactic (and Caplan-Bricker’s) is a subset of a common strain of pro-abortion propaganda, the intent of which is to obscure and/or ridicule the normal human response to butchering unborn babies.

One typical approach is to bypass altogether what takes place and airily blame pro-lifers for appealing to the emotions. (Talk about the pot calling the kettle black!)

For instance, Caitlin Borgmann, former state strategies coordinator for the ACLU’s Reproductive Freedom Project, told the Associated Press that the language of the Unborn Child Protection from Dismemberment Abortion Act is “meant to try to create an inflammatory description that people are going to read and then support the bill because their instinct is that this sounds terrible.”

Yes, to any morally sentient human being, ripping heads off of little torsos **does** sound terrible.



STOP
DISMEMBERMENT
ABORTION

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Bills Double as Devilishly Good P.R.”

The title and the first two words of her post tell us where she is coming from and going to: the bills that we propose—and are passing—are good P.R., ripe with symbolism, and not intended to leave anything to the imagination.

Let’s take one of Caplan-

is that pro-lifers are devilishly cunning, then she has missed (or chooses to miss) an important component that explains why this legislation is beginning to make serious inroads.

It’s not just that something/someone is dismembered. It is that an **unborn child**—a human being, not an abstraction—whose life is ended by the

Reproductive Health. “This is a familiar tactic, similar to the other types of bans we’ve seen,” she said “It seems the strategy is to take language that provokes emotional responses and then to argue that, because there’s an emotional reaction to something, it should be illegal.”

Lemme see if I understand

Man who murdered pregnant woman now charged with first-degree premeditated murder

Unborn baby does not survive

By Dave Andrusko

At the end of April, *NRL News Today* wrote about a horrific crime in which a pregnant Maryland woman was stabbed, killing both Maria Veronica Mbunga and her unborn baby.

Thierry Nkusu, who was said to have a relationship with Ms. Mbunga, initially told police that he, too, was a victim of a masked intruder, but his story soon fell apart.

Now, according to an updated story written by the *Washington Post's* Dan Morse, Nkusu, 33,

stands charged with first-degree, premeditated murder in the death of Maria Veronica Mbunga, which is punishable by life in prison. Nkusu was originally charged with second-degree murder, prior to the autopsy findings.

Morse reports that this autopsy report, part of a new police affidavit, found that Ms. Mbunga had been stabbed seven times in the neck, chest, and abdomen. After a hearing



Thierry Nkusu, left, has been charge in the fatal stabbing of Maria Mbunga, right, in Takoma Park, MD. (Takoma Park Police Department photos)

Monday, Nkusu is being held without bail.

Nkusu is from Congo and Mbunga had relatives in Angola, according to Morse. She was 36 and had worked

as a school bus driver for Montgomery County public schools since 2007.

In a follow up story, Morse interviewed friends who were “baffled that anyone could

Silver Spring, Maryland.

“She just had that glow,” Gomillion told Morse. “She was a beautiful person.”

The baby’s age has not been mentioned in any of the news stories. We only know he or she was Mbunga’s first.

“She was ecstatic about her first pregnancy, beaming with excitement,” Morse wrote. He ended his most recent story

Students and parents at all four schools Mbunga served were told of her death. The amount of details shared, according to a school spokesman, varied with the ages of the students.

“A lot of them were crying,” Gomillion said. “How do you explain something like this to kids, when you can’t explain it to each other?”

viciously attack someone such as Maria Mbunga.”

“As far as being an extrovert, she was off the scales,” said Monique Gomillion, her boss at the West Farm Bus Depot in

Sen. Ben Sasse: “Babies Are Not the Sum of Their Body Parts”

From page 12

passed the U.S. House of Representatives by bipartisan vote of 248 to 177.

I had the privilege of introducing the Senate companion legislation and invite my colleagues in the Senate—on both sides of the aisle—to work together and pass this bill.

This law would simply

ensure that babies who survive abortions get a fighting chance by requiring medical attention that would be offered to any other premature baby at the same age.

No life is disposable. No child deserves to have her life ended cold and alone—struggling for breath—in an abortion clinic.

We Americans frequently

cheer for the vulnerable. We fight for the minority. We protect the powerless from the powerful. Baby girls and boys are fighting for their lives.

I encourage my colleagues to fight for them and support S. 2066, the Born-Alive Abortion Survivors Protection Act.

Madam Chairman, we look forward to monitoring the

progress of this investigation, and thank you again for including me in this important hearing.

To see an always-current list of U.S. Senator co-sponsors of the Born-Alive Abortion Survivors Protection Act (S. 2066), arranged by state, visit the NRLC Legislative Action Center.

Pro-abortionists' desperate attempt to hide the truth about fetal pain

From page 2

Summarized, the law forbids such brutal inhumanity by extending general protection to unborn children who are at least 20 weeks beyond fertilization (which is equivalent to 22 weeks of pregnancy — about the start of the sixth month).

It is ethically and strategically an approach that public opinion polls show a sturdy majority of the public agrees with.

This issue is surfacing again with a new law in Utah which does not protect the unborn child but will require that a woman about to abort a child 20 weeks or older be given anesthesia or painkillers for the baby. The question once again arose when is the unborn child capable of experiencing excruciating pain as she is aborted?

The New York Times recently addressed the new Utah law in a story written by Jack Healy. Here are just two points of many that could be made.

Opponents disagree with the 20-week standard, Healy writes.

They cite a wide-ranging 2005 [Journal of the American Medical Association] study that found a fetus was unlikely to feel pain until the third trimester of a pregnancy, or about 27 weeks.

We've discussed this JAMA study on many occasions. NRLC President Carol Tobias, in a must-read statement made when the Pain-Capable Unborn Child Protection Act was

introduced last year in the Senate, cautioned reporters not to be misled by "media-propagated myths about abortion."

Referring to the study, she said

Almost invariably, journalists who cite it fail to note (as JAMA also failed to disclose) that the lead author was a medical student previously employed as an attorney at NARAL, and a co-author was a self-proclaimed activist, the director of the largest abortion clinic in San Francisco and a leading practitioner of late dismemberment abortions. Predictably, the review was relentlessly tendentious, arguing for the truly remarkable position that there is no good evidence for fetal pain capacity before 29 weeks LMP, which is about seven weeks later than one-fourth of premies survive with active assistance.

