national RIGHT TO LIFE NEWS

May 2017

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U.S. House passes American Health Care Act of 2017

Bill would prohibit federal taxpayer dollars from flowing to plans that cover elective abortion and dramatically reduce taxpayer dollars to nation's abortion giant

WASHINGTON – Seven long years after President Obama signed the sweeping abortion-expanding "Patient Protection and Affordable Care Act" (PPACA), the U.S. House of Representatives has passed the *American Health Care Act of 2017* (H.R. 1628), 217-213. The House took this critical first step towards protecting life by, among other things, restoring the longstanding principles of the Hyde Amendment with respect to federally funded health coverage, and blocking, for one year, most federal payments to affiliates of Planned Parenthood Federation of America (PPFA).

In advance of the vote, the National Right to Life Committee (NRLC), the federation of state right-to-life organizations, advised House members that the roll call on passage of the bill will be included in NRLC's scorecard of key right-to-life votes. The NRLC letter states: "As enacted, the PPACA contains multiple provisions authorizing federal subsidies for abortion, and abortion-expanding regulatory mandates. A 2014 GAO report revealed that over 1,000 federally subsidized plans nationwide were covering elective abortion. *The American Health Care Act* would repeal the provisions of law that

See "Passes," page 23

National Right to Life heralds Trump Administration's modernization of pro-life foreign aid policy

WASHINGTON – The National Right to Life Committee (NRLC) commended the Trump Administration for announcing an expanded policy named Promoting Life in Global Health Assistance, which will apply pro-life conditions to a broad range of health-related U.S. foreign aid – a policy signaled in a January presidential order and explained in more detail by the State Department Monday.

Carol Tobias, president of the National Right to Life Committee, the federation of state right-to-life organizations, said, **"Under the Obama Administration, the U.S. foreign aid program was hijacked to promote abortion worldwide. We commend President Trump and his**

See "Foreign Aid," page 40

President Donald Trump holds up his Memorandum reinstating the Mexico City Policy after signing it in the Oval Office. (CBS/AP)

Editorials

PPFA looking for new language to cloak, conceal, and camouflage their radical agenda

Every once in a while, an article in a pro-abortion publication fills in details on developments that took place a while back. By fleshing out the thinking that went into the decision, pro-lifers can better understand the strategy of our benighted opposition, particularly Planned Parenthood.

Enter "Why Planned Parenthood Is Ditching The 'Pro-Choice' Label, According to Cecile Richards," which appeared last week in a publication called *Bustle*.

Just to be clear--which the headline is not--Richards and her organization "ditched" the "pro-choice" label several years ago. In the interview with Chris Tognotti, Richards (PPFA's CEO) goes into some detail why the pro-choice canard bit the dust, starting in 2013. Richards' explanation is absolutely fascinating and hugely revealing.

Tognotti first paraphrases Richards: "Planned Parenthood has been evolving its expression of long-standing ideals on reproductive rights to suit the times, in part because of young peoples' resistance to such black-and-white labels." Then to Richards in her own voice:

"I think the language is completely outdated, and in fact, we found by talking to younger people that they are so against being labeled in any way," Richards says. "And I think in some ways the 'pro-choice versus pro-life' labels miss the point here. Because abortion and pregnancy — these are deeply personal issues that most women will have to think about or deal with in their lifetime, and what the vast majority of people in this country believe is, women need to be able to make their own decisions about their pregnancy without the interference of politicians ... [or] members of Congress who aren't in their situation and can't appreciate what they're dealing with."

Cecile Richards
President of Planned Parenthood Federation of America

See "PPFA," page 26

The May NRL News: a potpourri of riveting, uplifting stories to share with pro-life friends

True story. Honestly. I received a call last week from someone I've known for years who runs a very effective state right to life organization. Her praise for last month's digital edition of *NRL News* was so effusive I was embarrassed. But the comment that stuck with me was, "What can I do share this wealth of knowledge?"

Before we talk about just a few of the many stories in a terrific May edition, let me just implore you to use your social media outlets to spread the word. When we went from publishing a newspaper on newsprint to publishing a digital version of the "pro-life newspaper of record," even an old ink-stained wretch like me understood the change meant we could move every byte in our 41 page edition instantaneously worldwide to anyone with a desktop computer, laptop, tablet, or smart phone.

Which means you can forward selected stories or the entire issue. And I hope you do because there is a great deal in the issue that is pertinent to our battles on behalf of the unborn, babies born with anomalies, and the medically vulnerable elderly. Back to the May issue…

While we could have printed ten articles, instead we post four about the Democratic Party's headlong rush into political oblivion Some, like Independent Socialist Senator Bernie Sanders who caucuses with the Democrats, occasionally like to pretend their tent is large enough to include a stray pro-life Democrat or two. When they do, NARAL goes ballistic, Democrats pledge their undying allegiance to abortion on demand, and securely fold the flap.

No doubt the likes of Sanders are saying to themselves, "Doesn't NARAL understand the **only** kind of 'pro-life' Democrat we'd ever support is someone like Pennsylvania Senator Robert Casey, Jr., who rarely, if ever allows, his 'personal opposition' to abortion to affect this vote?"

See "NRL News," page 26

From the President
Carol Tobias

Recognizing Special Women

"My mother was the most beautiful woman I ever saw. All I am I owe to my mother. I attribute my success in life to the moral, intellectual and physical education I received from her." —George Washington

All that I am or ever hope to be, I owe to my angel mother." —Abraham Lincoln

From the beginning of time, mothers have held a special place in our hearts. Mothers love us and take care of us; they nurture us and teach us right from wrong. Mothers give us advice and counsel; they encourage us and push us to pursue our dreams.

Hopefully, we love and appreciate our mothers every day of the year but the second Sunday in May is set aside as that day to pay special tribute to these women who did so much for us and who gave so much of themselves to help us grow.

For those of us active in the right-to-life movement, we recognize that there are different kinds of mothers. Many gave birth to their children and raised them, or are raising them, to adulthood. Some mothers were unable or unwilling to take on the responsibility of raising a child and selflessly gave up their child through adoption, allowing someone else the opportunity to be a mother, to love and raise the child.

In the midst of all the special attention rightfully given to mothers on Mother's Day, we also acknowledge those women who at some time in their lives tragically had an abortion. For many, Mother's Day is a day of intense sadness and deep regret. We pray for them and renew our efforts to help those hurting from that irreversible decision.

Then there are the women who may have been "like a mother" to you. It may be a grandmother, big sister, or aunt who stepped in when your mother couldn't. It may be a neighbor or special lady from church, or maybe a teacher, that helped to guide you and support you along the way.

We honor and thank all the women who have played a part in loving children; for molding them into the persons they are today. Almost 70 years ago, country artist Eddy Arnold made famous a song that paid special tribute to mothers for all they do.

M-O-T-H-E-R
M *is for the million things she gave me*
O *means only that she's growing old*
T *is for the tears she shed to save me*
H *is for her heart of purest gold*
E *is for her eyes with love-light shining*
R *means right and right she'll always be*

Put them all together they spell mother
A word that means the world to me

M *is for the mercy she possesses*
O *means that I owe her all I own*
T *is for her tender sweet caresses*
H *is for her hands that made a home*
E *means everything she's done to help me*
R *means real and regular you see*

Put them all together they spell mother
A word that means the world to me

Motherhood is an amazing vocation with a lasting impact for many years to come. As 19th century poet Robert Browning summarized it, "Motherhood: All love begins and ends there."

Happy Mother's Day!

Mothers' Day is for the moms who are hurting, too

Our celebration of Mothers' Day this week speaks to the deep respect we all have for the love and sacrifice of women who give so much of themselves to raise and care for children, the future of our world.

We can't ever forget all that they give.

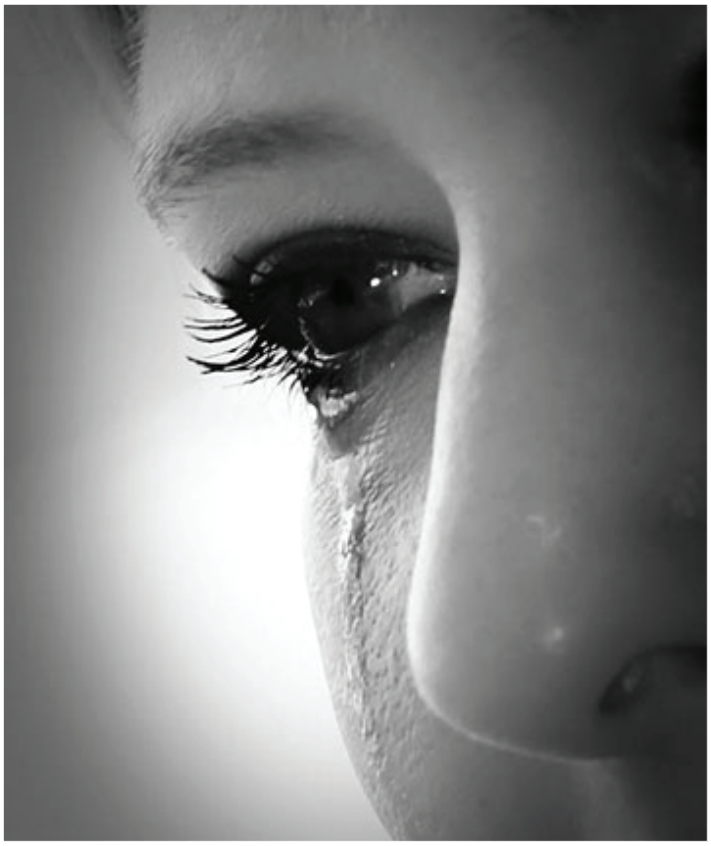
But sadly, our society often forgets – even sweeps under the rug – the suffering of so many women who have been victimized by the lies of the abortion industry. These women were convinced by those lies that their unborn babies were nothing more than a "glob of cells," or "just tissue," so they had abortions.

Finding out the truth about the development of their babies, sometimes years later, has led many to the deepest pain and regret – and no help whatsoever from the industry that gladly took their money for an abortion, and then walked away.

National Right to Life has done more to prevent that tragic suffering than any other organization.

We've done so through pro-life education that does everything it can to get women the facts about fetal development before Planned Parenthood and other abortion advocates can.

We've done it through National Right to Life-inspired model laws that give women the right to know information about fetal development, and about help and alternatives



available to them before they have an abortion.

And through another set of our model state laws that give women the right to see ultrasound images of their babies before an abortion.

In fact, through all of our laws that reduce the number of abortions – from bans on abortions of pain-capable babies to dismemberment abortion bans, and many other legal protections – we have dramatically reduced the number of women who only too late find out that what Planned Parenthood calls a "glob of cells" is in reality a living, growing child deserving of protection.

And that has prevented untold emotional suffering for so many mothers.

If you've ever known someone who has truly suffered from post-abortion syndrome, or even from the emotional loss of a baby through abortion, you know it is one of the additional terrible tragedies of the injustice of abortion.

Anything we can do to prevent an abortion, and to prevent the suffering a mother might face, is certainly doing God's work.

Please consider ways you might be able to help both that unborn child and his or her mother. You can join a local Right to Life chapter to help spread the truth about fetal development and help that's available to women in need.

You can advocate with your state and national representatives to pass life-saving laws that reduce the number of abortions, and the number of women hurt by abortion.

Just as important, you can support National Right to Life's efforts in these life-saving areas. The laws we've passed have greatly reduced the number of abortions in this country. And the education we do helps women see that there are better outcomes for them and their unborn babies.

Please help today by making a generous contribution to our vital work. Your support will not only be deeply appreciated, but might help save a life . . . and make a mother's life so much better!

DONATE TODAY

Baby born with only a fifth of his brain an inspiration to parents and all who learn about "Jaxon Strong"

Dad to speak at NRL Convention 2017

By Dave Andrusko

"Once Brittany and I took our baby home, we stopped asking God to heal Jaxon, and we started thanking God for making him just the way he is. Now we see Jaxon as perfect." — From "Don't Blink," by Brandon and Brittany Buell.

We like to use *NRL News* Today to remind you each and every week of the upcoming NRL Convention in Milwaukee June 29-July 1. Believe it or not, it's just a little over six weeks before you will be entertained, educated, and motivated by Ben Shapiro, our opening speaker. (See nrlconvention.com for registration information.)

I'd to use this post to talk about a workshop which, if it is 1/20th as good as the book co-written by one of the workshop speakers, will be one you will not want to miss.

The title of the book, written by Brandon & Brittany Beull, is "Don't Blink." Fans of Kenny Chesney will recognize that as the title of one of his songs. In it a man who has just turned 102 is asked, "What's the secret to life," and answers, Don't Blink.

Through his song, Kenny is wisely advising us to slow down, to realize that our children are children for what will seem like just a blink of an eye and just as fast our better half will have been the love of our life for 50 years.

What can that possibly have to do with Jaxon, a little boy, now a little over two years old, an almost-medical miracle who was born with a brain just one fifth of the size of a typical brain? (The technical term is microhydranencephaly.)

Everything. Let me explain.

The Buells have a Facebook page they call "Jaxon Strong."

Brandon and Jaxon Buell

As of this morning it has over 420,000 "likes." They post everyday pictures to remind their followers and partners, "We're an ordinary family with an extraordinary son, and we're doing our best with what we've been given."

Together they have formed what is, in every sense of the term an interactive community. They tell us in the Introduction, the book is written "to answer all the questions and comments we haven't been able to respond to…and perhaps a few that haven't been asked yet."

Weaved through the book, from the first page to the last, is a gentle acknowledgement that while many will understand why they didn't just "let Jaxon go," many more probably won't. After all, once an (incorrect) prenatal diagnosis of spinal bifida was made, doctors advised them repeatedly of the possibility of aborting. Then (with even more certainty) doctors flatly told them their son would die very, very soon after birth.

Very quickly the Buells faced a crossroads. They could stay mentally prepared for his death "or we could focus on his life while hoping and praying for the best." They decided to "focus on the business of living."

The book can only be understood through the lens of faith–the Buells are devout Christians–and by grasping their bedrock principle that **every** life matters and that Jaxon was not a "mistake."

"Within a few weeks," Mrs. Buell writes, "I began to see–and trust–that God had a purpose for Jaxon's life. And if Jaxon died, God would have a reason for that, too. God loves those who bear His image, even the smallest and most helpless among us, and His purposes are often hidden from earthly eyes."

For people who will find it a mystery why a couple would center their lives around a little boy with such severe limitations–in a word skeptics–this book offers memorable answers on many levels.

For example, near the beginning, they write, "Most of all we're writing in the hope that our joy can splash from these pages into your life. We adore our son, and we celebrate him for being the marvel and inspiration he is."

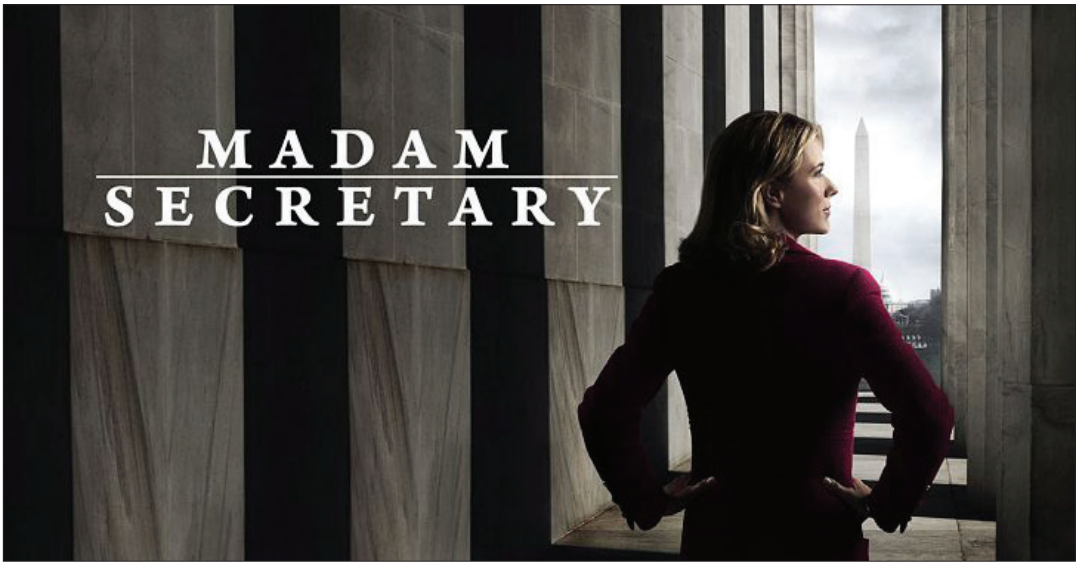
See "Jaxon," page 17

The importance of "you can tell me anything" when a woman is facing a crisis pregnancy

By Dave Andrusko

Last week we reposted a terrific story that appeared at Newsbusters– "CBS's 'Madam Secretary' Surprises With Pro-Life, Pro-Motherhood Message."

