



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

**October 2017**



**LIFE IS  
BETTER  
WITH  
YOU**

*October is  
National Down  
Syndrome  
Awareness Month*



**NATIONAL RIGHT TO LIFE**





# national RIGHT TO LIFE NEWS

## Graham, Senators Introduce 20-Week Abortion Ban in the Senate

WASHINGTON – On October 5, Senator Lindsey Graham (R-SC), joined by Senate colleagues and pro-life leaders, formally introduced the Pain-Capable Unborn Child Protection Act.

The legislation would provide common-sense protections for unborn children at 20 weeks after fertilization, a point at which there is significant scientific evidence that abortion inflicts tremendous pain on these vulnerable human beings. On October 3, the U.S. House of Representatives passed the Pain-Capable legislation by a vote of 237-189.



*Senator Lindsey Graham (R-SC) formally introducing the Pain-Capable Unborn Child Protection Act into the Senate. With him is NRLC President Carol Tobias and Oklahoma Senator James Lankford.*

“There are only seven countries that allow wholesale abortions at the 20-week period, including China and North Korea. The United States should not be in that club,” said Graham. “I don’t believe abortion, five months into pregnancy, makes us a better nation. America is at her best when she’s standing up for the least among us and the sooner we pass this legislation into law, the better. We are on the right side of history.”

*See “Senators,” page 32*

## With your help, together we can win!

Carol Tobias, National Right to Life President

As you’ve read in the pages of *National Right to Life NEWS*, the first week in October was a momentous one for the right-to-life movement.

**On October 3, the U.S. House of Representatives passed the Pain-Capable Unborn Child Protection Act by a vote of 237-189!**

Two days later, on October 5, Sen. Lindsey Graham (R-S.C.) introduced this vital bill in the U.S. Senate. I had the privilege of joining Sen. Graham at the press conference.

### This won’t hurt a bit?



**Try telling  
her that.**



The Pain-Capable Unborn Child Protection Act would generally extend legal protection to unborn humans beginning at 20 weeks fetal age, based on congressional findings that by that point (and even earlier) the unborn child has the capacity to experience great pain during an abortion. **It is based on model legislation developed by National Right to Life – legislation that has already been enacted in 16 states.**

*See “Help,” page 11*

# Editorials

## “What kind of society do you want to live in?”

October is Down Syndrome Awareness Month. “During October,” The Jerome Lejeune Foundation says, “we applaud caregivers, families, and medical professionals -- but most of all, we applaud all the wonderful people with Down syndrome.”

A French geneticist, Dr. Lejeune, a devout Catholic and pro-lifer, discovered the genetic cause of Down syndrome. Tragically that discovery has been used and continues to be used to search out and destroy children prenatally identified as having a full or partial extra copy of chromosome 21.

However in 2017, we could say that the real Down Syndrome Awareness Month took place in August. For it was on August 15 that “*CBS News: On Assignment* [www.cbsnews.com/amp/news/down-syndrome-iceland] aired a 10-minute story on Iceland--“What kind of society do you want to live in?": Inside the country where Down syndrome is disappearing"--as chilling a mini-documentary as you will ever watch.

Geneticist Kari Stefansson, in the most telling of words, says that Iceland, a nation of 330,000, has “basically eradicated” Down syndrome. On average there are just one or two children born with Down syndrome per year.

Actress Patricia Heaton responded with fury and keen insight:



Patricia Heaton  
@PatriciaHeaton

Following

Iceland isn't actually eliminating Down Syndrome. They're just killing everybody that has it. Big difference. #Downsyndrome #abortion

Elaine Quijano was the **CBS News** correspondent who conducted the interviews with parents and geneticists and genetic



Agusta, age 7. On average, Iceland has two people with Down syndrome born each year.  
CBS News

counselors and people with Down syndrome. While others may differ, I thought she did a very admirable job of helping the viewer understand what is at work and what is being lost when virtually 100% of children with Down syndrome are aborted in Iceland.

Quijano interviewed a woman in her 30s with Down syndrome who is now living independently. She asked her, “For people who are listening and watching, what would you tell them about people who have Down syndrome?”