Second (speaking of recycled media-propagated myths), we're told that abortions at 20 weeks are "a rarity." This is simply not so. Mrs. Tobias noted

Abortions past 20 weeks fetal age are not "rare." We've estimated that at least 275 facilities in the U.S. offer them. While statistically reporting

on late abortions is notoriously spotty, by very conservative estimates there are at least 11,000-13,000 abortions performed annually after this point, probably many



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

If time permitted, we could talk about another hoary pro-abortion talking point: that virtually all the babies aborted at 20 weeks are because the baby or the mother faces an acute medical crisis. The best available evidence suggests that the great majority of abortions performed in the late second trimester are **not** performed because of either of these reasons.

Let me put this all in perspective with a final quote

from NRLC President Carol Tobias:

Consider that it is now commonplace to see features on TV or read stories about how unborn children, by 20 weeks fetal age, respond to many forms of stimuli, including music, and the mother's voice. (Stories of this type generally refer to the "unborn child," a usage apparently not permitted in stories that concern abortion, even when the stories are about the same human entities, at the same stage of development.) We read stories of surgeries performed on unborn babies in the womb during the second trimester – who are first, of course, thoroughly anesthetized. Yet, ACOG and PPA ask you to take their word that these babies, and even babies many weeks older, remain blissfully insensible as powerful grasping tools are introduced into the uterus, and their little arms and legs are twisted off by brute force.

I would argue it is not the unborn child that is "blissfully insensitive," but the likes of the American College of Obstetricians and Gynecologists and Planned Parenthood of America.

Kansas enacts pro-life laws, time clock precludes passage of “Simon’s Law”

By Kathy Ostrowski, Legislative Director, Kansans for Life

The Kansas Legislature adjourned for the year in the wee hours of May 2, with two big victories in the area of pro-life healthcare. Disappointingly, however, the time clock hurt us on achieving Simon’s Law, which would insure that no “Do Not Resuscitate” order could be issued to a minor without consent of parents/guardians.

Senate Bill 436 was enacted late the previous Sunday. It put into permanent law the “Huelskamp-Kinzer” language which gives priority to full-service public clinics and hospitals as recipients of Title X ‘reproductive-services’ money. Remaining Title X money is secondarily prioritized to private, full-service clinics and hospitals

In 2011 Planned Parenthood sued to secure over 1/3 million dollars that they claimed “belonged” to them under Title X. In March 2014 Planned Parenthood lost and Kansas won, with a ruling from the U.S. 10th Circuit Court of Appeals.

Huelskamp-Kinzer language is a model way for states to improve healthcare for the indigent, by prioritizing Title

X money to comprehensive services at “safety net” clinics and public hospitals.

State Sen. Caryn Tyson (R-Parker) carried the bill and Sen. Ty Masterson (R-Andover) shepherded it to completion. The vote was 87-34 in the House and 32-8 in the Senate.

MIDWIVES’ ROLE IN ABORTION STOPPED

Kansas passed a large bill, HB 2615, with a number of sections regulating health care services and providers. The section governing the independent practice of midwives included pro-life language:

“Nothing in the independent practice of midwifery act should be construed to authorize a certified nurse-midwife engaging in the independent practice of midwifery under such act to perform, induce or prescribe drugs for an abortion.”

There was quite a bit of educating to do on this subject as some legislators just didn’t want to believe

that nurse midwives— those most intimately dedicated to nurturing labor and delivery— would actually do abortions.

Yet the National Abortion Federation has long had a strategy for increasing “access to abortion” (i.e., more babies aborted) by expanding the scope of practice of lower level health care professionals.

Sen. Sen. Michael O’Donnell (R-Wichita) and Sen. Mary Pilcher Cook (R-Shawnee) were real champions on insuring the abortion ban stayed with the midwives’ regulation. The House passed the final healthcare bill 115-7, but only after Senators voted 26-12 to insure that the final version kept the pro-life language.

TIME CRUNCH HURT SIMON’S LAW

This year’s Kansas legislature was dominated by a budget crisis, and in an unprecedented move, leadership cancelled two weeks of legislative session time. This really doomed House consideration of Simon’s Law, despite heroic attempts by bill sponsor, Sen. Jacob LaTurner (R-Pittsburg), vice-chair of the Senate Federal & State Affairs committee, and Rep. Jan Pauls

(R-Hutchinson), Chair of the House Federal & State Affairs committee to maneuver to get a House vote.

Simon’s Law is a vital bill to protect parental rights in preventing the unilateral issuance of Do Not Resuscitate (DNR) for minors. The measure had gained tremendous public enthusiasm, and secured an amazing 37-3 bi-partisan vote in the Kansas Senate. With support of pediatric specialists across the country and four pro-life medical groups, Kansas ought to be enacting Simon’s Law next year.

Lest too rosy a picture be painted about Simon’s Law, however, it must be noted that not one Kansas medical facility or physician group officially testified about the measure— pro, con or neutral—and many well-paid medical lobbyists pushed to kill the bill out of the public eye. Apparently, the current ability to issue DNRs unilaterally is a power that too many medical entities do not want brokered by parents.

The movement to educate the public about discrimination in life-sustaining procedures has just begun and the entire nation needs Simon’s Law.



Kansas State Sen. Masterson, Sen. Tyson, Sen. O’Donnell, Sen. Pilcher Cook, Sen. LaTurner, and Rep. Pauls

Pro-abortion “study” totally misrepresents what CPCs do, pretend results illustrate what “really” happens there

By Dave Andrusko

Last month, the pro-abortion-to-the-hilt site RH Reality Check changed its name to Rewire. We were told nothing had changed, except that they were better than ever.

Their “high-quality daily online publication” would “contribute to a free and just society by ensuring the exchange of information that is accurate, fair, and thorough,” Editor in Chief Jodi Jacobson assured her readers. Well... what’s the over/under on that?

A friend sent this to me. Based on a study that appeared in the journal *Contraception*, Nicole Knight Shine wrote a story at rewirenews.com under the headline, “Study: Pregnant People Seek Diapers, Not Abortion Counseling.”