Dawn Slusher did a wonderful job in talking about the May 7 episode, "The Seventh Floor." I would like to revisit the actual scene from Madam Secretary and discuss briefly why it is very, very powerful and what it tells us about helping women find a life-affirming response to a crisis pregnancy.



They are called actors and actresses for a reason. You have to watch and listen to Secretary Elizabeth McCord (Tea Leoni) reassure a panicky and newly pregnant Daisy Grant (Patina Miller) to appreciate how it's not just the words but the feelings behind them that are so helpful to Daisy.

Just a quick reminder of the plot. Daisy had a brief affair with Joe Garcia, a CIA operative who was killed and now discovers that she is pregnant. Daisy's folks, she tells Elizabeth, are "church people. This isn't exactly what they had envisioned for me" and the baby's father's parents know nothing about Daisy or the baby.

First and foremost, Elizabeth McCord's voice is bathed in understanding and affirmation. Where Daisy might have expected, at a minimum, a lecture from her boss, when she asks if she "can tell you something?," Elizabeth quietly responds, "You can tell me anything."

The importance of her willingness to listen, be non-judgmental, and shore up Daisy cannot be overstated.

When Daisy wonders (understandably) "what if I'm not up to the job?," Elizabeth reassures her in a sincere voice that Daisy is strong–"You are one of the strongest women I have ever met. Even if you don't feel like it right now 'cause you're drowning in a sea of hormones."

Later Daisy says, "Guess I always thought that I may have to do it alone, but not like alone-alone." What is she really saying? Do I have to do this alone?

To which Elizabeth (a mother of three herself) responds, "Yeah. [Then a pause.] You know, maybe every mother feels that way, no matter who's in their life. I mean, at the end of the day, it's just you and the baby and… It's my job to protect him. Or her."

But Elizabeth reminds Daisy she is not alone.

> **Your parents might be shocked, but you are literally the light of their lives and they'll get over it. And Joe's parents raised a hero, so, really, how bad can they be? Then you got all of us here. God help you [a joke].**

The entire exchange is only a few minutes long and ends with this:

> **Daisy:** Thanks.
>
> **Elizabeth:** It's a beautiful world, Daisy. And the best ride is just about to start.

What has Daisy learned–or been reminded of? At this time when she is "all emotional," and "having a breakdown in front of my boss," she has emotional resources she may have forgotten; that any parent's first responsibility is to protect the child who did not will him or herself into existence; that she is not in this alone–in addition to her family and the family of the baby's father, Daisy has her family at her job at the State Department; and that for all the challenges that will undoubtedly arise, "the best ride is just about to start."

Rarely do you see (as Dawn Slusher put it) "an encouraging pro-life, pro-motherhood speech" in any of pro-abortion tripe that comes out of Hollywood. But this is episode is that rarity.

Ohio Bill Would Ban Dismemberment Abortions that tear living Babies Limb From Limb

Editor's note. The following is excerpted from a post distributed by Ohio Right to Life, NRLC's state affiliate.

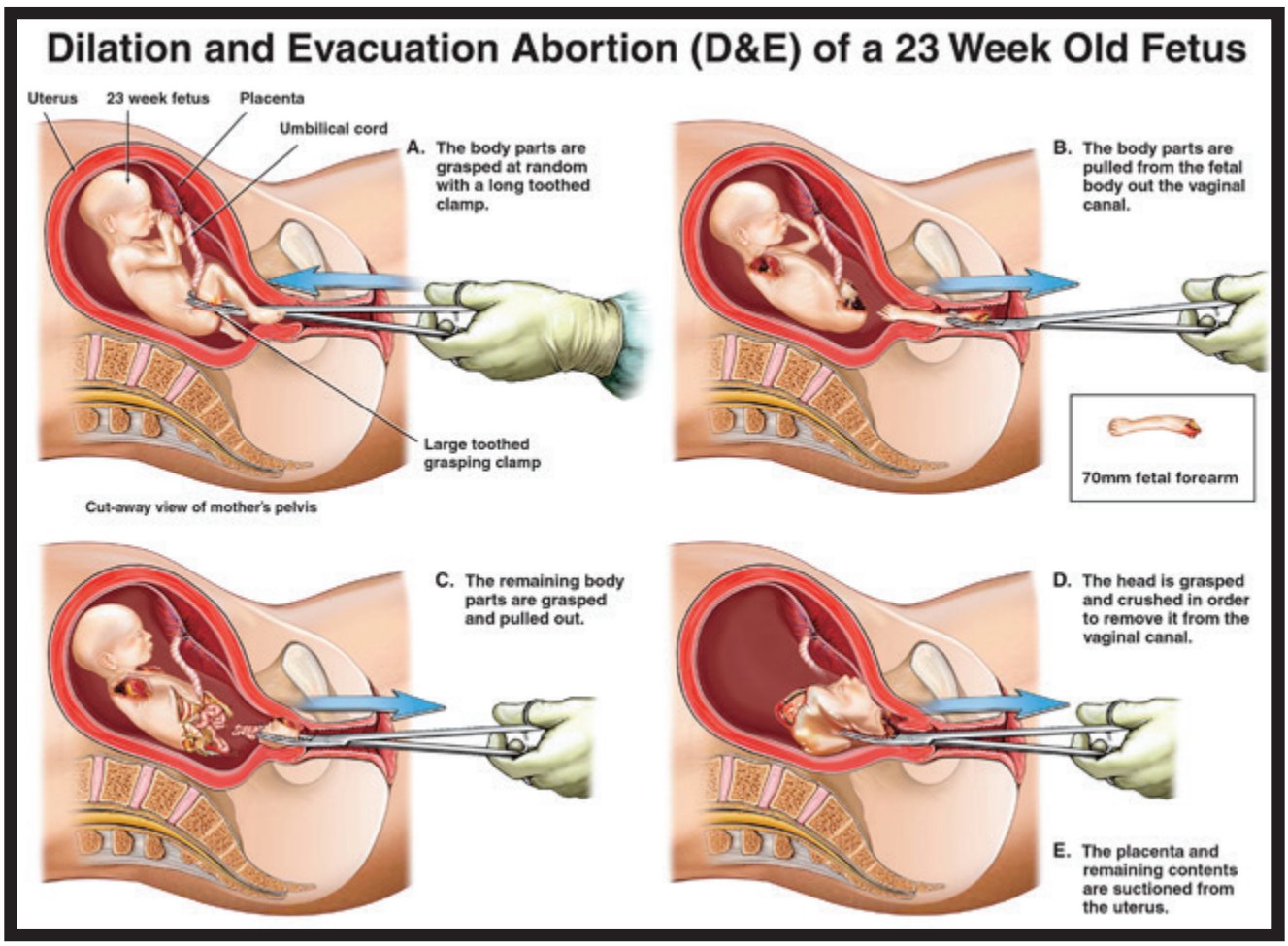
Ohio's Dismemberment Abortion Ban (S.B. 145) has been introduced in the Ohio Senate by pro-life Senators Matt Huffman (R-Lima) and Steve Wilson (R-Maineville).

The legislation, which has seven co-sponsors, would prohibit dilation and evacuation abortions of living unborn babies, a procedure in which the abortionist first dilates the woman's cervix and then uses steel instruments to dismember and extract the baby, piece by piece. The D&E abortion procedure is usually performed between thirteen and twenty-four weeks LMP.

"The Dismemberment Abortion Ban is a game-changer in the abortion debate," said Devin Scribner, executive director of Ohio Right to Life. "This law is all about shining a light on the brutality of a very common abortion procedure that is happening in facilities across this state and country. … Former and current abortionists have testified to the brutal nature of this procedure. It is incumbent on the State of Ohio to draw the line against this barbaric practice."

The legislation is being co-sponsored by Senators Peggy Lehner, Lou Terhar, Bob Hackett, Joe Uecker, Kris Jordan, Frank LaRose, and Jay Hottinger. Seven states have passed dismemberment abortion bans since 2015.

Ohio Right to Life asks its members to send a letter of support to their state senators using its Legislative Action Center at ohiolife.org.



Indiana AG Appeals Ultrasound Ruling, Defends Dignity for Unborn Law

Pro-life Community Pleased Common Sense Law Is Being Defended

INDIANAPOLIS — Indiana Attorney General Curtis Hill has appealed Federal Judge Tanya Pratt's March 31 ruling in which she granted an injunction against the 18-hour ultrasound requirement in the "Dignity for the Unborn law" [HEA 1337].

Indiana has long required that an ultrasound be done before an abortion. But in 2016 the law was updated to require that the ultrasound be done at least 18-hours before the abortion. Women are already required to received informed consent information at least 18-hours prior to an abortion, so this change aligned the two requirements into the same time frame.

Planned Parenthood of Indiana and Kentucky sued the state over the ultrasound provision and Judge Pratt granted their request.

Last month, the co-authors and sponsors of the Dignity for the Unborn law urged Hill to appeal Pratt's ultrasound ruling in a letter.

In the letter to the AG, the sponsors wrote

It is our belief that the State of Indiana plays a pivotal role in protecting and preserving all life by upholding the dignity and humanity of the unborn. Our intend with HEA 1337 was to ensure that Indiana's policy is to value life no matter who you are, where you come from, or what your disability may be; so to have that belief labeled as an "undue burden" is disheartening to state the least.

Indiana Attorney General Curtis Hill

Furthermore, to have the court insist that mothers who are about to make this life-altering decision do so without the full amount of information possible is worrisome, given that the use of ultrasounds is standard procedure for expectant mothers.

"The pro-life community is pleased Attorney General Hill is defending our state's common sense ultrasound law," said Mike Fichter, President and CEO of Indiana Right to Life. "It's disappointing that Planned Parenthood turns to activist judges anytime they find an abortion law they don't like."

Judge Pratt has a history of siding with the abortion industry. Before the 2016 ban on abortion for the sole reason of the child's sex, race, national origin or a potential disability could go into effect, Pratt sided with Planned Parenthood and the American Civil Liberties Union and blocked the law.

When Planned Parenthood filed a lawsuit against the 18-hour ultrasound law, it admitted it only had ultrasound machines at four of its then-23 locations around the state. In contrast, there are more than 50 ultrasound machines at pregnancy resource centers around the state providing free services to pregnant women.

The ultrasound machines at pregnancy resource centers have been purchased by gifts from thousands of Hoosiers who care deeply about women and their health, and who believe women deserve to be truly informed about their pregnancies.

Baltimore Pregnancy Center to Save Babies Right Next Door to Busy Planned Parenthood

By Jay Hobbs

It's a strategic goal of most pro-life pregnancy centers to locate as closely as they can to an abortion provider, giving a woman considering abortion one last chance to make a choice for life.

So, when a sidewalk counselor praying in front of a large Planned Parenthood in downtown Baltimore noticed a "For Sale" sign on the office next door in January, he called Greater Baltimore Center for Pregnancy Concerns with an offer.

He would purchase the space outright, giving the center its fifth location—and first next door to an abortion business.

After a walk-through of the premises, however, the center did the unthinkable and turned down his offer. The price tag to renovate the three-story facility into anything remotely useful was too steep to move forward.

Two days later, another man called. He too was a volunteer sidewalk counselor in front of the Planned Parenthood, and, hearing that the center had turned down the first man's proposal, he offered to cover the remaining costs.

Soon, a third man contacted Carol Clews, the organization's executive director, volunteering his services as an architect at no cost.

"Out of a clear blue sky, God shot his lightning bolt right next door to Planned Parenthood," Robert Gaines, the center's director of development said. "It became clear after that second offer that God was on the move. And he absolutely wanted to place us there, so we reconsidered."

With the office space in need of a full gut and remodel, Clews and Gaines say they hope to start serving clients by at least the end of 2017, adding to a current client load of 1,200 women each year.

At three stories, the space will be larger than what the center needs to serve its own clients, so the hope is to use the additional space to welcome in other tenants with complimentary missions that include adoption, post-abortive healing and community resources.

Founded in 1980 as one of the very first urban pregnancy centers in the nation, the center's new location next door to Planned Parenthood is just around the corner from another first—the Basilica of the National Shrine of the Assumption of the Blessed Virgin Mary, the first Catholic cathedral built in the U.S.

"Our community is so excited," Clews said. "They feel so strongly that this is of the Lord that they just can't stand it. From parish priests to ministers of churches, to people on our donor lists, to people we see at various meetings, everybody is just awestruck."

When the new location opens up, it will join a growing number of ultrasound-equipped centers next door to abortion businesses, including those in Philadelphia, Mississippi, Florida, San Diego, New Orleans and Kansas. Another pro-life organization is in the process of relocating next to an abortion clinic in Raleigh, N.C. as well.

Gaines said his strategy for relaying the news to people for the first time boils down to a formula so simple it may not be found in most fundraising how-to books.

"I say, 'God has really done something unique recently and I want to show it to you,'" Gaines said. "I don't tell them what it's about, I just tell them to look up Google and put in the address of 328 North Howard St., Baltimore. It's just shock and awe when I show that to folks, but that's where we'll be."

While the new location marks a new chapter at Greater Baltimore Center for Pregnancy Concerns, the center is already a known entity to the national abortion lobby—which knows its bottom line is more and more in jeopardy with every pro-life center that opens near an abortion business.

When the city of Baltimore imposed a city ordinance on pro-life centers in 2010, forcing them to post signage saying they did not offer or refer for abortions or birth control, the center took legal action against the mayor and city council, stopping the law from taking effect and kick-starting a legal process that is still ongoing.

In spite of the abortion lobby's failure to make the law stick in Baltimore—costing taxpayers $330,000 at the county level, in addition to legal fees—similar legislation has been adopted at the state level in a California law that is likely headed to the Supreme Court.

Hawaii, meanwhile, is poised to enact a law that mirrors the California legislation, while Illinois adopted a 2016 change to its Healthcare Right of Conscience Act that would force pro-life medical professionals—including those at pregnancy centers—to refer their patients for abortions and counsel them as to the "benefits" of the procedure.

"It's incredible to watch how God works even through the designs of those who oppose the life-saving work of pregnancy help centers," Jor-El Godsey, president of Heartbeat International—a worldwide network of 2,100 affiliates, including Baltimore Center for Pregnancy Concerns—said. "We expect to be opposed in this work, so it's encouraging to see God's people so richly bless his people after they've remained steadfast in an especially difficult season.

"Most importantly, we look forward to the good reports of lives saved from the violence of abortion right next door to Planned Parenthood in Baltimore."

Editor's note. This appeared at Pregnancy Help News and is reposted with permission.

Pope John Paul: A Great Man Who Could Have Been Aborted

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

A champion of life—that title expertly captures the work and legacy of Pope John Paul II. More than a decade after his death, the author of *Evangelium Vitae (The Gospel of Life)* remains one of the greatest heroes of the pro-life movement, respected by people of all faiths and all walks of life.

The story of Pope John Paul II's life is filled with suspense, heroism, and intrigue. What is particularly striking is the number of times during the course of his long life, he escaped death. His life hung in the balance when he was hit by a vehicle in his youth. His life was certainly at risk when the Nazis invaded Poland. In 1981, after assuming the Papacy, he nearly died from an assassin's bullet.

In the new book ***The Pope and the President,*** author Paul Kengor paints an intriguing portrait of the lives of pro-life stalwarts Pope John Paul II [Karol Jozef Wojtyla] and President Ronald Reagan. The two have been credited with playing key roles in the breaking down of the Berlin Wall, a long-standing symbol of Communism. The two also shared a passion for defending innocent human life and played hugely instrumental roles in combating what the Pope memorably described as a "culture of death."

The Pope and the President notes that the future Pope's life was at risk even before he was born. Kengor points to a report that the Pope's mother "was in such precarious health that her doctor advised her not to continue her pregnancy."

Pope John Paul II

According to Kengor's account, the doctor told Emilia Wojtyla, "You have to have an abortion." The physician's rationale was that Emilia's life was at stake and that she should abort her child to preserve it. The ***Vatican Insider*** said of the incident, "John Paul II was in danger of not being born."

But Emilia proved the doctor wrong. She came through the pregnancy and childbirth and delivered a baby Kengor described as "healthy and strong as an ox." Emilia predicted that Karol Józef Wojtyła, who would become John Paul, would be "a great man someday."

A great man who could have easily lost his life to abortion.

Ponder for a minute how different the world might be had this champion of life never entered into it.

His absence would have created a vacuum that no one else could fill—because no one else was quite like him.

And therein lies one of the great tragedies of abortion. It creates a dark abyss where our heroes might have stood.

With the birth of Karol Wojtyla, history changed—so very, very much for the better. May all of us, of all faith traditions, live out his legacy by defending mothers and their children from the scourge of abortion.

