



national
RIGHT TO LIFE
NEWS

November 2016

Election Issue



**Hillary Clinton
and the Democrats
want you to pay
for abortions.**



Please stop them!

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Donald Trump's numbers continue to rise in key "swing states" four days out from Election Day

By Dave Andrusko

If there's anything we can say for certain—besides that pro-life Donald Trump is closing fast on pro-abortion Hillary Clinton—it is that whatever pro-lifers can do on behalf of unborn babies, it could easily be pivotal in an election that is expected to be decided by a razor-thin margin.

As reported on page four, "NRLC has set a goal to make 4.6 million voter contacts on behalf of the unborn in these last few days."

Please read the story on page



Pro-life Donald Trump and Gov. Mike Pence, his pro-life vice presidential running mate

four and if you can help, please donate immediately!

Here's the latest as of late Friday morning, four days before Election Day.

Trump is closing the gap, almost by the hour, in those states, one or more of which he must win to become the next President, in addition to creating breathing space in "red" states that traditionally go Republican.

See "Trump," page 27

National Right to Life vs. the radical pro-abortion group, EMILY's List

By Karen Cross, National Right to Life Political Director

EMILY's List, the extreme pro-abortion PAC that only works for Democrat women who support abortion for any reason, claims to be on track to raise more than \$60 million for the 2016 election cycle.

The purpose of EMILY's List is to elect Democrat women who support unlimited abortion. In order to be considered an EMILY's List candidate, the candidate must also support compelling the use of tax dollars to pay for abortion on demand.

Hillary Clinton is the typical

EMILY's List candidate. She has promised to nominate only judges who support *Roe v. Wade*, the 1973 U.S. Supreme Court decision that gave us abortion on demand across the United States.

Clinton has never wavered in her commitment to promote abortion for any reason throughout pregnancy. While in the Senate, Clinton repeatedly voted to allow partial-birth abortions to continue. She,

See "Radical," page 22



Editorials

If your child should ask...

When, like me, you've edited the "pro-life newspaper of record" for 35 years, you've seen your share of glorious highs and days that couldn't end quick enough.

Through all of those ups and downs, pro-lifers like the staff at National Right to Life are sustained by the sure knowledge that come what may, we have each other's back. For that my family and I cannot thank you enough.

I am an incurable optimist. Why? Not believe I believe we are on the "right side of history," or something equally cliché-ish. Rather that confident assurance is because the cause to which you and I have devoted our lives is right, imbued with nobility, and representative of the very best qualities of the American character.

As an incurable optimist, but also someone who spends a lot of time with my ear to the ground, I firmly believe Donald Trump will be our next President and that we will retain pro-life leadership in the Senate. There are seismic changes taking place in the electorate and mere polls are not sensitive enough to pick up the tremors deep beneath the surface of what people will tell a stranger on the phone.

But whatever the November 8 results prove to be--and I firmly believe they will be good-- we will remain soldiers in the greatest Movement for social justice of our time.

72 hours out, let's do a near-final check list. What would you say

If your child should ask, are you ready to vote? Have you educated yourself and your family about who the pro-life candidates are? Did you encourage your family and friends to vote for those pro-life candidates, whether for President, Senate, or House of Representatives? Did you mention a great resource--www.nrlpac.org?



If your child should ask, did you take the time to carefully look at Donald Trump's pro-life position on the fate of the little ones and compare it to Hillary Clinton's thirst to multiply the number of dead babies, at home and abroad? Have you thought through what it means that Trump is committed to protecting the life-saving Hyde Amendment while Clinton is making its elimination a centerpiece of her abortion über alles position?

If your child should ask, could you tell her that you fully grasped that the fate of Supreme Court for a generation is on the line? That you knew that Trump vowed to nominate pro-life candidates to

See "Child," page 31

Abortion: the paramount issue of our day

By the time many of you read these remarks, we will be within 72 hours of voting for our 45th President. Amazing as it may seem, there remains a sizeable number of people who have yet to decide whether to vote for pro-life Donald Trump or pro-abortion Hillary Clinton.

This edition of *NRL News* is intended to help any wafflers see their way through the fog and into the light. In this editorial let me focus on the thoughtful, even provocative remarks found in a homily delivered October 2 by Fr. John Lankeit. Several people passed along the video to me and I subsequently found a transcript.

I am not a Catholic and perhaps neither are many of our readers.

Fr. Lankeit tells his congregation that he is "consider[ing] the intersection of the practice of our Catholic faith and the exercise of our civic duty, especially when it comes to voting." But there is much in his wise counsel that speaks to those of us of other faiths, or no faith at all.

For me, the most pertinent consideration was the pivotal distinction between matters subject to "prudential judgment" about which women and men of good will can differ, and matters that "touch on intrinsic evil."

Fr. Lankeit lists several of the issues about which we can legitimately have fundamental differences of opinion. He then asks about one of the real hot-button issues about which we do: immigration.

Whatever our position, he asks,

Now, suppose a candidate for president promoted a policy that would make it legal for someone to kill a Hispanic person if the presence of that Hispanic person made it more difficult to pursue one's career of choice.

How many of you would be comfortable voting for that candidate?

No one, of course. But, he added,

There is a candidate, in this 2016 race for president, who along with that candidate's political party does, in fact, sanction the killing of blacks and Hispanics in the situations previously described...under one...particular... condition:

See "Lessons," page 37



From the President

Carol Tobias

Appreciating the enormity of what is at stake next Tuesday

Election Day is upon us. In just four days we will know who is our 45th President and whether the U.S. Senate remains under pro-life leadership.

Have you, like me, waited for this day for four years?

For those who care passionately about protecting unborn children, Election Day 2012 was an extremely difficult day. We knew that the re-election of President Obama would delay the day when unborn children would be protected from abortion.

Hillary Clinton is running as if for Obama's third term--a continuation of his anti-life policies, included. Like you, I truly hope and pray that the American people say, "No!"

In the most straightforward terms, what is our goal? To protect unborn children, the vulnerable elderly, and those with disabilities. Part and parcel of this is restoring the basic principle that **every** human life--not just the "planned and the perfect"--has intrinsic value and infinite dignity.

A great way to foster that respect for human life is to elect men and women who understand that a society that kills its weakest, its most vulnerable, is not a city shining on a hill, but a culture that resembles the proverbial circular firing squad.

What can an election do? Allow me to review what is at stake.

Judicial appointments

We understand the importance of the Supreme Court. Unfortunately, instead of being an arbiter, and a check against constitutional infringements by Congress and the Executive Branch, we sometimes see that Court act as if it were a legislative body, setting national law, as seven unelected justices did in *Roe v. Wade*. We need a president who will nominate justices who understand the proper role of the High Court.

There is grave danger, however, that we will instead see the emergence of a Court majority that will insist that the U.S. Constitution prohibits elected state and federal lawmakers from limiting abortion -- including late abortion -- in any meaningful

way at all. The result would be the step-by-step invalidation even of pro-life laws upheld in the past -- both federal laws such as the Partial-Birth Abortion Ban Act and the Hyde Amendment, and hundreds of state laws. It could also become difficult if not impossible for pro-life individuals to serve as doctors and nurses, because the "conscience" laws that currently protect their right to avoid involvement in abortion could be invalidated.

Aside from the U.S. Supreme Court, the president also appoints judges to the powerful federal courts of appeals, and hundreds of federal district judges -- all of these being lifetime appointments. These federal judges often decide which laws stand and which will be nullified (since the Supreme Court accepts only a very limited number of cases for review).

Pregnancy Resource Centers

As you have read in *NRL News Today*, Pregnancy Resource Centers (PRC) are under ferocious attack at the state level. But they can and most likely will be affected by the actions of the next president.

The abortion industry does not like PRCs--and understandably so. For every woman they help and every baby they save, that is money the abortion industry did not get. There is an ongoing effort to infringe on the free speech of these centers, forcing them to tell clients who come through the door which services (i.e., abortion) are NOT offered at the facility. The state of California goes so far as to require that PRCs inform women where they can get an abortion and that the state may pay for it.

Many of the laws or city ordinances that tried to limit the PRCs have been struck down but federal courts have, so far, allowed the extreme California law to remain in force. Will federal judges appointed in the future protect the right of PRCs to offer only the services they desire? Or will the PRCs become unwilling tools for a local or state government as influenced (controlled?) by the abortion industry. That can be impacted by the next occupant in the White House.

Administrative positions

In addition to federal judges, the president also makes hundreds of key appointments to Executive Branch positions that can greatly diminish or increase the threat to the lives of innocent, vulnerable, human life. Some of

these appointments are high-level and very public, such as secretary of state, secretary of health and human services, and attorney general.

Many are mid-level positions, filled by people whose names are not often in the news and are not well known by the people. However, these may be the federal employees who take a law passed by Congress and draft the rules to implement it for the rest of us to follow. This may be a person who works on how to further implement Obamacare or who works to dismantle and replace Obamacare after it has been repealed.

This may be the person who decides if Planned Parenthood can apply directly to the federal government for reimbursement if a state has decided not to fund PP.

International policy

The next president will appoint a team to work with the U.N. and other countries in determining international laws and treaties. Will the U.S. continue, as it has for the past eight years, to further the campaign to recognize abortion as an international "right"?

Congress

Of course, in addition to president, we are electing members of the U.S. House of Representatives and the U.S. Senate. These bodies can pass or defeat legislation that will affect innocent human life. Will our next Congress be able to pass legislation like the No Taxpayer Funding for Abortion Act, or will they be voting to eliminate the Hyde Amendment, as Hillary Clinton and the Democratic Party platform have called for.

The above list is only scratching the surface of what is at stake in this election. The importance of elected officials, their appointments, and their staff can have broader, more wide-reaching, consequences than most of us can imagine.

During testimony before a congressional committee, Hillary Clinton once famously asked, "What difference, at this point, does it make?" To the millions of innocent unborn children and those lives vulnerable to Obamacare and assisted suicide, the November 8 elections matter immensely.

Vote wisely and encourage like-minded family and friends to do the same. Innocent human lives are depending on you.

Massive drive for almost 5 million contacts!

In these last days before the election, National Right to Life is pushing hard to reach an impressive goal:

Almost 5 million voter contacts in the final week!

We set a goal to make 4.6 million voter contacts on behalf of the unborn in these last few days. Citizens deserve to know where the candidates stand on life – which candidates say they will defend unborn children, and which will vote to let them die.

We've already mailed in key states and districts across the country, and run radio ads nationwide. These final 4.6 million voter contacts are *on top of* the vital outreach we've already done!

But we still need help to be able to make all of

those contacts. For example, a gift of \$100 will let us make 2,500 get-out-the-vote phone calls. \$1,000 will let us make 25,000! We don't have all the funds we need to make all 4.6 million contacts

yet, but we are counting prayerfully on people like you to help us succeed!

And if we get enough support in the next couple of days, we could even add more contacts, perhaps

topping the 5 million mark and making an even bigger difference for Life!

Please help immediately by donating at www.nrlc.org or by calling 202-626-8813 to donate by phone. This project is so critically important to the lives of the unborn that our office will be accepting calls at any hour, day or night, including over the weekend, and until election day.

Elections determine who makes policy for the unborn – essentially saviors of innocent unborn children or those who would let them be killed. For them, *everything* is at stake!

Thank you for anything you can do!



“I set before you life and death . . .” -Deuteronomy 30:19

Hillary Clinton and the Democrats want you to pay for abortions.



Hillary Clinton has pledged to change the law so that your tax dollars will pay for abortion on demand. Compare the differences between the presidential candidates on Life.

Donald Trump

- **Donald Trump** has pledged to appoint only pro-life justices to the U.S. Supreme Court.
- **Donald Trump** opposes using your tax dollars to pay for abortion.
- **Donald Trump** is pro-life. He supports the bill to ban abortion after 20 weeks, when the unborn child can feel pain. He opposes dismemberment abortion and partial-birth abortion.
- **Mike Pence** is pro-life and has a strong pro-life voting record.

Hillary Clinton

- **Hillary Clinton** has pledged to appoint only pro-abortion justices to the U.S. Supreme Court.
- **Hillary Clinton** would use your tax dollars to pay for abortion on demand.
- **Hillary Clinton** supports late abortion after 20 weeks, when the unborn child can feel pain, and dismemberment abortion. She voted to keep partial-birth abortion legal.
- **Tim Kaine** supports abortion on demand, paid for with your tax dollars.

Compare the differences between the parties on Life.

Party Platforms

The Republican Party Platform affirms “that the unborn child has a fundamental right to life,” opposes using government funds to perform or promote abortion, and supports legislation to assist babies who survive abortion.

The Democratic Party Platform supports abortion on demand, and calls for repeal of the Hyde Amendment (which restricts the use of federal funds for abortion).

COMPARE. DECIDE. VOTE NOVEMBER 8

Please copy and distribute freely or download a copy at www.nrlc.org.



Why abortion is different from other political issues

By Paul Stark

When voters decide which candidates to elect to public office, they often consider a range of important political issues. But not all issues should carry the same weight. Abortion is different from other issues in three ways.

First, abortion is a rejection of human equality. An entire class of innocent human beings (those who are in the embryonic and fetal stages of life) are excluded from the basic protection of the law. In no other area (with the exception of euthanasia and the treatment of human embryos *in vitro*) does our society deny some human beings the status of “persons” who have legal rights.

Other issues involve debates about (for example) how best to improve health care for our nation, or how best to keep us safe from foreign threats. Abortion is about who counts as *one of us*—a member of our political community—in the first place.

Second, abortion is a denial of the right to life. It is the intentional killing of human embryos or fetuses. Human embryos and fetuses are living human organisms (members

serious injustice, yet it is legal and accepted by much of our society.

Politicians disagree about (for example) how best to deal with gun-related violence. But



of the species *Homo sapiens*) at the earliest developmental stages. And all human beings—regardless of age, size, ability, dependency, or the desires and decisions of others—have an equal dignity and right to life. Abortion, then, is a

no one thinks such violence is OK or should be legalized and encouraged by the government. The same cannot be said about the violence of abortion.

Third, abortion is the destruction of life on a truly massive scale. An entire

industry is devoted to the killing of human beings *in utero*. More than one million unborn children are killed in the United States each year. Abortion is, by a large margin, the leading cause of human death in our country. Cancer and heart disease (for example) are tragic and should be fought with compassion. But the sheer scope of abortion separates it from other social harms.

Both the moral gravity and the scale of abortion, then, make it a uniquely significant issue in American society today. At stake is equality. At stake is the right to life. At stake are many, many human lives.

Not all political issues are equal. *Human beings* are equal, and that's why abortion is such a weighty problem for our society.

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

Born in spite of doctors' recommendations he be aborted, baby born with just 2% of his brain is doing fine

Miraculously Noah Wall's brain now has nearly full function

By Dave Andrusko

On Saturday, October 30, the British Department of Health announced it had approved what is euphemistically called the "Non Invasive Pre-Natal Testing" for use by the National Health Service. It is a more accurate prenatal test which can be given earlier in pregnancy and is absolutely guaranteed to increase the number of eugenic abortions.

279 medical professionals wrote a letter of protest which included commenting about a highly controversial consultation in which the Royal College of Obstetricians and Gynecologists suggested "cost-effectiveness of caring for people with Down syndrome could be considered as a factor." According to the *Daily Mail*, "It called for a 'rigorous economic analysis', including lifetime care costs."

This recommendation came exactly one day after the *Gospel Herald* published a heart-warming story about 4-year-old Noah Wall, who, "against all odds," has "grown to be a lively boy and is living proof that abortion does not have to be the answer" when parents are given a dreadful prenatal diagnosis.

Suzette Gutierrez-Cachila explained that when Noah was only three months doctors told his parents, Rob and Shelly Wall, that their unborn son not only had spina bifida, hydrocephalus, and chromosome abnormalities but also that "he only had 2 percent brain tissue and would likely die at birth or even before birth."

"We were offered termination five times," Rob said in the documentary, *The Boy Without a Brain*. "It was never an option for us. To me, we wanted to give Noah that chance of life."

But given the devastating diagnosis, before he was born

issues. "Noah was paralyzed from the waist down and required surgery on his back, which had a large hole in it," Gutierrez-Cachila. "The cerebrospinal fluid that accumulated in his head and pressed on his brain also needed

"He chooses things and makes decisions. He never shuts up and he can sing as well," Shelly told the *Daily Mail*. "It is absolutely amazing. To look at him you wouldn't know there was anything wrong."

But, most amazing of all, when Noah was three, a scan taken at his check-up "showed his brain had almost full function," the *Daily Mail* reported. "Mrs. Wall, from Abbeytown, Cumbria, said. "We just cannot believe it – he's a miracle."

No-one expected this to happen. We've had three years not knowing how long he's going to live so to hear his brain's almost back to normal is beyond belief.

Rob and I broke down when we heard the news, it was like a dream. I've never known anything like it – even the consultants were in tears.



Noah Wall

they did arrange a funeral for him, assuming he would die in utero or shortly thereafter. Noah was born March 6, 2012, and "To their surprise," Gutierrez-Cachila wrote, "he let out a cry. Although he had health complications, hearing him cry and knowing he was alive was more than enough for Rob and Shelly to keep fighting for their son."

Noah did have a series of surgeries for serious medical

to be removed."

Doctors performed the necessary procedures and sent him home with his parents. As it turned out, that would not be the end of it. Noah would visit the hospital many times as he grew up to be treated for his health complications.

But Noah now is doing remarkably well. He scampers around, using a wheelchair and braces. He continues to show signs of improvement.

Have the Walls ever regretted their decision to refuse abortion, given what they've been through and the prospect of future surgeries? Not at all. According to Gutierrez-Cachila

They are thankful to have him in their lives every single day. They are also working to raise awareness for spina bifida.

For a clip from the documentary go to facebook.com/noahwallmodel.

‘Big Bang Theory’ Acknowledges Life in the Womb: ‘There’s a Baby in There!’

By Justin Ashford and Alexa Moutevelis Coombs

Well, sometimes even Hollywood can get it right in a pro-abortion world. The October 28th episode of *The Big Bang Theory* acknowledges what should be obvious: being pregnant equals a baby.

“The Fetal Kick Catalyst,” opens with Howard (Simon Helberg) and Bernadette (Melissa Rauch) sleeping together. Howard rests his hand on Bernadette’s pregnant stomach and wakes up with great joy as he feels their baby’s kick. “There’s a baby in there,” he finally realizes.

Howard: That’s a kick. That’s an actual kick.

Bernadette: What are you doing?

Howard: I felt a kick. There’s a baby in there.

Bernadette: Oh, yeah, that’s where I put it.

Howard: Oh, I mean, I know you’re pregnant. I just... Never connected the idea of pregnancy



and you actually having a baby.

Bernadette: Which M.I.T. did you go to?

Sad to say this is what happens when a pro-abortion

culture has turned a baby into no more than a choice, and abortion into no more than women’s health. When

such distancing, euphemistic language is used to sanitize abortion it can be hard to “connect the idea of pregnancy with actually having a baby.” In fact, that’s intentional on the part of abortion activists.