The title of the study at *Contraception* is, “What women seek from a pregnancy resource center.”

From the abstract we learn that lo and behold, almost all of the women come to pregnancy resource centers/crisis pregnancy centers for free diapers and baby clothes. “Only 6% of clients discussed pregnancy options and only 2% discussed abortion during peer counseling.”

Wow, who’d thunk. Can this be true? Of course not.

Let’s start with the obvious: Cui bono? Who benefits? Start with the three researchers who wrote the study.

They call the University of California, San Francisco (UCSF) home. As NRLC’s director of Education Dr. Randall K. O’Bannon once put it, “If Planned Parenthood is America’s abortion chain and

the Guttmacher Institute its source of statistics, then UCSF has long been the nation’s abortion training academy.”

privately with family and friends.

The research comes as nearly half of states



ALL-OPTIONS PREGNANCY RESOURCE CENTER

"All-Options Pregnancy Resource Center" refers for abortions, yet calls itself a "Pregnancy Resource Center"

Not exactly a font of objectivity on “reproductive health” issues.

Here’s Knight Shine’s summary conclusion:

While acknowledging the limited scope of the research, [co-author Katrina] Kimport suggests the findings illuminate a possible mismatch between the resources sought by clients and the ostensible aim of crisis pregnancy centers.

Kimport noted that the work underscores that pregnant people are not making abortion decisions at these centers. Instead, as authors of the report indicate, pregnant people arrive at their decisions by conferring

now funnel tax dollars to CPCs, often at the expense of community health care.

So, if there is a “mismatch,” and “nearly half of states now funnel tax dollars to CPCs, often at the expense of community health care,” what’s the logical conclusion? Don’t be wasting resources on those pregnancy help centers (PRCs). Anybody can hand out free diapers and baby clothes.

So, another arrow in the pro-abortion quiver to shoot at the abortion industry’s competition.

And, of course, we can generalize the results of the study which, as it happens, is of one pregnancy resource center, right?

Please.

So who is “All-Options

Pregnancy Resource Center in Bloomington, Indiana.”

According to Knight Shine

The center offers a variety of pregnancy-related services, including abortion referrals—the only pregnancy resource center in the state to do so, according to the study.

What? The specific agency studied is not a pro-life PRC at all! It makes abortion referrals, “the only pregnancy resource center in the state to do so!” (You would hope so!)

Is Planned Parenthood a PRC because some affiliate, somewhere handles an adoption or two besides the thousands of babies it kills?

My friend (who is much gentler than I am), wrote, “Thus, it is flawed to extrapolate from this one pro-abortion agency what the thousands of pro-life PRC’s and maternity homes provide.”

No, it is not merely “flawed.” It is deliberately misleading, patently dishonest, and thoroughly representative of the results first, evidence later (or never) style of pro-abortion “research.”

Genuine PRCs offer free diapers and baby clothes and layettes and lots of other items new moms need. But they don’t hand out Pampers with one hand and instructions to the local abortion clinic with the other.

Rewire? How about rewiring rewire with an emphasis on truth in advertising?

Obama Administration ramps up pressure on 10 states to restore PPFA Funding

By Dave Andrusko

As anticipated, the Obama administration finally made it official: it is pressuring states to restore Medicaid funding to Planned Parenthood.

Six states—Alabama, Arkansas, Kansas, Louisiana, Oklahoma, and Texas—have

the Centers for Medicare and Medicaid Services [CMS].

Stories in publications such as the *Washington Post* and the *Wall Street Journal* explain that the CMS sent a letter to state Medicaid directors stating, “Providing the full range

state’s action against a provider in the Medicaid program,” the letter said.

The Washington Post noted that although the CMS has communicated with individual state Medicaid offices in the past, “this is the first time the

guidance it released in a June 2011 memo, which says states aren’t permitted to exclude providers from Medicaid solely on the basis of the range of medical services they provide.

The memo also said, according to Armour,

states may exclude providers under certain circumstances, such as when providers commit fraud or certain criminal acts.

Planned Parenthood affiliates have sued a number of states, successfully in recent months in Alabama, Arkansas, Louisiana and Utah.

PPFA president Cecile Richards issued a statement in which she said, “What they couldn’t do in Congress, they’re now trying to do state by state, and jeopardizing care for more than half a million people.”

Last month, the Select Investigative Panel on Infant Lives, a special panel within the Energy and Commerce Committee, heard testimony on “The Pricing of Fetal Tissue.”



notified Planned Parenthood they were terminating Planned Parenthood’s participation in their states’ Medicaid program. Four other states have addressed or are addressing the issue in various manner. All ten received letters from

of women’s health services [abortion] neither disqualifies a provider from participating in the Medicaid program, nor is the provision of such services inconsistent with the best interests of the beneficiary, and shall not be grounds for a

agency has warned all the states collectively, officials said.”

The *WSJ*’s Stephanie Armour wrote that

The federal government last year provided some states that were cutting funding with

Clinton unable to motivate females in either party, Gallup Poll reveals

By Dave Andrusko

Paul Bedard of the *Washington Examiner* perfectly summarized the amazing results of an April 22 Gallup Poll in his opening two paragraphs:

Women are increasingly turning their noses up at the 2016 election, including Democratic women despite the likelihood that their party's nominee will be one of them, according to a new Gallup survey of the gender gap in those closely following the election.

Women have never paid as much attention to the current race as men, but Gallup found that the attention gap has expanded in recent months.

Before jumping into the substance of the Gallup Poll, let's just reflect for one second. How many times have we been told/lectured/hectored that the public in general, women in particular owe Hillary Clinton their vote as the first serious female candidate for President?

Clinton supporter, former Secretary of State Madeline

Albright, was just revealing the thou-shall-not-doubt-Hillary group think when she pronounced, "[T]here's a special place in hell for women who don't help each other."

Back to a different "gender gap," as revealed by Gallup. Back in February men were paying more attention than women to the presidential election by an insignificant 2 points. Now the gap is a whopping 13 points—44% to 31%. And while the margins are different, it applies to both Democrats and Republicans.