Younger Evangelical Protestants just as staunchly pro-life as Older Evangelical Protestants

By Dave Andrusko

When you read Pew Research polls on anything having to do with our issues, you have to read very, very, **very** carefully–and all the way to the end. And that includes an analysis posted yesterday under the headline, "Though still conservative, young evangelicals are more liberal than their elders on some issues."

In one sense this is old news times ten. Millennials take more "liberal" stances on a number of issues, reflecting changes in attitudes in the wider culture. Before we get to abortion, it's worth noting, however, that not until the very last paragraph do you learn, "And while younger evangelical Protestants are less conservative than older evangelicals in several areas, they remain more conservative than their generational peers in their attitudes regarding all the issues above."

But more importantly, the other "surprising" result is a surprise only to those who do not understand that abortion is different from all the other hot-button issues of our day. It's whether you can live with millions of unborn children dying because the Supreme Court gutted the abortion laws of all 50 states.

Millennial evangelicals and their elders have similar party leanings and views on abortion

% of evangelical Protestants who say they are ...

	Millennial evangelical Protestants (b. 1981-1996)	Older evangelical Protestants (b. before 1981)
	%	%
Republican/lean Republican	51	57
Democrat/lean Democrat	30	28
Other/no lean	19	15
	100	100
Conservative	42	58
Moderate	34	25
Liberal	16	12
Don't know/refused	8	5
	100	100
Abortion should be illegal in all/most cases	65	63
Abortion should be legal in all/most cases	33	33
Don't know/refused	2	4
	100	100

Source: 2014 U.S. Religious Landscape Study, conducted June 4-Sept. 30, 2014.

PEW RESEARCH CENTER

Notice how firmly younger Evangelicals are in their defense of unborn children. Even though the wording is designed to get the fewest responses (anytime you talking about making anything "illegal," the positive numbers go down), almost two-thirds (63%) of Millennial Evangelical Protestants agree that "abortion should be illegal in all/most cases." And the different with Older Evangelical Protestants is miniscule–66% agreement compared to 63%.

Or, to quote directly from Pew, "And there is no statistically significant gap at all in the abortion views of older and younger evangelicals: Millennial evangelicals are just as likely as their older counterparts to say abortion should be illegal in most or all cases (65% versus 63%)."

Good news.

Study claims waiting period laws don't work even though minds are changed and lives saved

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

America's abortion research academy—UCSF (University of California, San Francisco)—has produced another study claiming that yet another category of pro-life legislation is ineffective, or even has harmful consequences. This time, according to authors Sarah Roberts, Elise Belusa, Sarah Combellick, Lauren Ralph, and David K. Turok, the offending law is Utah's 72 hour waiting period.

The law, researchers acknowledged, "did not prevent most women who presented for information visits from having abortions" but had, they asserted, "burdened women with financial costs, logistical hassles and extended periods of dwelling on decisions they had already made."

However, when UCSF conducted its three week followup, the data shows something UCSF did not wish to highlight. There were women who did change their minds about abortion after their counseling sessions and three-day wait, who were still pregnant and no longer seeking abortion.

The study, "Do 72-Hour Waiting Periods and Two-Visit Requirements for Abortion Affect women's Certainty? A Prospective Cohort Study," appeared in the April 5, 2017 edition of the journal *Womens Health Issues*. Four of the five authors--Roberts, Belusa, Combellick, and Ralph--are of the Bixby Center at UCSF, while the fifth--Turok-- is of the University of Utah.

Researchers had 500 women who showed up for an initial appointment at an abortion clinic complete a survey indicating their "certainty" about their abortion decision. Three weeks later, researchers sought to conduct phone interviews with those same women to determine what they had done, whether there had been any changes in their "certainty," and the factors they may have affected that change.

According to the study, 63% of patients reported no change in their "certainty" because of the information they received in their initial visit. Seventy-four percent said that the waiting period had no impact on their "certainty."

The researchers also said that of those changing, more reported increasing "certainty" than decreasing "certainty" due to either their information visit or their additional wait time. And most of the changes that occurred were among the 8% who had been "conflicted" about their decision at the beginning.

A few important caveats are worth noting right off the bat. Not all 500 of the women completed the final survey – just 309 did the follow up.

This means that the results being touted are of those who were still available, still open to researchers after that first visit where they received the state mandated right to know information. We don't know how many of these missing women chose not to have abortions after getting the information and thinking about it for 72 hours.

But it is not unreasonable to think that those who went through with their abortions, whose minds were not changed, may have been more likely to take a phone call from the abortion researchers conducting the study than those who did not.

It also is important to note that these researchers were hardly neutral, objective observers. They made it a point in their initial inquiry to determine these women's "abortion knowledge." How? By checking to see whether or not they believed what researchers called "common abortion myths" – that childbirth is safer than abortion, that abortion causes depression, that abortion is linked to breast cancer, or infertility, or that most women experience regret after abortion.

Despite the fact that the reality of abortion's detrimental physical and psychological effects is well documented, researchers made awareness of or belief in such things an indicator of a woman **not** being well grounded in her decision. The study doesn't directly say how this "lack of knowledge" impacted a woman's decision, or whether there was anything said or done in the initial survey or in the counseling session to directly or subtly undermine these claims.

However it does seem to indicate that women who believed the researchers' version of risks (that abortion is safer than childbirth, that there are no special risks of breast cancer, infertility, depression, etc. associated with abortion) were much more likely to be "certain" of their decisions after their "information visit." No real surprise there.

Utah requires information on such risks, information about fetal development, and alternatives to abortion be included in its pamphlet. But if clinic staff echoed the research team in dismissing state information or minimizing or denying risks, it may have unjustifiably contributed to hardening their decisions.

Despite the pressure and the sales pitches, there were women who did change their minds. The UCSF team says that 8% of the patients they interviewed told researchers the information session and the 72 hour wait period made them

See "Waiting," page 32

London parents file appeal in hospital battle to treat baby Charlie

By Kathy Ostrowski, Legislative Director, Kansans for Life

Charlie Gard, who suffers from a rare, life-limiting chromosomal condition that weakens his muscles, turned 9 months in the Great Ormond Street Hospital (GOSH) of London.

But the raging battle over treatment options–and whether the government hospital service has sole medical authority over those decisions–is far from over even though a High Court ruling last month defends death for Charlie.

His parents, Connie Yates and Chris Gard, are devastated that their decision-making rights over Charlie's care have been crushed. They met today's deadline to file a legal complaint to prevent Charlie from being taken off life-support. According to Britain's *The Sun*, a new legal team has been hired and made the required application.

No time line for court acceptance of the appeal has been announced.

Chris and Connie have been constantly at Chris's bedside at GOSH since October. Charlie is believed to be one of only 16 known babies ever to have had this mitochondrial-depletion disease.

His parents are being prevented from taking him to the United States for an innovative treatment called nucleoside bypass therapy. The treatment has not yet been published, according to Connie, but has shown success. It involves administering natural compounds to remedy the mitochondrial depletion syndrome Charlie suffers.

Many thousands of well-wishers on social media have encouraged his parents, and pledged over $1.3 million pounds (roughly $1.7 million dollars) to Charlie's GoFundMe account to cover expenses for the overseas trip.

FEATUREWORLD
Charlie Gard's parents released this new image of them beside their baby son in his hospital bed

Yet on April 11, the U.K. High Court ruled against the parents, holding that GOSH could keep Charlie, shut off his ventilator, and allow the baby to "die with dignity" on the grounds that the proposed U.S. treatment could not "cure" him.

FUTILITY JUDGMENTS

The idea that any court can deny parents the right to remove their son from a hospital seems absurd and unjustifiable. But it's a logical outgrowth of the reality of rationed care–particularly in Britain with the National Health Service–coupled with changes in medical ethics.

It is sadly no longer the assumption that medical facilities feel bound to sustain a patient's life. Instead, doctors can delegate treatment as not to be administered because it will

- not cure the underlying disease; and /or
- not produce an "acceptable" quality of life.

Such care is alternatively called "non-beneficial," "medically inappropriate," or "futile." A new law in Kansas, Simon's Law, requires hospitals to disclose any futility policies upon request.

When the medical elite deem that certain patients should be denied medical care, those who object are considered as throwing a "monkey wrench" in the system. Charlie's parents' attorney found an email from a doctor at GOSH who called the parents a 'spanner in the works' due to their exploration of all medical options available internationally.

GOSH asserts that further treatment would unnecessarily "prolong" Charlie's suffering. In an interview on British ITV, Connie said:

> **"If there is no improvement we will let him go. We just want to give him a chance. Charlie is still strong and stable. He is growing more beautiful by the day."**

Appeal judges will be considering whether Charlie's parents have a reasonable chance of success before allowing a full appeal hearing to be held. The Mail reported the couple's new attorneys may be looking at using human rights laws to defend their case.

"Before he was hired, the couple's new lawyer Charles da Silva wrote on his firm's Facebook page that the High Court ruling 'highlights that not only doctors but judges can get it wrong too," the *Daily Mail* reported.

The world's parents are watching. Stay tuned.

Georgia 6 special election, Omaha Mayoral election: Shaping the political narrative for 2018?

By Karen Cross, National Right to Life Political Director

The special election to replace pro-life Rep. Tom Price (R) in Georgia's 6th congressional district is being lauded by many as a bellwether race for the 2018 elections.

Eighteen candidates vied for Price's vacant seat. Because no candidate received more than 50% of the vote, a special runoff will be held on June 20 between the top two: Karen Handel (R), who is pro-life, and Jon Ossoff (D), who is not.

The Georgia 6 special election has become the most expensive House race in political history. More than $30 million has been reportedly spent in the congressional race.

Following the April 18 special election National Right to Life endorsed Handel to replace Rep. Tom Price who stepped down to become Secretary of Health and Human Services.

Recent polling has Handel with 49%, Ossoff with 47%, and 4% undecided.

The National Right to Life Victory Fund was actively involved in the Georgia 6th special election. Through phone, email contacts, and social media, National Right to Life Victory Fund reached out to identified pro-life households in the district encouraging them to vote against Democrat Ossoff, who supports a policy of abortion on demand, and supports using tax dollars to pay for abortion.

The abortion issue has and will continue to play a central role in elections in 2017. The special election in Kansas' 4th congressional district won by pro-life Ron Estes was also a clear-cut pro-life/pro-abortion contest.

The National Right to Life Victory Fund phoned thousands of pro-life voters informing them of the differences between the candidates, and posted sharable graphics and articles on social media as well.

On May 25, a pro-life/pro-abortion contest will be held in Montana to fill the at-large seat formerly held by pro-life Rep. Ryan Zinke (R), who is now director of the Department of the Interior.

Greg Gianforte (R), who is pro-life and has been endorsed by National Right to Life, will face musician Rob Quist (D), who supports unlimited abortion.

Most recently, the Omaha mayor's election, won by National Right to Life-endorsed Republican Jean Stothert, highlighted the problem Democrats have in insisting on supporting only pro-abortion candidates, a problem that will continue to cause them to lose elections across the nation (see story page one).

Stothert defeated challenger Heath Mello, who caved to pressure from pro-abortion Democratic leadership and now supports abortion on demand.

As reported in *NRL News Today*, in April, Democratic National Committee Chairman Tom Perez declared that the DNC would only support candidates who support an extreme abortion agenda of abortion on demand. This position disregards pro-life Democrats and the majority of Americans who do not support unlimited abortion.

"By forcing all Democrats to pledge fealty to the abortion industry's extreme agenda, Tom Perez has completed the party's transformation and sent the message that pro-life Democrats are no longer welcome in their party," said Carol Tobias, National Right to Life Committee president. "With this pro-abortion litmus test for Democratic candidates, the Democratic Party will continue to lose elections."

Look for election updates in future editions of www.nationalrighttolifenews.org.

Miracle baby survives birth at 23 weeks, in tears, mom begs doctors to aggressively treat little Paige

By Dave Andrusko

Whatever their positions on abortion, many British newspapers are utterly fascinated by stories of premature babies who are born on the cusp of when it would be legal to abort them (24 weeks).

A recent example is Zoe Ambrose and her daughter Paige. Their story in incredible

Born weighing a tiny 1lb 5oz, the little girl was smaller than a £10 note (Photo: SWNS.com)

on multiple levels.

Back in 2015, Ambrose was surprised to discover she was pregnant at all, much less 22 weeks along.

She told the *Mirror*

"It was only when I moved house and visited my new GP that I found out I was pregnant. I was shocked."

Zoe said she was even more stunned to discover she was 22 weeks along.

"It was crazy," she said. "I was still a size 12 and hadn't had any morning sickness or cravings. I was totally unprepared."

But just ten days later she started bleeding at work and was rushed to the hospital where she went into labor. And then devastating news.

"I'd been in labour for an hour before a doctor told me they didn't legally have to save my baby because she was going to be born before 24 weeks" and had a small chance of survival, she told *The Mirror's* Sophie Evans.

The paediatrician apparently said the hospital would not try to save her daughter unless she "came out trying to breathe."

But he said they would relieve any suffering.

"He told me my baby only had a 25 per cent chance of survival," Zoe said.

"I couldn't let my little girl die without a fight. I begged them to do everything they could to save her life and in the end they agreed."

(Later in the story, reporter Evans explains, "Lifesaving treatment is offered only if parents ask for it and the paediatrician feels it is appropriate.")

Ambrose's labor lasted seven hours–"I was so worried she wouldn't survive. I prepared for the worst," Ambrose told Evans–before Paige was born at Dartford's Darent Valley Hospital in Kent, England.

Paige was, of course tiny and "in her first few days, the little girl had a hemorrhage in her lungs and a bleed on the brain. She was diagnosed as partially sighted in one eye and, at just three weeks old, had to undergo stomach surgery."

Little Paige is now enjoying life at her home in Greenhithe, Kent (Photo: SWNS.com)

But Paige was nothing if not a fighter. She was transferred to one hospital for specialty care and over the course of more than four months she was transferred between several hospitals.

Paige was discharged on December 16, 2015. Evans ends her story on this very encouraging note.

Today, the tot still needs daily hormone treatment and has an underactive thyroid, but she is regularly checked over by doctors.

"Paige will always suffer with diabetes and tests for her eyes are ongoing, but she is expected to live a long and full life," Zoe said.

"She is everything to us and the thought that when I first saw her she was as tiny as a £10 note still amazes me.

"This year she is off the oxygen.

"We didn't know that Paige was coming, but now she's here we are so grateful for our little miracle."

The moral bankruptcy of saying the worth of a human being depend on the desires or decisions of others

By Paul Stark, Communications Associate, Minnesota Citizens Concerned for Life

A journalist once asked Cecile Richards, president of Planned Parenthood Federation of America, when she thinks unborn children become valuable.

"I think every woman has to make her own decision," she said. "I'm the mother of three children. For me, life began when I delivered them. … But that was my own personal, that's my own personal decision."

Richards could have argued that a human embryo or fetus doesn't have rights because of some characteristic of the child (e.g., her immature appearance, her dependency, her inability to perform sophisticated mental functions). But Richards took a different tack.

She said the worth of the unborn is a "personal decision" that each pregnant woman makes. The lives of Richards's own children began when she *decided* they did.

Many others have expressed a similar view. "I think [the status of the unborn is] up to each individual to decide what they believe," says Dawn Laguens, another Planned Parenthood executive.

Then there s former *MSNBC* host Melissa Harris-Perry who asserts,

"When does life begin? I submit the answer depends an awful lot on the feeling of the parents."

The late James McMahon, a practitioner of second- and third-trimester abortion, claimed that "the soul or personage comes in when the fetus is accepted by the mother." Étienne-Émile Baulieu, a French doctor who developed the RU486 (mifepristone) abortion drug, declares, "It is up to each person to define whether there is, or is not, a person developing in the uterus. The definition ... may change for each pregnancy."

One Presbyterian minister said, "I think someone becomes a person when they are loved."

According to all of these assertions, the value of an unborn child is determined by factors *external* to that child. It is determined,in particular, by the desires or decisions of someone else. Robert P. George and Christopher Tollefsen call this the "attribution view": Rights are attributed or bestowed by others.

It's difficult to believe that an idea like this is widely held. But the attribution view is at work, implicitly, in the way many people in our culture talk about the unborn. If unborn children are welcomed into life, they are called babies. If they are the targets of abortion, they are embryos, fetuses, "tissue," or "products of conception."

The attribution view also is enshrined in our current laws relating to human beings *in utero*. Under Minnesota's fetal homicide law, for example, "Whoever … causes the death of an unborn child with premeditation and with intent to effect the death of the unborn child" is "guilty of murder of an unborn child in the first degree" (Minnesota Statutes 609.2661). But the law makes one exception (as the U.S. Supreme Court's abortion rulings require): "'Whoever' does not include the pregnant woman" (609.266).