After all, it was only a few

months ago when NARAL objected to a Doritos ad that featured an ultrasound because it was “humanizing fetuses.” I can only imagine what they think of one of the biggest comedies in America “humanizing” a fetus by calling it a baby and showing it kick, especially when they’ve spent so much time defending late-term abortion after the last presidential debate. Pro-aborts have been so effective at dehumanizing human fetuses that it’s easy to forget we’re talking about living human beings.

So, hats off to CBS for showing that it’s not simply a fetus, but a person. Let’s hope more networks choose to show pro-life moments as heart-warming (and slightly humorous) as this one.

Editor’s note. This appeared at Newsbusters.org and is reposted with permission.

Archbishop Chaput—“Evil cannot bear the counter-witness of truth”

By Dave Andrusko

Editor's note. What follows are very extensive excerpts from a remarkable speech Archbishop Charles J. Chaput of Philadelphia delivered at the Pennsylvania Pro-life Federation Celebrate Life Banquet.

Read them carefully. These are truly pearls of wisdom.

For the past 43 years we've been living the consequences of *Roe v. Wade*, the U.S. Supreme Court decision that effectively legalized abortion on demand. And the abortion struggle of the past four decades teaches us a very useful lesson. Evil talks a lot about “tolerance” when it's weak. When evil is strong, real tolerance gets kicked out the door. This in turn explains a lot about our current cultural climate. To put it simply: Evil cannot bear the counter-witness of truth. It cannot co-exist peacefully with goodness, because evil insists on being seen as right, and worshiped as being right. Therefore, the good must be made to seem hateful and wrong.

The very existence of people who refuse to accept evil and who seek to act virtuously burns the conscience of those who don't. And so, quite logically, people like the people in this room, people who march and lobby and speak out to defend

the unborn child will be – and are – reviled by political leaders and news media and abortion activists who turn the right to kill an unborn child into a shrine for personal choice.

guarantees of freedom of speech, assembly and religion. We no longer tolerate abortion. We celebrate it. We venerate it as a totem.

People sometimes ask me if we can be optimistic, those of

grace to trust that God is who He claims to be, and that in serving Him, we do something fertile and precious for the renewal of the world.

Our lives matter not because of who we are. They matter because of who God is. His mercy, his justice, his love — these are the things that move the galaxies and reach into the womb to touch the unborn child with the grandeur of being human. And we become more truly human ourselves by seeing the humanity in the poor, the weak, the elderly and the unborn child — and then fighting for it.

... [The Archbishop spoke of how our Movement is falsely but perpetually, being written off as dead. Then]

As I was gathering my thoughts for tonight, a line from Psalm 89 came back to me again and again: [Lord,] make us know the shortness of our life that we may gain wisdom of heart. The time we have in this world is brief. The choices we make have real substance — precisely because we come this way in life only once, and the world will be better or worse for our passing.

So our presence here together tonight has a meaning much larger



Archbishop Charles Chaput

Seventy years ago, abortion was a crime against humanity. Four decades ago, abortion supporters talked piously about the “tragedy” of abortion and the need to make it safe and rare. But not today. Not anymore.

Now abortion is not just a so-called “right,” but a right that claims positive dignity, the license to demonize its opponents and the precedence to interfere with constitutional

us who are religious believers, about the future of our country. My answer is always the same. Optimism and pessimism are equally dangerous for the believer because both God and the devil are full of surprises. But the virtue of hope is another matter. We have every reason to hope. Scripture tells us we must live in hope, and hope is a very different creature from optimism. Hope is the

Baby LynLee Hope, born twice, survives risky in utero surgery and is now thriving

By Dave Andrusko

Imagine, if you can, what was going through Margaret Boemer's mind. The Lewisville, Texas mom had already lost one of her unborn twins before the second trimester when doctors recommended she abort the second twin.

is born, but that was not an option. "At 23 weeks, the tumour was shutting her heart down and causing her to go into cardiac failure, so it was a choice of allowing the tumour to take over her body or giving her a chance at life," she told

by the time the surgery was performed, the tumor was nearly the size of the baby's tiny body!

According to Koh,

The complicated and risky surgery nearly went awry as doctors tried to remove the tumor with a "huge" incision, said doctor Darrell Cass, who was part of the operation. The baby, weighing just 1 pound and 3 ounces during the

in her mother's womb, and sewed up the opening. Twelve weeks later—on June 5—she was delivered again, this time by Caesarean section, weighing 5 pounds and 5 ounces.

"It was her second birth, basically," Boemer told *KPRC2*. "It was a relief to finally see her and see that she had made it through all the difficulty that she had and with her heart... after the open fetal surgery her heart had time to heal while I was still pregnant with her so she has no heart



Baby LynLee Hope was delivered a second time at 36 weeks.

Why? Because the baby girl, who was by then 16-weeks old, had a tumor on her spine, according to Elizabeth Koh of the *News Tribune*:

The tumor, they told her, was a sacrococcygeal teratoma, a rare tumor affecting one of up to 70,000 births. It was drawing blood away from her baby and could cause heart failure before she was born.

But Boemer and her husband flatly refused.

Often such surgery is postponed until after the baby

the *BBC*. (A sacrococcygeal teratoma is a tumor that grows from an unborn baby's tailbone.)

"It was an easy decision for us: We wanted to give her life." She added, "We knew that if we didn't choose the option of emergency surgery that night, that within a day or so she would pass."

Still, doctors gave the baby, Lynlee Hope, only a 50-50% chance.

And the surgery, performed at Texas Children's Fetal Center, proved to be extremely complicated. Lynlee Hope almost died.

For starters, as Koh reported,



surgery, was "hanging out in the air" as they cut away the mass and her heart nearly stopped — though a cardiologist kept her alive.

Doctors then placed Lynlee Hope (who weighed 1lb 3oz at the time of the surgery) back

issues now and is just doing amazing."

Lynlee subsequently underwent a second surgery to remove the remaining tumor on her spine. Now four months old, "Baby Boemer is still an infant but is doing beautiful," Darrell Cass, the co-director of the Texas Children's Fetal Centre told the *BBC*.

Residents urged to write DC Mayor Bowser to veto physician-assisted suicide measure

By Dave Andrusko

As reported in *NRL News Today*, it's an uphill fight in Washington, DC where, in a preliminary vote, the Council voted 11-2 in favor of B21-38 which would legalize physician-assisted suicide in the nation's capital.

"The council must still hold a final vote on the bill, possibly as early as Nov. 15," according to the *Washington Post*.

African-Americans are among the staunchest opponents of assisted suicide.

Take this priceless quote from an earlier *Post* story:

Across the country, some of the most high-profile representatives of the right-to-die movement have been white, including the terminally ill

for the "Death with Dignity" legislation were white.

"They are not people who look me," said Leona Redmond, a 64-year-old longtime District community activist who has been organizing other African American seniors against the legislation.

Black people who in the 2014 elections, were less likely than previously to vote.

"People are losing faith in the leadership," said Gary Butler, a Ward 7 community leader explaining the drop-off in voting. "There's no one making them want to go to the polls. They're thinking it's business as usual."

Which is why the symbolism of yesterday's vote is so profound. As we discussed in earlier posts, the older generation of African Americans is very, very wary of white "do-gooders" in general, the medical establishment in particular. The *Post's* Fenit Nirappil reported

Many in the black community distrust the health-care system and fear that racism in life will translate into discrimination in death, said Patricia King, a Georgetown Law School professor who has written about the racial dynamics of assisted death.

"Historically, African Americans have not had a lot of control over their bodies, and I don't think offering them assisted suicide is going to make them feel more autonomous," King said.

Whether or not the Council could override a veto, residents should contact Mayor Bowser and urge her to veto "The D.C. Death With Dignity Act," B21-38.



DC Mayor Muriel Bowser

"It is the first predominantly black community to legalize so-called 'death with dignity,' overcoming objections from some African American residents," Fenit Nirappil reported.

Indeed, this is why Compassion and Choices—the old Hemlock Society—so vigorously lobbied the Council.

California woman Brittany Maynard who publicized her decision to end her life on widely viewed YouTube videos and in national media appearances.

Most of the demonstrators at a recent rally outside the D.C. Council building

The *Post* follow-up story places the vote in the context of the rise to power of affluent whites who are moving the city to the Left. At the center of that is a four-member "progressive" bloc which is only expected to grow with the next election.

Robert McCartney writes

Like the nation's capital, the D.C. Council is changing. A wave of new lawmakers is replacing an older generation of mostly African American city leaders and reflects a younger, idealistic and more affluent electorate.

And those new council members are shifting the D.C. government to the left.

On Tuesday, the council approved legislation that would allow assisted suicide for terminally ill residents.

The basic idea of McCartney's story is that newcomers, some of whom thought they were just passing through, are sticking around to the chagrin of older

Hillary Clinton Isn't Entitled to Her Own Facts on Abortion

By Casey Mattox

There is no pro-abortion policy too extreme for Hillary Clinton. She may express some sorrow over late term abortions, as she did in the third presidential debate, but there appears to be no limit on abortion that she would actually support. As the champion of the Democrat platform, and after all of her years in and around government, all available evidence suggests that she supports the pro-abortion party line: a) tax-funded, b) 40th week abortions performed c) for the purpose of sex selection, d) by a Catholic doctor against her conscience, e) in a Catholic hospital compelled by the government, f) after the mother was directed there by a pro-life pregnancy resource center forced to refer women for abortions.

She obscures her extreme agenda in part through the complicity of the media. Politifact, to pick on the obvious example, is often willing to whitewash even her most extreme pro-abortion views. Even while acknowledging that Clinton voted against the Partial Birth Abortion Ban Act of 2003, Politifact was sure to cite that her objections to the bill were due to the lack of exceptions included to protect the health of the woman. However, as stated by The Federalist's David Harsanyi, this fact check was "not only biased by omission but by inclusion":

Politifact's fact check included numbers overstating the low percentage of abortion, but not the complete headcount—approximately 10,000 viable babies aborted through "rare" late term abortions.

In the last presidential debate, Clinton made at least two (I'm being generous) abortion claims that are patently false or intentionally misleading and deserve follow up from a skeptical press.

Partial-birth abortion isn't necessary

As a Senator, Hillary Clinton voted against a ban on partial-birth abortion, a grisly procedure in which the child—usually late in pregnancy—is partly delivered before having



Pro-abortion Hillary Clinton

its head crushed and its brain sucked out to make it easier to remove. In the third debate she defended partial-birth abortion, saying that abortion regulations must take "the life and the health of the mother ... into account." The implication is that the federal partial-birth abortion ban she opposed (and that was upheld by the Supreme Court) failed to do so.

That's nonsense, but in fact we need not speculate about whether partial-birth abortion is necessary to save the mother. The federal partial-birth

abortion ban expressly provides an exception for the life of the mother. So if such an incredibly unlikely circumstance actually arises, the law already permits the procedure.

It is true that the partial-birth abortion ban act also not include a "health" exception. Congress chose not to do so after holding hearings and determining that this gruesome procedure was never necessary to protect a mother's health. But perhaps it has escaped Ms. Clinton's, and the media's,

Except it has never happened. 3,477 days have passed since the partial-birth abortion ban was upheld. Taking as true the abortion industry's own claims that 6 such procedures happened per day, nearly 21,000 partial-birth abortions have been outlawed that would have otherwise occurred. And yet Planned Parenthood, NARAL, the ACLU and their allies have failed to identify a single instance where a mother's health was threatened and a partial-birth abortion was necessary. In light of 9 years of evidence, with more added daily, it is now evident that Congress got it right and Hillary Clinton and the abortion industry got it wrong.

Hillary isn't entitled to her own facts about the supposed "health" need for partial-birth abortion and it's the media's responsibility to hold her accountable.

Planned Parenthood doesn't provide mammograms

Like many politicians before her, Clinton has defended the compulsory relationship between taxpayers and Planned Parenthood by claiming that it performs "cancer screenings." This is, of course, a shrill dog whistle for "mammograms." The listener is supposed to imagine a Planned Parenthood facility with trained doctors in white lab coats performing free mammograms for low-income women.

But Planned Parenthood doesn't even own a single mammogram machine. The old

notice that the Supreme Court invited a challenge to the partial-birth abortion ban in an actual case where a woman's health required the procedure. Justice Ginsburg, believing the claims of abortion advocates—as Hillary Clinton clearly does—that partial-birth abortions are performed entirely for this purpose, predicted such challenges "will be mounted swiftly, to ward off serious, sometimes irremediable harm, to women whose health would be endangered by the [partial-birth abortion] prohibition."

See "Entitled," page 42

“Wow. Wow. Is that what happens to the baby during an abortion?”

By Jonathon Van Maren

The reporter from the Sheridan College newspaper stopped me as we were making our way out the door. He gestured back at the hallway full of irate protestors with their armloads of fabric and hastily scrawled signs. “You guys know that some people are going to be angry when you come here,” he said, sticking a tape recorder in my face. “So why do you come back?”

The staff and volunteers at the Canadian Centre for Bio-Ethical Reform have been touring colleges across Ontario this fall doing pro-life outreach, and of course this has triggered much conversation on the concept of “safe spaces” by the students and staff who expect colleges to be free of discourse that they find uncomfortable. Today, we were engaging students and having interesting conversations when a clique of protestors with signs showed up and began to position themselves around us.

It’s always interesting to me that on a campus, of all places, students feel it reasonable to complain about the “graphic nature” of our displays, especially considering that campuses host all sorts of graphic displays highlighting all sorts of different issues. I always wonder how many complaints are received by those who hang up promo posters for *The Walking Dead* or protests put on by PETA. The question answers itself, obviously. These students are not protesting “graphic pictures.” They are protesting photographs of abortion victims, because they don’t want people to see what happens to abortion victims.

Example? I checked out the Twitter feed for Sheridan

College, and saw one of the protestors tweeting out her opposition to us with a photo of her holding a sign that read “Our body, our choice.” The tweet just below it, which she had sent out just the day before, showed



a picture of a chicken with a punctured neck and featured the caption: “There is no way to humanely kill someone who if given the choice would choose to live!” It takes some staggering cognitive dissonance to justify the dismembering of a developing human being—one of our own sons or daughters—while protesting the savagery of eating chicken. But as G.K. Chesterton once noted, “Where there is animal worship, there will be human sacrifice.”

One girl stopped in front of my sign and peered past the two protestors in front of it. “Wow. Wow. Is that what happens to the baby during an abortion?” I told her yes, and handed her a pamphlet. She stared a while longer, and then nodded. “This is seriously educational. Thank you for being here.” The protestors flinched. Conversations were still happening. People were still seeing the truth. How could they stop it? One of them had the answer.

She began handing out huge

white bedsheets, and instructed her minions to spread the sheets out in front of the signs so that no one could see them, even if they wanted to. I’ve seen this tactic used on other campuses, too—some protestors going so far as to

actually attach the sheets to sticks and hoist them high. I wasn’t surprised, really. The slogans on their signs were nearly identical to the slogans used forty years ago by the abortion activists—they’ve come up with nothing new since then, although the “Hail Satan—Abort Everyone” sign was a bit raw, and the “Being Evil Makes Me Happy” pin on one girl’s backpack was a bit too honest. That, and for some reason people who seek to discriminate against another group of people for arbitrary reasons seem to have penchant for using white bedsheets. At least, the tactic certainly seems somewhat familiar...

My wife Charmaine was standing across from the signs, chatting with a group of students who were buying coffee. One student asked her if she was pro-life, and began asking her questions. He was shocked to find out that nearly three hundred babies are aborted every single day in Canada. Another student took a pamphlet, flipped through

it, and thanked her for being willing to come to the campus. One student called out to a girl walking nearby, “Hey, you should take more information for that girl who’s thinking about having an abortion!” Charmaine soon ran out of pamphlets.

An red-haired student marched up to my sign, looking quite irate. “You’re pro-life, right?” she demanded. “Yes,” I responded, preparing a for hostile discussion. To my surprise, the girl pointed at the protestors trying to cover my sign with a bedsheet. “Are they allowed to do this? This isn’t allowed, right?” I told her we were talking to security about it, and she nodded. “Thanks for being here. I’m with you guys. I had my little boy when I was eighteen.”

Up and down the halls of Sheridan College, in spite of the protestors, my colleagues were still having good conversations, showing people the truth, and connecting with them. Many students were not fooled by the flapping and chanting of those who showed up to silence debate rather than engage in it, and many students actually thanked us for being there. Those students, of course, will not be interviewed by the school newspaper, and will be ignored by those loudly calling for censorship. After all, some are now realizing that there is no such thing as a “safe space” for bad ideas, no matter how hard college faculties try to create them.

That’s why we come back.

Editor’s note. This appeared at Endthekilling.ca and is reposted with permission

Life-Saving Center, Mobile Ultrasound Unit Awaiting Free Speech Ruling in Illinois

By Karen Ingle

A lawsuit was nowhere on Tiffany Staman's radar when she joined Pregnancy Care Center of Rockford (Illinois) as executive director back in 2014.

But, two years later, that's exactly where Staman and her center find themselves, as named plaintiffs in a lawsuit against Illinois Gov. Bruce Rauner challenging his ratification of a law this summer that attempts to force pro-life pregnancy centers like Pregnancy Care Center of Rockford to refer for abortions.

Rewriting the state's Healthcare Right of Conscience Act to compel as many as 150 pregnancy help locations (the law's broad language leaves its scope undefined) to keep an updated list of local abortion providers available to clients upon request, Democrats passed the bill on a party-line vote before Gov. Rauner—a Republican—signed it into law at the end of July.

Just days after the law—set to go into effect Jan. 1, 2017—was signed, Alliance Defending Freedom (ADF) filed a lawsuit in state court, representing Pregnancy Care Center of Rockford, as well as another pregnancy help organization, Aid for Women, and a life-affirming ob-gyn.

"I really like to stand for what I'm for, not what I'm against," Staman said. "I tend to be more of a bridge-builder than a wall-erector. I'm constantly trying to engage in dialogue with people who might have a different opinion or might see things differently."

While Staman and her

center, along with their fellow plaintiffs, await the next steps in the lawsuit, ADF also filed suit in a federal court, representing National Family and Life Advocates (NIFLA),

how we do it. It's not just, and so we have to take a stand."

A History of Helping

For 33 years, Pregnancy Care Center of Rockford has focused



From left to right, Liz Feehan (administration), Amanda O'Neil (Mobile Unit Director), Tiffany Staman (Executive Director), Wymetta Crull (Nurse), Aimee Orem (Director of Education) and Karyn McDonald (Center Director). Missing is Simone Locklund, Nurse Manager.

Photo Courtesy: Pregnancy Care Center of Rockford

along with three more Illinois pregnancy help centers and an ob-gyn.

Amid the challenge in the courts to what ADF argues is a "classic example of compelled speech in violation of... Free Speech rights as protected by the First Amendment of the United States Constitution," Heartbeat International—a network of over 2,000 pregnancy help organizations to which Pregnancy Care Center belongs—has urged its Illinois affiliates to refuse to comply with the law.