"The gender gap persists within both parties," said Gallup's Frank Newport. "An aggregated analysis of March and April responses shows that Republican men are eight points more likely than Republican women to be following the election very closely, while Democratic men are 11 points more likely than Democratic women."

What about if we take just women, in both parties? "Just 30 percent of Democratic women are paying attention to the race, compared to 44 percent of Republican women," Bedard writes.

My first thought was that this

lacking of attention might be limited to particular age groups. Not so. Gallup's Newport writes

Age, too, does not appear to be a

all three major age groups: nine points among those 18 to 34 years old, 14 points among 35- to 54-year-olds and 13 points



Pro-abortion Hillary Clinton

direct factor in this relationship. The gender gap in the percentages who very closely follow election news persists across

among those 55 and older.

It is impossible to avoid the conclusion that Clinton really is an awful candidate.

Premature baby born at 24 weeks overcomes the odds

By Nancy Flanders

Premature babies are defying the odds at increasing rates. Baby Sebastian is one of them. He was born during the second trimester of pregnancy at 24 weeks gestation weighing just

help him breathe and a feeding tube to help him grow. But he was a fighter. He even suffered temporary kidney failure, but today, at age six, he doesn't have any lasting effects from

enterocolitis [where the lining of the intestinal wall dies], retinopathy of Prematurity [abnormal blood vessel growth in the retina], hydrocephalus, and many other serious

parents made a video about his journey, not only to pay tribute to their son and the struggles he fought against, but to help other parents of premature babies maintain a sense of hope and faith.



Babies Sebastian's age and older are able to be legally killed by abortion. For those like Sebastian, still in the second trimester, it is often done by a procedure called Dilation and Evacuation in which the baby's limbs are ripped off by sharp metal jawed forceps.

Babies older than Sebastian are aborted with a procedure that takes place over the course of a few days. The baby is injected with a toxin into the head or heart. Then, after two or three days of the dead baby being carried by the mother, labor is induced and the stillborn baby is born.

1 pound, 13 ounces, but he overcame every obstacle he faced.

After his birth, Sebastian was wrapped in plastic to help keep his body temperature up. He also needed a ventilator to

his early birth.

"He not only survived, but he lived without any long term physical problems that are normally caused by prematurity, such as... cerebral palsy, Necrotizing

complications," explained his parents in a YouTube post.

Sebastian spent four and a half months in the Neonatal Intensive Care Unit and was finally able to go home two days before Christmas. His

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

Do we write off--or save--the lives of the misdiagnosed?

From page 14

seen on video discussing the book and his wife in the same sitting.

He's now living happily in the United Kingdom with his wife, Joanna, leading a life that is perfectly regular, which is exactly how he prefers it.

The wildly differing outcomes of two patients, each with Locked-in Syndrome, brings to light the rampant problem of misdiagnosis. *National Right to Life News Today* published

a piece last week on this very topic titled, "Maggie's powerful story raises troubling questions about how people with serious intellectual disabilities are diagnosed and cared for."

The story [see page 19] chronicled the case of one young woman's fight back from a misdiagnosis and exposed the broader issue that people are too often dismissed as having no capacity or potential.

As the tragedy of Terri Schindler Schiavo's death by starvation and dehydration illustrates, euthanasia

advocates have long been quick to dismiss as worthless the lives of those people with intellectual and physical disabilities they label with the dehumanizing term "vegetative." The efforts of those in the medical profession working to highlight and address the problem of misdiagnosis need to be applauded and encouraged.

What about treatment? New strides are being made with astounding success daily. Treatment ranging from deep brain stimulation, to off-brand uses of simple sleeping

medicines to "reboot" brain activity, to the use of MRIs and visualization to achieve communication have all begun to gain more widespread use.

The broader hope is that the thousands of individuals with serious intellectual disabilities can receive care from those physicians who, instead of dismissing these patients, are demonstrating the potential to communicate with and provide assistive technology and rehabilitative services to this stigmatized population.

2016 Congressional Elections are Important, too!

From page 1

Indiana on May 3, set up some critical pro-life vs. pro-abortion contests for the November 8 general election.

Pennsylvania

Pro-life Republican Senator Pat Toomey will face a challenge by pro-abortion former state environmental secretary Katie McGinty, an EMILY's List candidate. EMILY's List is a pro-abortion group organized to elect Democrat women who support abortion on demand and taxpayer funding for abortion.

Senator Toomey has a 100% pro-life voting record in the Senate. In 2015 alone, Toomey voted to protect from abortion unborn children who are capable of experiencing great pain when being killed by dismemberment or other late abortion methods. He voted to block federal funding to Planned Parenthood, the nation's largest abortion provider.

Pennsylvania's Senate race is considered a pure tossup by political pundits.

In Pennsylvania's 8th congressional district seat, Brian Fitzpatrick soundly triumphed in the Republican primary. EMILY's List candidate Shaughnessy Naughton lost to pro-abortion state Rep. Steve Santarsiero for the Democrat nomination.

Fitzpatrick and Santarsiero will compete on November 8 for the open seat due to pro-life Republican Congressman Mike Fitzpatrick's retirement.

National Right to Life-endorsed Republican Congressman Bill Shuster fended off a primary challenge in the 9th congressional district. Shuster is unopposed in the general election.

The general election matchup in the 12th congressional district will be between pro-life Republican Congressman Keith Rothfus and pro-abortion Democrat candidate Erin McClelland.



Pro-life Congressman Joe Pitts' retirement has left the 16th district with an open seat. The nominees will be pro-life Republican state Sen. Lloyd Smucker and pro-abortion Democrat Christina Hartman.

Maryland

In the April 26 Maryland primary, more than two dozen candidates competed for the Democratic nomination for the U.S. Senate seat being vacated by retiring pro-abortion Democrat Sen. Barbara Mikulski.

Pro-abortion Rep. Chris Van Hollen won the Democratic nomination in a bitterly divisive primary, defeating pro-abortion Rep. Donna Edwards, who had strong support from EMILY's List. Pro-life state Sen. Kathy Szeliga won the Republican nomination in a crowded field.