If a pregnant woman wants the death of her unborn child, then killing is legal. If the pregnant woman doesn't seek the child's death, then killing her is an act of unjustified homicide. Legal protection of that human being depends entirely on the desires of another person. It has **nothing** to do with the child herself—it has only to do with how someone else feels about her.

That's the attribution view. So what, exactly, is wrong with it?

The attribution view completely misunderstands what rights actually are.

See "Bankruptcy," page 23

Sex-Selection abortion results in huge gender disparity in Canadian women born in India

By Dave Andrusko

A study published in the *Journal of Obstetrics and Gynecology Canada* documents that for Indian women migrating to Canada, a preference for boys over girls does not diminish, regardless of how long they have lived in Canada, the *Globe and Mail* reported.

Researchers analyzed birth records in Ontario hospitals of women born in India who had delivered up to three live births for the period between April 1993, and March 2014. They found that women having their third child who already had two daughters were found to have given birth to almost twice as many baby boys (192) as baby girls (100), according to the newspaper.

"The sex ratios are so distorted, they cannot be explained by natural causes, Dr. Marcelo Urquia said,"

Dr. Marcelo Urquia

according to Karen Howlett. Dr. Urquia, the lead author, is a research scientist at the University of Manitoba's Centre for Health Policy.

"Across the globe, by comparison, the odds of having a boy over a girl are slightly higher: 107 boys for every 100 girls," Howlett explained. "The study builds on previous research led by Dr. Urquia that found a deficit in Canada of more than 4,400 girls over two decades."

As you would expect, the chances of sex-selection abortion dramatically increase in the second trimester when the baby's sex can be determined.

Dr. Urquia told Howell, "We know that the longer immigrants are in Canada, the more likely they are to align to the host country." The "entrenched" preference for boys is "counterintuitive," he added.

The study also found that the disparity is dramatically higher among women whose mother tongue was Punjabi: 240 boys to 100 girls–almost 2 ½ to 1. "The ratio of males to females did not differ according to when women arrived in Canada," Howell reported.

Baby born with only a fifth of his brain an inspiration to parents and all who learn about "Jaxon Strong"

From page 5

A little further in Brandon writes, "Brittany and I used to see God as the heavenly healer. Now we see him as the author of His perfect will." Near the end, he concludes, "I don't know what the future holds for us, and I haven't spent a lot of time worrying about it."

When I finished "Don't Blink," it occurred to me the book is actually the Buells ministering to us. The lessons they have learned (first and foremost "that God has a plan for his life, even if it's one we never could have imagined ourselves"), they share with us.

For example, they went from being "needlessly busy to making every moment count for Jaxon." Consequently they seize and cherish every moment, remembering that "Sometimes we grow immune to the ordinary wonders of life."

Here are two of my favorite pearls of wisdom. Brittany and Brandon don't worry about milestones Jaxon hasn't reached but the ones he has.

Avoid the what-ifs. "But the truth is, even if he didn't have microhydraencephaly, we still wouldn't have any guarantees. Life is a gift, but it's an uncertain gift. So all we can do is embrace the beauty in the midst of the uncertainty, knowing that's the best groundwork for a miracle."

Near the end, and without being the least bit preachy, they summarize and recapitulate the lessons of Brandon, Brittany, and Jaxon we can apply to our own lives and our own difficulties.

> **"Life will no doubt throw you a curveball at some point, if it hasn't already. When that time comes, we hope you'll be able to find inspiration from Jaxon's life. Trust your gut. Embrace uncertainty. Live the life you've been given, not the one you imagined. Know when it's time to give and when it is time to receive. Celebrate the little things. Use your words carefully, recognizing the power they wield. Savor each day. Believe in miracles. Remember that you're not alone in this. And always look up. For that's where we find real strength."**

A tremendous book that will be on sale at the convention. Please attend their workshop which is Saturday, July 1 from 1:15 – 2:30 pm.

You can register online for the convention at nrlconvention.com/register.

NRL Convention 2017 provides an antidote to anti-life rhetoric regarding stem cells

By David Prentice

Stem cells. Those words can conjure up many images for those who hear them: cures, death of young human beings, millions and billions of taxpayer dollars, lab-coated scientists, petri dishes, and patients with serious conditions—waiting, hoping, disappointed, or treated.

These varied and disparate images and thoughts come not only because the science of stem cells can be complex at times, but also because a great deal of misinformation has been, and continues to be, pushed out in the public realm. That misinformation often comes from scientists and politicians who hope to benefit from steering the public's imagination--and dollars--toward themselves.

The NRLC convention has been a welcome antidote to some of this anti-life rhetoric regarding stem cells, the different types of stem cells, the real results especially with respect to patient outcomes, and the ethical questions that should be asked regarding any stem cell research. I enjoy discussing this topic of stem cells every year, because there are still many people, even many medical professionals, who do not know the truth about stem cells.

And people do want to know the truth, about trends in research and about developing therapies for patients. They also want to be armed with the facts against those who are interested not in helping patients, but in funding their laboratories and promoting their own careers.

Embryonic stem cells continue to be portrayed by some scientists as the ultimate stem cell therapy, despite the continuing lack of evidence for their efficacy, whether it be the few patients who have received injections of embryonic stem cells, or in the many lab mice and rats who have undergone embryonic stem cell experiments. Despite all of the promises about "lifesaving research" and the billions of taxpayer dollars spent on embryonic stem cells in the last two decades, there is still not a single validated case of "lifesaving" results with such cells.

Embryonic stem cells also face an insurmountable barrier for their acceptance by many people: harvest of embryonic stem cells requires the destruction of a human embryo, a young human life barely started on its existence yet the biological truth is clear: one of us. Gladly, people are not faced with the choice of accepting or rejecting an unethically-derived therapy.

Adult stem cells have been making good on the empty promises of embryonic stem cells for decades, yet continue to be ignored or defamed by proponents of embryo-destructive research. Yet the facts bear out their real answer as "lifesaving" cell therapy.

Over 1 ½ million people have been treated with adult stem cells, and their lives saved and health improved for dozens of diseases and medical conditions. These are **real** people and **real** benefits, and continued adult stem cell research provides real hope for more and more people. Many of these adult stem cell therapies are still experimental, but they are validated in the published scientific literature as providing help to patients.

Within the past year there have been many advances in adult stem cell science, including new strategies and advances using adult stem cells to treat stroke (even years after the stroke event), multiple sclerosis (putting people into remission, not just stopping progression of the disease), and improving repair of both knee joints as well as damaged hearts. People need to know the truth: adult stem cells provide effective tissue repair, without destroying the life of the stem cell donor (who is often, with adult stem cells, the patient himself!)

As a scientist, I am fascinated by the wondrous complexity and capabilities of adult stem cells, other natural progenitor cells, and our human body. As a patient advocate, I am heartened by the results seen not only in the laboratory but also in the clinic with ethical, successful adult stem cells, and only wish for faster progress and more resources to bring about more and improved adult stem cell treatments, as well as increased accessibility to their benefits.

Adult stem cells are the true gold standard for stem cells when it comes to patients.

Editor's note. Dr. Prentice is Vice President and Research Director of the Charlotte Lozier Institute.

Dr. Joel Brind to update pro-lifers on latest developments on abortion and breast cancer at 2017 NRL Convention

Editor's note. For the latest information about the June 29-July 1 convention, go to nrlconvention.com.

Q: What have been the most prominent developments in the ABC link in the year since you last spoke at the National Right to Life Convention?

Dr. Brind: On the scientific front, the most prominent would certainly be the new systematic review and meta-analysis on the ABC link in South Asia (Indian subcontinent) that we at the Breast Cancer Prevention Institute are currently preparing for publication. At this point I can say that the overall risk increase for women who have an induced abortion is far higher than the risk in the West and in China.

I expect that by the time of the NRLC convention, the paper by my colleagues and myself will have been submitted for peer-reviewed publication. As of last year, we had identified 15 primary studies on abortion and South Asia which reported data on the ABC link, and since then, we have found 5 more. So our paper will review 20 studies (unless any more pop up before we submit the paper!).

Q: What about abortion and the Western world? Has any other research been published lately on the ABC link?

Dr. Brind: Another recent development is newly published research from the British actuary Patrick Carroll, who heads the Pension and Population Research Institute in London. Very briefly, Carroll used the long-standing rigid demarcations of social class in the UK to study a worldwide characteristic of breast cancer: The fact is there is a social gradient: wealthier. Better educated women are more susceptible to breast cancer than are less wealthy, less educated women.

This development in breast cancer research provides independent support for the ABC link from a completely different approach than classical epidemiology: comparing long-term trends among large groups of women with different characteristics.

To some extent, there is a correlation between social class and certain known risk factors, such as later age at first childbirth, having fewer children, and breastfeeding them less. However that has failed to explain most of the observed social gradient in breast cancer incidence. What Carroll did is compare the social gradient and breast cancer incidence among the different countries of the UK, i.e., England and Wales, Scotland, and Northern Ireland. A striking finding of his new study is that the social gradient is steepest in England and Wales, where abortion rates are highest, while the gradient is substantially reduced in Scotland, where the abortion rate is lower.

Joel Brind, Ph.D.

But most striking is that in Northern Ireland, where abortion is still largely illegal and rare, the social gradient almost disappears! So abortion is, as it were, the last risk factor standing to explain, in large part, why breast cancer is a disease of the "higher" classes.

Q: What new or additional weaknesses have sprung up in case against the ABC Link?

Dr. Brind: I'm glad you asked! Now here's a surprise. As your readers know one of the primary defenses used to dismiss the reality of the ABC link is something called "response bias." The reason there appears to be more breast cancer among women who have aborted (the argument goes) is because women who do not have breast cancer are more likely than women with breast cancer to deny their abortion history. Or, conversely, those women who have been diagnosed with breast cancer are more likely to come clean about their abortions than are healthy women. Thus it would only appear (falsely) that abortion was associated with breast cancer, due to recall bias.

I have argued for years that there is simply no evidence to support this hypothesis.

But now, I tell you that in studying the South Asian data, I have found evidence of response bias! But it isn't bias in the direction of overestimating the relative risk of abortion. Rather, it is in the direction of underestimating the risk!

So, without giving away too much from our new study, I have found that in several studies which show little or no risk increase for women who've had an induced abortion, there is a tendency for there to be missing data on abortion predominantly among breast cancer patients, rather than healthy women.

It seems that there are several studies in which all of the patients identified as breast cancer patients in a given time period participate in the study, i.e., there is a 100% participation rate among eligible patients. While participation rates are usually high—over 90%–100% is rather unheard of.

So what does this mean? Here's my hypothesis . Considering how hard high quality medical care is to come by for most women in the relatively non-affluent countries of South Asia, breast cancer patients may be concerned that by not participating it may negatively impact their treatment. Hence, there may be some subtle form of coercion at play. So, when it comes to answering specific questions about sensitive issues such as abortion history, the patients decline to answer these questions, which shows up as missing data in the tables. Meanwhile, healthy women who are asked to participate in a breast cancer study who don't want to report on such sensitive issues are more likely to simply opt out of participation in the study altogether. So the population of healthy controls is then fleshed out with women who don't mind disclosing such personal information, and little or no data goes missing.

Q: So what is the bottom line?

Dr. Brind: The bottom line is that since fewer breast cancer patients who had abortions report them, abortion is underreported among patients compared to controls, and the relative risk is underestimated in the study. More on this at the Convention in Milwaukee this summer!

For more information about the annual NRLC convention, which takes place June 29 through July 1 in Milwaukee, Wisconsin, please go to nrlconvention.com.

Go online to register at nrlconvention.com/register.

New website advises U.S. women how to self-abort

"SASS" advises how chemically-induced abortion will not be distinguishable from a spontaneous miscarriage

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

Dangerous chemical abortions are legal, loosely restricted, and widely available at abortion clinics all over the United States. However, that isn't good enough for some of the world's most ardent abortion advocates. They want them available in every town, from any sort of vaguely medical establishment, via doctors they only meet on a web-cam, available over the counter at any local pharmacy, and even available for order online or in the mail.

Every one of these methods is already in use, being tested, or being promoted.

The latest twist that has the media all aflutter is a new website by those who brought us the "abortion ship," country specific 'abortion-hotlines," and the online abortion pill webite "I need an abortion."

This one, however, is specifically geared towards American women, who, the sponsors say, are finding their "access" to abortion threatened by state abortion limits and a hostile new administration.

Support for Self-Induction

The website, called abortionpillinfo.org, set up by a new group from the Netherlands called Women Help Women. It claims not to be trying to sell any abortion pills to American women, but only offers guidance to women to women who want to abort using widely available medications.

The name of their "service" is Self-managed Abortion: Safe and Supported (SASS).

Kinga Jelinska, the executive director for Women Help Women, calls their service "an information-delivery project," though a disclaimer on the website note that consultation is not meant as a substitute for professional medical advice (*Washington Post*, 4/27/17).

That website identifies Women Help Women as "an international group of activists, trained counselors and non-profit organizations and foundations." It says "We bridge the gap between reproductive rights advocacy efforts and service provision."

How it's supposed to work

Using guidelines from the pro-abortion World Health Organization (WHO), one or more of 23 on-line staffers find out how advanced the woman's pregnancy is, determine whether she has any conditions that would medically disqualify her, and discuss the doses and administration that are recommended for aborting. She will be given information about what complications to watch for and told to seek medical care if these occur.

Part of Women Help Women's advice is to tell women that there are no blood or urine tests to distinguish her chemical abortion from a spontaneous miscarriage, so she does not need to share this information with medical staff at the ER. One of the stated aims of the program is to be able to help self-aborting women avoid prosecution.

If for some reason, the women decide they'd prefer a more clinical setting, the counselors direct them to clinics in their area as well as foundations that might help cover costs.

Despite assurances to the press that they do not sell abortion drugs to American women, the Women Help Women website has a link women can click if they want to "get abortion pills." They do warn that, in the U.S., many states require that abortion pills be dispensed by "licensed health care clinicians" and say that women can be arrested for using pills not coming from a clinician.

Nevertheless, they do give information on dosages for both mifepristone (RU-486) given in combination with misoprostol (a powerful prostaglandin) and for misoprostol alone. Taking things further, they give specific advice on "How can I find abortion pills?" (For example, they helpfully mention that "some internet veterinary supply stores and veterinarians" use misoprostol "to treat ulcers and arthritis in dogs.")

A web connection many strands

A few other things about the people involved are important to know. Kinga Jalinska was formerly an employee of Women on Web, the website allowing women to order abortion pill, and Women on Waves, perhaps best known for the abortion ship and for abortion hotlines promoting use of misoprostol in countries where abortion is illegal.

Women on Waves is linked as source of additional information on the Women Help Women website, as are well known, long time promoters of the abortion pill, Ibis and Gynuity.

One of their "scientific advisors" is Angel Foster, a member of the University of Ottawa health sciences faculty and board member of the National Abortion Federation that just happened to be part of a group of academics pleading for the U.S. Food and Drug Administration to further loosen restrictions on mifepristone so it could be sold

See "Websites," page 31

Judge John Noonan: RIP

By Dave Andrusko

Judge John Noonan, a pro-life icon, passed away April 17 at the age of 90. Strangely, for a man of such enormous impact, word of his death was slow to reach even organizations such as NRLC on whose board he once served.

Noonan unfurled his steadfast, principled opposition to abortion and assisted suicide in books, lectures, law review articles, and legal opinions. Noonan was often (and rightly) described as a Renaissance man whose breadth of subject matter is staggering.

After a distinguished academic career, first as a member the University of Notre Dame Law School faculty which he joined in 1960 and then in 1966, as professor of law at the University of California, Berkeley, Noonan was nominated by President Ronald Reagan in 1985 as a judge on U.S. Court of Appeals for the 9th Circuit. He served the court for 11 years before assuming senior status in 1996.

For veteran pro-lifers,

Judge John Noonan

Noonan is best remembered for three accomplishments (although there were many others): the books, "The Morality of Abortion: Legal and Historical Perspectives," which he both edited and contributed to, and "A Private Choice: Abortion in America in the Seventies"; and as author of the 1995 opinion that upheld a Washington state law banning assisted suicide.

Two years later, the Supreme Court unanimously upheld both Washington's and New York's laws prohibiting assisted suicide. In *Washington v. Glucksberg*, the Court found that Washington state's law did not violate constitutional guarantees of "liberty"; and in *Vacco v. Quill* that New York's similar law did not violate constitutional guarantees of equal protection.

Noonan's essay opening "The Morality of Abortion: Legal and Historical Perspectives" was titled "An Almost Absolute Value in History." It was and remains so instructive that it is required reading for students attending National Right to Life's Academy.