"We're not fueled by anger; we're not fueled by hate," Staman said. "We just feel this infringes on what we do and

on reaching out to women and men dealing with unplanned pregnancies. They provide free services such as pregnancy tests, ultrasounds, testing for [sexually transmitted diseases], post-abortion care, community referrals, mentoring and education.

The center's proactive Positive Choices team has accepted invitations to work with nine different public middle and high schools' health classes and girls' groups. Staman's staff works to "challenge teens to make wise choices so they don't ever have to come into our center and use our services," she said, pointing out that over 1,200 students

have participated in 130 presentations so far in 2016.

Among the abortion-minded and abortion-vulnerable clients who come into their offices or visit their Stork Bus, over 80 percent have decided to carry their babies to term, thanks to the center's life-affirming message.

Now, the concern is that the newly authorized requirements both to refer for abortions and counsel as to the so-called "benefits" of abortion would compromise their life-saving message.

"Though 49 percent of the clients that come into our center say that they're considering abortion or they're planning an abortion, they're not asking us where to go," Staman said. "They aren't asking for a referral. This generation is on their phone; they Google, they know. So for the state to say we have to refer when it's not even being asked of us—that's all the more frustrating.

"That violates our foundation and our freedom," Staman said. "Not only is it a violation, but it sends a very confusing message to our clients."

Like a similar law in California that compels pro-life pregnancy medical clinics offering free ultrasounds to refer patients to a county social services agency for state-covered abortions, the Illinois law only goes one way. Abortion clinics in the state have no such requirement to refer or offer information for life-saving services—even at the request of a patient.

See "Mobile," page 38

Would a President Hillary Clinton be any worse than other pro-abortion Democrat Presidents? Yes! Here's how

By Dave Andrusko

Editor's note. This first ran in July. With the presidential election just days away, this reminder needs to be reposted.

Surely it is understandable if a pro-lifer might come to the conclusion that, in effect, if you've seen one pro-abortion President, you've seen them all. They could be forgiven if they asked themselves, could Hillary Clinton possibly be any different—any worse—than her husband, former President Bill Clinton, or the current pro-abortion occupant, Barack Obama? After all both Bill Clinton and Barack Obama are pro-abortion to the core.

But unless you understand the progression—in our view, the degeneration—of leading Democrats' position on abortion and how she represents the nexus for the intersection of the International Abortion Industry, you can't fully appreciate how devastating a President Hillary Clinton would be.

Bill Clinton didn't accidentally come by the moniker, "Slick Willie." A deft politician, he hid the practical abortion-on-demand implications in the mantra of abortion as "safe, legal, and rare."

Obama slid down the slope even before he became President. As an Illinois state Senator he thrice opposed the Born-Alive Infants Protection Act, legislation to provide legal protection for babies who are born alive during abortions. We remember his comment at a town hall meeting in Johnstown, Pennsylvania. If either of his daughters were someday to "make a mistake,"

he said, "I don't want them punished with a baby."

And there was his glib "it's beyond my pay grade" answer to Rick Warren's question, "at what point does a baby get human rights?"

His record as President has been an unmitigated disaster, much too long to detail. Suffice it to say that he threatened



Pro-abortion Hillary Clinton

to veto a bill to prevent sex selection abortion, is attempting to strangle laws that protect freedom of conscience, engineered ObamaCare which resulted in federal funding of over 1,000 health plans that pay for elective abortion, and threatened to veto a bill that would protect pain-capable unborn babies from abortion.

Can Hillary Clinton be worse? Oh, yes. Let me count just some of the ways.

Clinton likes to talk about herself as a "grandmother." But because of the policies she has supported—and would vigorously advance as President Hillary Clinton—there are far fewer grandmothers, and mothers,

Proud "feminist" that she is, Clinton is not shy about her unabashed, four-square support for abortion on demand, at home and abroad.

Before itemizing just a portion of her many extremist positions, remember that Clinton is a founding mother of the Sisterhood of Death. PPFA loves her, EMILY's List

of her ilk balked at partial-birth abortions, not Clinton. Clinton voted repeatedly to keep partial-birth abortion legal.

It gave her no pause that an abortionist could deliver a baby's entire body, except for the head, jams scissors into the baby's skull and opens the scissors to enlarge the hole, and suck the baby's brains out.

What about more recently?

Last year, the U.S. House of Representatives voted to protect from abortion unborn children who are capable of feeling pain. Clinton issued a statement saying that she opposed the Pain-Capable Unborn Child Protection Act.

In April, Chuck Todd, on *Meet the Press*, asked Clinton: "When, or if, does an unborn child have constitutional rights?" She answered, "Well, under our laws currently, that is not something that exists. The unborn person doesn't have constitutional rights."

Paula Faris (of *The View*) asked a follow up question two days later.

"And Secretary, I want to ask you about some comments that you made over the weekend on *Meet the Press* regarding abortion. You said, quote, 'the unborn person doesn't have constitutional rights.' My question is at what point does someone have constitutional rights, and are you saying that a child, on its due date, just hours before delivery still has no constitutional rights?"

adores her, NARAL thinks she is a secular saint. Collectively they are spending multiple tens of millions of dollars to elect "one of their own" to the White House.

In the administration of a President Hillary Clinton, PPFA et al. won't just have access. You can bet a slew of its key leaders will not only advise on policy but also be in appointed positions where they can **make** policy.

Half of her appointments (at least) will be women. Can you imagine any woman making the cut if she didn't pass the pro-abortion litmus test?

As a U.S. Senator, Clinton had a 100% voting record against the babies. While some others

See "Worse," page 42

Number of chemical abortions growing in U.S., outpacing surgical abortions in many states

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

With comprehensive national surveys from Guttmacher and the U.S. Centers for Disease Control (CDC) still in the works, the *Reuters News Agency* (10/31/16) has accessed preliminary data from Planned Parenthood and state health departments showing what appears to be a significant increase the number of chemical abortions performed in the U.S.

In fact, in some states there are more chemical abortions than surgical ones. Let's look back at the steady increase.

The U.S. Food and Drug Administration (FDA) gave mifepristone (RU-486) marketing approval in September of 2000. It took a while for it to be accepted, but growth has been slow and steady from that point on.

By 2011, the Guttmacher Institute was reporting there were 239,490 chemical abortions performed in the U.S.--22.6% of all abortions.

This number represented an increase of about 40,000 more than there were in Guttmacher's 2008 abortion survey, when chemical abortions constituted 16.4% of all abortions performed. This, even while overall abortion number had dropped by more than 150,000 from 2008 to 2011.

Clearly, as *NRL News* has reported on numerous occasions, chemical abortions are a substantial growth area for the industry.

New national figures from Guttmacher for 2014 could come out as early as January 2017. However, as the *Reuters* story suggests, data

from Planned Parenthood and state health departments are already hinting that the growth in chemical abortions could be on the verge of really taking off.

For example, Planned Parenthood, the nation's largest abortion chain, told Reuters that chemical (or "medication") abortion represented 35% of the abortions it performed in 2010.



Independently, we know that Planned Parenthood performed 329,445 abortions that year. Thirty-five percent would be about 115,000 abortions.

But in 2014, Planned Parenthood says, chemical abortions were 43% of the abortions the group performed. Forty-three percent of the 323,999 its annual reports says it performed that year would be 139,000.

This is no shock, given that Planned Parenthood has been increasing the number of clinics offering chemical abortions over the past several years. In 2016, over half of its clinics--361 out of about

649--were offering chemical abortions.

Figures from state health departments show a similar pattern, *Reuters* reports. In some states, the news agency points out, chemical abortions now exceed surgical ones. In Michigan, 55% of abortions are chemical. In Iowa, nearly two thirds (64%) are now chemically induced.

(misoprostol) home with her where she will expel the dead child. The woman is never physically examined by the doctor and may only be seen by a certified medical assistant who takes her blood pressure and performs an ultrasound. She can go to her local emergency room for any problems she has -- if it is not too far away.

Other reasons chemical abortion numbers could increase

Other states like Maine and Alaska are following the Iowa model, but that's hardly the latest development. Another abortion technology group, Gynuity, headed by some of the same people who helped bring RU-486 to the United States, has set up experiments in New York, Hawaii, Washington and Oregon sending abortion pills by mail.

Another recent development is expected to further spur the growth of chemical abortions in the U.S. Last March, the Food and Drug Administration (FDA) officially changed the two-drug protocol--mifepristone (RU-486) and misoprostol.

At the request of Danco, the U.S. distributor, and in recognition of widespread disregard for its original guidelines, the FDA adjusted the dosage of pills, reduced the number of recommended visits, widened the scope of authorized prescribers, and extended the cutoff date.

The protocol change meant that clinicians could prescribe

The story in Iowa is instructive. There, *Reuters* recounts, Planned Parenthood is employing telemedicine to perform what we have termed the "web-cam abortion." Here an abortionist back in the city at a clinic hub video conferences with a woman at a smaller, remote rural office. If satisfied with what he sees in his report and hears in the interview, he clicks a button remotely releasing a drawer containing the abortion drugs there at her location.

She takes the RU-486 pills (mifepristone), initiating the abortion process, and takes prostaglandin pills

Planned Parenthood's "Baby-Free" Fetology

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

Editor's note. This first ran in 2015. Two numerical figures have been updated. In addition, while "baby" and "babies" now show up in a couple of times in new paragraphs/sections PFFA has added dealing with the Zika virus, the thrust of the analysis is unchanged.

Imagine a full nine and half months of pregnancy – without a mom or a baby. Impossible, you say? Well, not if you're Planned Parenthood.

It doesn't pop up right away as soon as you hit the website,

for in the entire section on "Pregnancy Test."

By contrast, "Abortion" is mentioned seven times in the opening section on "Pregnancy Options" but not "baby," "mom" or "motherhood."

"Baby" does show up two times, in a single paragraph of a 2,100-word-long description of "Prenatal Care," which is supposed to be all about making sure a mother [whoops! There's that word again] provides a healthy environment for her developing child. But that's about it.

what the process of pregnancy is about. Sure, they'll mention "woman" or "women" 37 times (which, even for Planned Parenthood) would seem to be a prerequisite, but you can obviously be a woman without being a mom.

"Baby" gets short shrift too. You won't find it anywhere, not mentioned once in any of the week by week descriptions. That would seem hard to do, but they pull it off.

Okay, they mention "embryo" ten times and "fetus" 36 times, but these are simply stages of a baby's life up until birth, right?

You'd think they could say the "B" word after birth, but you'd be mistaken. We do get three mentions of the "newborn," a slightly more humanizing term allowable after birth, but that's about the best Planned Parenthood can manage.

It is hard to pick up any of the celebratory tone that accompanies so many pregnancies in the "week by week" narrative. You get long descriptions of the risks and burdens of pregnancy, but not a lot of wonder.

Oh, you'll read of fatigue, nausea, deal with bloating, frequent urination, mood swings, tender or swollen breasts, weight gain, etc. that many moms feel early in their pregnancies. Absent is all of the wonder, the excitement, the anticipation and the joy that are equally real and in the end, so much more memorable for many moms.

You do get some details about fetal development, details that are sorely lacking in their descriptions of abortions performed at the exact same stages.

Of course, everything is complicated by the fact that, according to Planned Parenthood, pregnancy doesn't

actually begin **until the third or fourth week of pregnancy.**

Yes, you read that correctly.

Though the pregnancy is dated from the first day of a woman's last menstrual period (LMP), the actual pregnancy itself does not begin—Planned Parenthood says—until the "fertilized egg" implants in the uterus some time about 6 to 10 days after fertilization.

Confusing fetology

While it is true that the tradition of dating by the LMP method goes a long way back to the time before there was any way to actually scientifically determine fetal age, it is clear that Planned Parenthood is relying on this ambiguity to sow some confusion about the development of the unborn child, scant enough as the information they provide already is.

So, when "egg meets sperm," somewhere late in weeks 1-2, "they combine to form..." well, not a new, unique, exciting individual human being with a world of potential, but simply "...one cell." That's "fertilization" for you.

Then, in weeks 3-4, the "fertilized egg" travels down the fallopian tube and "divides into more and more cells" that head for the uterus and "form a ball" and finally attach to the uterine wall after floating free for a few days.

Well, sort of.

From the moment of conception, the DNA of that single first cell is already packed with full instructions about the new individual's sex, eye color, shoe size, brain capacity and other physical traits. Multiplying and dividing rapidly, within just a matter



but look a while and you'll find Planned Parenthood's section on "Pregnancy." But then you will look far and wide for the words "mother" or "baby."

Why, it's almost like they don't even exist.

You won't find "mother" or "baby" in the section on "Considering Pregnancy" or "Pre-Pregnancy Health."

Nothing in "How Pregnancy Happens." There is no mention of the "baby" a potential "mother" would be looking

"Miscarriage" and "Ectopic Pregnancy" are written without any mention of a "mother" losing a "baby," and the section on "Infertility" proceeds without reference to the "baby" or "child" whose absence is what defines the condition!

Pregnancy without a baby

Take a look at the section "Pregnancy Week by Week." No mention of "mother" or "mom" there either, despite the fact that that is precisely

Hillary's wrong again—Harvard poll shows strong Majority of Americans oppose using Medicaid funds for abortion

By Dave Andrusko

The list goes on and on and on. The public doesn't agree with abortion maven Hillary Clinton on her support for partial-birth abortions and late term abortions, and her opposition to a ban on partial-birth abortion and parental involvement—to name just four items.

And a new poll conducted for POLITICO Harvard T.H. Chan School of Public Health shows that she is on the wrong side of still another abortion-related issue. Americans overwhelmingly do not want their tax dollars syphoned off to pay for abortions. The margin among likely voters was a whopping 22 points—58% to only 36%.

Why is this significant? Because the question is really asking about the Hyde Amendment, a provision that is attached to the annual appropriations bill that covers many federal health programs (including Medicaid), which has stood the test of time and which Clinton and the Democrat Party is dead-set on eliminating. To quote the Democrat Party platform, “We will continue to oppose—and seek to overturn—federal and

state laws and policies that impede a woman's access to abortion, including by repealing the Hyde Amendment.”



Pro-abortion Hillary Clinton

When you understand that at least two million people escaped with their lives because of the Hyde Amendment, you easily appreciate why PPFA so hates the now 40-year-old provision and why PPFA's candidate, Hillary Clinton, even more so.

No “unwanted” child should ever escape Planned

Parenthood's maw, let alone two million. As Prof. Michael New explained in his study of the Hyde Amendment's

But the poll shows something else. Eliminating the Hyde Amendment is like catnip for Clinton's supporters: 57% are for scrapping the Hyde Amendment.

And there is no poll, no level of opposition that will dissuade pro-abortionists. POLITICO's Kate Scanlon writes

Rep. Jan Schakowsky (D-Ill.) said she's confident that as more people learn what the Hyde Amendment does, support for repeal will grow.

“It has been a long-term fight but we have some phenomenal young people in our country who are working day and night to turn this around,” she said on the 40th anniversary of the Hyde Amendment last month. “It's not going to take us another 40 years to win this.”

Still another reason to remember why holding the House, the Senate, and the presidency is so critical.

life-affirming impact, “This is roughly equal to the entire population of Houston, the fourth largest city in America. It is also roughly equal to the population of the entire state of New Mexico, and to the combined populations of the states of Rhode Island and Delaware.”

Will their heartbeats of the unborn stop the violence?

By Marianna Orlandi, Ph.D

Editor's note. I just ran across this powerful post. The International Day of Nonviolence occurred in October, but the message of these women's solidarity and the ingenious manner in which they demonstrated it, is worth reposting.

On October 2nd, the International Day of Non-Violence, a Chilean feminist movement led one of the simplest, but most heart-breaking, pro-life protests. For the first time, the voices of the protest were those of prospective abortion victims.

Coordinated by the national NGO Reivindica, an organization that aims to empower “different” voices of women (meaning, the voices not considered by mainstream pro-abortion feminists), pregnant Chilean women gathered in Plaza de la Constitución, then marched to the government buildings. But this time, the women did not speak. They carried loudhailers, which broadcasted the sounds of their unborn children's heartbeats.

As one participant reported, “Abortion activists lost all their words. They watched in silence: the voice of those hearts was an unanswerable question.”

Indeed, this will probably be the reaction of all who watch this video, and listen to those little hearts. As it states in its press release, Reivindica Feminist Movement holds that women today are mainly marginalized for their maternity. Women are not really free to be mothers. If they choose to be, they are left out of the debate.

Reivindica brings together women from diverse backgrounds. They are often single mothers who lack economic resources and family to support them. Still, these women do not ask for “safe” abortions. As they showed last week – and as their babies' voices confirmed – they want to

resolutions addressing the issue of women's rights in the next General Assembly will reveal how rarely the word “mother” appears. And this, sadly, is not news either.

Rosario Vidal, president of Reivindica, found that the International Day of Non-Violence was the perfect

have gone through pregnancies in highly adverse situations.”

As the old saying goes, “Out of sight, out of mind.” La Voz del Corazon, ‘the voice of the heart,’ is a project that aims to go beyond the invisibility of the child. With those simple megaphones, unborn babies do not only speak to our



defend their own lives as well as those of their children.

These women have been largely ignored [https://c-fam.org/turtle_bay/rights-unborn-silenced-senate-chile-president/] in the most recent Chilean Senate's hearings on the new abortion bill. They do not attract the attention of the media either.

This anonymity, the disappearance of mothers' and motherhood's rights, is present around the world. A quick skim through the UN

opportunity for women to affirm how “abortion not only is an act of aggression against a human being during gestation, but furthermore originates in contexts that are also violent for women. As such, abortion cannot be catalogued as a basic freedom.”

“We cannot consider the idea of naturalizing abortion as ‘progress,’” she continued. “Women are moved by love, because we love a child – and not just a thing – from the womb, and we love women who

consciences, but also to our ears.

In the last few years, several US states' legislatures have tried to pass “fetal heartbeat bills”, which prohibit abortion once the heartbeat of the unborn can be detected.

Breaking news: a team funded by British Heart Foundation, just found that the first heartbeat happens as early as 16 days after conception.

Editor's note. This appeared at C-Fam.org.

Assisted suicide measures imminent in three states, more states to be targeted in 2017

By Jennifer Popik, J.D., Director, Robert Powell Center for Medical Ethics

In an unprecedented and unpredictable presidential election year, assisted suicide advocates have been advancing dangerous assisted suicide measures, largely under the

groups as the poor, the medically dependent, and those who fear being a “burden.”

Four states (California, Vermont, Oregon and Washington) now permit

other medical organizations, Right to Life groups such as NRLC affiliates, and religious organizations--many unsuspecting people can easily be pulled in by the fear that

Additionally, while these measures are purported to be restricted to the terminally ill, people with terminal diagnoses often outlive a doctor’s prediction. And some diagnoses are just plain wrong.