Currently, Maryland's Senate race is considered "safe Democrat" by political pundits,

although Maryland voters surprised the nation by electing Republican Governor Larry Hogan in 2014.

Van Hollen's 8th congressional district seat is open due to his Senate run.

Pro-life Councilman and attorney Dan Cox won the Republican nomination. Cox will face pro-abortion state Senator Jamie Raskin, who won the Democrat nomination.

Indiana

In all the national news about the May 3 Indiana presidential primary election—Donald Trump prevailed and Sen. Ted Cruz and Ohio Gov. John Kasich dropped—out-scant attention was paid to the state's important congressional elections.

In the Republican primary for U.S. Senate, pro-life Congressman Todd Young defeated pro-life Congressman Marlin Stutzman. They were competing to succeed Indiana's pro-life Republican Senator Dan Coats, who is retiring.

Young will take on former Congressman Baron Hill (D), who has a mixed record on life issues. Among his votes, Hill

voted to provide government funding to Planned Parenthood, the nation's largest abortion provider; to allow government funding of stem cell research that required killing human embryos; to pass Obamacare; and against the pro-life Mexico City Policy.

In 2010, Young challenged and defeated then-Rep. Hill to become the congressman from Indiana's 9th congressional district.

Indiana's Senate race is considered "likely Republican" by political pundits.

The race for the open 9th congressional district seat will feature Republican Trey Hollingsworth against Democrat Shelli Yoder. Yoder lost to Young in the 2012 election.

When Rep. Marlin Stutzman decided to run for U.S. Senate, it meant the 3rd congressional district seat would be open. Pro-life state Senator Jim Banks won the Republican nomination in a crowded field. He will face Tommy Schrader, who won the Democratic nomination in a three-way race with 38%.

Pro-life Reps. Jackie Walorski, Todd Rokita, Susan Brooks, Luke Messer, and Larry Bucshon defeated challengers in their Republican primary elections. All of them will go on to face Democrat challengers in November.

Stay tuned. There are 41 Congressional primary elections to go, including Nebraska and West Virginia today.

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

The license of Virginia abortion clinic owned by Steven Brigham temporarily suspended, 26 deficiencies cited in 52-page report

By Dave Andrusko

And the tragic, preventable story continues. After a two-day inspection conducted in early April found 26 deficiencies, the Virginia Department of Health has temporarily suspended the

follow hand-washing protocols, according to a 52-page report.

In one case, a patient had to be rushed to a local emergency room

to receive,” director of operations Kirsy Japs wrote, “we believe that we are not fundamentally irredeemable health care providers who should not be afforded the opportunity to correct these problems and return to providing health care.”

Scholl, executive director of Progress Virginia, said “one rogue provider’s failure” to follow standards of medical care should not draw increased political scrutiny on providers who follow the rules.

“Proponents of these politically motivated restrictions will attempt to use this deplorable incident as part of their

The serious inadequacies at VHG are part of two larger narratives: Brigham’s disastrous history and pro-abortion Virginia Governor (and Hillary Clinton confidante) Terry McAuliffe, who even before he was elected governor of the Commonwealth vowed to be a “brick wall” against any attempts to pass pro-life legislation, including clinic regulations intended to upgrade abortion facilities.

Portnoy said McAuliffe “scored a victory last fall when the Virginia Board of Health said existing abortion clinics should no longer have to have transfer agreements with hospitals” or be required to meet the standards of ambulatory surgical centers.

Of course, pro-abortionists were concerned not about the 26 deficiencies but about the possible fallout on their agenda. According to the *Post*

Abortion rights advocates, including Claire Guthrie Gastañaga, executive director of the ACLU of Virginia, and Anna

for prolonged bleeding after sutures were not available at the clinic, the report says. In another, a nurse used a plunger to unstop a toilet and then held a patient’s hand during a surgical procedure without changing scrubs, according to the report.

As of April 8 VHG is not performing abortions, Portnoy reported, but according to a letter sent to the state by administrator Ebony Fobbs, VHG is doing follow-up visits.

The clinic was unrepentant, according to the *Post*:

“Despite the 52 pages of deficiencies that we were dismayed



*Abortionist Steven Brigham
Star-Ledger Photo: Tony Kurdzu*

license of a tony abortion clinic in Fairfax, Virginia just outside of Washington, D.C.

The Virginia Health Group is part of the abortion empire owned by the notorious abortionist Steven Chase Brigham. VHG is one of 14 abortion facilities in three states [Virginia, Maryland, and New Jersey] that make up his American Women’s Services.

The *Washington Post*’s Jenna Portnoy reported

Inspectors observed dirty equipment, expired medication in unlocked cabinets, lax storage of medical records and a failure of staff to sterilize and maintain medical equipment and



*Pro-abortion Virginia Governor
Terry McAuliffe*

coordinated campaign to close clinics and restrict access to reproductive health care. We strenuously urge you to reject their propaganda,” they wrote in a letter to the state.

“I can only imagine”: a beautiful triumph of the human spirit

By Dave Andrusko

We got up at 4:45 Sunday to be able to take our oldest daughter to compete in a short race (by her standards) of six miles. Beautiful day, up to a thousand runners, nice background music—couldn't ask for more.

Lisa and I stood about 10 ten feet away from the finish line. Having not seen Emily complete previous races (there can be a lot of people bunched together), we were bound and determined this time to actually see our first daughter complete her six miles and give her a high-five. Emily teaches vocational skills (“life skills”) to adolescents with special needs.

As we waited for Emily, members of the group that were running 3 miles began to cross the finish line, one by one, including a mom pushing a double stroller with two little kids in tow.

And then...one of those moments you don't forget.

A guy, I'm guessing in his late thirties, finished unnoticed. He was pushing an adult-size stroller.

For a moment, I thought it was another double stroller. Looking online afterwards, I'm guessing it was a variation of what is called an “advance mobility freedom push chair.”

His compatriot in the race was a young man, probably in his late teens. He was safe and secure and warm, bundled up

under a kind of protective tarp, his face beaming pure joy as they completed the race.

This special young man had

and placed the medal they'd received for finishing the race around his neck.