He concludes his essay with both a "humanistic" and a theological "commandment" against the taking of unborn life. Here's the latter:

> **The perception of the humanity of the fetus and the weighing of fetal rights against other human rights constituted the work of the moral analysts. But what spirit animated their abstract judgments? For the Christian community it was the injunction of Scripture to love your neighbor as yourself. The fetus as human was a neighbor; his life had parity with one's own. The commandment gave life to what otherwise would have been only rational calculation.**

Swedish midwife opposed to abortion appeals to European Court of Human Rights

By Michael Cook

Swedish midwife Ellinor Grimmark has decided to appeal to the European Court of Human Rights in Strausbourg over Sweden's hard line on conscientious objection.

The Swedish Appeals Court decided last month that the government can force medical professionals to perform and cooperate in abortions, or else be forced out of their profession. Because the ruling in Grimmark v. Landstinget i Jönköpings Län appears to contradict international law protecting conscientious objection, Grimmark wants to appeal to Strasbourg.

Three different medical clinics denied her employment because she will not assist with abortions. In Sweden, midwives are essentially nurses who specialize in pregnancy and child birth and seldom do abortions. It would have been relatively easy to find a way to accommodate Grimmark's preferences.

However, the clinics' intransigence has meant that Grimmark and her family have had to move to neighbouring Norway. "In the beginning, I was hoping to stay in Sweden," she told Fox News. "But we have now made Norway home. I have a job here where they are not concerned with my beliefs."

In November 2015, a district court found that her right to freedom of conscience had not been violated by refusing to employ her. That court even required her to pay the local government's legal costs of 100,000 Euros (US$106,000).

"Participation in abortions should not be a requirement for employment as a medical professional. In accordance with international law, the court should have protected Ellinor's fundamental right to freedom of conscience," said Robert Clarke, of the Alliance Defending Freedom (ADF International), an American group which is helping with Grimmark's case.

Ellinor Grimmark speaking to the press

"The desire to protect life is what leads many midwives and nurses to enter the medical profession in the first place," Clarke said. "Instead of forcing desperately needed midwives out of their profession, governments should safeguard the moral convictions of medical staff. The Parliamentary Assembly of the Council of Europe has affirmed that 'no person, hospital or institution shall be coerced, held liable, or discriminated against in any manner because of a refusal to perform, accommodate, assist, or submit to an abortion.' As a member state, Sweden must be held to its obligation to respect this freedom."

The shut-up-or-leave approach to conscientious objection in healthcare issues is widely accepted in Sweden. In a recent article in the Journal of Medical Ethics, bioethicist Christian Munthe, of the University of Gothenburg, explains that "No legal right to conscientious refusal for any profession or class of professional tasks exists in Sweden, regardless of the religious or moral background of the objection." Swedes feel a strong commitment to civic duties and non-discrimination.

However, the "Swedish solution" may be eroding, for two reasons, neither of them related to Grimmark's complaint.

The first is political. The general council of the Swedish Medical Association recently agreed to work toward a legal right to conscientious refusal to refer patients to clinics offering alternative medicine. The doctors feel that these upstarts should not be included in the healthcare system.

The second is the very real possibility that Sweden may someday legalise euthanasia or assisted suicide. The medical profession opposes this unless the law includes a provision for conscientious objection. So paradoxically, as Munthe points out, at the moment the Swedish solution to conscientious objection both supports abortion and blocks euthanasia.

Michael Cook is editor of MercatorNet. This appeared at Bioedge and is reposted with permission.

U.S. House passes American Health Care Act of 2017

From page 1

created this system, and prohibit any future federal tax credits from subsidizing the purchase of plans that cover elective abortion, thereby restoring the longstanding principles of the Hyde Amendment with respect to federally funded health coverage."

"National Right to Life praises the Republican leadership for putting this bill together and making sure the most vulnerable members of our society are protected," said Carol Tobias, president of National Right to Life. **"Over two million Americans are alive today because of the Hyde Amendment. This new health care bill ensures that we are one step closer to getting the federal government entirely out of the business of subsidizing abortion."**

NRLC strongly supports the language in the bill that would block, for one year, most federal payments to affiliates of Planned Parenthood. It would close the largest pipeline for federal funding of Planned Parenthood, Medicaid, and apply as well to the CHIP and the Title V and Title XX block grant programs, thus covering roughly 89% of all federal funds to Planned Parenthood. The amounts denied to Planned Parenthood in effect are reallocated to community health centers. Over one-third of all abortions in the U.S. are performed at PPFA-affiliated facilities. For additional up-to-date information on the extent of Planned Parenthood's involvement in abortion, see www.nrlc.org/communications/ppfamediabackground/

In addition, the *American Health Care Act* retains employer-paid health insurance as a fully untaxed benefit. The American Health Care Act postpones the "Cadillac tax" which is designed to create a tax disincentive to suppress private, nongovernmental health care spending beyond a governmentally imposed limit. It is critical that Americans have access to quality life-saving healthcare to preserve their lives, care that will not be rationed more each year.

H.R. 1628 is a special type of legislation called a "reconciliation bill." This means that it cannot be blocked in the Senate by filibuster. Nevertheless, the bill may face formidable obstacles in the Senate. The NRLC endorsement applies only to the current House language. If the bill is altered in a way adverse to pro-life interests, the position will be reevaluated.

The moral bankruptcy of saying the worth of a human being depend on the desires or decisions of others

From page 16

"The thing about *moral status*," explains Oxford legal philosopher John Finnis, "is ... that it is not a matter of choice or grant or convention, but of recognition." Dignity and rights—as affirmed in such landmark human rights documents as the Declaration of Independence and the United Nations' Universal Declaration of Human Rights—are inherent in the individuals who have them. They are not *conferred* by other people; they make *demands* on other people whether those people like it or not.

"[I]t is the very nature of a right, or valid claim upon another, that it cannot be denied, conditionally delayed, or rescinded by more powerful others at their behest," writes feminist scholar Sidney Callahan.

The attribution view, if true, would lead to all sorts of absurdities. "What, for example, would be the case if a mother conferred a right to life upon her unborn embryo and a father did not?" ask George and Tollefsen. Can someone have rights and not have rights at the same time? What if a pregnant woman changes her mind about the value of the unborn—does the child transform from non-person to person and back to non-person again?

And what would happen if a woman didn't "accept" or "love" a child, or "decide" or "feel" that she mattered, even after birth? In ancient Greece and Rome, a father or family patriarch often decided whether to "accept" a newborn baby or kill her by exposure.

The attribution view seems to amount to a form of moral relativism. There is no objective fact of the matter about whether someone has basic human rights—about whether, for instance, it is wrong to kill her. It may be wrong for one person and right for another. The permissibility of killing is a "personal decision," Cecile Richards says. Our feelings dictate moral reality.

But no one holds this view consistently. Indeed, Richards and other defenders of abortion think that women have a moral right to abortion regardless of the desires or decisions of others. Women have this right even when legislatures, courts, governors, or presidents say otherwise.

Abortion defenders also, presumably, recognize that workers have a moral right not to be exploited by employers, that women have a right to protection against sexual assault, and that homeless people have a right to life even if they are not "wanted" or "loved" by anyone. **None** of these rights depend on what other people think or feel or decide.

So nobody holds the attribution view as a general rule. People only hold it with regard to those particular human beings whom they wish to deny protection against lethal violence. The attribution view, in practice, is very selective.

It is an attempt by those who have power to define out of existence the rights of the powerless who have gotten in the way. Richards, in her interview, offered no reasons to justify excluding the unborn from the respect and protection that are owed to every other human being. But she *wanted* to exclude the unborn. And so she said that we can simply *decide* that unborn children don't matter.

This is moral and intellectual bankruptcy.

"Autos for Life" needs your help to make 2017 a great year for Life

By David N. O'Steen, Jr.

Now that we are fully into Spring, depending on what part of the country you live in, you may already be busy cleaning out your attic and closets and garage. Maybe you have a project car occupying the driveway or garage. Or perhaps you have a minivan 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!

What to do?

We'll take it! By donating your vehicle to the National Right to Life Educational Foundation, you can help save the lives of countless unborn babies, and you receive a tax deduction for the FULL SALE AMOUNT!

The "Autos for Life" program has received a great variety of vehicles from pro-lifers all across the country. We have received everything from classic and luxury cars to minivans, boats, economy cars. and jet skis! The National Right to Life wishes to thank all of the dedicated pro-lifers that have donated their vehicles to this great program.

We are looking to make 2017 our best year ever!

This is where you can help.

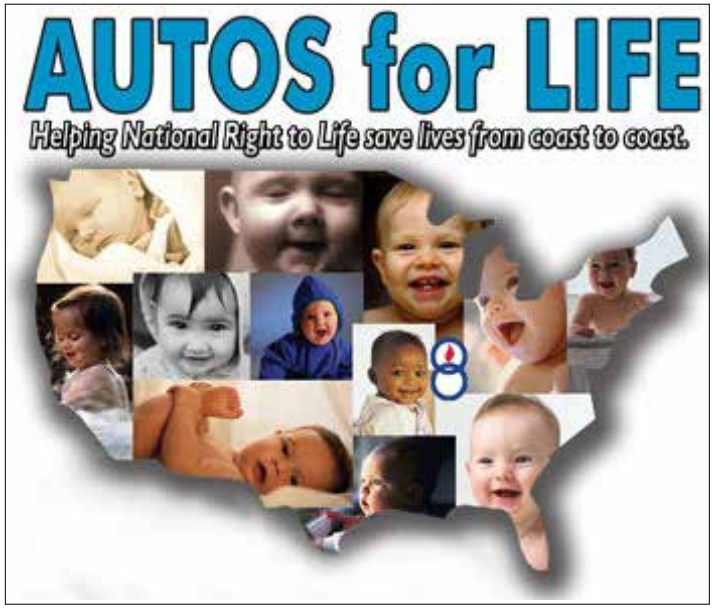
Your donated vehicles can be of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better), and we'll take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

Please note that you don't have to bring the vehicle **anywhere**, or do **anything** with it. And there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience! All vehicle information can be emailed to us directly at dojr@nrlc, or sent by regular mail to:

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

Often when I write, it is to remind you of the great challenges ahead. But, thankfully, as all of us in the pro-life movement know, we now also have some of the greatest opportunities in decades!

With our educational efforts we will continue to see a dramatic reduction in the number of abortions each year. We also know that we will continue to see those numbers decline even more as we teach the truth about how abortion hurts babies and their mothers.



"Autos for Life" needs your continued support in making 2017 a great year for the pro-life movement!

If you or someone you know has a vehicle to donate, please contact me, David O'Steen Jr., at (202) 626-8823 or dojr@nrlc.org.

Please join us in helping to defend the most defenseless in our society. With your prayers and continued support, we know we will win!

Experiment Brings Artificial Womb Closer to Reality

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

It's a staple of science fiction, most famously in Huxley's *Brave New World*. Rows of bubbling vats of amber liquid holding developing babies of various ages hooked with tubes and wires to nutrients and monitors.

Well, it turns out it doesn't look exactly like that, but a new experiment done with premature sheep at the Children's Hospital of Philadelphia written up in the journal *Nature Communications* shows that the artificial womb may be closer to reality than anyone might have thought.

Instead of a hard vat full of bubbling goo and a whole lot of tubes and wires plugged into a fetal body and brain, the device developed by doctors at the Philadelphia Children's Hospital is something more like a large sealed zip lock bag, a flexible pouch filled with fluid continuously being exchanged by one entry and one exit tube ensuring that the developing animal has clean, healthy "amniotic" fluid.

According to the research team, the only direct connection to the animal is via an artificial "umbilical artery/vein" connecting to the animal's own umbilical cord. This provides needed oxygen, nutrients to the animal, removing waste products. The animal's own heart manages the circulation so as not to overtax the developing organ with excessive pressure.

The aim is to artificially duplicate, as much as possible, the mother lamb's natural womb environment.

Though still in its early animal testing stages, the experiment appears to have been successful. Six pre-term lambs, living and developing in the artificial environment for as much as a month, "breathing" and swallowing normally, growing wool, opening their eyes, and developing properly functioning nerves and organs.

Some of the animals were humanely killed to allow examination of their brains, organs and other tissues, but others were allowed to live and were bottle fed. Dr. Alan Flake, leader of the project, told the *London Telegraph*, "They appear to have normal development in all respects."

If those children could be given the chance to extend their time in the womb an additional four weeks, the 9/8/15 *JAMA* data suggests that survival rates might jump, going as high as 87% for babies born at 26 weeks and 94% for children born at 27 or 28 weeks. Furthermore, their prospects for being discharged from the hospital without any major problems would also greatly improve.

Something else to consider is the psycho-social impact of being in a biobag for several weeks rather than the warm, tight familiar confines of the mother's womb.

Moreover sometimes issues that seem relatively straightforward in animal testing turn out to be considerably more complex with humans.

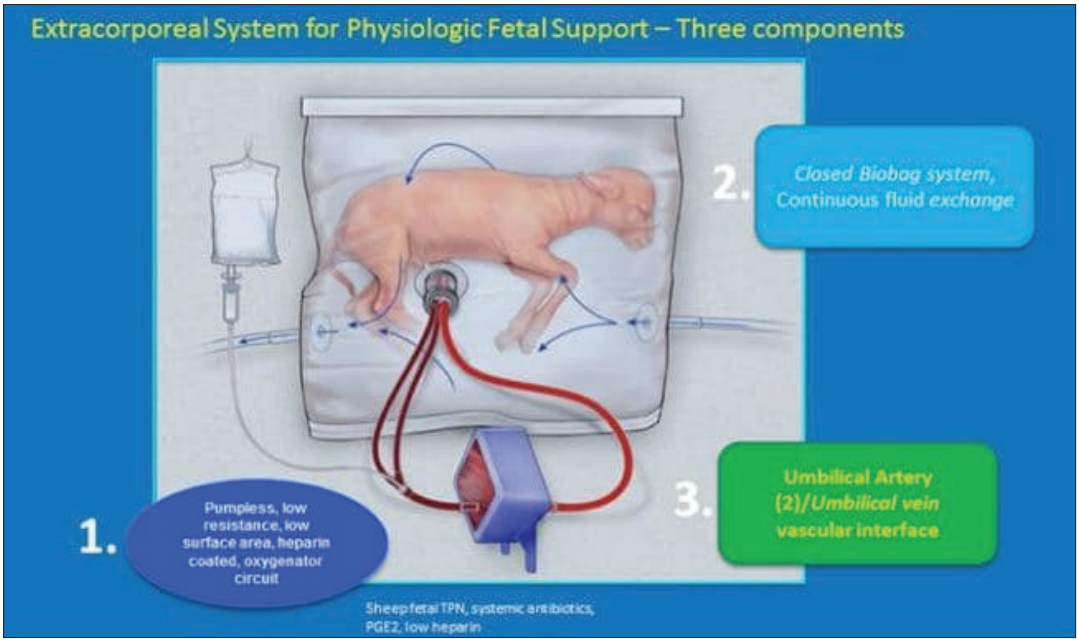


Photo credit: Children's Hospital of Philadelphia

The concern and aim of researchers, they write in "An extra-uterine system to physiologically support the extreme premature lamb," is to provide "a bridge between the mother's womb and the outside world," as Dr. Flake told the London Telegraph, for human babies born extremely prematurely before lung and organ formation is complete.

A separate study on prematurity in general appeared in 2015 in the *Journal of the American Medical Association.* Researchers found that survival rates for premature infants had improved in recent years with better treatment and interventions. By 2012, one-third of babies born at 23 weeks survived, as did 9% of children born at 22 weeks.

"Flake says the group hopes to test the device on very premature human babies within three to five years," according to *NPR's* Rob Stein. However a number of hurdles remain.

Though chosen for their similarities at the given stage of development, the development of animal and human fetuses are not identical. Lambs at that stage are larger, and researchers do not know if the umbilical vessels of lambs function exactly the same way as those of the human fetus. The balance of chemicals and fluids in the amniotic fluid will need to be just right, as will the gas exchange and nutrients of the artificial umbilical system.

And there are any number of ethical questions which must be addressed.

The authors say that there is nothing in their model that should lead people to believe this technology would be applicable at even earlier stages. Those babies are too fragile for this technology and Dr. Flake told reporters that there was no technology "even on the horizon" to replace a mother's womb at the earliest stages of fetal development (*Telegraph*, 4/25/17).

"Flake says his team has no interest in trying to gestate a fetus any earlier than about 23 weeks into pregnancy," according to Stein.

PPFA looking for new language to cloak, conceal, and camouflage their radical agenda

From page 2

Okay, I get that pro-choice is "outdated" and that younger people are not big on "labels," but the rest of her quote is gobbledygook. Besides, "Pro-choice" was **always** outdated; it was intended to avoid discussing what the "choice" consisted of. In today's world of 4-color ultrasounds and omnipresent image of unborn babies, it's awfully difficult to keep a straight face and talk about something as meaningless as "choice."