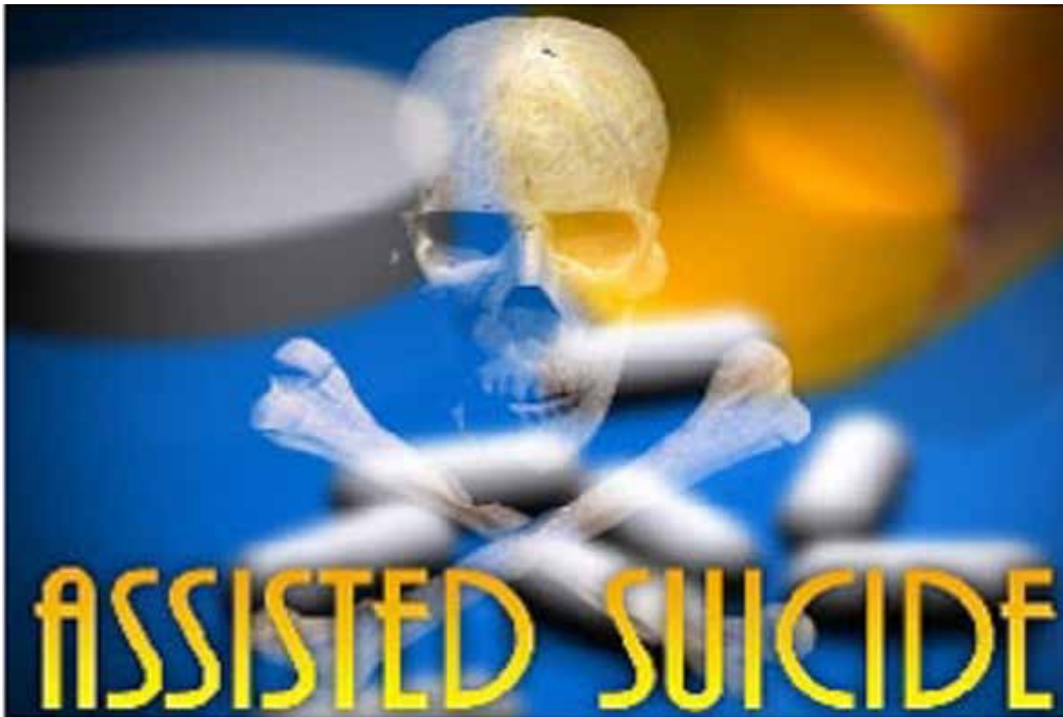
Additionally, in Oregon and Washington people with diabetes, hepatitis, and HIV are getting lethal drugs because they technically fit into the shockingly broad definition of “terminal illness.”

Also, it is a well established fact that depression leads some individuals to seek suicide. However depression is treatable.

It is no accident that **nothing** in these assisted suicide measures **requires** mental health screening. In the states where legal, almost no patients are ever referred for mental health screening. Further, a doctor who does not know you or your medical history would be able to prescribe lethal drugs. And what’s worse, no family would ever have to be contacted.

Other critics have noted that assisted suicide is a recipe for elder and abuse of people with disabilities because it can put lethal drugs in the hands of abusers. Further, the laws are drafted in a way that people may be coerced into suicide simply because they feel they are a “burden.”

Colorado voters are facing Initiative 145 to legalize assisted suicide on the November ballot. Twice (this year and last)



radar. Colorado, New Jersey, and the District of Columbia each have imminent measures.

The main organization pushing these laws, Compassion and Choices (formerly the Hemlock Society), has already set their sights on Hawaii, New York, Maryland, and Minnesota for next year – just to name a few.

While these measures all bear some euphemistic title intended to make them sound as if they are merely “one more option” to those with advanced illness, in truth, these assisted suicide measures pose a significant threat to state residents, particularly such vulnerable

assisted suicide and one state has no public policy against it (Montana). With these measures imminently pending in Colorado (an initiative on the ballot this month), New Jersey, and the District of Columbia, there is a real threat this practice could spread across the nation.

Nearly every state bans assisting in someone else’s suicide, so euthanasia activists are seeking the first step of allowing physicians to prescribe lethal drugs to their patients. Despite opposition from various groups across the political spectrum--including many disability rights groups, the American Medical Society,

without the law they will die badly.

However, as critics have explained at length, if enacted, these laws will do nothing to help patients and have many tragic consequences. And there is plenty of evidence to sustain those fears.

There is a broad and lingering concern, based on the experiences of Oregon residents, that the government and insurance companies will not do the right thing. They will not pay for treatment costing thousands of dollars but have and will continue to pay for lethal drugs that cost only a few hundred dollars.

See “Imminent,” page 43

Don't Let the Pundits Scare You Away— Vote on Election Day!

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

Imagine if a week before the start of high school football season, the local sportscasters broadcast, every hour on the hour, which team was going to win every game. They weren't simply reporting win-loss records of previous seasons—they were saying, uncategorically, which teams would fail and which would succeed.

What effect would that have on the players, the coaches, the cheerleaders, and the parents who sacrificed so much to ensure that their children had an opportunity to participate?

Such media reports would in fact be irresponsible, because they would cross the line from reporting on the outcome of student competitions to

possibly influencing the final score by cheerleading for one side over another. Why would the players even bother to show



up for the game, if they already knew how it would end?

My hunch is that those high school students would continue to practice, would continue to

run through their plays, and would assemble on Game Day—no matter what any media outlet had said about the contest they

were about to engage in. Why? Because, with their idealism intact, these young people would know it would be the right thing to do.

The same should be true for us as adult citizens. We have the sacred duty to exercise our right to vote on November 8th. It is our obligation, not just to this generation, but for generations to come. So many critical offices are on the ballot, determining how policy will be set from the White House to the corridors of Congress to the State Capitol.

Do not be discouraged by the negativity you see in TV broadcasts, in political ads, or even in frenzied Facebook debates. With your vote, you have a voice. Do not let that voice be silenced.

Autos for Life receives a TRUE barn find!

By David N. O'Steen, Jr.

Since its inception, the National Right to Life "Autos for Life" program has always received an interesting variety of donated vehicles, including everything from luxury cars, RVs, economy cars, vans and trucks, boats and even jet skis! We have always taken vehicles from anywhere in the country, and have always said that they could be of any age.

That certainly rang true recently! Autos for Life received an original, unrestored, 1961 VW Beetle that has been in storage since 1994! The car has always been in the same family since new, and was the donor's father's car.

Knowing that the donor of this popular classic VW has a strong sentimental attachment to the car, we feel all the more honored that she chose to

donate it to National Right to Life through our "Autos for Life" program!

It is the unselfish giving of gifts such as this that enable us to keep doing what we do... saving lives! Please keep them coming! If you or someone you know has a vehicle to donate, or for more information, please



contact David O'Steen Jr. at (202) 626-8823 or email dojr@nrlc.org.

All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc...) along with several pictures (the more, the better)

and we'll take care of the rest! Digital photos are preferred, but other formats work as well.

You don't have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience, and you receive a tax deduction for the FULL sale amount!

All vehicle information can be emailed to us directly at dojr@nrlc.org, or sent by regular mail to:

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

Remember: Vehicles truly can be of any age, and located anywhere in the country. And don't forget countless innocent lives are depending on us!

National Right to Life vs. the radical pro-abortion group, EMILY's List

From page 1

along with the Democratic Party, has pledged to eliminate the Hyde Amendment so that our tax dollars will once again pay for abortion on demand.

The next president will nominate a successor for the late Justice Antonin Scalia, and probably have the opportunity to nominate successors to at least two more justices.

The United States Senate will confirm or block these nominees. Pro-lifers across the nation must remain focused on maintaining enough votes to confirm pro-life justices.

The next Senate will also decide whether to advance pro-life legislation, such as the *Pain-Capable Unborn Child Protection Act* and the *Dismemberment Abortion Ban Act*.

OVERVIEW

This year, there are 34 U.S. Senate seats up for election: 10 Democrat seats and 24 Republican. All of the Democrats up for re-election are pro-abortion. According to *Cook Political Report*, only one Democrat seat is currently rated a "toss-up."

SENATE RACES AGAINST EMILY'S LIST CANDIDATES

The six most competitive Senate races in which radical pro-abortion EMILY's List candidates are running:

NEVADA

In Nevada, due to the retirement of Harry Reid (D), pro-life Congressman Joe

Heck (R) will face pro-abortion former Attorney General Catherine Cortez Masto (D).

Congressman Heck voted for the *Pain-Capable Unborn Child Protection Act* and voted for the *No Taxpayer Funding of Abortion Act*. In contrast, Cortez Masto supports abortion on demand, and using your tax dollars to pay for abortions.

NEW HAMPSHIRE

In New Hampshire, pro-life Senator Kelly Ayotte (R), who has a strong pro-life voting record, faces a tough challenge from pro-abortion Governor Maggie Hassan (D). Hassan supports using your tax dollars to pay for abortion, and as a state senator even opposed notifying parents before an abortion is done on their minor daughter.

PENNSYLVANIA

In Pennsylvania, pro-life Senator Pat Toomey (R) faces a challenge by Katie McGinty (D), who supports abortion on demand. McGinty also opposes efforts to ban the brutal dismemberment abortion method.

NORTH CAROLINA

In North Carolina, pro-life Senator Richard Burr (R) is opposed by pro-abortion former Assemblywoman Deborah Ross (D). While in the state legislature, Ross supported using tax funding for abortions. When she was executive director of the ACLU's North Carolina chapter, Ross even tried to take away a parent's right to prevent an abortion from being done on their minor daughter.

ARIZONA SENATE

In Arizona, pro-abortion Congresswoman Ann Kirkpatrick (D) is challenging pro-life Senator John McCain (R). Senator McCain's pro-life record contrasts greatly with Kirkpatrick's. She voted against the *Pain-Capable Unborn Child Protection Act*, and supports a bill that would invalidate nearly every state and federal limitation on abortion.

Ann Kirkpatrick is so radical on this issue that, along with 176 other Democrats in Congress, she opposed legislation to protect babies who are born alive during an abortion (Roll Call No. 506, 9/18/15).

IOWA

And finally, in Iowa, pro-life Senator Chuck Grassley (R), chairman of the Senate Judiciary Committee, is squaring off against pro-abortion former Lt. Governor Patty Judge (D). Senator Grassley has a strong pro-life voting record. In contrast, Patty Judge would like to overturn the Hyde Amendment and force taxpayers to fund abortions.

Click here [<http://www.nrlvictoryfund.org>] for downloadable comparisons of the presidential and competitive Senate races.

MOST COMPETITIVE HOUSE RACES AGAINST PRO-ABORTION EMILY'S LIST CANDIDATES

Following is a list of the most competitive U.S. House of Representative races involving a pro-life candidate and an

extreme pro-abortion EMILY's List candidate. Keep in mind, as noted above, in order to be considered by EMILY's List, the candidate has to support unlimited abortion, and taxpayer funding of abortion on demand.

See page 23 for a list of the most competitive U.S. House races, which are between National Right to Life-supported pro-life candidates and pro-abortion EMILY's List candidates. (The first candidate listed is pro-life, and the second is the pro-abortion EMILY's List candidate.)

In 2014, National Right to Life was involved in 26 head-to-head competitive races against EMILY's List candidates. Despite being vastly outspent, National Right to Life won 73% of those races.

The 2016 elections present unique challenges of their own.

Since 1985, EMILY's List has raised and spent hundreds of millions of dollars for political candidates. National Right to Life generally spends only a fraction of that. (You can help with that by donating here: **DONATE**)

EMILY's List candidates may have a financial advantage, but fortunately, the babies and their pro-life candidates have YOU.

Please remember the babies when you go to the polls on November 8, and vote pro-life.

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

Hillary Clinton and the Democrats want you to pay for abortions.



Please stop them!

Hillary Clinton and the Democrats have pledged to change the law so that your tax dollars will pay for abortion on demand.

House District	Pro-life Candidates*	vs.	Pro-abortion Candidates**
Colorado 3	♥ Pro-life Rep. Scott Tipton vs.		■ Gail Schwartz
Colorado 6	♥ Pro-life Rep. Mike Coffman vs.		■ Morgan Carroll
Florida 7	♥ Pro-life Rep. John Mica vs.		■ Stephanie Murphy
Indiana 9	♥ Pro-life Trey Hollingsworth vs.		■ Shelli Yoder
Iowa 1	♥ Pro-life Rep. Rod Blum vs.		■ Monica Vernon
Maine 2	♥ Pro-life Rep. Bruce Poliquin vs.		■ Emily Cain
Michigan 7	♥ Pro-life Rep. Tim Walberg vs.		■ Gretchen Driskell
Michigan 8	♥ Pro-life Rep. Mike Bishop vs.		■ Suzanna Skreli
Minnesota 2	♥ Pro-life Jason Lewis vs.		■ Angela Craig
Minnesota 3	♥ Pro-life Rep. Eric Paulsen vs.		■ Terri Bonoff
Montana AL	♥ Pro-life Rep. Ryan Zinke vs.		■ Denise Juneau
Nevada 3	♥ Pro-life Danny Tarkanian vs.		■ Jacky Rosen
New Hampshire 1	♥ Pro-life Rep. Frank Guinta vs.		■ Carol Shea-Porter
New York 1	♥ Pro-life Rep. Lee Zeldin vs.		■ Anna Throne-Holst
New York 19	♥ Pro-life John Faso vs.		■ Zephyr Teachout
New York 22	♥ Pro-life Claudia Tenney vs.		■ Kim Myers
Pennsylvania 16	♥ Pro-life Lloyd Smucker vs.		■ Christina Hartman
Virginia 5	♥ Pro-life Tom Garrett vs.		■ Jane Dittmar
Virginia 10	♥ Pro-life Rep. Barbara Comstock vs.		■ LuAnn Bennett

*Candidates supported by National Right to Life **Candidates supported by EMILY's List

VOTE PRO-LIFE NOVEMBER 8

Paid for by National Right to Life Victory Fund | www.nrlvictoryfund.org
Not authorized by any candidate or candidate's committee.

New York Times, Dr. Timothy Quill Promote Physician-Assisted Suicide by Starvation and Dehydration

By Nancy Valko

Physician-assisted suicide is not just about someone taking a lethal overdose of medicine prescribed by a doctor. For many years, Compassion and Choices (the former and more appropriately named Hemlock Society) has also promoted VSED (voluntary stopping of eating and drinking) as just another end of life option they insist is legal in all states, even those without an assisted suicide law.

Now in a disturbing new *New York Times* article “The VSED Exit: A Way to Speed

Law which drew about 220 participants — physicians and nurses, lawyers, bioethicists, academics of various stripes, theologians, hospice staff.”

In her article, Ms. Span acknowledges that VSED “causes **death by dehydration**, usually within **seven to 14 days**.” (Emphasis added)

Thus, VSED death is no more “natural” than physician-assisted suicide by lethal overdose. It just takes longer.

One of the featured speakers was Dr. Timothy Quill, described as “a veteran

“neutral” on assisted suicide.

He was also the respondent in the 1997 US Supreme Court Case *Vacco v Quill*, arguing for the constitutional right to physician-assisted suicide.

VSED AS A “REASONABLE” OPTION FOR “PEOPLE WITH SERIOUS ILLNESSES WHO WANT TO HASTEN THEIR DEATHS”

Although Dr. Quill claims that VSED is “generally quite comfortable at the beginning,” he also states that “You want

and terminal sedation) wrote an article titled “Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Food and Fluids” [www.worldtrd.org/quill&Byock.html].

In the article, they wrote about the case of BG, a radiology doctor with an eventually fatal brain tumor, who “did not want to die but was fearful of becoming physically dependent and intellectually impaired.”

As they wrote, “BG stopped eating and drinking. The initial week was physically comfortable and personally meaningful.” However, “On day 10, BG became confused and agitated and began having hallucinations. The peace and comfort that he and his family had achieved began to unravel.”

His intravenous morphine drip to control his headaches was increased to cause terminal sedation and he died.

Byock and Quill conclude that “Medicine cannot sanitize dying or provide perfect solutions for all clinical dilemmas. **When unacceptable suffering persists despite standard palliative measures, terminal sedation and voluntary refusal of food and fluids are imperfect but useful last-resort options that can be openly pursued.**” (Emphasis added).

THERE ARE NO RELIGIOUS OBJECTIONS TO VSED?

In her article, Ms. Span makes an effort to make VSED

End of Life Choices

American Academy of Hospice and Palliative Medicine (2007). *Physician-assisted death*. <http://aahpm.org/positions/pad>

Voluntary stopping of eating and drinking (VSED)

- Patient is in the driver’s seat
- Process is quickest with no oral intake of any kind
- Hospice can provide comfort care for pain, discomfort, agitation, etc.
- 24/7 care recommended for safety and comfort
- Nursing Homes and Assisted Living Facilities may have their own policies
- This choice can be expressed in advance planning documents, such as a dementia provision

Compassion & Choices

Up Dying, Without Asking Permission,” columnist Paula Span (who admits that she was “also a speaker, and received an honorarium and some travel costs”) writes about a conference on VSED “billed as the nation’s first, at Seattle University School of

palliative care physician at the University of Rochester Medical Center.” Unmentioned is that Dr. Quill is a long-time activist for physician-assisted suicide and 2012 president of the American Academy of Palliative and Hospice Medicine which is now

a medical partner to manage your symptoms,” because “It’s harder than you think.”

How hard?

In 2000, Quill and Dr. Ira Byock (a palliative care doctor who speaks against legalizing physician-assisted suicide while also supporting VSED

See “Starvation,” page 44

Lessons from the 40th anniversary of the Hyde Amendment and the 100th anniversary of Planned Parenthood

By Dave Andrusko

Planned Parenthood, the brainchild of eugenicist Margaret Sanger, celebrated its 100th birthday October 16. Over the entire month of October, *NRL News Today* wrote at length about the eerie confluence of the 40th anniversary of the life-affirming Hyde Amendment, on September 30, and the 100th anniversary of the life-denying Planned Parenthood Federation of America.

When you understand that at least two million people escaped with their lives because of the Hyde Amendment, you easily appreciate why PPFA so hates the now 40-year-old provision and why PPFA's candidate, Hillary Clinton, even more so.

As always, PPFA and its political arms are swimming in money (their CEO's salary just jumped to nearly \$1 million) and their political arms brag they can influence the outcomes of Senate races in multiple states.

Rather than talk about the fawning press CEO Cecile Richards habitually receives, or the duplicitous ways PPFA hides it up-to-its-eyeballs involvement in abortion, or the arms-locked-together team of PPFA, Clinton, and the Democrat Party, let's look at Margaret Sanger, PPFA's founder.

Sanger wrote countless outrageous things. The following two examples are (1) taken from a 1925 book to which she contributed an essay; and (2) a recent tone-deaf "debunking" of criticism

of Sanger, the results of which, inadvertently, were very harsh on Sanger.

Both focus on Sanger's habit of referring to people whom she

this little earth. We must clear the way for a better world; we must cultivate our garden."



didn't approve of as "weeds" which must be cleared away.