See “Society,” page 30

## Finally acknowledging that pain-capable legislation is strongly supported by women and men

Of all the pro-abortion myths recycled by a compliant media, few are as egregiously off the mark and as damaging as the insistence that the pro-life position is some outlier. If you were silly enough to believe what you read in the *Washington Post* and the *New York Times*, you would think pro-life legislation, such as the Pain-Capable Unborn Child Protection Act, is widely opposed by substantial majorities of Americans.

**The truth is the exact opposite!**

Which may be one reason that when the Pain-Capable Unborn Child Protection Act passed the House of Representatives 237-189, for the major television networks it was like the proverbial tree in the forest that none of them heard fall. As Katie Yoder of Newsbusters informed us

**During their Oct. 4 morning news shows, ABC, CBS and NBC didn't mention the vote once. But they found time for others topics like fall fashion deals (NBC Today), a**

**new drama starring Actress Connie Britton (ABC *Good Morning America*) and puppy-related infections (CBS *This Morning*).**

There the usual hit pieces in the *Post* and the *Times* and the rest of usual suspects. But then, miracles of miracles, there was this story that appeared in the October 4 *Washington Post* under the headline, “Most GOP lawmakers support banning late-term abortions — and so do a lot of women.”

To his immense credit, after quoting the pro-abortion line that it's just “politicians playing politics with health care,” Eugene Scott (who, we are told “writes about identity politics for *The Fix*”) observes, “But it's not just social conservatives who want it to be

See “Spirit,” page 34

# From the President Carol Tobias

## A progress report: repairing the damage inflicted by the Obama Administration



I had big dreams when this year started. We were going to change or repeal Obamacare with its many abortion-expanding provisions, and we were going to remove federal taxpayer subsidies for the more than 1,000 insurance plans that cover elective abortion.

We were also going to block the roughly half a billion federal-taxpayer dollars Planned Parenthood receives annually through Medicaid and various other programs.

That hasn't happened and many pro-lifers are understandably disappointed. After all, we wanted to overturn in less than a year what had taken the Obama Administration years to put into place.

But pro-lifers are nothing if not resilient. Working with congressional pro-life leadership, we will diligently continue to undo the damage inflicted on unborn babies by eight years of President Obama. That also includes huge assists from the administration of President Trump.

Although Obamacare is still the law of the land, the Department of Health and Human Services has taken a major step toward enforcing a portion of the law ignored and unenforced by the Obama administration.

HHS has announced that qualified health plan issuers must segregate collected premiums to pay for abortion coverage; that enrollees be informed if abortions are covered by a health plan; and that HHS will fully enforce these requirements as a step toward ensuring that federal tax dollars are not used to subsidize coverage for elective abortion.

Before leaving office, President Obama issued a regulation to prevent states from redirecting Title X funds away from providers deemed unsuitable, such as

Planned Parenthood. The House and the Senate employed the Congressional Review Act and voted to nullify these regulations, thereby restoring authority to the states to direct Title X funds to providers they deem suitable. President Trump signed that bill into law in April.

In addition, we started off 2017 with President Trump not only re-issuing the Mexico City Policy, gutted by President Obama, but expanding it into the new "Promoting Life in Global Health Assistance." This initiative will apply pro-life conditions to a broad range of health-related U.S. foreign aid.

The Mexico City Policy required that, in order to be eligible for certain types of foreign aid, a private organization must sign a contract promising not to perform abortions, not to lobby to overturn pro-life laws in other countries, or actively promote abortion as a method of family planning. The new Assistance policy greatly expands the array of overseas health programs that are now covered by pro-life policy.

Right-to-Lifers applauded a momentous move by the Senate, led by Senate Majority Leader Mitch McConnell (R-Ky.), to

require only a simple majority to confirm a nominee to the U.S. Supreme Court. As you are aware, Senate Democrats were using the filibuster to prevent a confirmation vote on Neil Gorsuch to the Court. By changing the rules, the Senate is now able to confirm a judge to any federal court by a majority vote, rather than the 60 votes needed to end a filibuster.

One of our top priorities remains enactment of the Pain-Capable Unborn Child Protection Act. That legislation has passed the House of Representatives and has been introduced into the Senate by Sen. Lindsey Graham.