I'm guessing that many of our



Team Hoyt

a special need. His dad, his brother, his friend—whoever it was that pushed him around the small tarmac where the race took place—unceremoniously kissed him on the forehead

readers have seen the “Team Hoyt” video to which people have added as background music, “I can only imagine” by Casting Crowns. For those who haven't, what is Team Hoyt?

It began, according to Jacqueline Mitchell

in 1977, when 15-year-old Rick, who was paralyzed at birth due to oxygen deprivation, told his dad he wanted to participate in a 5-mile run to benefit a lacrosse player who had been paralyzed.

Since then, Dick and Rick completed thousands of marathons and triathlons, including six Ironman competitions—that's a 2.4-mile swim, a 112-mile bike ride, followed by the 26.2-mile marathon.

I cry from beginning to end every time I watch the Team Hoyt video. The final scene, when they cross the finish line, leaves me bawling like a baby.

As best I can tell, nobody was there yesterday at our little local airport (which closed down for a couple of hours to allow the race), with camera in hand, ready to take pictures and maybe write a story about this small but important triumph of the human spirit. I'm sure the man was not looking for publicity. He was just doing the right thing.

But I was there. And I was blessed. And so I wrote this story.

Video gone viral celebrates motherhood

By Kristi Burton Brown

Christian artist, Nichole Nordeman, is out with a new music video that is already going viral, a mere three days after “Slow Down” was released. While the video has over 17,000 views on YouTube, its Facebook total has already hit 2.5 million.

The song celebrates the preciousness of children, calling them “everything I wanted” even in the unexpected and tearful moments.

together in tandem. They bring nannies on the road and they homeschool on the tour bus. That just never felt like a fit for me, and so I was subsequently not being a great artist or a great mom. ...

I think God was so generous to continue to give me creative opportunities while I

proving to be as popular as ever with music that reaches into the hearts of her listeners. As a mother who has given freely to her children, Nordeman has experienced the words she sings. And moms are responding to “Slow Down,” sharing their own thoughts about the precious lives entrusted to them.

One young mother of two small children posted Nordeman’s

why? Because whatever colour, creed, religion, background we are the love we have for our children reminds us of the heartbeat of God within us more than anything else and we just get it. Thank you for giving me something to share that truly touches hearts. Xx PS. It’s been such a thrill to share your music, which I have followed and has been such a part of my journey with Jesus since the beginning, with an audience that probably wouldn’t have ever come across you here in England too! Xx”

A mother who has adult children reminisced:

“I’ve given one away in marriage, watched graduations, and even very unexpectedly given one teenager back to Jesus. I treasure the memories of all my children’s childhoods even more than ever, and wish like anything for those days back. I cherish each and every day with all my kids, even though the last is in high school.”

At least one dad touchingly admitted to crying over Nordeman’s song, tweeting, “firefighter on duty. Have tears. Should have waited. Hoping for no calls.”

Editor’s note. This appeared at Live Action News and is reprinted with permission.



This video (https://www.youtube.com/watch?v=clcNB_EUao8) was personal for Nordeman, as she tweeted that “lots of people I love” are in “Slow Down” and explained that she wrote it for her son’s fifth grade graduation.

Nordeman shared with *World Magazine* that she had a time of slowing down – or stopping, really – in her own life, when, at the peak of her singing career, she felt God asking her to stop.

I was a new mom. I know so many artists and friends of mine who are able to make those two worlds live

was home during that season where I wasn’t recording and I wasn’t touring, I wasn’t traveling. I was able to write a book. I was able to write songs for a project called The Story, 17 songs for a multiartist collaboration. I don’t feel like I ever stopped fully creating. I just didn’t have to get on a tour bus or an airplane to do it.

Nordeman has now stepped back into her singing career, and it seems as though she is

video with her own comment: “Such a sweet reminder that these are the times I will miss so dearly. Trying to soak up every moment, even with the diaper changes, tantrums, and sleepless nights. I wouldn’t trade these days for anything.”

A British woman reflected on why “Slow Down” is touching so many hearts:

“I sat crying big blobby tears to this and then shared it on my business page (I run music/multi sensory classes for babies and toddlers). The shares, likes and reach has been huge...”

Very helpful primer on “Abortion Pill Reversal”

By Dave Andrusko

NRL News Today and *NRL News* has each carried stories about “abortion pill reversal.” The most recent was less than two weeks ago.

Tip of the hat to *Live Action News* for posting on its Facebook page a link to a brief video describing how this technique works. The narrator is Dr. Anthony Levatino, who (he tells us) earlier in his career performed over 1,200 abortions.

For those new to the discussion, this is a technique that in some circumstances (depending mostly on very early intervention), a chemical abortion is not so much reversed as neutralized. How does it work?

The one, very small saving grace of all the publicity surrounding the FDA’s new protocol on “RU-486” is that the public is learning that this

intervenes before the second set of pills are given, there may be a chance to save the baby.

Drug #1 is mifepristone. It works to block the action

maintaining the baby’s food supply, the effect of which is to starve the baby of nutrients.

Drug #2 is misoprostol, taken by the woman a day or so later. The baby, often dead by this time, is expelled after the misoprostol (also known as Cytotec) triggers powerful uterine contractions.

To neutralize the impact of mifepristone [commercially known as Mifeprex] requires administering very large dosages of progesterone—flooding the system, so to speak, to compete with the mifepristone—the sooner the better.

Dr. Levatino’s video is only 3 minutes and 39 seconds long. It is a very handy primer.



chemical abortion technique actually involves not one but two drugs, and if a doctor

of progesterone, a naturally occurring hormone in the woman’s body necessary to

Perinatal hospice offers alternative to abortion in cases of babies unlikely to live long after birth

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Paquette’s final example is Natalie Wilson who “was 21 weeks pregnant [when] she learned her baby’s heart would fail.” She didn’t want her baby’s life to end on an operating table and wasn’t “comfortable” with abortion.

A nurse herself, she had been around sick babies most of her career. She knew

that, as a parent, she could influence how, exactly, her newborn’s life would end. She wanted it to be gentle — a death surrounded by loved ones. She

has since become a perinatal hospice nurse.

The story of fighting to carry Liam long enough to deliver him alive is incredibly inspirational. Liam

was born that April crying, with fingers spread open. His extended family gathered at the hospital, passing him around.