Richards' next response is even more illuminating--again not for she says but for what is tucked in between the gibberish;

> **"We really think it's important that women have all their health care options, and that they have a trusted provider to talk to about those options," Richards says. "And that's why we've really quit using political labels that are really frankly very binary, in which most people don't feel like they reflect how important and personal these decisions are."**

"Binary"? That was the whole premise of the "pro-choice" mantra. You were **either** pro-choice **or** a crazy pro-lifer.

But if you are Planned Parenthood and you read the same data points we do, you are fully aware that "pro-choice" has come to be (accurately) understood as pro-abortion for any reason or no reason, as late in pregnancy as a woman wants, **and** paid for with taxpayer dollars.

So in pitching "pro-choice" overboard, has Planned Parenthood trimmed its sails? Are you kidding? Of course not.

PPFA is a $1.5 billion "non-profit," one of whose major profit centers is the revenue from killing 320,00+ unborn babies annually. PPFA is just as extreme, just out of the mainstream of public opinion on abortion as it has always been and always will be.

Tognotti concludes by telling us

> **Planned Parenthood decided to shift the language years ago because of how personal feelings surrounding pregnancy and abortion are and found that ditching the label was the best way to articulate those feelings. Obviously, your own decision of whether or not to employ the label of "pro-choice" is a matter of personal preference. But the most prominent women's health care provider in the United States was open to adapting, all while still upholding its basic ideals.**

Translation? Pro-choice's shelf-life has long since expired. If even Planned Parenthood understands it is time to "ditch the label," all pro-abortionists ought to get the message: they need new language to cloak, conceal and camouflage their radical agenda.

The May NRL News: a potpourri of riveting, uplifting stories to share with pro-life friends

From page 2

Perhaps my favorite story in an issue that has pretty much everything is a review of "is "Don't Blink," written by Brandon and Brittany Buell (See page five). I could hardly put down their book about their son Jaxon; I read it in two sittings.

Jaxon was born with microhydraencephaly, a devastating brain injury. Doctors knew ahead of time he was significantly injured and reminded Brittany and Brandon over and over again they could abort Jaxon. But they were made of sterner stuff--they are devout Christians-- and did not. (Brandon Buell will be speaking at the NRL Convention which takes place June 29-July 21in Milwaukee. For information, see www.nrlconvention.com.)

While too many doctors were too willing to give up on their son, the Buells were not. "Don't give in, push," they counsel parents.

Looking ahead to Jaxon's future, they tell readers, "We are not Pollyannas and we accept our son's condition. We are realists who choose to be optimistic."

Which allows them to write such powerful statements as this: "But the truth is, even if he doesn't have microhydraencephaly, we still wouldn't have any guarantees. Life is a gift, but it's an uncertain gift. So all we can do is embrace the beauty in the midst of the uncertainty, know that's the best groundwork for a miracle."

Just a couple of other words about the May digital edition of *National Right to Life News*. We have a bundle of stories about state legislation and (as if often the case) obstreperous judges eager to substitute their policy preferences for those of elected officials.

We have interviews with Joel Brind, Ph.D., about new studies on the link between induced abortion and breast cancer, and David Prentice, Ph.D., with a fascinating overview of the latest developments in stem cell research that do not require killing human embryos.

And, of course, we have multiple other stories built around the same theme as the Buells' experience: parents who refuse to heed the advice of doctors to abort their unborn children.

Please read the May issue of *NRL News* cover to cover and pass it along to your prolife family, friends, and contacts. And be sure to go www.nrlconvention/register so you can arrange to be at the 2017 NRL convention.

See you in Milwaukee!

Pro-abortion House Democrats lament Trump's first 100 days

By Dave Andrusko

It comes as no surprise, but a passel of pro-abortion House Democrats sent pro-life President Donald Trump a letter, dated May 1, with their own scorecard for the President's first 100 days in office.

Equally unsurprisingly, the very litany of issues and appointments NRLC lauded and assigned an "A" to are the very same issues and appointments that our opposite numbers describe as a "constant and unprecedented attack" on "women and their families."

Let's just take a few examples.

- New Supreme Court Justice Neil Gorsuch whose confirmation, these House Democrats charge "puts *Roe v. Wade* at Risk." What is at "risk" is that the High Court now has one more justice who, as President Trump described him," is deeply faithful to the Constitution of the United States" and who "will decide cases based not on his personal preferences, but based on a fair and objective reading of the law." Nothing is more threatening to pro-abortionists than justices unwilling to find imaginary "rights" lingering in "penumbras" and "emanations."

- "Eliminating U.S. Funding to United Nations Population Fund (UNPFA)." Not a whiff, not a hint about why the funding was cut. The State Department determined that its activities in China are complicit with that nation's coercive population control program, the implementation of which includes forced abortion and involuntary sterilization. House Democrats write about the laudatory things that could be done with U.S. Funding. But United States funding will not be eliminated. It will be directed instead to other family planning and health programs not involved in China's population control program. Then there is

Pro-life President Donald Trump

- "Defunding Planned Parenthood." The President has made it abundantly clear, "I am committed to…defunding Planned Parenthood as long as they continue to perform abortions, and re-allocating their funding to community health centers that provide comprehensive health care for women." Get out of the abortion business, PPFA. And finally

- "Appointments that Jeopardize Women's Health." The nearly 150 House Democrats mention only the "Attorney General" (Jeff Sessions) and the "Secretary of Health and Human Services" (Tom Price) because they "are the most high-profile examples." In fact, the Trump Administration is stocked with pro-lifers, including Vice President Mike Pence, Counselor Kellyanne Conway, Chief of Staff Reince Priebus, and UN Ambassador Nikki Haley, to name just a handful.

It's often said you can judge a man by the enemies he makes. When that includes the likes of Representatives Jerrold Nadler, Keith Ellison, Nita Lowey, and Rosa DeLauro, you are really on firm ground.

As a closing aside, remember their latest self-inflicted wound–the bizarre instance by DNC chairman Tom Perez that there is no room for pro-lifers in the Democratic Party. That calls to mind Napoléon Bonaparte's timeless advice: "Never interrupt your enemy when he is making a mistake."

Pro-abortionists argues the unborn are not 'living and breathing'

By Paul Stark

Sometimes pro-choice advocates say that pro-lifers care only about the unborn (i.e., the human fetus or embryo) rather than "actual living, breathing human beings" (or variations on that phrase). Of course, pro-lifers do care about already-born human beings, and to suggest otherwise is an indefensible slander (and an ad hominem attack irrelevant to the ethics of abortion). But here I want to address the implication that the unborn is not "living" and "breathing."

The unborn is obviously living in a biological sense, exhibiting metabolism, cellular reproduction, reaction to stimuli, and rapid growth. Indeed, the unborn is not only living, but is a distinct, complete, self-integrating, self-developing organism, and a member of the human species. He or she (sex is determined from conception) is a living human being.

Perhaps the pro-choice advocate means "living" in a different sense — a social or moral one. But it seems misleading to use the term "living" in this way, since we commonly use that term in the biological sense to describe living plants, animals, insects, etc.

In any case, one must explain what "living" in this moral/social sense actually means, and offer reasons to think that it serves as a valid criterion for having the right not to be intentionally killed. It is far from obvious that we may discriminate between members of the species Homo sapiens on the basis of age/development and acquired characteristics, permitting the killing of some but not others. (I argue against such a view here http://prolifemn.blogspot.com/2011/12/moral-status-of-unborn-human-beings.html.)

What about breathing? Breathing as we usually think of it, using the lungs, does not begin until birth (or shortly after). But the biological process of respiration, involving the transfer of oxygen, begins long before birth. The means of respiration is different for human beings still in the womb, but the fact of respiration is the same. The late Dr. Bernard Nathanson, a prolific abortionist and co-founder of NARAL (before he famously changed his mind), explained:

> **"[A]t the end of pregnancy, [the fetus/newborn child's] growth needs simply outstrip the ability of the placenta to supply food and oxygen, so the lungs and mouth must take over. The organism is put into a different physiological milieu — and nothing more. It is like switching from AC to DC current; the energy connection changes, but the basic mechanics remain the same."**

The change in the mode of respiration obviously does not change the kind of thing the unborn/newborn is (a living organism of the human species). No scientifically informed person would ever say so.

Nor is it clear how such a change could possibly be relevant to whether someone has fundamental dignity and basic rights. Indeed, I have never seen anyone seriously argue that it is. A person who has become dependent on a medical ventilator, for example, is still a person who may not be killed without just cause.

So: The being killed by abortion is a living, respiring, fast-growing organism, a human being, a member of our species, like you and me, only at a much earlier stage of life. Defenders of abortion favor denying unborn human beings the kind of moral respect and legal protection that are owed to human beings at later developmental stages. They are free to make their case. But it simply will not do to claim that human beings in the womb are not "living and breathing."

Editor's note. Paul Stark is Communications Associate for Minnesota Citizens Concerned for Life, National Right to Life's state affiliate.

Turning "surplus" embryos into jewelry is "sacred art"

By Dave Andrusko

A friend passed this news story along to me and even though it takes an awfully lot to surprise me, this left me gaping.

There is a company in Australia that is making couples leap for joy, according to Lisa Mayoh at kidspot.com.au, couples such as Belinda and Shaun Stafford who created more human embryos via IVF than they implanted.

What is the source of their "joy and comfort"? They are "turning embryos into keepsake jewelry." And, no, I am not making this up.

"Now Ms Stafford has all of her babies with her every day – including seven embryos in her heart-shaped pendant worn close to her heart, always."

You have to read the full story to fully appreciate what is taking place.

The couple had three children via IVF–Lachlan, 4, and 21-month-old twins Charlotte and William.

We're told that storing the extra embryos was too expensive "and disposing of them unimaginable." What to do?

What about later implanting some of the remaining embryos? "I wanted to keep having more babies but the emotional toll, plus financially it was too much," Mrs. Stafford told Mayoh.

There was another option. "I'd heard others had planted them in the garden but we move a lot, so I couldn't do this." After all, she added, "I needed them with me."

Then they heard about Baby Bird Hummingbirds' service. What kind of jewelry did she choose? A heart pendant, "so she could carry her babies close to her heart, where they should be. She now carries her babies with her everywhere she goes."

Mayoh interviewed Amy McGlade, founder of Baby Bee Hummingbird. She said they've crafted thousands of pieces of jewelry since 2014, including 50 from human embryos.

Cost? Anywhere from $80 to $600, depending on the piece.

She describes making jewelry from human embryos as "sacred art." According to Mayoh

> **Ms McGlade, who has been a midwife for 10 years, said families send them 'embryo straws' which the company expertly preserves and cremates, creating a type of 'embryo ash'.**
>
> **"We are experts in preserving DNA so that it can be set in a jeweler's grade resin," she said.**

This "sacred art," she says, is not only "special," but is "providing a beautiful and meaningful way to gently close the door."

> **"What a better way to celebrate your most treasured gift, your child, than through jewelry?**
>
> **"It's about the everlasting tangible keepsake of a loved one that you can have forever."**

As for the Staffords, Mrs. Stafford tells Mayoh that the six-year IVF journey was "a strain on our marriage and just plain hard."

> **"Finding this has brought me so much comfort and joy.**
>
> **"I finally at peace and my journey complete.**
>
> **"My embryos were my babies – frozen in time.**
>
> **"When we completed our family, it wasn't in my heart to destroy them.**
>
> **"Now they are forever with me in a beautiful keepsake."**

Pelosi and the pretence that there is room for pro-lifers in the Democratic Party

By Dave Andrusko

It is unfair on many grounds to expect pro-abortion House Minority Leader Nancy Pelosi (D-Ca.) to offer a cogent, or even coherent, explanation of her position on abortion. She's been at this a long time, so when the topic comes up she reflexively touts her Catholicism and the fact that she had five children in six years, and then floats (usually unchallenged) into a logjam of head scratching non sequiturs.

She gave an interview to assorted reporters at the *Washington Post* ealier this month. Unfortunately the video the *Post* posted online not only jumps around, it also only touches on some of the issues the news stories address.

So taken together, let's see what sense we can make of the video and the stories.

First, we are to believe that with regard to abortion, "This is the Democratic Party. This is not a rubber-stamp party." Pelosi talked about her extended family which includes members who are not pr-choice. "You think I'm kicking them out of the Democratic Party?" As if that had anything to do with anything.

Does that mean that a pro-lifer could "get the nomination" [presumably a reference to a pro-lifer being endorsed for any office]? Well, Pelosi responds, "I don't think so. It depends on where you are talking about." Hmmm. Hold that thought.

Second, referring again to abortion, "It's kind of fading as an issue. It really is." Later, when a reporter asks her to "clarify," Pelosi says yes, she is talking about the Democratic Party. "I don't think you'll see many candidates going out there and saying 'I am running as a prolife candidate.'"

[That's when she told reporters, "But let's not spend too much time on this," switching to her five children in six years response and how could anybody say anything to her about abortion with that track record.]

Third, immediately after she said the abortion issue was

Pro-abortion House Minority Leader Nancy Pelosi

fading among Democrats, Pelosi remarked, "It's not fading in the hearts and minds of the people who are that way." ("That way"?)

Warming to the topic, Pelosi then riffs about what did in Democrats/Hillary Clinton in 2016.

> **That's why, you know what? That's why Donald Trump is president of the United States — the evangelicals and the Catholics, anti-marriage equality [slaps her hand on the table], anti-choice [slaps her hand on the table again]. That's how he got to be president.**

Pelosi then bitterly adds, "Everything [else] overlooked," referring to other issues. "Everything was trumped, literally and figuratively by that."

Fourth, since this is not on the video, you have to piece the discussion together. Referring to the "diversity" within the party and the unwillingness to "kick out" pro-lifers, she pointed to "Bob Casey — you know Bob Casey — would you like him not to be in our party?"

"Bob Casey" was the pro-life Governor of Pennsylvania. Pelosi, by contrast, is referring to Robert Casey, Jr., the senator from Pennsylvania who is uniformly on the side of pro-abortionists, including most specifically Planned Parenthood, yet calls himself "pro-life."

But Pelosi has an answer for that, hidden in the garbled answer about whether pro-lifers can get the party's "nomination."

> **[I]t's not usually pro-life or not. It's how far you are willing to go on the issue.**

But if you are willing to go **anywhere** "on the [abortion] issue," you go nowhere in the Democratic Party. Robert Casey, Jr. will run for re-election as a "personally opposed" pro-lifer next year with a record free, or virtually free, of any pro-life votes.

One other quick point, courtesy of the *Post's* Karen Tumulty. Democrats are eager to make gains in the 2018 elections, which, of course, is the reason they are stonewalling any and all initiatives coming out of President Trump and the Republican leadership in the House and Senate. Tumulty writes

> **But the opposition party is also gripped by an internecine battle for its own identity, moving leftward with calls for ideological purity by portions of its activist liberal base while also trying to reach out to the rural, working-class Americans who turned against Democrats last year.**
>
> **Abortion has become a flash point.**

So we get ying and yang, back and forth, between the likes of DNC chair Tom Perez who announces that support for abortion is "non-negotiable" and pretend openness to pro-life Democrats when, in truth, there is only "room" for Democrats who keep their pro-life convictions and their voting records totally compartmentalized.

Anyone who thinks the Democratic Party is inching over from its abortion-on-demand posture is in for a rude awakening.

So headlines that talk about Pelosi saying "Democratic candidates should not be forced to toe party line on abortion," are blatantly misleading.

Pro-life victory in Omaha

Omaha Mayoral Election Demonstrates Continued Problem Democrats Have With Pro-Abortion Stand

WASHINGTON – Last Tuesday's mayoral election in Omaha won by pro-life Republican Jean Stothert highlighted the problem Democrats have that will continue to cause them to lose elections across the nation.

After Democratic National Committee Chairman Tom Perez decided that the DNC would only support candidates who support an extreme abortion agenda calling for unrestricted abortion for any reason – including late abortions after 20 weeks and taxpayer funding of abortion – Omaha Democratic mayoral candidate Heath Mello flip-flopped on abortion and decided to support abortion on demand.

"As soon as we learned that Heath Mello caved to pro-abortion Democratic pressure to support unlimited abortion, National Right to Life immediately endorsed pro-life Mayor Jean Stothert," said Carol Tobias, National Right to Life president. **"The National Right to Life Victory Fund phoned thousands of identified pro-life voters in Omaha with information about the differences between pro-life Mayor Jean Stothert and Heath Mello."**

WV Senator Joe Manchin, who claims to be pro-life, has a 33% pro-life voting record in the 115th Congress. Here he tries to have it both ways.
Images from Axios.com

National Right to Life and its state affiliate, Nebraska Right to Life, also shared information about the race through social media.