There is no question that passage in the Senate will be difficult. I encourage all pro-lifers to contact their senators, even

the staunchly pro-abortion senators, letting them know there is strong support for the bill among their constituents.

Thirty-three states have senate races next year. Every voter in those states should know which candidates support the killing of unborn babies who have developed to the point of being able to feel pain during an abortion. Are incumbent senators, or challengers to the incumbents, supporting the radical position of the abortion industry that says there should be no limits whatsoever on abortion?

You can help to make sure that information becomes public knowledge. Ask the candidates where they stand on the issue, and do it in a public setting, like at a forum where the candidate takes questions from the audience. If candidates are being interviewed on a radio show and listeners are able to call in to ask questions, get out



your phone, dial the station, and ask that question.

If you have built a friendly relationship with a local reporter who covers campaigns, ask them to bring up the topic in an interview. The Pain-Capable Unborn Child Protection Act is a federal bill awaiting action in the Senate. How would the senator, or other candidate, vote on the bill?

We can't let candidates slip by with some mumbo-jumbo about "reproductive rights" or being "pro-choice." We need to know exactly where the candidates stand and how they will vote on specific legislation if elected.

Babies' lives are on the line. That's why we won't give up. That's why we will keep on keeping on. The babies deserve no less.

# Virginia's 2017 Governor Race: Will your vote count for the babies?

By Karen Cross, National Right to Life Political Director

On November 7, Virginians will decide whether they will vote to protect unborn children in the Commonwealth, or whether they will line themselves up in agreement with those who support abortion on demand.

Their choice? Whether pro-life Republican Ed Gillespie or pro-abortion Democrat Ralph Northam will be the next governor of the Commonwealth of Virginia.

National Right to Life has endorsed Republican Ed Gillespie, a 100% pro-life candidate who will sign pro-life laws and support live-saving policies in Virginia to succeed pro-abortion Gov. Terry McAuliffe.

The Virginia affiliate of Planned Parenthood, the nation's largest abortion provider, has endorsed Northam. They have pledged to spend \$3 million in the race supporting Northam, whose record as a member of the state Assembly was solidly pro-abortion.

Northam's position is so extreme that he supports abortion on demand – that is, abortion for any reason anytime during the pregnancy. This means he supports deliberately taking the life of an unborn baby's life for any reason at all – even late in pregnancy when the baby can feel excruciating pain during abortion.

And Northam also wants to use your tax dollars to pay for abortion.

Ed Gillespie is a strong advocate for life. As governor, he would support and sign pro-life legislation, including legislation to protect an unborn

child from abortion at the point he or she can feel pain. He also opposes using taxpayer dollars to pay for abortion.

**“National Right to Life looks forward to working**

President George W. Bush, Ed championed pro-life Congressman Henry Hyde to receive the Presidential Medal of Freedom. This year, Gillespie accompanied Mike

children – this November. They will decide whether to support pro-abortion Ralph Northam, who will oppose any protective pro-life legislation, or pro-life Ed Gillespie, who will sign



(Left to right) Oliva Gans Turner, president, Virginia Society for Human Life, Ed Gillespie, and Karen Cross, NRLC Political Director

**with him in Virginia to implement pro-life policies to protect unborn children from abortion, and medically dependent or disabled persons, whose lives are threatened by euthanasia and assisted suicide,”** said David N. O’Steen, Ph.D., executive director of the National Right to Life Committee.

Gillespie has a long history of pro-life advocacy within the Republican Party. As chairman of the Republican National Committee, Gillespie strongly supported the pro-life plank in the Republican platform. When he was Counselor to

Pence for the Vice President’s historic speech to the March for Life.

In 2017, the Virginia Assembly took the first step in redirecting monies from abortion providers to actual health care providers that will offer comprehensive health care for more women and girls, closer to their homes. Planned Parenthood is counting on Northam to win so he can veto this and any other pro-life legislation that reaches the governor’s desk.

Virginia voters will decide whether they will protect the weakest among us – our unborn

legislation to protect unborn children and their mothers from the pain of abortion.