The next day, unsure of how long Liam’s heart would keep beating, Wilson

wrapped him in a blue-striped blanket and took him home. She stayed up all night with her husband, Alan, taking turns rocking the baby. She listened through a stethoscope to his heart.

Just 49-and-a-half hours after Liam’s birth, the beat started to slow. Wilson called Gavin [Liam’s 4-year-old brother] into the bedroom. She handed the baby to Alan, who cradled Liam

in his outstretched forearms. The infant’s feet touched his dad’s stomach. They all huddled close on a king-sized bed, rubbing his arms and legs and belly, saying, “We love you. We love you.”

Liam seemed to look at his family — each of them, individually, Wilson recalls. Then he shut his eyes.

Dutch pediatricians seek child euthanasia

By Michael Cook

The Dutch Health Minister, Edith Schippers, has earmarked almost 400,000 Euros for a study of whether to expand eligibility for euthanasia to children between 1 and 12. At the moment, children under 1 may be killed with the consent of their parents following criteria set out in the Groningen Protocols.

Children older than 12 are already eligible.

After neighboring Belgium passed legislation in 2014 enabling child euthanasia, doctors and activists in the Netherlands are keen to catch up.

The Dutch Pediatric Association (NVK) kicked off a debate on the topic last year. It strongly supports a change.

At the moment euthanasia of a child between 2 and 12 is only possible by invoking the doctrine of “force majeure” in the Dutch criminal code, which means that the doctor feels compelled to do it as

an emergency measure. But this still leaves him open to prosecution.

The NVK believes that age is an arbitrary criterion



and that euthanasia should be available for anyone with mental competence. Some children, even if they are under 12 and desperately ill, are astonishingly rational.

A roundtable discussion at the Dutch Parliament amongst experts in medical care for

children in January showed that there is a range of opinions on the topic, although most of the participants were broadly in favor of a change. The Royal

request for termination of life of the child.” Their position was that “A society that does not protect its children loses its dignity. Let us commit to good palliative care and guidance to children – and their parents – in the last phase of life”.

A spokeswoman for the Dutch Association of Educationalists (NRC), Dr. Miriam Vos, raised questions about what “hopeless and unendurable suffering,” the main criteria for euthanasia in the Netherlands, means for children.

“Children younger than 12 rarely or never speak in terms of hopeless and unbearable suffering. Their verbal and nonverbal expressions may suggest this, but this is always interpreted by their doctor, parents and other health care workers.”

Editor’s note. Mr. Cook edits Mercatornet.org and Bioedge.org. This appeared at mercatornet.com.

These Things We Know

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in our Movement. According to her, while abuse, neglect and trauma in early childhood have a huge impact on children, the two primary markers for altered brain chemistry are prenatal stressors and a difficult birth. As a pro-life advocate it makes complete sense to me that prenatal factors should and do play a huge role in who my children – and yours--will become.

But there is hope. The beginning of the journey shapes but does not define their futures. Parents can make up for lost time, as I am with

my two daughters. And while what will help to make them two productive adult women began in the womb, if you are parenting a child from a hard place, know that your love and your faithfulness and your constancy can and will compensate.

And the unexpected blessing is that, on reflection, I realize that I have been preparing for this mom gig the last 30+ years. Thank you, Pro-Life Movement!

To anyone considering adoption, knowledge is key. You want to read/watch/absorb

whatever you can on this topic. Children from hard places need families to love them and help them heal – and, once healed, they will have an impact on the world that is profound and unmatched.

And to all of you who spend your lives educating the public as to the importance of protecting human life from conception to natural death – you are right on every level. Keep sharing. Keep teaching. Keep encouraging, and for the love of all our children.

PLEASE keep reaching out to moms in crisis pregnancy

situations. In each of those settings, you are the face of our Movement. Your hand of hope, your support, your willingness to take whatever weight you can off of that mom’s shoulders may well be the most important thing that is ever done for the child she is carrying.

It came as no surprise to me to learn that what we right-to-life advocates have known all along is true. Life begins at conception. Experience begins at conception. Every child’s future begins at conception.

Maggie's powerful story raises troubling questions about how people with serious intellectual disabilities are diagnosed and cared for

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to any treatments that might help them recover or give them a chance of engaging with others,” says Fins, even as research suggests that 68 percent of severely brain-injured patients who receive rehabilitation eventually regain consciousness and that 21 percent of those are able to one day live on their own.

Dr. Joseph Fins interviewed Maggie's family along with over 50 other families in similar situations. Almost all their stories shared a common thread – that the injured person was immediately “written off” and families were asked to make “what he calls ‘premature’ decisions about their loved one—such as whether to withhold or withdraw care or to consent to organ donation.”

The article confirmed that this is not an isolated incident. According to the article

[O]ne recent study that found one-third of patients brought to Canadian trauma centers for severe brain injury died within 72

hours following the injury—and nearly two-thirds of those deaths were caused by life support being withdrawn, and not because the trauma progressed to brain death.

“Many patients, probably thousands, have had their food and fluids cut off and died, based on what we now know may well have been mistaken assumptions that they had lost all capacity for consciousness,” Burke J. Balch, director of NRLC's Powell Center for Medical Ethics, commented.

“This article along with recent studies have shown that modern medicine is coming up with ways to communicate with aware patients who have routinely been dismissed as ‘vegetative,’ much as today eye movements and blinks are used to communicate with some patients with paraplegia.”

This is a problem requiring two sets of solutions. The

first problem, misdiagnosis, is theoretically the simpler of the two. In the article, Adrian Owen, a neurologist at Western University in Ontario, Canada recommends using an electroencephalogram (EEG), test which uses electrodes attached to the scalp to directly measure activity of the brain.

Heupel explains,

EEG tests have shown that they can demonstrate consciousness undetectable in a bedside test. And because the technology is portable, cheap and doesn't require a patient's active participation, Owen sees it becoming a broad screening tool—and a way to make sure patients get the help they need to recover. While neuroimaging can't prove a lack of consciousness, it can prove consciousness, which can be life-changing.