In pro-life areas of the country, Democratic candidates must have pro-life votes in order to win, however they also must appease the pro-abortion masters of the Democratic Party. The most ridiculous evidence of this recently took place when West Virginia Democratic Senator Joe Manchin appeared in a picture holding a Planned Parenthood sign that read, "I stand with Planned Parenthood." Manchin later appeared in a picture with a pro-life group holding a sign that read, "We don't need Planned Parenthood."

Manchin, who claims to be pro-life, has a 33% pro-life voting record in the 115th Congress. There are similar situations in other parts of the country where Democratic senators must have pro-life votes to win including Indiana Sen. Joe Donnelly, Pennsylvania Sen. Bob Casey, and North Dakota Sen. Heidi Heitkamp. They will seek to get pro-life votes while trying please the pro-abortion masters of the Democratic Party.

"The pro-abortion side cannot match the infrastructure and grassroots base of National Right to Life and its 3,000 chapters and state affiliates, which can respond quickly anywhere in the country," Tobias added. **"With this latest litmus test for Democratic candidates, the Democratic Party will continue to lose elections."**

Study claims waiting period laws don't work even though minds are changed and lives saved

From page 12

less certain of their decision to abort.

Given the numbers of patients remaining in the study till the end, that means that somewhere between 24 and 25 women were influenced by the information they received and found that the additional period of reflection moved them away from abortion.

Other reports by the same authors using the same data (*Perspectives on Sexual and Reproductive Health*, 12/16; *Contraception*, 3/17) found that 11% of women were still pregnant at the time of the three week follow up survey, a few still seeking to abort, but most of those indicating they were no longer seeking abortion.

The UCSF team wants to claim that the majority of those patients reporting reduced certainty were women already displaying what it called "high conflict" scores. These were women, UCSF says, who indicated on their first survey that they did not know or were unsure about the options available to them (unclear from the context whether this referred to alternatives to abortion or just different abortion methods) who gave some indication they were less likely to stick with their initial decision.

While UCSF data does appear to show more patients in the high conflict group becoming less certain, it also showed there were still some in the "low conflict" group who also indicated less confidence after the counseling sessions and waiting periods.

That researchers would admit that required counseling and waiting periods would affect anyone at all is itself remarkable. Abortion advocates routinely insist women have already fully considered their options and made up their minds so that such informed consent laws are unnecessary.

What does UCSF propose to do about this? To jettison right to know and waiting period laws (of course) and to allow the abortion clinic staff to identify those "high conflict" patients and then recommend delays and reconsiderations as the staff sees fit. Your salesperson shall decide whether or not you need their product.

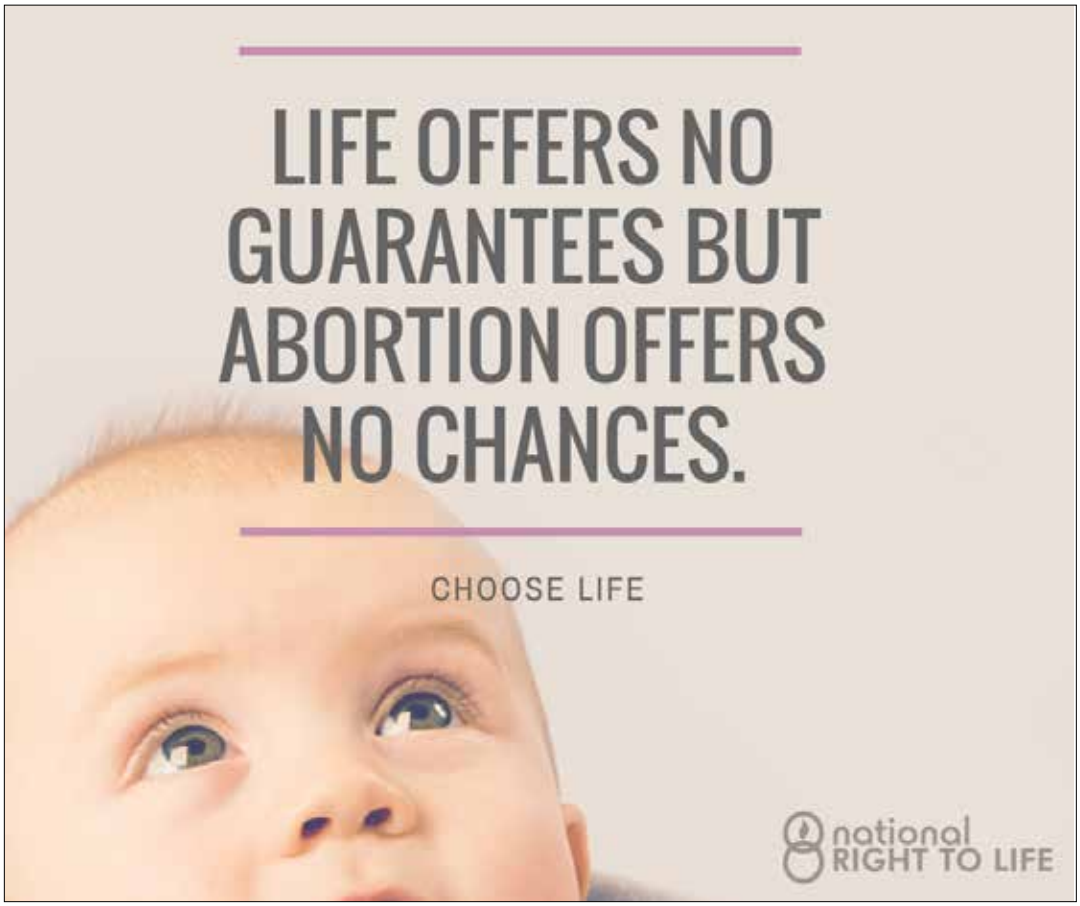
Given that their own data showed decreased certainty among even some low conflict patients, this hardly seems a wise choice.

Supporters of abortion think studies like this one prove that such laws are ineffective and unneeded, but the opposite is true. It would be wonderful if every woman were given full and unbiased information about fetal development, abortion's risks and alternatives to abortion that are better for both mother and child, without the industry's spin and denial, and great if that changed every abortion determined woman's mind. But even in its imperfect implementation, it does change some minds and save some lives.

The authors say that these "laws presuppose that women are conflicted about their abortion decision and require health care providers to treat all woman seeking abortion as if they are conflicted." They argue that the demonstration that conflict is rare makes the "logic behind singling out abortion... difficult to accept."

But the reason for these laws is because this is a unique decision; it is one that involves deliberately killing another human being. With such profound consequence hanging in the balance, the least that can be done is to make sure the mother knows what abortion involves, what the life affirming alternatives are, and is given a bit more time to think about it.

Some women consider that information and choose to let their babies live. And even this study from high-profile pro-abortion researcher advocates proves that.



Planned Parenthood Honors Hillary Clinton with "Champion of the Century" award

By Dave Andrusko

You would expect someone who received Planned Parenthood's "Champion of the Century" award to be in lockstep with the largest abortion "provider" in the known galaxy and that's what Hillary Clinton delivered at Planned Parenthood's 100th anniversary gala.

Hillary Clinton at Women for Women International Luncheon [Reuters]

Laura Bassett, writing at the *Huffington Post*, tells us that Clinton

> **said abortion is a health and core economic issue. But, she added, "anyone who wants to lead should also understand that fundamentally, this is an issue of morality."**
>
> **"Let us respect people's convictions," she said. "But never back down from our commitment to defend the ability of every woman to make these deeply personal decisions for herself. I wish there were common ground, but I know for sure it is higher ground."**

A few paragraphs later

> **Clinton said she finds it "bewildering" when people ask her why she cares so much about women's health issues.**
>
> **"I'm a grandmother," she said, "and much to the surprise of many, I am a human being. I'm also a person of faith who doesn't take my positions lightly or come to them with a cavalier attitude."**

No pro-lifer, and certainly not me, would ever accuse Mrs. Clinton of being "cavalier" about abortion. She is deadly serious.

She believes with complete conviction that abortion is a positive good. Clinton ardently believes there should never, ever be a limit on abortion; fervently believes there need be no reason for abortion; and believes, with missionary zeal, in going forth to destroy protective abortion statutes around the world.

Of course Mrs. Clinton is "a human being." So, too, are the hundreds of millions of additional unborn children around the world who will die if she and her friends at International Planned Parenthood, Marie Stopes, International, and Ipas have their way.

Just a word in passing, about Clinton's continuing blindness to her own role in losing to pro-life Donald Trump. *The Washington Post's* Aaron Blake captured in two sentences the thrust of her performance at a Women for Women International Luncheon:

> **Hillary Clinton said Tuesday that she takes "absolute personal responsibility" for her 2016 loss. But she doesn't, really.**

And the worst part is that her comments are just a down payment on the self-delusion she will be peddling at book length:

> **Clinton suggested in an interview at a "Women for Women" event in New York that her forthcoming book would include plenty about how misogyny contributed to her loss, adding it to the blame she has assigned to FBI Director James B. Comey and Russian hacking. And by the end of the interview, she also blamed the debate questions she was asked.**
>
> **The total picture was of a candidate only adding to the things she blames for her loss rather than truly looking inward. She acknowledged her own flaws, yes, but she also seemed to suggest they were rather inconsequential and at one point appeared to sarcastically dismiss the magnitude of them.**

The most embarrassing comment, because it was transparently false and so easily disproved, was when Clinton said

> **"I've watched a million presidential debates in my life, and I was waiting for the moment when one of the people asking the questions would have said, 'Well, so, exactly how are you going to create more jobs?' Right? I mean, I thought that, you know, at some moment that would happen."**

But everyone knew that the first question in the first debate out of the moderator, Lester Holt, was about jobs! Indeed, Holt didn't like Trump's first response and pressed him for more specifics.

Can't wait for her new book. By the time it is published, in addition to ramped up allegations of misogyny, no doubt she will find 300 other reasons–all having nothing to do with her disastrous campaign and her personal unpleasantness–to explain why she lost.

Abortionist admits: 'Abortion is killing. Nobody can argue with that'

By Sarah Terzo

"Abortion is killing. Nobody can argue with that. When the fetus is inside the uterus it is alive and when the pregnancy terminated it is dead – that by any definition is killing."

Pro-lifers say every abortion takes a human life – and surprisingly, many abortionists agree.

ClinicQuotes.com has a collection of no fewer than 60 quotes from abortionists and abortion workers admitting that life begins at conception and/or that what they do is killing. For example, Dr. Bertran Wainer called abortion "killing."

> **Abortion is killing. Nobody can argue with that. When the fetus is inside the uterus it is alive and when the pregnancy terminated it is dead – that by any definition is killing. … I think abortion is the destruction of something which is potentially irreplaceable, human and of great value, which is the tragedy of abortion. But it is not of greater value than the woman seeking the abortion.**

Another abortionist also admits how abortion ends a human life:

> **I can now say openly that I do think I am ending a life every time I do an abortion, but I do it as someone who has certain skill which is put at the disposal of a woman who does not want her pregnancy to continue. I do not regret all the agonizing – it has helped me to understand the problems that each woman faces when deciding about her abortion.**

Another abortionist quoted in *GQ* says:

> **I'm not taking that life [of the baby] out of anger or cruelty; I'm taking that life for a purpose. I feel like the American Indian did- I'm saying a prayer to that animal: Give me your life so that I can accomplish this purpose, 'speed thy spirit on to other places' so that the life that is lost will one day be replaced.**

This unnamed abortionist freely acknowledges that what he does is killing. He compares himself to a hunter who has killed an animal, presumably for food. But a preborn baby is not an animal; he or she is a human being. The abortionist, as a doctor, knows this.

Humans give birth to human beings. Two human beings will never have nonhuman offspring. A pregnant woman will never give birth to a duck or squirrel. A preborn baby has his or her own human DNA from the moment of conception. The abortionist admits he is killing, and the only thing he can be killing is a human being.

The abortionist's "prayer" to the baby he has killed asks the baby's spirit to "move on to other places." Whatever one believes about the afterlife and where the souls of aborted babies go after they are killed, it is clear that the abortionist is deliberately depriving the child of this life.

And the baby that is lost is irreplaceable. The aborted child had his or her own genetic makeup that is different from that of any other person who has ever lived. This genetic makeup is different from anyone who ever will live. In a billion years, if the human race still exists, the combination of DNA that resulted in this child will never appear again. A preborn baby is a distinct human life, which, like all of us, is unique and unrepeatable.

The author of the *GQ* article, Tom Junod, says the nurses who work with the abortionist also acknowledge that abortion is killing. He writes:

> **In truth, the nurses and clinic workers know precisely what is happening and most will tell you that they arrange a costly bargain and that abortion, although the only way to ensure the freedom of women, "is the termination of a kind of life."**

This "kind of life" is human. The abortion workers justify abortion because it gives a woman "freedom" they feel

See "Abortionist," page 39

Guttmacher offers its own"alternative facts" in phony attempt to debunk studies that highlight abortion's horrific impact

By Dave Andrusko

I understand that even a pro-abortion think-tank which is not exactly hurting for money is not going to grind out new propaganda on a daily basis. Which is why Guttmacher we are entering a fact-free era when it comes to setting policy around sexual and reproductive health and rights," you know we're going to get it (the truth as opposed to "alternative

cranked out, "Flouting the Facts: State Abortion Restrictions Flying in the Face of Science," by two veteran pro-abortion apologists, Rachel Benson Gold and Elizabeth Nash. It's a tiresome rehash of the same old, same old assertions using the rusty hook of "fake news" or "flouting the facts" to go a step further to take a shot at "an antiabortion universe" that "has long been an evidence-free zone."

"Evidence free zone?" Yikes.

Let me make a couple of observations here.

#1. Guttmacher loves, loves, **loves** to self-reference. They are the intergalactic experts so when Guttmacher says, "many observers" (aka Guttmacher) are "deeply concerned that facts") straight from the horse's mouth.

#2. Gold and Nash tell us there are "at least 10 major categories of abortion restrictions conflict with the established scientific evidence." That those experts providing "established scientific evidence" are comprised of Guttmacher itself, its friends at hotbeds of pro-abortion advocacy, or medical organizations which eons ago threw their lot in with the pro-abortion movement goes unmentioned.

#3. We have rebutted each of Guttmacher's claims, in many cases often. To take just two examples…. First, the assertion that there is no link between abortion and breast cancer which, as it happens, Dr. Brind discusses on page 19. As is the case with so much pro-abortion blather, time has stood still.

Studies from 2003 and 2004 are trotted out as the last word to disprove that having an induced abortion increases the chances of a woman having breast cancer. Those "rebuttals" were lame over a decade ago and there has been a great deal of evidence from South Asia since demonstrating that the overall risk increase for women who have an induced abortion there is far higher than the risk for women in the West and in China.

Second, there is what Gold and Nash categorize as "Restrictions Using Fetal Pain as a Pretext." Really? A "pretext" that an unborn child can experience pain at 20 weeks? Ask yourself this.

Gold and Nash cite two studies that establish 24 weeks as a minimum threshold (if not beyond). I found fascinating that they did not dust off one 2005 pro-abortion study that argued there is no good evidence the unborn can feel pain before 29 weeks! That was preposterous then, it is even more ludicrous now, so maybe that's why. Point?

Let's say for the sake of argument it was proven even to Gold's and Nash's satisfaction that the unborn child can experience pain at 25 weeks. Does anyone–**anyone**–believe Guttmacher would change its tune?

Of course not. They would just reach into their bag of excuses and tell us why it's just too bad the kid experiences pain beyond imagination.

Their conclusion?

> **The current environment makes it critical to arm policymakers with the facts they need to adopt sound, evidence-based policies that support—rather than thwart—women's efforts to get the care they need, and to overturn measures that clearly flout the facts.**

The only "facts" these "10 major categories of abortion restrictions conflict with" are the "facts" generated by and recycled by the Abortion Establishment, its handmaidens such as Guttmacher, and in-the-tank medical organizations.

According to pro-aborts, even pictures of babies in the womb are "graphic images"

By Jonathon Van Maren

Editor's note. This appeared last month at endthekilling.ca, a Canadian pro-life organization, and is reposted with permission.

Pro-lifers uncomfortable with most forms of educational outreach often pinpoint their discomfort very specifically on one thing: Abortion victim photography makes people upset. There are a variety of responses to this, of course—images of abortion victims should make us upset, because

little human beings are being physically torn limb from limb. But often, I point out the fact that regardless of whether we choose to use photographs of abortion victims in our outreach, people will always get upset, and they will always accuse pro-lifers of being extreme. It is the truth that we bring that upsets people, not the method we use to bring it. That's why pro-lifers have been attacked at Life Chain, while sidewalk chalking, and virtually any other form of outreach you can think of.