It’s up to Virginia voters to prove the pro-life movement is alive and well, and demonstrate that they will protect the least among us – our unborn children – by supporting Ed Gillespie for governor.

And it’s up to all of us to see that they succeed – to protect all of Virginia’s vulnerable citizens: the unborn, the elderly, and those who are medically vulnerable.

Look for election updates in future editions of [www.nationalrighttolifenews.org](http://www.nationalrighttolifenews.org).

# “Gosnell: America’s Biggest Serial Killer” is a gripping tale of absolute evil

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

I still remember the first movie I ever saw in an actual theater. At the age of two, I was entranced by the enormity of the screen and the beauty of the characters as they danced across it—larger than life, and so filled with life.

As I grew older, I became accustomed to another genre of film—the kind that reveals ugly truths, so that brave-hearted men and women can strive to right the wrongs depicted on the big screen.

Recently I had the opportunity to see a preview of a movie which tells the gripping story of a real-life tragedy that played out near my hometown. *Gosnell: America’s Biggest Serial Killer* dramatizes the criminal investigation and subsequent trial of Kermit Gosnell, an abortionist in West Philadelphia, who operated what the Philadelphia District Attorney called a “House of Horrors.”

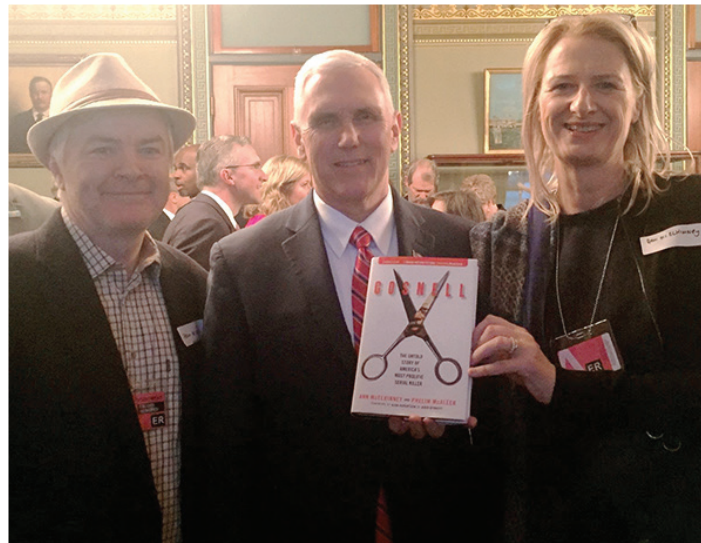
Gosnell is currently serving three consecutive life sentences for the murders of three full-term babies. He ended their lives in a ghastly fashion in which he delivered them alive, then “snipped” their spinal cords.

Gosnell was also convicted of involuntary manslaughter in the death of female immigrant patient Karnamaya Mongar, who succumbed to an overdose

of an anesthetic administered by staff with no medical training.

It should be noted that the grand jury believed that Gosnell was responsible for killing

skittish about a film in which an abortionist is the villain, based on the industry’s track record of championing pro-abortion politics.



*Ann McElhinney and Phelim McAleer were invited to the The White House by Vice President Mike Pence.*

hundreds of late term babies, but they could bring charges in only a handful of cases, because he systematically destroyed so many records.

Long in the works, the filmmakers hope to release the movie next April ; so far, they have yet to find a distributor willing to take the movie on.

Producer Ann McElhinney, who spoke at the 2018 National Right to Life convention, said not one of the potential distributors said it was a bad movie. But one can surmise that Hollywood could be highly

You might think with all the coverage of Gosnell, you “knew” the story. In fact there is much in *Gosnell: America’s Biggest Serial Killer* that even those who followed the case closely will learn about for the first time.

I will offer no spoilers here, but suffice it to say that *Gosnell* is a riveting film which convincingly portrays the title character and the courageous men and women who worked to bring him to justice.

But I can reveal the impact of the movie on the dozens

of people who attended the screening. They were **deeply** moved. I have seldom attended a movie in which I heard so many people openly crying.