Here's a passage from, "The Need for Birth Control in America," which appeared in *Birth Control: Facts and Responsibilities*, ed. Adolf Meyer, M.D., 1925.

"In his last book, Mr. [H. G.] Wells speaks of the meaningless, aimless lives which cram this world of ours, hordes of people who are born, who live, who die, yet who have done absolutely nothing to advance the race one iota. Their lives are hopeless repetitions. All that they have said has been said before; all that they have done has been done better before. Such human weeds clog up the path, drain up the energies and the resources of

"Hopeless repetitions" that are "clog[ging] up the path" that "we must clear away" so as to "cultivate our garden"?

Yikes!

Sources sympathetic to Sanger delight in making tortuous distinctions without differences. (By the way, our friends at Wikipedia note, "It is particularly used when a word or phrase has connotations associated with it that one party to an argument prefers to avoid.")

Snopes tried to defang Sanger's frequent use of "weeds" by "debunking" an assertion that Sanger specified a "particular race or ethnicity." In other words, if she wrote something really, really ugly but did not mention a particular people, well, no harm, no foul.

Really? Here's a quote from an April 8, 1923, *New York Times* article "attributed" to Sanger that Snopes thinks

makes it all right. The quote ends thusly:

Succinctly and with telling brevity and precision "Birth Control" summed up our whole philosophy. Birth Control is not contraception indiscriminately and thoughtlessly practiced. It means the release and cultivation of the better racial elements in our society, and the gradual suppression, elimination and eventual extirpation of defective stocks — those human weeds which threaten the blooming of the finest flowers of American civilization.

This is supposed to make us look at Sanger more favorably, to see her as a woman unfairly picked upon?!

It is eugenics on steroids—eliminating and eventually extirpating "defective stocks" while we "release" and "cultivate" what Sanger believed were "the better racial elements in our society."

It is telling that one definition of extirpate is "to pull up as if by the roots" which is what you must do if you are to totally eliminate all those human "weeds."

One final thought. Even with the power of its praetorian

Lawsuit Seeks to Euthanize Definition of Suicide

By Wesley J. Smith

Here we go again. Having failed to convince Massachusetts voters to legalize assisted suicide in 2012, and having repeatedly failed to get such legislation passed, the Hemlock Society Compassion and Choices is bringing a lawsuit to declare that assisted suicide is a right because it isn't suicide.

From the WCBV story:

Two Cape Cod doctors are asking a Massachusetts court to rule that it's not a criminal act for physicians to prescribe lethal doses of medication to mentally competent patients with terminal illnesses.

A lawsuit was filed Monday in Suffolk Superior Court by Dr. Roger Kligler, who has terminal cancer, and Dr. Alan

Steinbach, with the help of Compassion & Choices, a Denver-based nonprofit that works on end-of-life choices. It also asks the court for an injunction



to prevent criminal prosecution of what it calls "medical aid in dying," which the group says is not

the same as assisted suicide.

The group says in medical aid in dying, the patient controls the process from beginning to end. In assisted suicide and euthanasia,

someone else's actions and choices cause death.

What drivel. Euthanasia, where legal, is usually asked

for by the person killed. Ditto assisted suicide.

Besides, if being in "control of the process"—a false premise as the whole point is to have an MD validate the hastened death—somehow makes self-killing not suicide but something else, what does terminal illness have to do with it?

I mean, what constitutional rights are so narrowly limited to a minority of people? This same gambit has failed before in Connecticut and New Mexico.

But think about the attempted societal corruption! Typical of these zealots who want to expand the culture of death by whatever means necessary, including by euthanizing the integrity and meaning of language.

Editor's note. This appeared on Wesley's great blog.

Lessons from the 40th anniversary of the Hyde Amendment and the 100th anniversary of Planned Parenthood

From page 25

guard—virtually the entirety of the media elite—warding off a true assessment, PPFA's approval ratings have come down.

True, majorities do not want the organization defunded. PPFA and its legion of media apologists have persuaded large swathes of the public that it is a non-partisan dispenser of women's "health services," rather than what it is—the largest abortion provider in the world wholly invested in politics.

Politifact is one of those self-appointed media truth-detectors which almost invariably just happen to come down on the side of the Left. But in late 2015, even Politifact Texas acknowledged that there are late 2015 polls showing PPFA's favorability ratings as high as 50% and 53% but also as low as 44% and 40%.

Keep the faith. The wheels of justice grind slowly but grind fine.



Donald Trump's numbers continue to rise in key "swing states" four days out from Election Day

From page 1

Reuters released a poll this morning that, as is typically the case, exaggerates Clinton's standing. But the most important point is that her lead among early voters in pivotal states such as Florida and Ohio is much less than Obama's four years ago.

In Florida "Clinton leads by 8 points among early voters," according to Reuters' Maurice Tamman. "In 2012, Obama led by about 15 points." In Ohio "she leads by about 20 points among early voters. At this point in 2012, Obama led by about 30 points."

Why? Tamman writes

It is not clear why Clinton's early voting support has fallen

short of Obama's. The shift could indicate a broader cross-section of voters is casting early ballots than in 2012. But the drop might also foreshadow lower-than-expected turnout among the core Democratic constituencies who propelled Obama to victory in 2008 and 2012.

What did we learn in the last two days? Before we go into that, as we have posted a hundred times, any poll, no matter how scrupulously fair, is based on a projected turnout model. If fewer Clinton

supporters vote on November 8 than the model suggests, or more Trump supporters than anticipated fulfill their civic duty (or both), all predictions could be as out of date as yesterday's newspaper.

First and foremost, the latest surveys in some of "swing states," one or more of which Trump must carry, are trending in his direction.

I do understand that if you average a bunch of polls, Clinton remains ahead. But as we approach the finish line it's those last surveys that carry the most weight.

To wit (to name just a few states):

- New Hampshire. A *WBUR/MassINC* poll shows Trump leading by 2 points in a head-to-head with Clinton and one point in a four-way race that includes the Libertarian Party candidate and the Green Party candidate. Still another poll (Boston Globe/Suffolk University) has them tied at 42% in a four-way race.
- A University of Colorado poll finds Trump and Clinton tied at 39%.
- A Susquehanna Polling and Search survey reveals that Clinton's lead over Trump is down to two points (45% to 43%) in Pennsylvania.
- In Michigan, a *Fox News* poll finds Clinton's lead has shrunk to three points—47% to 44%.
- In the all-important state of North Carolina,

Trump has erased Clinton's advantage and now holds a 7 point advantage in a *WRAL-TV/SurveyUSA* poll.

What about today's *Washington Post/ABC News* poll? That gives Clinton a three-point advantage—47% to 44%.

The most significant takeaway is the Post asked respondents which candidate they trusted most to handle five key issues. They were tied in one, Clinton had narrow leads in three, but Trump had a nine point advantage in handling "corruption" (48% to 39%).

Thursday's *Washington Post/ABC News* poll numbers gave a more detailed demographic breakdown along with the important fact that Trump leads among those who are "most enthusiastic" by 5 points over Clinton.

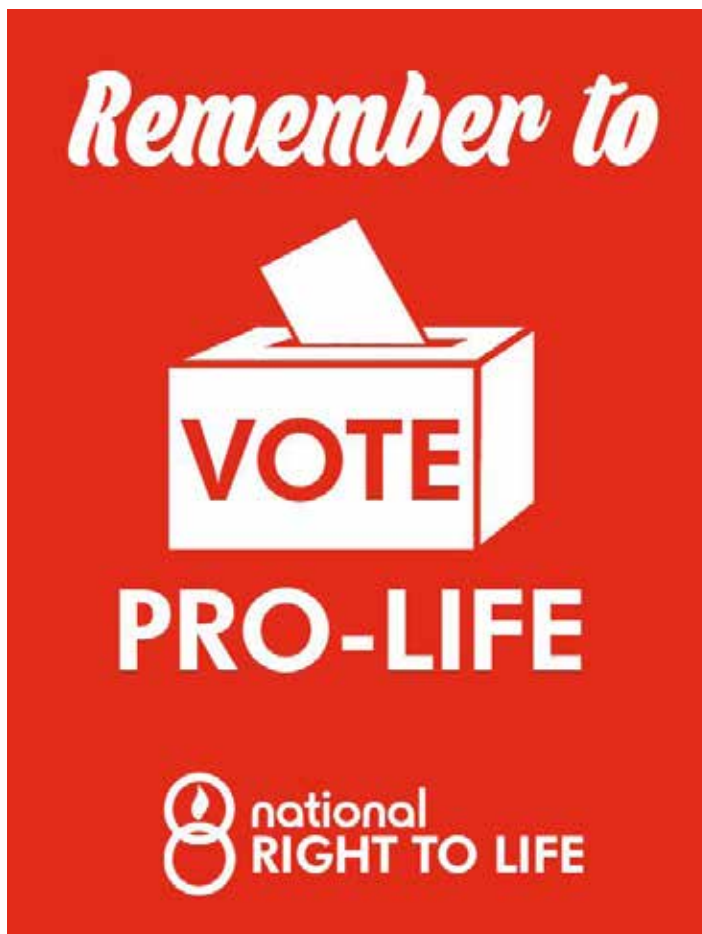
What about the gender gap? Trump leads among men, 49% to 36% while Clinton's advantage among women is 50% to 38%.

But, of course, there is a reason the Clinton campaign is so heavily working African-American communities. Not only does Clinton enjoy a large advantage among Black men, she has a huge advantage among Black women.

So Trump's "gender gap" among women is wholly a function of African-American women's overwhelming support for Mrs. Clinton.

Trump and Clinton are for all practical purposes tied among White women—43% for Trump and 42% for Clinton.

See "Trump," page 45



The Stubborn Biological Facts regarding the Abortion-Breast Cancer link

By Joel Brind, Ph.D.

Editor's note. The following is a terrific layperson-friendly explanation why having an induced abortion increases a woman's chances of having breast cancer.

In this post, I will go over the basic, underlying biology of how and why abortion interferes with normal breast development and breast health, thus leading to a higher risk of breast cancer later in life for women who have chosen abortion.

Everyone knows that a woman's breasts, as part of the reproductive system, do not develop until puberty. But most people—even doctors—do not know that the breasts really do not develop substantially even at puberty: they essentially just grow in size.

What that means is that from the time of puberty, a girl has a lot more breast tissue capable of growing—and capable of becoming cancerous—than she had before puberty. Thus does puberty open what breast cancer researchers call the “susceptibility window.”

The susceptibility window—when potentially cancer-causing mutations can collect in vulnerable breast lobule cells—only closes when a woman has her first full-term pregnancy. It is in fact at about 32 weeks of a normal pregnancy that most of the primitive, growing cells of the breast become differentiated into cells that can actually produce milk.

Why are these mature cells resistant to becoming cancerous? Because their ability to proliferate has been

turned off. That explains not only the epidemiological evidence showing abortion's link to future breast cancer risk, but also the fact that a live birth before 32 weeks gestation also increases risk; the effect on the mother of “terminating” a

of the lobules are Type 1 and 2—to emphasize again, where almost all breast cancers begin.

When a woman becomes pregnant, the hormones estrogen and progesterone surge and cause a massive growth spurt in the breasts,



normal pregnancy is the same, regardless of the fate of the child.

A little more detailed look at what happens to the breasts during pregnancy clearly shows two major ways in which abortion raises the risk of future breast cancer.

The future milk-producing structures in the breast that multiply during puberty are called Type 1 and Type 2 lobules. It is Type 1 and Type 2 lobules where almost all breast cancers start. Microscopically, these lobules look rather like trees in winter, with the branches bare except for small buds. After puberty but before first pregnancy, almost 100%

doubling the size of the lobular tissue by mid-pregnancy (20 weeks gestation). But by 32 weeks gestation, only about 20% of the lobules are still cancer-vulnerable Type 1 and 2. Most have matured to Type 4 and can produce colostrum (milk).

Putting all this together in terms of breast cancer risk, we can see that putting off childbirth until a woman is older results in a greater likelihood of getting breast cancer, because the susceptibility window is open much longer. This fact has been well established, ever since a definitive, international multi-center study commissioned by the World Health Organization

(WHO) was published in 1970.

Moreover, it is widely known to be responsible for most of the difference between the high rate of breast cancer incidence among women in North America and Europe—who typically wait until they are in their late 20's or 30's to start having children—and the much lower cancer breast cancer incidence rates among women in Asia and Africa.

Thus there is no controversy about the fact that the longer a woman waits to start having children, the higher her future risk of breast cancer. Importantly, by delaying the closing of the susceptibility window, abortion abrogates the protective effect of full-term pregnancy.

But abortion does more damage than merely postponing first childbirth, nullifying the protective impact that comes because immature and cancer-prone breast tissue have matured. The surging estrogen and progesterone of a normal pregnancy multiplies the number of Type 1 and 2 lobules. **If the pregnancy is aborted, this creates more places for cancers to start, because the third trimester maturation to type 3 and 4 lobules never is allowed to happen.**

That is why dozens of published epidemiological studies from around the world, starting as far back as 1957, continue to emerge which show increased breast cancer risk among women who have chosen abortion. This trend

In vicious attack on pregnant woman, unborn child is a second victim, Michigan Court of Appeals unanimously rules

By Dave Andrusko

In a case so vicious the presiding judge said, “I can’t remember when I’ve been so appalled at a defendant’s behavior of what – what cruelty, what total disregard for human life and decency there was in this particular incident,”

In 2014, Samuel Demetrious Ambrose punched his disabled, pregnant girlfriend and “held her head underwater after dumping her out of a wheelchair and into a ditch in southern Allegan County,” according to *WZZM-13*.

and witness intimidation. His sentence was lengthened because the judge counted the woman’s unborn child as a second victim,” reported John Hogan.

Ambrose appealed, arguing the unborn child should not be counted as a second victim because the child is not a “person.”

The Court of Appeals unanimously disagreed. Hogan wrote

“We conclude the trial court did not err in counting the fetus as a ‘victim’ when fashioning a sentence,” justices wrote.

The appeals court noted there are already laws making it a felony to cause a miscarriage or stillbirth through criminal conduct.

“The facts of this case are reprehensible, leaving no doubt that (Ambrose) placed the mother and her fetus in both danger of death and physical injury,” Appeals Court Judge Peter D. O’Connell wrote. “The trial court’s departure was minimal and its reason

for departure were extensive.”

Right to Life of Michigan lauded the decision and pointed out the significance of a change in state law:

Michigan updated protections for unborn children by passing the Prenatal Protection Act in 1999. Previously the child had to be born alive and then die in order to be counted as a victim of a crime committed while the child was in the womb. The born-alive rule was necessary as a matter of evidence before the advent of ultrasound, because the only way to know a child in the womb was alive at any point (and harmed by the criminal action) was the mother reporting her experience of the baby moving. Thanks to modern medicine, documenting the life of the child in the womb is easy and undeniable.



Samuel Demetrious Ambrose

the Michigan Court of Appeals unanimously rejected the plaintiff’s assertion an unborn child could not be considered a second victim.

“Allegan County Circuit Court Judge Kevin W. Cronin sentenced Ambrose to a minimum of four years in prison for the May 2014 assault

The danger of suicide contagion—and why assisted suicide makes it worse

By Paul Stark

An Oct. 19 story published in *Newsweek* discusses a recent outbreak of suicides among teenagers in Colorado. Suicide contagion—when one suicide leads to others, sometimes producing a “suicide cluster”—is a well-established social phenomenon. And young people are especially susceptible.

“[S]uicide is likely becoming more contagious, thanks in large part to social media,” writes Max Kutner in the *Newsweek* article. He explains:

Suicide prevention advocates tend to blame television and newspaper coverage for inspiring copycats, but for teens, social media are a growing problem. Instagram pages for kids who kill themselves sometimes contain hundreds of comments. Many are about how beautiful or handsome the deceased were, how they can finally rest in peace and how there should be a party for them in heaven. Dr. Christine Moutier, chief medical officer at the American Foundation for Suicide Prevention, says the message seems to be that if you kill yourself, you’ll not only end your suffering but also become the most popular kid in school. Teens sometimes have more than 1,000 Instagram followers, so kids far beyond one school or community can see digital shrines to dead friends. Moutier says those posts can seem as if they’re romanticizing death.

Suicides nationwide are on the rise. Efforts to prevent these tragedies, particularly among young people, must be more

vigorously pursued. But such efforts are undermined by the current campaign to legalize assisted suicide in states across the country (including, ironically, Colorado, where assisted suicide is on the ballot in the 2016 election). Here’s why.

Suicide prevention efforts rightly affirm that everyone’s

suicide, like suicide in general, can have a contagion effect that contributes to the deaths of more people.

Consider the story of Brittany Maynard, the young woman whose example of dying by assisted suicide has been endlessly romanticized by assisted suicide advocates.

assisted) suicide rate. (The effect on non-assisted suicides alone was less clear—a 1.6 percent rate increase.)

“You do not discourage suicide by assisting suicide,” quips Dr. Aaron Kheriaty, a psychiatry professor at the University of California-Irvine School of Medicine.

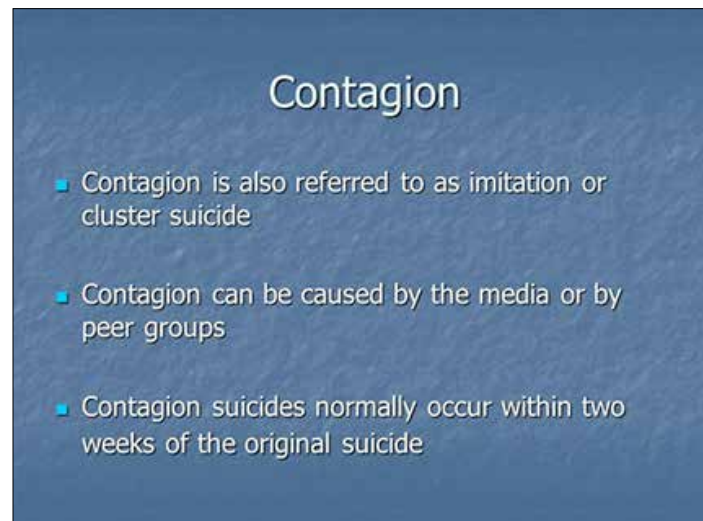
Indeed, despite the claims of its proponents, assisted suicide isn’t only about a few individual patients and their personal circumstances. There is a broader social impact. This is about our whole society.

Dr. Kheriaty tells the story of Valentina Maureira, a 14-year-old Chilean girl with cystic fibrosis who wanted to die by suicide after hearing about the case of Brittany Maynard. Fortunately, Maureira met another young person with the same disease who offered hope and encouragement. “With our laws, we can encourage vulnerable individuals in one of these two directions,” Kheriaty says.

“What sort of society do we want to become, with regard to how we help people who report they want to end their own lives?” he asks. “Suicide is already a public health crisis; do we want to legalize a practice that will worsen this crisis?”

We must reject suicide in all of its forms.