As for the second issue of treatment, new strides are being made with astounding success daily. The article highlights

amazing stories in addition to Maggie's. Treatment ranging from deep brain stimulation, to off-brand uses of simple sleeping medicines to “reboot” brain activity, to the use of MRI's and visualization to achieve communication have all begun to gain more widespread use.

Heupel notes

These findings have laid the groundwork for developing computerized devices powered completely by the mind, called brain computer interfaces, that could someday allow for constant communication. “In the meantime,” says Owen, “there are questions we need to ask right away, such as, ‘Are you in any pain?’”

The article closes by quoting Dr. Schiff:

“There are a lot of people out there who could be helped but aren't.... All patients should be treated as if they too have that same potential for recovery.”

The mother who risked her own life to protect her unborn baby

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deliver her during the operation would be if I had a full cardiac arrest and they needed to save me. Then they would take the baby out.

“It was horrible going in for the operation. I was holding onto my bump and asking her if she was all right and telling her everything would be OK.”

Successful surgery

The surgery was a success and Kimberly had her tonsils, the infected area surrounding them and her lymph nodes removed from one side. She then faced an agonising wait to find out if the cancer had spread to her chest.

Thankfully, scans revealed it hadn't.

She spent the next 10 days in hospital before discharging herself so she could recover at home. However, the effects of the surgery meant she struggled to eat or drink and had to relearn how to do it again.

Recovery and birth

The recovery took about six weeks until doctors would allow her to have further treatment – at 34 weeks – when the baby could be born.

She was then induced so she could have a natural birth and avoid the need for further surgery.

“We'd got to 34 weeks and that was the magic number,” Kimberly said.

“I was booked into be induced on the Saturday morning and then to have chemotherapy just over a week later.

Darcey Boreham

After a complicated induction, baby Darcey was

born on August 10th weighing 4lb 9oz.

“She was a tiny thing. She cried straight away which was amazing, it was such a feeling of relief. I got to have

cuddles with her mother, proving popular with the other patients on the unit and giving her a much needed boost during treatment.

Their time together helped the pair to bond as the cancer

“We just feel so lucky that we got to 34 weeks and gave her the best possible chance of her lungs being ready. At that gestation, every day counts for so much.



Kimberly and Adam with both their children

a quick cuddle before she was whisked away.

“She did really well. She spent 11 days in hospital and was on oxygen for a couple of days.

“It was just a case of building up through feeding and weaning her off the oxygen until she was ready to come home.”

Mother and baby

Kimberly started six weeks of chemotherapy and radiotherapy at Addenbrookes Hospital while Darcey was still in hospital. Little Darcey then became a regular visitor to the chemotherapy ward, enjoying

treatment robbed her of the chance to breastfeed her daughter, which Kimberley described as a real struggle.

“It made it that much more bearable for me,” she said.

Bonding together

“The treatment made me very sick and she really helped me through it.

“Not being able to breastfeed her was difficult for me as a mum but I have to look at the fact that she's here and she's healthy.”

Future

Now the family are looking to the future.

“We are so lucky to have this little girl, she is absolutely amazing.

“My husband has been a rock”

“My husband has been a rock and brought Darcey and Parker in to see me most days I was in hospital which got me through.

“Being a mum to both of them is a blessing. I feel I helped get Darcey through and then she helped me to get through the chemotherapy sessions. I looked after her and then she's looked after me.”

Expect more twists and turns in an already unprecedented presidential campaign

From page 1

Her advantage in delegates is prohibitive, but Sanders is hoping to run the table in the remaining primaries, change the minds of so-called “super-delegates,” or be the beneficiary of even closer scrutiny of Mrs. Clinton’s use of a private email server while she served as President Obama’s Secretary of State.

For all the obvious reasons, Mr. Trump faces a formidable challenge. The latest average of poll numbers, as compiled by Real Clear Politics, shows him roughly 7 points behind Clinton, with one poll showing him a whopping 13 points behind.

The most important consideration to remember is not what has transpired so far, as important as that is in shaping the media narrative which is unrelievedly hostile to Trump and protective of Clinton. It is almost six more months until the presidential election, a life-time in politics.

Mr. Trump’s prospects could change, in no small part because

of how weak a candidate Mrs. Clinton has proven to be over and over and because neither candidate is particularly popular. Consider....

Recently, *NRL News Today* ran a story based coverage of a *Reuters/Ipsos* poll released Thursday. We focused on a headline at *AOL News* post which read, “Top reason Americans will vote for Trump: ‘To stop Clinton.’”

Why might you find this a remarkable headline? Well, while it is true that Donald Trump has received (according to studies) billions of dollars in free media coverage, all but \$.98 of it has been negative.

The headline could have been more accurately along the lines of “Top reason Americans will vote for either Trump or Clinton: They don’t want their opponent to win.”

Specifically, 47% of those who said they would support Trump in the general election said the primary reason they are voting for him (assuming Mrs. Clinton is his opponent) is, “I

don’t want Hillary Clinton to win.”

The position of Clinton supporters is virtually identical, only in reverse. 46% said the primary reason would be because “I don’t want Donald Trump to win.”

But what AOL giveth, AOL taketh away. Chris Kahn wrote that “Trump has won passionate supporters and vitriolic detractors.” Okay, but what about Clinton?

“Former Secretary of State Clinton’s appeal to voters seeking continuity with President Barack Obama’s policies, has won her a decisive lead in the race for the Democratic presidential nomination, but finds strong opponents among those disillusioned by what they see as lack of progress during Obama’s tenure,” according to Kahn.”

Pardon? The **only** reason she has “strong opponents” is because there are those who think Obama didn’t go far enough? It has nothing to do with Clinton herself?

Not a word about her massive popularity/unpopularity deficit; persistent questions about her basic honesty and her leadership qualities; her ghastly numbers among Independents; even her inability to rally women in expected numbers.

Mr. Trump is behind Mrs. Clinton by an average of roughly 7 points, although a *CNN* poll released last week conveniently found him 13 points behind.

Without mentioning the horse race aspect, Kahn concedes that “To be sure, voters’ opinions could change over the next several months.”

Of course they will. But if somebody tells you they have a good feel how those opinions might change, take it with a salt shaker’s worth of salt.

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