Let me give you one example. Recently, the city of Peterborough reluctantly allowed the Canadian Centre for Bio-Ethical Reform to run pro-life ads on the backs of city buses (they will be running for the next three months.) This is how the *Peterborough Examiner* covered the story:

> **A plan from city council to make changes to their advertising policies to prevent a pro-life group from ever running pro-life ads on public transit – with graphic images of fetuses – was ratified by council on Monday night, even after several women told council they failed by not blocking the ads in the first place.**
>
> **Two ads are coming to public transit this week – likely Tuesday.**
>
> **They come from the Canadian Centre for Bioethical Reform, and they feature graphic images of aborted fetuses.**

There's one problem with that description: Our ad does not include any photographs of aborted babies. It simply shows two photographs of children in the womb followed by a blank red circle, with the words "Growing, Growing, Gone" beneath them. A photo of the ad was included in the story that made this claim, so the journalist writing the story obviously knew that she was misrepresenting the advertisement. She also twice referred to the images as "graphic images of fetuses" and quoted a post-abortive woman who complained that the images were "spewing bigotry."

So it turns out that even photographs of healthy human babies are now "graphic images," simply because the reminder that babies do, in fact, grow in the womb is discomfiting to a society that is determined to deny them their rights. In January, the *Peterborough Examiner* referred to the ad as a "graphic anti-abortion ad." The same characterization was used by *Kawartha News*:

> **In January, at the request of Councillor Dean Pappas, council asked for City staff to report back on , one, options to adjust the city-wide advertising policy to ensure harmful messages are not allowed on city property, and, two, the municipality's legal options to prevent the display of graphic images on public transit.**

Again, there it is—simple photos of human beings developing in the wombs of their mothers are considered "graphic images" by the pro-abortion media. And earlier today, [Premier]Justin Trudeau's Minister of the Status of Women Maryam Monsef—who recently proclaimed that lack of access to abortion was a human rights violation—took to Facebook to condemn CCBR's ad and say the same thing:

> **Many residents have recently shared with me their displeasure that graphic anti-choice advertisements are now appearing on Peterborough transit. First of all, I want to commend all of those who have been engaging respectfully in this conversation about a difficult topic…**
>
> **While the federal government cannot take actions to stop or mitigate these ads in their current configuration, anyone who is concerned may want to consider contacting Advertising Standards Canada, which is a national not-for-profit self-regulatory body for advertising in Canada.**

See "Images," page 39

How Can Belgian Catholic Psychiatric Hospitals "Adjust" for Euthanasia?

By Nancy Valko

I was in disbelief when I read Michael Cook's article "Belgian Catholic psychiatric hospitals 'adjust' their view of euthanasia." I had to read the translated version on the Brothers of Charity order's statement itself myself to see if this was "fake news."

Thankfully, Brother Rene Stockman, the superior general of the Brothers of Charity order, spoke out and said he was devastated by the news and then did three things:

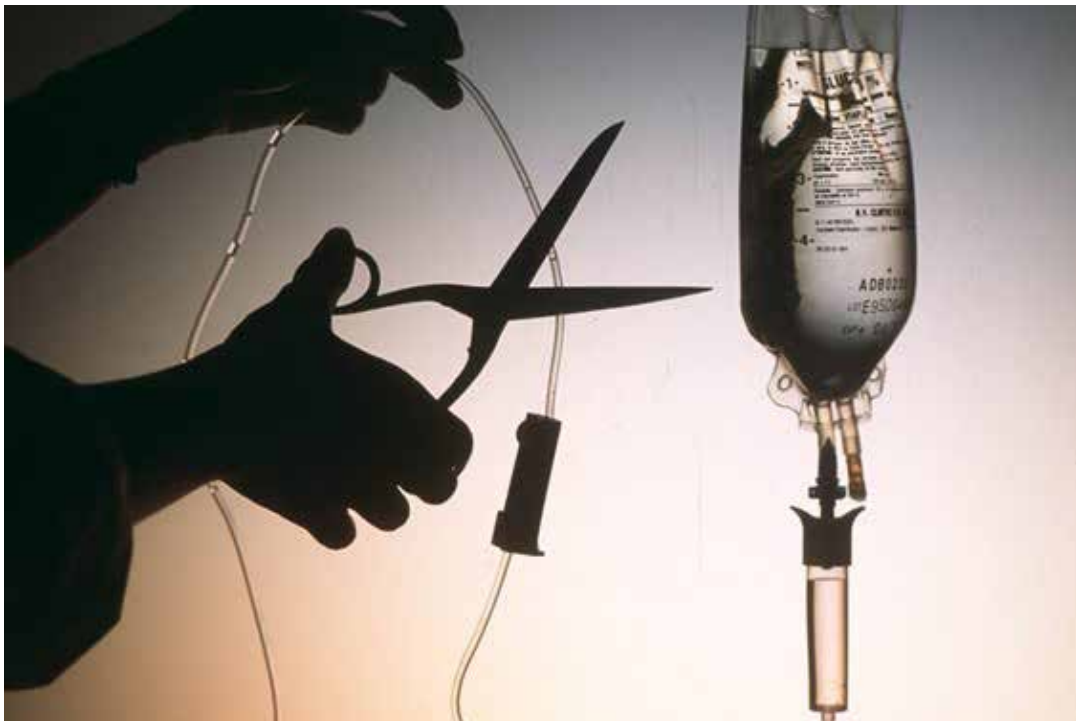
"(F)irst we informed the whole congregation that as general superior we cannot accept this decision, because it is going totally against our charism of the charity. Secondly, we informed the Belgian Bishops conference about the situation and I am in contact with the president, Cardinal De Kesel. Also the Nuncio is informed. Thirdly, we informed the Vatican and all the information has been given to the Secretariat of State. In the meantime we continue to offer our clear arguments why we can never accept euthanasia."

Brother Rene also warned that:

"In reality, only a few brothers are still involved in the government of the organization, so the majority are lay-people. Yes, there was a lot of pressure, but pressure doesn't mean that we have to capitulate"

And

"Indeed, the presence of the brothers is not nearly sufficient, but also secularization is also poisoning the congregation in Belgium."



Ironically, this comes less than 2 years after a pro-assisted suicide UK news service documentary titled "24 and Ready to Die" about Emily, a depressed young Belgian woman, was released but ended with the young woman changing her mind at the last moment. Despite this, the documentary continued to support euthanasia even though one psychiatric "expert" who treated Emily was obviously wrong when she claimed that Emily's suffering was so bad that it was "not compatible with life" and that her life did not have "sufficient quality."

Emily is not the only one to change her mind. A 2014 Belgian study of 100 psychiatric patients asking for euthanasia showed that "8 postponed or cancelled the procedure." The study's authors rationalized that these cancellations were "because simply having this option gave them enough peace of mind to continue living"! (Emphasis added)

Fortunately in 2016, the American Psychiatric Association passed a resolution opposing assisted suicide for the mentally ill.

Conclusion

As at least 3 European countries now allow assisted suicide for people with psychiatric problems and other countries like Canada are debating similar measures. Ethicists now write articles like "Euthanasia for Reasons of Mental Health," exploring the concept of including people with mental illness.

In the meantime, families like mine will continue to struggle with safety and treatment issues for our severely and chronically mentally ill relatives. We want real help for our loved ones, not assisted suicide or euthanasia.

It is not compassionate, supportive or humane to have our loved ones "put down" like dogs.

Editor's note. This appeared on Nancy's blog and is reposted with permission.

Federal Judge permanently enjoins Louisiana law requiring abortionists to have admitting privileges

By Dave Andrusko

It's not as though U.S. District Judge John deGravelles hadn't already signaled where he stood, but his April 26th decision to permanently enjoin Louisiana's law that requires abortionists to have admitting privileges at a hospital within 30 miles was still a bitter blow.

In early February 2016, Judge deGravelles found that the admitting privileges requirement would place an "undue burden" on Louisiana women seeking an abortion. He issued a preliminary injunction preventing the law from being enforced against the clinics involved in the challenge: Hope Medical Group for Women in Shreveport, Bossier City Medical Suite in Bossier City, and Causeway Medical Clinic in Metairie.

However, on February 24, 2016, an unanimous three-judge panel of the 5th Circuit Court of Appeals lifted the judge's order. Louisiana agreed not to enforce the law until further notice.

Judge John deGravelles

In permanently enjoining Act 620 yesterday, Judge deGravelles repeatedly cited the Supreme Court's June 27, 2016 decision in *Whole Woman's Health v. Hellerstedt* striking down portions of the Texas omnibus pro-life law (HB 2).

As *NRL News Today* has noted on many occasions, plaintiffs in *Hellerstedt* did not contest several other components of HB 2, including a ban on abortions performed on unborn babies capable of experiencing ban.

Also as noted elsewhere this month, two other courts cited *Hellerstedt* in striking down pro-life laws: Tennessee and Missouri.

Missouri's Attorney General Josh Hawley criticized the judge's decision and promised a vigorous defense. "A federal court struck down large portions of Missouri law that protect the health and safety of women who seek to obtain an abortion," Hawley said. "This decision was wrong. I will appeal. Missouri has an obligation to do everything possible to ensure the health and safety of women undergoing medical procedures in state licensed medical facilities."

"We are reviewing [Judge John deGravelles'] opinion and will determine how to best proceed," Attorney Elizabeth Murrill, with the Louisiana Attorney General's Office, told *The Associated Press*.

Abortionist admits: 'Abortion is killing. Nobody can argue with that'

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she would not have otherwise. They justify the killing. But they do not deny that the killing takes place.

One of the abortion workers in the facility expresses mixed feelings about the work she does. The author of the article describes her as "a recovering Catholic" who "seems on the verge of tears." Committing abortions seems to be taking a toll on this woman. She says:

I don't approve, but it doesn't matter if I don't approve. I'm doing my job. I'm doing what I'm trained to do, and so is Doc – it's better than that back-alley sh*t! These girls put themselves through hell over this. The punishment is themselves. They don't need people outside to tell them they're going to hell.

"Back-alley" abortions were not the scourge pro-abortion activists claim they were, and legalizing abortion did not have a huge influence on abortion deaths. The abortion worker "doesn't approve" and says she's just "doing her job."

But she is clearly uneasy. It is the emotional trauma of the women that bothers her so much, but the plight of the aborted baby also moves her. She says:

The later ones, though, they're bad – you see little arms and feet… little, but you know what they are, and you know what's really being done.

She knows that what is "really being done" is the actual killing of a real human being. It seems that this abortion worker might be receptive to pro-lifers' efforts to reach out to her. She realizes that abortion is wrong, and that it hurts women and kills babies. She may be right on the edge of quitting her job. When you go sidewalk counseling at an abortion facility, keep in mind that there may be workers like this woman. Reach out to them with compassion, and refer them to And Then There Were None [http://abortionworker.com].

Many (though perhaps not all) abortion workers know they are taking a life every time they commit or assist in an abortion. This stands in contrast to pro-abortion advocates who claim that abortion is just the removal of some "tissue" or "cells." Those who witness abortions every day cannot hide from themselves the reality that abortion kills babies.

Editor's note. This appeared at LiveActionNews and is reposted with permission.

According to pro-aborts, even pictures of babies in the womb are "graphic images"

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Pro-lifers have to realize something: Abortion supporters are always going to claim that we are extreme because they despise our simple message of human rights for all human beings. If we use photos of aborted babies as evidence in the court of public opinion, they announce that such pictures are "too graphic."

If we use photos of healthy babies in the womb, they report that we are using "graphic images." If we show people what happens to three hundred pre-born children in Canada every day, they accuse us of using hateful imagery. If we show them blissful, happy images of pre-born children, we are "spewing bigotry." It doesn't matter what method pro-lifers use.

At the end of the day, we are telling a culture that kills its children what happened to those children, and they are not going to be happy with that. Confronting the culture is a difficult thing to do, but it must be done. In the meantime, I'm not going to take pro-life strategy cues from people who want abortion to remain legal—and even think photos of babies in the womb are "too graphic."

National Right to Life heralds Trump Administration's modernization of pro-life foreign aid policy

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appointees for taking steps to ensure that U.S. taxpayer funds are directed through organizations that work to preserve human life, not to take it."

The policy at issue was originally announced by the Reagan Administration in 1984 at an international population conference in Mexico City, and therefore until now it has been officially known as the Mexico City Policy. That policy required that, in order to be eligible for certain types of foreign aid, a private organization must sign a contract promising not to perform abortions (except to save the mother's life or in cases of rape or incest), not to lobby to change the abortion laws of host countries, and not to otherwise "actively promote abortion as a method of family planning." The Mexico City Policy has been adopted by each Republican president since, and rescinded by each Democratic president.

Under previous Republican presidents, the policy applied to family planning programs administered by the U.S. Agency for International Development (USAID) and the State Department. However, in the decades since 1984, a number of new health-related foreign assistance programs have been created, under which the U.S. provides support to private organizations that interact with many women of childbearing age in foreign nations. All too many of these organizations have incorporated promotion of abortion into their programs – even in nations which have laws that provide legal protection to unborn children.

When President Trump reinstated the pro-life policy on January 23, he also instructed the Secretary of State "to implement a plan to extend the requirements of the reinstated Memorandum to global health assistance furnished by all departments or agencies."

Today, the State Department announced the implementation of the President's directive. The expanded policy will reach to a substantially expanded array of overseas health programs, including those dealing with HIV/AIDS, maternal and child health, and malaria, and including some programs operated by the Defense Department. The policy will not apply to disaster-relief and humanitarian-relief programs, nor to direct aid to foreign governments and multi-lateral organizations.

The family planning programs previously covered were funded in the range of $500-600 million annually. The current aggregate funding for the programs covered by the expanded policy is about $8.8 billion annually, according to the State Department.

As in the past, the pro-life policy will not result in any reduction of spending in any of the programs covered. When an organization decides to refuse funds (generally, because it has an ideological commitment to promoting abortion as just one more method of birth control), the declined funds are re-directed to compliant organizations that provides services of the same type.

Over the years, various "studies" have purported to show that the pro-life policy has increased the abortion rate in certain countries, ostensibly by reducing the amount of contraceptive assistance provided by specific organizations that declined to accept U.S. funds under the policy. The structural bias of such studies is generally evident: they typically gloss over the ideological commitment to abortion that produces non-compliance decisions by some organizations, and blame the U.S. policy rather than the voluntary noncompliance decisions for the claimed subsequent local diminishment of services. Also typically excluded from analysis is the impact of the re-directed funds where they actually are used.

New website advises U.S. women how to self-abort

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at local pharmacies ("Activist Abortion Academics Want RU-486 Sold at Your Local Pharmacy," *NRL News Today,* 2/24/17).

None of this is surprising. It simply serves the point of making clear that all the efforts to loosen restrictions, develop new delivery methods, challenge the laws of pro-life countries, to downplay safety concerns are all of one piece, originating from the same basic circle of activists, who are coordinating their attacks.

One person the media turned to for comments was University of California – San Francisco abortion researcher Daniel Grossman. Grossman was key in raising the specter of a rise in self-induced abortion from new limits in Texas just two years ago (Texas Policy Evaluation Project, Research Brief, 11/17/15). Grossman tells a *Washington Post* reporter that the reason he would not advocate women self-aborting right now is not any concern for safety, but the threat of prosecution (*Washington Post*, 4/27/17).

Elsewhere, Grossman has told the media that "we have few, few concerns about" women using these drugs on their own. He says (particularly about misoprostol) that it is "very safe and effective" that "women can safely use it on their own" if they have "information on how to use it" (*The Guardian*, 4/27/17).

Grossman is hardly some neutral observer commenting for the news. He was a signatory, along with Angel Foster, with the academics seeking sales of mifepristone at local pharmacies, and has just published a paper in the *British Journal of Obstetrics and Gynaecology* (March 2017) brazenly titled "A research agenda for moving early medical pregnancy termination over the counter."

Dangers Disregarded

Susan Yanow, one of the consultants to Women Help Women, admitted to *Cosmopolitan* (4/27/17) that, even with WHO protocols, misoprostol, one of the drugs they are promoting, is only between 80 and 85% "effective." This would leave an awful lot of women enduring significant pain and bleeding and either not aborting completely or not aborting at all.

When misoprostol began to be sold on the black market in Brazil in the 1990s, there was a sudden rash of births of babies with fused or missing fingers or toes, club feet, partial facial paralysis, etc. They were believed to be associated with use of the drug (*The Lancet*, May 30, 1998).

Thousands of women legally taking abortion drugs here in the U.S., Europe and elsewhere, under full medical supervision have ended up hospitalized. A number of women have bled to death, died from ruptured undetected ectopic pregnancies, or contracted rare but deadly infections.

It is hard to see how such complications would not be multiplied in the absence of direct medical monitoring.

Women Help Women would have people believe this is why they are there–to ensure that women use these drugs correctly and safely. But many of the most serious problems mentioned above happened when women did use the drugs as they were told.

The chemical abortion process is inherently bloody and painful and dangerous. And encouraging women to believe that they can easily, safely manage these nightmares all alone is the height of irresponsibility.