Editor’s note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life, NRLC’s state affiliate. This first appeared at prolifemn.blogspot.com and is reposted with permission.



life matters, that people are valuable and significant, and that difficult circumstances or feelings don’t change those facts. Suicide is always tragic. It is not the solution to someone’s problems.

The promotion, publicity, and legalization of assisted suicide affirms something very different. It says that sometimes suicide really is the appropriate response to an individual’s circumstances or anxieties. And the government and medical profession should approve and facilitate the killing of that individual. Some lives just aren’t worth living.

This message is false. It’s also deeply harmful. Assisted

Media coverage of Maynard flagrantly violated the accepted guidelines for responsible suicide reporting.

Dr. Will Johnston, a Vancouver physician, recalls treating a patient who was affected: “I hospitalized a young suicidal patient ... who told me how he had done an internet search for suicide drugs after watching the slick video glamorizing Brittany.”

This is suicide contagion.

A 2015 study published in the *Southern Medical Journal* concluded that, controlling for numerous factors, the legalization of assisted suicide has led to a 6.3 percent increase in the total (non-assisted and

If your child should ask...

From page 2

the Supreme Court while Clinton's litmus test is 100% support for *Roe v. Wade*, the 1973 Supreme Court decision whose tsunami like impact has resulted in the deaths of nearly 60 million unborn babies?

If your child should ask, could you document how militantly pro-abortion Clinton is? Did you know that while she was a U.S. senator she opposed the ban on partial-birth abortions on multiple occasions? For those new to the Movement or new to the issue, partial-birth abortions are usually performed in the fifth and sixth months of pregnancy and so grotesque that it took away the breath of even hardcore pro-abortionists.

But not Hillary Clinton.

Before the ban was enacted, signed into law by President George W. Bush, and upheld by the Supreme Court, thousands of times a year, an abortionist deliberately delivered, feet first, a premature, healthy infant until only the baby's head remains lodged just inside the mother's womb. Then he punctured the base of the baby's skull with 7-inch surgical scissors and suctioned out the brain.

Hillary Clinton can live with that. Could you, if you did less than your best to make sure she is not the next President?

Remember that Clinton's passion for abortion didn't end when she left the Senate. There is the aforementioned obsession with ending the Hyde Amendment which saved the lives of at least two million

people--and continues to save more lives today.

And as if to prove her support for partial-birth abortions was no fluke, Clinton opposes the Pain-Capable Unborn Child Protection Act. The bill accomplishes what the title suggests: it protects unborn babies who are capable of experiencing excruciating pain when they are aborted beginning at 20 weeks after fertilization, which is 22 "weeks of pregnancy," or about the beginning of the sixth month, a point by which -- if not earlier -- there is substantial medical evidence that the unborn child can feel pain. Public opinion polls show that by lopsided margins, Americans support prohibiting abortion at least by this stage in development, with

most polls showing women even more supportive than men.

But not Hillary Clinton.

If your child should ask, could you explain that you've been gone more nights than usual because you were helping to educate your community about the local, state, and federal candidates for office?

If your child should ask, could you honestly say that you did everything in your power to help the babies and their mothers?

If you can--as I am confident that the overwhelming majority of you will be able to do--you can know that you lived out St. Augustine's admonition: "Pray as though everything depended on God. Work as though everything depended on you."

The Stubborn Biological Facts regarding the Abortion-Breast Cancer link

From page 28

even showed up in the World Health Organization (WHO) report back in 1970, wherein the authors noted that their results "suggested increased risk associated with abortion -- contrary to the reduction in risk associated with full-term births."

Finally, it should be noted that there are two more ways -- indirect ways -- in which abortion can increase a woman's future breast cancer risk which often are overlooked.

First, abortion increases the risk of premature birth in subsequent pregnancies. Not

only does this have devastating consequences in terms of increasing the incidence of such congenital disabilities as cerebral palsy and autism, but (as noted above) premature deliveries before 32 weeks gestation increases the risk of breast cancer, the same as later-term abortion does.

Second, it is also well established that breast feeding reduces the risk of future breast cancer, and breast feeding is, of course, not possible after the baby is aborted.

Clearly, nothing reduces the risk of future breast cancer

like starting childbearing early. That's a big reason why teenage and early 20-something mothers in particular should be advised against abortion. Young motherhood will drive their future breast cancer risk way down, while abortion will drive it way up. It really is as simple as that.

But what about abortion of subsequent pregnancies? Again, half a century's worth of data confirms that the independent effect of abortion--above and beyond the effect of postponing first childbirth--is the same for abortion of any

pregnancy. That would be about a 30% increased risk on average.

I suspect few women would be willing to take that risk, if only they knew about it.

Editor's note. Joel Brind, Ph.D., is a professor of biology and endocrinology at Baruch College of the City University of New York, and is co-founder of the Breast Cancer Prevention Institute. He is a frequent contributor to NRL News and to NRL News Today.

“Americans ought to know that’s part of being pro-choice”

By Dave Andrusko

“You don’t have to teach children about fairness and unfairness. A sense of justice comes with the kit of being human. We know about it, as we say, in our bones.”
-- N.T. Wright

“Lying about abortion is a cottage industry, so it was hardly surprising to learn that pro-abortion advocates would label Donald Trump a liar for telling the truth about partial-birth abortion. ...
-- Bill Donahue

On a recent edition of *Fox News Sunday*, Kellyanne Conway had a very revealing exchange with moderator Chris Wallace. Conway, a veteran pro-life pollster and Donald Trump’s campaign manager, highlighted the exchange over abortion Trump and Hillary Clinton had in the third presidential debate.

Her point was that in calling out Clinton on abortion, that Trump “gave the most impassioned defense of life that I’ve ever heard from a Republican presidential candidate” and in so doing accomplished two things no other GOP presidential

candidate had in a debate

One is saying, “I’m pro-life, I will appoint pro-life judges.” And then taking the case right to Hillary Clinton that her and her party are for abortion, anyone, anytime, anywhere. They’re incredibly extreme –[support for] sex-selection abortion, taxpayer funded abortion, and, of course, late-term abortion.

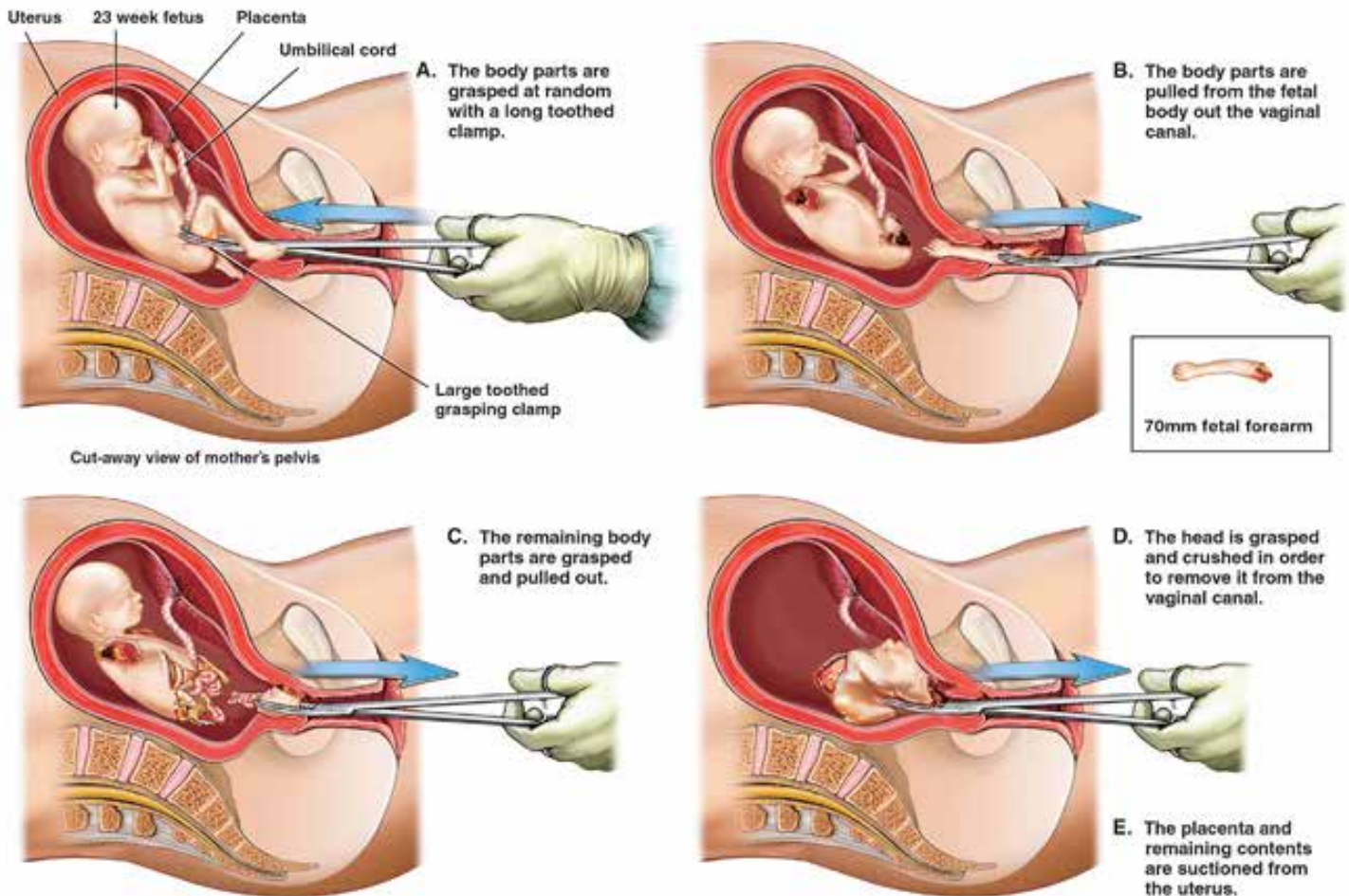
“Donald Trump said on live TV in front of you that Hillary

Clinton would rip the baby from the womb, that it’s OK to have a late-term abortion. She had a terrible defense to that—that somehow it’s because of the life of the mother [not true]. And people say, well, there aren’t that many.” [In fact there were thousands annually.]

“Americans ought to know that’s part of being pro-choice. So, I

See “Americans,” page 40

Dilation and Evacuation Abortion (D&E) of a 23 Week Old Fetus



WaPo Factchecker gives latest pro-abortion assertion “Four Pinocchios” for telling whoppers

By Dave Andrusko

You may remember that last October we posted on a verdict by *Washington Post* FactChecker Michelle Ye Hee Lee to give “Two Pinocchios” to the assertion that “one in three’ women will have an abortion by age 45.” Two Pinocchios” in the *Post’s* rating system means the claim involves “significant omissions and/or exaggerations.”

Well, pro-abortionists are back

of pro-abortion organizations. As the *Post* points out (and we wrote about extensively at the time), NARAL Pro-Choice America President Ilyse Hogue repeated that bogus statistic during her speech at the Democratic National Convention.

The *Post* gives us the context. In a September 26 letter, NARAL and five other pro-abortion organizations

and we have urged advocates and politicians to do the same.”

The *Post* writes

“But the claim in the letter did not contain any caveat. Instead, it said one in three women (no age specification) has already had an abortion.”

(Guttmacher’s updated survey data will, we are told, come in the next year.)

the letter”—that “abortion is a common medical procedure under attack by anti-choice politicians.”

Michelle Ye Hee Lee concludes

According to the letter penned by abortion advocates, one in three women have had an abortion. This is an inaccurate reference to research relying on data nearly a decade old.

The Guttmacher Institute’s 2011 report found that one in three women will have an abortion by age 45, if 2008 abortion rates prevailed. Until the study of the 2014 data is complete, we will not know whether this rate has remained constant.

The Guttmacher Institute usually adds the caveat that the figure is based on the 2008 abortion rate, and we have urged advocates and politicians do the same. In this case, the statistic was simplified way too much — that one in three women (with no age specification) have had (not “will have by age 45”) an abortion. This statistic is unsupported by facts and earns Four Pinocchios.



at it again, once more proving that truth is not only always the first casualty in pro-abortion propaganda, but that they will double down by extending the misrepresentation.

This time Ye Hee Lee doles out “Four Pinocchios” to a letter from NARAL Pro-Choice America that flatly states, “One in three women in this country has had an abortion.”

Notice the difference: not will have an abortion by age 45 but “has had an abortion.” Thus the FactChecker’s Four Pinocchios designation—whose one-word summary is “whoppers.”

Actually the damage is far worse than a letter from a cohort

attempted to egg moderator Lester Holt on to ask about abortion in the first presidential debate. In the letter was the Four Pinocchios assertion.

So where does the “1 in 3” statistic come from? As NRLC’s Dr. Randall K. O’Bannon has demonstrated (and the *Post* confirmed), it is an extension into the future from a 2008 study by the pro-abortion Guttmacher Institute.

To make a very long story short, the 1 in 3 is based on the 2008 abortion rate which Guttmacher simply projected into the future. However, “The Guttmacher Institute usually adds the caveat that the figure is based on the 2008 abortion rate,

But you don’t have to be pro-life to ask the obvious question: if the abortion rate has been coming down since 2008, isn’t it readily apparent that you cannot state as if it were fact that {roughly} 1 in 3 (30%) women have had an abortion?

Not to NARAL spokeswoman Kaylie Hanson Long, who told the *Post*. “Without new data, we have to presume rates have stayed constant. We wish this specific kind of data could be released more frequently, but until that’s the case, we will use this data.”

Not surprisingly, Long then switched gears—away from the accuracy of the 1 in 3 assertion to “the broader point made in

Once your eyes are open to the tragedy of abortion, you cannot “unsee”

By Dr. Jean Garton

My friend, Molly Kelly, and I were once on a speaking tour when, one afternoon, driving to our next engagement, the sun was beginning to set. As I glanced out the car window I said, “Oh, look, Molly, there on that hill are those unusual trees I like so much, and with sunlight shining behind them they look like open fans or peacock tails.”

My artistic description did not impress Molly at all because, after a pause, she grunted and said, “They look like broccoli to me!” Two people looking at the same thing but seeing something different.

That is how we are about many topics—especially political or social issues. Fortunately, in most cases of “seeing” things differently, 59 million human beings don’t end up dead as they have in the case of abortion. Abortion’s second victims include an untold numbers of women who experience guilt and pain, disenfranchised fathers, and a coarsened view of human life at all stages.

Yet I believe the American people increasingly are “seeing” the abortion issue with a clearer vision. We can be more hopeful than ever that the youngest, most defenseless members of the human race will once again be protected by law beginning at the moment of conception.

My involvement in the abortion battle began on the “choice” side back in 1968 when I found myself pregnant at 40. We already had three children and number four was definitely not on my agenda.

“Every child a wanted child” claims the pro-choice slogan, and this child wasn’t.

The “practical solution” was an abortion. However, where I lived the state law prohibited abortion so I joined an abortion-rights group to help change the law.

What changed, however, was me. That “unwanted pregnancy” became a very wanted child.

I eventually became a convert to the pro-life position and, in 1973, found myself speaking at a U.S. Senate hearing because, as the old line says, “Once you see, you can’t unsee.”

However, there were a multitude of great and wise teachers along the way whose “little things” have encouraged, enlightened and energized me for the battle.

There was the late John Cardinal O’Conner, who responded to the charge against pro-lifers that unless we are feeding the hungry or housing the homeless we are hypocritical. He said: “You can be hungry but alive! You can be homeless but alive! You can be in a wheelchair but alive! You can be handicapped or injured or battered but alive! But you can’t be killed and be alive.” [1]

His response was a “little thing,” but it affirmed and strengthened my belief that to put one’s energy into simply keeping unborn babies alive is a natural, needful and noble work.

Then there was Ruth Bell Graham, wife of the great evangelist Billy Graham. Speaking to a few of us at her home, she made a powerful

point through the “little thing” of telling a story from the past.

There was a small village in Europe during World War I, she said, where all the men and boys

replied, “it might not do any good but at least they’ll know whose side I’m on.” [2]

It is a mighty and powerful broom we hold in our hand



Jean Garton speaking at the 2016 National Right to Life Prayer Breakfast.

were off to war. One day the townspeople saw the dust of the approaching enemy army. The women gathered their children, the old people collected their prized possessions, and off they ran in the opposite direction to hide in the hills.

One little old lady, however, with a broom held high in her hand, ran out into the street in the direction of the oncoming army. “Crazy old lady,” shouted the fleeing villagers. “What good will a broom do against tanks and guns?” “Well,” she

when we walk into a voting booth, when we witness to others about the sanctity of life, or when we financially and prayerfully support those on the front line of this battle. As President Ronald Reagan once said, “Evil is powerless when the good are unafraid.” [3]

A name not found among well-known pro-life warriors is Matthew Dulles de Bara whom

See “Unsee,” page 44

Under new law Québec euthanasia numbers much higher than expected

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

The Québec end-of-life care commission has reported that during the first 7 months under the euthanasia law there were 262 reported euthanasia deaths, a number that is much higher than the expected total of 100 for an entire year.

Caroline Plante reported in *The Montreal Gazette* that Québec's Health Minister, Gaétan Barrette, seemed surprised by the number of deaths:

The minister presented Québec's end-of-life care commission's first report at the National Assembly on Thursday. He expressed surprise that since the law came into effect Dec. 10, 2015, 262 people have resorted to what the provincial government calls "end-of-life care" and what Ottawa refers to as voluntary euthanasia.

"I mentioned many times that I was expecting about 100," Barrette said during the news conference. "It's almost three times that. Actually, on a one-year period, it will be over 300 ... that in itself is surprising to me."

The report says medical aid to die wasn't administered for 87 requests: 36 of them did not

meet the criteria set out in the law, 24 people changed their minds, 21 died before receiving the aid, one has asked for a delay and five requests are still being processed.

Even though the number of euthanasia deaths is much higher than forecast during the Bill 52 debate, Plante also reported that Barrette may reduce the requirement that

Barrette said in certain, more isolated towns, it is difficult to find a second doctor who is completely independent from the patient.

Barrette first extended the reach of the law last June when he stripped palliative doctors and institutions of their



Quebec Health Minister Gaetan Barrette

two independent physicians approve the death:

[T]he minister said he is considering making some adjustments to simplify the paperwork and ease the obligation of seeking a second opinion from an objective and independent doctor, who must agree that there is no hope of recovery.

independence of the second doctor who is required to sign off on the assisted death. Mr. Barrette said the problem often arises in smaller communities where doctors know one another.

Of the remaining three cases, two were instances in which assisted death was administered without proving the patient was at the end of life. In one case, it wasn't proven that the patient was facing a serious and incurable illness, as required under the law.

All 21 cases have been referred to Quebec's College of Physicians, which will review them, a spokeswoman said.

The 262 reported euthanasia deaths were for the period December 10, 2015 to June 30, 2016. Since the Québec euthanasia law is based on the Belgian euthanasia law and since nearly half of the assisted deaths in Belgium are not reported, we wonder how many euthanasia deaths have actually occurred in Québec?

conscience rights by ordering them to participate in the euthanasia law.

Ingrid Peritz reported in *The Globe and Mail* that of the 262 deaths, 21 failed to meet the legal requirements of the law:

The report found that of the cases it examined, 21 failed to meet the legal restrictions.

The vast majority of those – 18 – involved questions about the

Editor's note. This appeared on Mr. Schadenberg's blog (<http://alexschadenberg.blogspot.ca/2016/11/quebec-euthanasia-numbers-higher-than.html>) and is reposted with permission.

The Back to the Future Moment in Campaign 2016 as Clinton voices strong support for banned partial-birth abortions

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

It was a startling moment—a candidate standing on the Presidential debate stage, defending a long-outlawed practice in which a baby is partly delivered, then killed. The gruesome practice of partial-birth abortion has been illegal in this country for nine years—ever since the U.S. Supreme Court upheld the Federal Partial-Birth Abortion Ban Act. Democratic Presidential nominee Hillary Clinton continues to stand by her vote against the law.

Because the issue of partial-birth abortion was settled so long ago, it's as if Campaign 2016 has traveled back in time and space to the '90s, when the horrific procedure was a matter of course for some abortionists. But the High Court decision *Gonzales v. Carhart*, written by Justice Anthony Kennedy, brought an end to that era, with stinging words such as this:

“The [Partial-Birth Abortion Ban] Act proscribes a method of abortion in which a fetus is killed just inches before completion of the birth process. Congress stated as follows: ‘Implicitly approving such a brutal and inhumane procedure by choosing not to prohibit it will further coarsen society to the humanity of not only newborns, but all vulnerable and innocent human life, making it increasingly difficult to protect such life.’ The Act expresses respect for the dignity of human life.”

The ban on partial-birth abortion was a mark of progress in this country. Some young adults today may not even know about the practice, which bordered on infanticide. In fact, at a forum I attended recently, attendees were asking questions about it—questions I have not heard in years, since the Capitol Hill and courtroom battles over it were waged so long ago.

In 2003, Congress had enormous justification to pass the ban on partial-birth abortion which was upheld by the High Court in 2007. It was a move toward greater compassion for the pre-born child, and for an enhanced sense of justice for the most vulnerable among us. Those who defended partial-birth abortion in the early part of the 21st century were on the wrong side of history then—and they're on the wrong side of history now.



Abortion: the paramount issue of our day

From page 2

That the black person or the Hispanic person is still in his or her mother's womb.

Now, this candidate and party certainly won't say it that way,

is and what abortion does.

Fr. Lankeit goes on--without telling anyone whom to vote for--to tell his flock that it is time to "stop beating around

Do you know that this candidate and party intend to make you and me pay for other people's abortions with our tax dollars—something that has always been illegal?

Are you aware that this candidate and party, which until recently, said that abortion should be "safe, legal and rare" no longer even bothers to say that it should be rare—but rather, that it must be available any time, any place, even up to the last moment that the fully formed, full-term baby remains in the womb?

If you do not know which candidate and party I'm referring to, then you should not even consider voting until you do know!

Fr. Lankeit laments that the very word "abortion" has been "drained of its meaning--we treat it like nothing more than a term that starts a heated debate rather than a procedure that stops a heartbeat. Many want to treat abortion as merely one issue among many—but that requires that a person pretend not to know what abortion is and what abortion does."

Abortion is not merely "one issue," as Paul Stark exquisitely explains on page six. "Not all

political issues are equal," he writes. "*Human beings* are equal, and that's why abortion is such a weighty problem for our society."

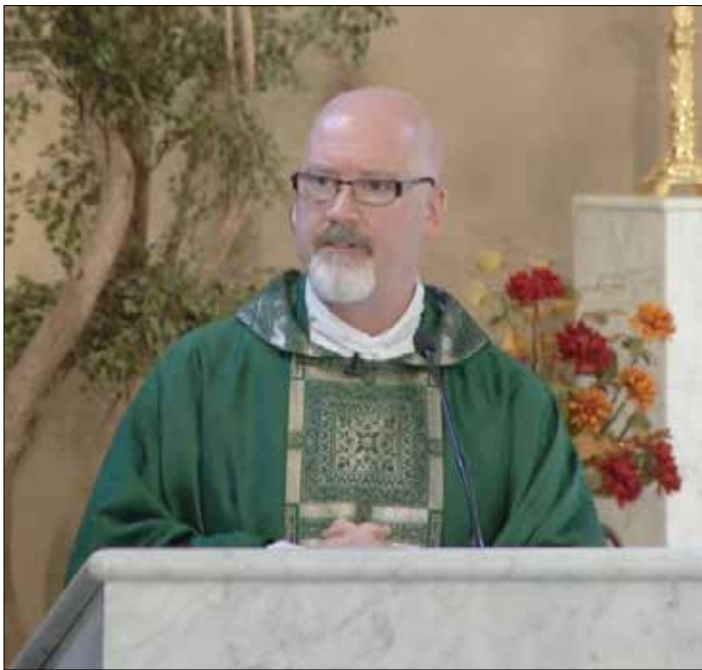
One of the three distinct ways which Mr. Stark says makes abortion different is the scale of the killing: over one million babies each year. If Hillary Clinton is elected, that number which has been declining, will inexorably begin to rise again.

Fr. Lankeit personalized those abstract numbers: "In the time since this homily started, at least 30 children have been deliberately executed in the womb in the United States—and that's just the ones that are reported."

Take 20 minutes of your time and watch the video at www.youtube.com/watch?v=881aDDE5qFY. Better yet, share that with friends and family who may be on the fence.

Whatever happens next Tuesday, make sure you can look your family in the face and said "I did everything I could on behalf of innocent unborn babies, babies born with disabilities, and the medically fragile, old and young."

All would be in mortal danger under a President Hillary Clinton.



Fr. John Lankeit

not publicly anyway. Instead, they use words like "choice" or "reproductive rights" or "women's health" or other sanitized statements in order to cover up what abortion

the bush" with regard to the presidential race:

Do you know which candidate and party in this election promotes abortion and even promises to expand its availability here at home as well as abroad

Life-Saving Center, Mobile Ultrasound Unit Awaiting Free Speech Ruling in Illinois

From page 14

“It felt as though this law was targeting only pro-life organizations and individuals,” Staman said. “There’s an injustice there, in that we’re clearly being targeted to abide by a law that other options in this conversation are not being required to.”

Working While Waiting

While they wait to see how their lawsuit will proceed, Pregnancy Care Center is not sitting still. The center has experienced significant changes in recent months—consolidating multiple locations into one site and adding a mobile ultrasound unit through Save the Storks.

Until midway through 2016, Pregnancy Care Center operated two part-time facilities for more than a decade—a strategy that changed with the addition of the Stork Bus.

“To be the best stewards of our resources, we needed one central building in the community and to launch and operate our Stork Bus which allows us to travel into several areas of the community to serve our clients,” Liz Feehan, who works on staff with Pregnancy Care Center, said.

Fundraising for a new Stork Bus began at the center’s October 2015 banquet. As Staman took her seat following her announcement of their plans, a donor promised \$50,000. By December, the

remaining funds had come in and Save the Storks delivered their bus—before the center knew what to do with it.

They learned quickly. In April of 2016, the fully manned Stork Bus hit the road. It now travels Monday through Wednesday, to locations in Rockford, Belvidere, and Machesney.

Changing locations also came about more rapidly than anyone expected.

“We were approached about our west side facility by another non-profit who wanted to purchase it; we never even had to list it for sale,” Staman said. “Without even looking for another location, a community realtor approached us about a building that had sat empty for years.”

“We sold one and bought another, debt-free, and we were able to move from both part-time locations into one much larger facility and remain debt-free in the process,” Staman said.

In June the Pregnancy Care Center opened its newly remodeled office at 4108 Morsay Drive.

The new building, a former salon and spa, once won architectural awards. Now, its updated rooms allow for expanded educational classes and office space for the growing staff that includes a mobile unit director and an additional ultrasound nurse to make sure every client visiting the center

has the chance to see her preborn child via sonogram.

“It’s just been a whirlwind of a year,” Staman said. “I’m amazed at God’s grace, because we were focusing on these external things and yet we had a 29 percent increase in distinct clients, and a 22 percent increase in overall client visits. And a 95 percent increase in ultrasounds. That was all in the last 12 months while all this was going on.”

Handling Detractors

Adding to the turbulence of this period, news of their lawsuit in early August has stirred up some harassment on social media.

True to form, Staman reached out to build bridges, responding to a string of negative online reviews and referrals to local abortion clinics with an offer to meet up and listen. So far, no one has taken her up on her offer.

“I don’t think they know how to respond to a posture of love and grace and my saying, ‘I’d love to meet you for coffee and talk more about why you feel this way and how you came to this place,’” Staman said.

Certainty in Uncertainty

With the lawsuit pending, and the specific statutes of the law still to be spelled out, Illinois pregnancy centers face a great deal of uncertainty. But one thing seems certain: Pregnancy

Care Center of Rockford will not close its doors.

“That’s the one thing we feel God’s not asking us to do, because then we know we’d have no voice in the people’s lives at all,” Staman said. “We have no opportunity to show the love and grace of God if we’re not even here and present. We’re seeing God use the center in such a profound way and seeing lives change before our eyes.”

Serving 1,700 clients a year means the center is reaching a majority of Winnebago County’s estimated number of women with unexpected pregnancies. That’s a number and a ratio Staman and her team are praying continues to grow.

“We’re asking questions like, ‘Are we really affecting life change as much as possible?’” Staman said. “What do we do with clients who continue to use our services over and over, or don’t make better choices? How do we help serve them more holistically than getting them to carry and parent and getting them through pregnancy? Can our reach be a bigger reach into their lives than what we’re doing now?”

Based on recent history, the answers to those questions could launch big changes moving forward.

Editor’s note. This appeared at pregnancyhelpnews.com and is reposted with permission.

Planned Parenthood's "Baby-Free" Fetology

From page 17

of days, the cells of this tiny new human begin separating into those that will form the child's body and organ systems and those that will form the placenta.

The way Planned Parenthood tells it, "the ball of cells" develops into an embryo at the start of the sixth week and "all major internal organs begin developing" over the next five weeks or so. They grant that, at weeks 5-6, "a very basic beating heart and circulatory system develop" and that "buds for arms and legs develop." (Remember, no mention of "baby.")

However when considered from the baby's perspective, the heart begins its first halting beats as early as 18 days after conception, before many moms even realize that they are pregnant.

Planned Parenthood admits that the neural tube begins forming around this time, which "will later form the brain, spinal cord, and major nerves." These are the same brains and spinal cords you can hear them talk about removing and delivering to fetal tissue procurement firms in the Planned Parenthood videos shot by the Center for Medical Progress (CMP).

Our fetology brochure, *A Baby's First Months*, points out that an unborn baby's fingers are forming at six weeks and that his or her mouth and lips are apparent. Using the gestational dating method and counting from LMP, Planned Parenthood makes it sound like these don't occur until weeks 7-8.

Developed babies Planned Parenthood still aborts

The latest figures show Planned Parenthood performing around 324,000 abortions a year, close to a third of all abortions performed annually in the United States.

Planned Parenthood clinics, we know both from the videos

and from clinic information on their website, perform abortions up through the end of the second trimester, when the pregnancy section of the site says hair begins to grow, the roof of the mouth is formed, and sexual anatomy can be detected on an ultrasound (weeks 13-14 LMP, according to Planned Parenthood).

Details on newer features after 14 weeks LMP are meager in Planned Parenthood's description. By this time every basic organ system is already in place and functioning (see *NRL's Baby's First Months*, 10-11 weeks).

Though Planned Parenthood's accompanying illustrations for earlier months appear to be almost deliberately indistinct and amorphous, the humanity of the child is obvious even in their drawings for later weeks.

They don't mention in this section that they abort babies of just this age and development. But then again, they don't share any of these details on fetal development, limited though they be, in their sections on abortion.

No "Baby" to Abort?

It isn't just that there is no mention of the baby by name in the abortion procedures, but that it's not even clear, from their descriptions, exactly what the "it" is that is removed during the abortion.

In its "In-Clinic Abortion Procedures" section describing surgical procedures, the steps of an "Aspiration Abortion" dealing with the moment of abortion are as follows:

- A tube is inserted through the cervix into the uterus.
- Either a hand-held suction device or a suction machine gently empties your uterus.

- Sometimes, an instrument called a curette is used to remove any remaining tissue that lines the uterus. It may also be used to check that the uterus is empty.

The most you can figure from this description is that the procedure is removing "tissue" from the uterus. That's the same "tissue" that the earlier description from the pregnancy section described as having a heartbeat, brain, and budding arms and legs.

The description for the "Dilation and Evacuation" procedure used in later gestations is only slightly more informative. After describing in detail the drugs or laminaria that may be used to dilate the cervix, the website says that

- In later second-trimester procedures, you may also need a shot through your abdomen to make sure that the fetus's heart stops before the procedure begins.

This is about as much detail as Planned Parenthood gives, nothing more about the advanced development of the child at this age. After noting that the abortionist will inject a numbing medication into the cervix, Planned Parenthood casually notes that

- Medical instruments and a suction machine gently empty your uterus.

If you thought the descriptions of chemical abortions were any more illuminating, you're

out of luck. Of course, there's no mention of "baby" or "mom" or "mother" there, and even only a passing reference to "fetus" ("danger" to the "health of your fetus" as a reason to abort).

But as to what actually happens during the abortion, the most Planned Parenthood will say is that "You may see large blood clots or tissue at the time of the abortion."

No talk, as some women who have had such abortions report, of seeing "tiny fists," "dark spots like eyes," "a little skeleton not quite formed," of babies laying in the toilet bowl or swirling in the shower drain. Just "blood clots" and "tissue."

"Baby" bad for business

It's almost as if Planned Parenthood was allergic to the words "mom" and "baby." But not surprising.

Planned Parenthood has built its abortion empire by denying the humanity of the unborn child and devaluing the idea of motherhood. The last thing you want to do if you're selling someone an abortion is to have them consider the baby in their belly or think of themselves as a mother.

If they seek information about pregnancy, you keep it as bland and impersonal as possible, making sure to play up all the uncomfortable aspects. But make abortion sound clinical and easy.

Try to avoid saying anything that would allow a woman to conjure up an image in her mind of the miraculous marvel growing within her or to think ahead to the day when she is holding that child in her arms lovingly looking up at her face.

Nothing that might possibly facilitate a mother bonding with her unborn baby.

No, no, that wouldn't do.

“Americans ought to know that’s part of being pro-choice”

From page 32

was very excited. Let me tell you something. A lot of Republicans just hide under the desk hoping the abortion shrapnel won’t hit them and there was none other than a Manhattan billionaire giving impassioned defense of pro-life.”

When Wallace asked Trump for his response to Clinton, he added, “Particularly on this issue of late term partial-birth abortions.” Trump’s answer spoke to Clinton’s position on late abortions in general, not specifically partial-birth abortions (which was an abortion method that was most often used in the fifth and sixth months).

In fact, had Trump gone into detail about what happens to a baby in a dismemberment abortion, the usual suspects would have howled even louder.

Not because it wouldn’t be true, but because what happens to a dismembered baby must be described into medicalese to hide the utter brutality. In a dismemberment abortion, the abortionist uses “clamps, grasping forceps, tongs, scissors or similar instruments [that], slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off.”

Abortionist Dr. Jennifer Gunter, writing at *Vox* and the *Huffington Post*, complains that “we don’t ‘rip’ anything in OB/GYN.We use sharp dissection and blunt dissection, but we don’t rip.” Think about that as we move forward.

Gunter’s whole argument is that “late” abortions are rare, rare, and rare and essentially

only performed when the baby has a condition incompatible with life.

The latter is untrue, as we have discussed innumerable times. As for the numbers, Gunter ignores all the direct and indirect evidence that there are far more late abortions—[after 22 weeks LMP–20 weeks fetal age] than the abortion industry lets on.

For example, when addressing the question, NRLC Legislative Director Douglas Johnson begins by noting, “Nobody has a good handle on how many late abortions are really occurring but there is growing evidence that they are far more common than most people want to think.”

Let me offer a long quote from Mr. Johnson

The Kermit Gosnell case and hidden-camera videos issued by the organization Live Action provide further evidence that a great deal of the late abortion iceberg is below the water. Some of the jurisdictions with the most liberal abortion policies have no reporting requirements — for example, California, Maryland, and D.C. — or do not collect data on stage of pregnancy (Florida, for example). Other jurisdictions have reporting requirements but don’t enforce them — the Grand Jury report on Gosnell said (page 171) that between 2000 and 2010, Gosnell reported only one second-trimester abortion to

the state. Yet it appears (pp. 26-27, 88) that Gosnell probably performed thousands of second-trimester and third-trimester abortions during that decade. Multiple other practitioners who perform large volumes of late abortions have also failed to report or not been required to report.

A 2008 study, “Abortion in the United States: Incidence and Access to Services, 2005,” released by the Guttmacher Institute (which was originally founded as a special affiliate of the Planned Parenthood Federation of America, currently the nation’s largest abortion provider) found that, in 2005, there were at least 1,787 abortion providers in the United States. Of the 1,787 providers, the study found that “[t]wenty percent of providers offered abortions after 20 weeks [LMP], and only 8% at 24 weeks [LMP]...” This translates to at least 300 abortion providers who will perform abortions after 20 weeks LMP and around 140 willing to perform abortions at 24 weeks LMP.

Getting back to Gunter’s insistence that Ob-GYNs don’t do “ripping,” consider how she finesses the question.

First, the abortionist can induce a delivery of a premature baby who will die. No “ripping” there, except perhaps posthumously in the hearts of those who grievously lament what they did to their child.

But, second, as she coolly tells us, “a skilled practitioner can do a dilation and extraction at 32 or 34 weeks.” Remember this is a huge baby, who has been viable for a month.

With a D and E, the cervix is dilated, with the help of medication, instruments or both, and the fetus is removed. The fetus is essentially taken apart with a D and E to fit through the dilated cervix (the cervix is dilated less with a D and E than for an induction). This is no secret to the women having the procedure. This is also no ripping; there is simply surgical technique.

So the “fetus” is “taken apart” so as to “fit through the dilated cervix” but there is no “ripping,” it’s “simply surgical technique.”

If you just look at a medical illustration of a D&E dismemberment abortion, you know this is morally tone-deaf gibberish.

We know these people live in an alternate universe, but don’t they read their own accounts?

Donald Trump was trashed because he pulled the curtain back on what the likes of Hillary Clinton can live with.

Almost everyone else is appalled.

Archbishop Chaput—“Evil cannot bear the counter-witness of truth”

From page 9

than a nice meal and a good conversation about shared values. It's an opportunity to remember that God put us here for a purpose. He's asking us turn our hearts to building the kind of world that embodies his love and honors the sanctity of the human children he created.

[He followed with a list of don'ts and a few do's, including]

[D]on't let yourselves be bullied into silence.

Democracy depends on people of conviction carrying their beliefs into public debate — respectfully, legally and non-violently, but vigorously and without apology. Real pluralism demands that people with different beliefs should pursue their beliefs energetically in the public square. This is the only way a public debate can be honest and fruitful. We should never apologize for being prolife, or for advancing our beliefs in private or in public.

[D]on't let divisions take root [within the Movement]. ...

[D]on't create or accept false oppositions.

Dialectical thinking, and by that I mean the idea that most of our options involve “either/or” choices, is deeply misleading. Back during the 2008 presidential election, we saw the emergence of so-called prolife voices that argued we should

stop fighting the legal struggle over abortion. Instead we should join with “pro-choice” supporters to seek “common ground.”

Their argument was simple: Why fight a losing battle on the legal, cultural and moral fronts since — according to them — we haven't yet made serious progress in ending legalized abortion? Let's drop the “divisive” political battle, they said, and instead let's all work together to tackle the economic and health issues that might eventually reduce abortions.

Of course, many of these voices turned out to be flacks for the Obama presidential campaign. In reality, the Obama White House has been extraordinary for its refusal to compromise on anything involving so-called “reproductive rights,” and for its belligerent hostility to prolife and religious liberty concerns.

But we need to look beyond the current White House to recent American history. Did Americans take a gradual, social-improvement road to “reducing” racism? No. We passed the Civil Rights Act of 1964. Nor have I ever heard anyone suggest that the best way to deal with murder, rape or domestic abuse is to improve people's access to psychotherapy

and job training. We make sexual assault illegal — even though we know it will still sometimes tragically occur — because it's gravely evil. It's an act of violence, and the law should proscribe it. Of course, we also have a duty to improve the social conditions that can breed domestic and sexual violence. But that doesn't change the need for a law.

Likewise, if we really believe that abortion is an intimate act of violence, then we can't aim at anything less than ending abortion. It doesn't matter that some abortions have always occurred, and that some abortions will always occur. If we really believe that abortion kills a developing, human life, then we can never be satisfied with mere “reductions” in the body count.

[F]inally, don't hate the adversary. ...

And then Archbishop Chaput ended on a note of encouragement that none of us should ever forget:

Pennsylvania is a long way from South Dakota [where he once served as a young bishop]. It has its own beauties and its own problems. But the human realities are very much the same. Pennsylvanians can be a skeptical breed. The cultural, legal and political terrain here can be very rough. It takes people of

exceptional character, people with the courage to fight the good fight at great personal cost, to endure and achieve anything good.

A lot of those good people are in this room tonight. Your character, your faith and your dedication to the sanctity of the human person matter. They matter not just now; and not just here in our Commonwealth; and not just for the thousands of people your work influences without even knowing their names. Your commitment to human life matters eternally, because some lives will be lived only because your voice at the decisive moment for a young mother made them possible.

So no matter how tired you get, no matter how hard the work becomes, no matter who praises you or who condemns you, the only thing that finally matters is this: God is good; he never abandons his people; and because of his love, and because of the witness of people like you in the Pennsylvania Pro-Life Federation, the future is ours. And the best is yet to come.

So may God bless the Pennsylvania Pro-Life Federation, and send it the supporters and resources and generous donors it needs, because we've never needed its witness and its service to human dignity more than we do today.

Hillary Clinton Isn't Entitled to Her Own Facts on Abortion

From page 12

adage is that you can't prove a negative. But federal law expressly requires a license to operate a mammogram machine, and Planned Parenthood has no license. Of course, that has not stopped politicians in the past — and Cecile Richards herself — from claiming that Planned Parenthood was performing mammograms. But any time a politician suggests that Planned Parenthood performs mammograms, they are accusing the abortion business of violating a federal women's health law, the Mammogram Quality Standards Act.

Last year, Planned Parenthood officials even conceded that they do not perform mammograms. But that doesn't stop the group's political friends like Hillary Clinton from defending its

abortion business by trying to distract you with mirages of free mammograms.

The Democratic party's abortion stance has shifted dramatically toward the left. With the party's new platform support for repealing the Hyde Amendment this year, it is hard to imagine how the Democratic party could take a more extreme position on abortion. Hillary Clinton is the natural standard-bearer for this radical abortion view, having aggressively supported these same policies throughout her career.

A great majority of the American people oppose late term abortion and taxpayer funding of abortionists. Hillary Clinton takes a far more radical view. She is entitled to her extreme pro-abortion views. But she isn't entitled to her own facts.

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

Mr. Mattox is a Newsbusters contributor.



Would a President Hillary Clinton be any worse than other pro-abortion Democrat Presidents? Yes! Here's how

From page 15

Clinton responded, "Under our law, that is the case, Paula. I support *Roe v Wade*."

It gets worse. Clinton has never made any bones that "reproductive health includes access to abortion." She reiterated that position just a few months ago.

To the International Abortion Industry, near the top of the wish list is securing an international

"right" to abortion. With this as a battering ram, the already aggressive campaign against protective abortion laws would take on new urgency and a new deadliness against countries in South America, Africa, and elsewhere.

A major goal of a President Hillary Clinton would be to secure an international "right" to abortion.

At home Hillary Clinton hates the Hyde Amendment, hates it with a passion. At least two million people are alive because of it.

A President Hillary Clinton would do her best to eliminate the Hyde Amendment which is a limitation provision within an annual appropriations bill. If successful, once again our nation would fund massive

numbers of abortions.

Finally, she is wired into the Abortion Establishment, both domestically and internationally. She is resolute that there can never, **ever** be a limitation on abortion, including your right not to pay for them and (if you are medical personnel) not to participate in abortion.

In a word, Hillary Clinton is a True Believer's True Believer.

Number of chemical abortions growing in U.S., outpacing surgical abortions in many states

From page 16

one of the expensive RU-486 pills (approximately \$90) rather than three and double up the dose of the cheaper prostaglandin (\$1-2 a pill). The FDA no longer said that women had to return to the clinic to have the doctor administer the misoprostol, saving at least one visit, and said only that these needed to be done under the supervision of a “certified healthcare provider” rather than an actual physician.

The most significant change was saying that these pills could be used up to 70 days after a woman’s last menstrual period (LMP), ten weeks, rather than the 49 days LMP, the original cutoff.

While nothing in these changes specifically addressed safety issues that have led to the deaths of more than a dozen chemical abortion patients, they do have the effect of making the drugs available to a wider customer base, making fewer

demands on clinic staff, and generally making the chemical abortion more profitable for clinics.

Reuters notes that there are indications that the protocol change is already having an impact in states such as Ohio, Texas, and North Dakota which had made the original FDA guidelines legally mandatory. Demand for chemical abortions in those states has tripled in the past several months, *Reuters* says, now accounting for as much as 30% of all abortions in some clinics.

Chemical abortions in Texas had shown a sudden drop off after November of 2013, when the old FDA protocol was made mandatory (www.nationalrighttolifenews.org/news/2016/03/issues-raised-as-the-supreme-court-considers-texas-abortion-law/#.WBioifkrLIV.) The number dropped by two thirds from the six months prior to the six

month period after.

Chemical abortions dropped in Ohio in 2011 with implementation of the old protocol law, to the point that they reflected less than 2% of the abortions performed in that state (*Contraception*, June 2015).

If *Reuters* is right, this is all changing, with chemical abortions in these states heading the other direction, going up.

Long term impact?

Whether this will impact the overall long-term downward national trend on abortions nationwide has yet to be seen.

Some of this, of course, is just women switching from surgical abortion to chemical abortions. But from the beginning, the plan of the abortion pill’s promoters was to expand the number of abortionists and to bring abortion into “underserved” communities. There is some evidence, given

this recent report that this is now occurring, thanks to a sympathetic administration.

Women intimidated by the thought of surgical abortion may, for a time, be susceptible to the lure of the promise of an “easy, safe, simple” chemical abortion available at a neighborhood clinic. These recent numbers may reflect that.

We can only hope, however, that as we share actual women’s nightmares of their chemical abortion experiences, that as we show people these are still abortions which take the lives of precious unborn children, and as we continue to make life preserving alternatives available to women who may not see a way out, that more and more women will choose to reject abortion altogether and choose life for both themselves and their unborn children.

Assisted suicide measures imminent in three states, more states to be targeted in 2017

From page 20

the Colorado legislature has voted to reject nearly identical proposals because they are too dangerous. Initiative 145, known as the “Medical Aid in Dying Proposal,” must be stopped in its tracks.

It is imperative that you get in touch with friends and family in Colorado and urge them to **VOTE NO** on Initiative 145.

Additionally, on November 1, the Washington D.C. Counsel preliminarily approved an assisted suicide measure by a

vote of 11-2. A final vote is likely to be held soon. All concerned D.C. residents should contact



Mayor Muriel Bowser and urge her to veto “The D.C. Death With Dignity Act,” B21-38.

The URL to reach the Mayor is <http://nodcsuicide.org>.

Finally, the New Jersey Assembly has already passed its assisted suicide bill by a 41-28 vote. It is anticipated that the New Jersey Senate will act soon with a potential public hearing scheduled for November 10.

If you live in New Jersey, please contact your state Senator and urge him or her to vote against S2474!

You can search for your member and their contact

information at www.njleg.state.nj.us/members/legsearch.asp.

Everyone agrees that dying in pain is unacceptable. However rather than treating pain, these proposed laws will permit lethal prescriptions to be doled out to vulnerable populations.

If these laws are not stopped in their tracks, this dangerous practice of recklessly pushing suicide on people facing difficult diagnoses can spread to your state.

New York Times, Dr. Timothy Quill Promote Physician-Assisted Suicide by Starvation and Dehydration

From page 24

sound morally and ethically acceptable when she states:

“Moreover, major religious groups have yet to declare whether they consider VSED an acceptable act of self-determination or a suicide, anathema in most faiths.”

Actually, many people—religious and non-religious— as well as disability groups like Not Dead Yet have objected to VSED.

And for Catholics, the Vatican Charter for Health Care Workers specifically states: “The administration of food and liquids, even artificially,

is part of the normal treatment always due to the patient when this is not burdensome for him: their **undue suspension could be real and properly so-called euthanasia.**” (Emphasis added)

In addition, the Charter also addresses the concept of terminal sedation [emphasis added]:

“Sometimes the systematic use of narcotics which reduce the consciousness of the patient is a cloak for the frequently unconscious wish of the health care worker to discontinue relating to the dying person. In this case it is not so much the allevia-

tion of the patient’s suffering that is sought as the convenience of those in attendance. The dying person is deprived of the possibility of ‘living his own life’, by reducing him to a state of unconsciousness unworthy of a human being. This is why the administration of narcotics for the sole purpose of depriving the dying person of a conscious end is ‘a truly deplorable practice’.”

EXPANDING VSED

As Ms. Span observes there are “obstacles” still to overcome in the quest for

universal acceptance of VSED, including whether people with dementia can “pre-choose” VSED by request or “living will” while still well. Another issue includes legal cases where even non-terminal residents or their relatives sue to make nursing homes stop even spoon-feeding.

The Compassion and Choices death machine rolls on and in many different directions but the goal remains death on demand.

Apathy is not an option.

Editor’s note. This appeared on Nancy’s blog at nancyvalko.com

Once your eyes are open to the tragedy of abortion, you cannot “unsee”

From page 34

I came to know only through national news reports.

The story told of a young couple bound for Disney World with their 3-year old in tow. A short time into the flight, the woman—7 months pregnant—went into labor. A flight attendant used the P.A. system to locate a doctor on board while other passengers relocated so the woman could stretch out across a row of seats.

Within minutes the baby was delivered but, with the cord around his neck, he wasn’t breathing and was turning blue. A nearby paramedic shouted for a drinking straw which she used to suction fluid from the baby’s lungs.

A man gave his shoelace to tie off the umbilical cord. Other travelers took turns amusing the mother’s three-year old

daughter while the remaining people stayed in their seats in order to keep the aisle clear.

The plane finally landed; the passengers cheered; and the baby was stable. The parents named the little boy, Matthew, which means “Gift of God.” He was given the middle name of Dulles after the airport where the plane made its emergency landing. On the birth certificate where it states “Place of Birth,” little Matthew’s reads “In Flight.” [4]

Matthew landed safely because of help from a lot of people who contributed whatever was necessary to help him live – from medical skills and child care to a shoe lace and drinking straw. Life is intended to be like that, and when human beings live out a sense of community, as we do

in the pro-life movement, that is much more reflective of the history and heart of the people of America than of the heartless individualism inherent in abortion.

As we approach the November elections, the reality is that we have not really been at this effort all that long. We are actually a very young Movement and have made great progress, given the many obstacles we face.

Read NARAL’s annual “Who Decides? The Status of Women’s Reproductive Rights in the United States” and your heart will leap for joy. NARAL understands that the Pro-Life Movement is alive and well at the state and federal level.

That is no “little thing!”

It all comes back to people looking at the same thing but

seeing something different. After more than 43 years and 59 million abortions, we could ask that famous question from the Benghazi tragedy: “What difference, at this point, does it make?”

It makes no difference unless you believe there is a difference between duty and silence, between truth and falsehood, between honor and shame, between life and death.

In the really big scheme of life, those are not “little things.”

[1] Speech at Fordham University – 5/5/84

[2] At the Billy Graham Compound in Charlotte, NC

[3] C-Pac – 3/20/81

[4] Article – “Baby on Board” [www.people.com/people/archive/article/0,,20104639,00.html], 12/2/94

Donald Trump's numbers continue to rise in key "swing states" four days out from Election Day

From page 27

One other consideration, from yesterday's more exhaustive explanation. Under the subhead, "Horse-race breakdown," the Washington Post's Emily Guskin and Scott Clement note

The daily tracking poll's latest four-night wave finds voters splitting sharply along traditional political divisions, with Trump's previously lagging support among core Republican groups now nearly matching Clinton's wide support on the left. Trump holds 78 percent support among white evangelical Protestants, 77 percent among conservatives, 68 percent among rural voters and 59 percent among white men. Clinton answers with 81 percent support among liberals, 67 percent of those identifying with no religion, 60 percent of those in urban areas and 72 percent among non-whites.

Clinton and Trump receive similar support among fellow partisans, but Trump maintains an 18-point edge among

political independents, significantly higher than Republicans have held in recent elections. Looking deeper at that group over a seven-day stretch, 77 percent of independents who say they lean Democratic prefer Clinton while a similar 80 percent who lean Republican favor Trump. But Trump holds a sizable 53-28 percent advantage among voters who say they don't lean toward either party, a group that accounts for about 10 percent of likely voters. [Underlining added.]

If you read the actual poll and the explanation that accompanies it which is linked at ABC News, there are important added details that paint the change in much more vivid colors. For example:

The latest results, while steady for seven nights, reflect a sharp turnaround from a large Clinton lead in the first four nights of tracking, after a particularly difficult news cycle for Trump. Among other factors, there's been consolidation

for Trump among Republicans and GOP leaning independents (86 percent now back him, up from 80 percent) and improvement for him among pure independents (i.e., those who don't lean toward either party), up from an even split to a large Trump advantage, 25-54 percent, Clinton-Trump, across the past seven nights (combined for a larger samples size). Seventeen percent of pure independents pick someone else.

Among Democrats and Democratic leaners, meanwhile, Trump's support has gone from 5 to 9 percent, a slight change but a statistically significant one. Clinton's has been essentially steady.

PARTY ID – The race is close even though self-identified Democrats outnumber Republicans among likely voters by 10 points, 38 to 28 percent. There are three reasons: One, this narrows to a 5-point gap, 48-43 percent, including independents

who lean toward one party or the other. The second is Trump's advantage among pure independents, as noted – even though they account for just 7 percent of all likely voters. And the third is the fact that Trump wins 9 percent of Democrats and Democratic leaners, while Clinton's supported by 6 percent of Republicans and those who lean toward the GOP – another slight difference, and not statistically significant. But in contests this close, small differences add up.

So, Republicans consolidating behind Trump; even better numbers for him among Independents; and more Democrats voting for Trump than Republicans voting for Clinton. All this although we are to believe that self-identified Democrats outnumber self-identified Republicans by 10 points (38% to 28%).

Stay tuned to *NRL News Today* which will have up to the moment coverage all the way through next Tuesday.

The media's coverage of Trump: assorted slurs, false accusations, and incendiary analogies

By Dave Andrusko

I love how, if you read enough, everything seems to connect in the Big Picture. Let me offer today's example.

Everyone who has eyes to see and ears to hear knows that the Establishment Media has done everything in its collective powers to elect Hillary Clinton, far less than by touting her imaginary credentials, than by eviscerating Donald Trump.

So, nobody but nobody is surprised when Trump is routinely linked to the KKK, the Russian government, the Mob, and yet to come (but no doubt coming) Area 51.

Even less surprising is (according to Newsbusters) "the Big Three (ABC, CBS, NBC) networks have gone into attack mode against James Comey, turning what should be a scandal about Clinton into a smear against the FBI director."

Is the suspicion that there is rampant media bias confined to pro-lifers and conservatives? Hardly.

Referring to a *USA Today*/Suffolk University poll on the Clinton-Trump race, *USA Today's* Susan Page and Karina Shedrofsky report, "By nearly 10-1, all those surveyed say the news media, including major newspapers and TV stations, would like to see Clinton rather than Trump elected."

This concession comes way, way, way into a story that talks about a "divided nation." Maybe, just maybe, part of that division is fueled by the knowledge that the major media

are manipulating their coverage to aid the most pro-abortion candidate ever nominated.

So what is this connected to, as I alluded to in the first paragraph? Glad you asked.



Donald Trump

To quote Ellie Hunt, writing in the *Guardian*

A nonsensical academic paper on nuclear physics written only by iOS autocomplete has been accepted for a scientific conference

Let me explain.

Prof. Christoph Bartneck teaches at the Human-Interface Technology Laboratory New Zealand at the University of Canterbury. He received an invitation from the International

Conference on Atomic and Nuclear Physics to submit a paper.

"Since I have practically no knowledge of nuclear physics I resorted to the iOS auto-

you are the way we shall have to be a great place for a great time to enjoy the day you are a wonderful person to your great time to take the fun and take a great time and enjoy the great day you will be a wonderful time for your parents and kids."

(The paper concludes, "Power is not a great place for a good time.")

According to Hunt

The nonsensical paper was accepted only three hours later, in an email asking Bartneck to confirm his slot for the "oral presentation" at the international conference.

"I know that iOS is a pretty good software, but reaching tenure has never been this close," Bartneck commented in the blog post.

complete function to help me writing the paper," Bartneck wrote in a blog post titled 'iOS Just Got A Paper On Nuclear Physics Accepted At A Scientific Conference.'

"I started a sentence with 'atomic' or 'nuclear' and then randomly hit the auto-complete suggestions.

"The text really does not make any sense."

Here's a sample:

"The atoms of a better universe will have the right for the same as

I would maintain that when it comes to most stories written about Trump, you wouldn't know whether a reporter actually composed them or they plugged in Trump's name and dialed up iOS auto-complete preloaded with assorted slurs, false accusations, and incendiary analogies.

The results would be indistinguishable—and equally stupid.