Of course, the film hit close to home—the theater was located about an hour’s drive from Gosnell’s Women’s Medical Society. It is painful to realize that such reckless disregard for innocent human life could occur so close to the Norman Rockwell-style town in Bucks County, Pennsylvania, where the movie was screened.

In the end, however, the experience left me with a profound hope: the more people who see *Gosnell*, the more likely people will take positive, decisive action to defend life, wherever and whenever it is threatened, and demand that abortion clinics no longer have free rein to treat women like cattle.

Please consider “liking” *Gosnell Movie* at [www.facebook.com/gosnellmovie/](http://www.facebook.com/gosnellmovie/) and following it on Twitter. The movie merits a groundswell of support, even before its major release.

It is an example of art exposing evil, but also inspiring the confidence that such evil can be overcome, if only ordinary Americans take the time and the initiative to do what’s right.

# SCCL Sign Vandalized on Life Chain Weekend

By Holly Gatling, Executive Director, South Carolina Citizens for Life

The beautiful South Carolina Citizens for Life logo sign at our office in Columbia was vandalized with profanity and graffiti apparently sometime during the weekend of September 30-October 1. Until the sign was repaired, we covered up the filthy word so that motorists and pedestrians would not be offended.

As you can see, there is a big black X mark over the icon of the pregnant woman.

trouble, including vandalism. So we did.

In the world we live in, it is illegal to deface property -- but not to kill an unborn baby.

"This act of vandalism is disgraceful," said SCCL President Lisa Van Riper. "Even more disgraceful is the wanton disregard for human life that would undergird this action. Think of the irony. This sign is more protected than a child in the womb."



This is a malicious spiritual attack against the sanctity of human life. It is a desecration of the concept of life created in the image and likeness of God. We have filed reports with law enforcement including the FBI and we will let you know if anyone is caught. Why the FBI? Before the Presidential election last November, an FBI agent came to our office and gave us his business card. He said to contact the FBI if we had any

Another irony that does not escape us is the fact that the attack on our sign occurred during Life Chain weekend, during 40 Days for Life, and right as SCCL is preparing for our 48th annual Pro-Life Booth at the State Fair from October 11-22. Lives are being saved in record numbers and abortion promoters are enraged.

We will not be intimidated. We will carry on our pro-life mission as always. We will

never give up until all unborn babies are protected by law and welcomed into life. We know our 48 years of educating the public at the State Fair has saved babies' lives.

Our Pro-Life exhibit It is the longest, most time-consuming educational event with do here in the SCCL office but

from abortion, and to ban the cruel and hideous procedure of dismemberment abortion

Pictured below are State Fair volunteers, twin sisters Amy Fling and Cindy Mooror, who enjoy showing off our beautiful medically accurate fetal models. As you can see the twin sisters are having fun



also most rewarding. For 12 days, 10-to-12 hours a day, we demonstrate the humanity of the unborn child to tens of thousands of people. They sign our petitions demanding an end to government-funded abortion, to pass legislation to protect pain-capable unborn children

exhibiting our fetal model of twins in the womb.

Please keep the safety of the SCCL office and our volunteers, of pregnant women, of unborn babies, and of every medically vulnerable member of our human family in your prayers.

# Federal Judge will not hear ACLU case to allow 17-year-old undocumented teen to have abortion

*“Texas must not become a sanctuary state for abortions,” says state Attorney General*

By Dave Andrusko

Last week U.S. Magistrate Judge Laurel Beeler dismissed a request by the ACLU for a temporary restraining order to force HHS to either transport an undocumented pregnant 17-year-old teen to an abortion clinic or allow her to be taken there.

In a 13-page decision Judge Beeler ultimately concluded California was not the proper legal venue since the girl, who came unaccompanied from Central America, is currently in the state of Texas. The ACLU said at the time the girl was 14 weeks pregnant.

The ACLU tried but failed to piggyback the case of “Jane Doe” to a current lawsuit it has against the federal government “for allegedly allowing some religiously affiliated shelters to impose their religion on minors by prohibiting their access to abortion,” the *Texas Tribune* reported.

According to *Courthouse News*

**On Oct. 5, the ACLU asked to add new claims to its lawsuit, challenging a Trump administration policy issued in March that prevents shelters from taking any steps to facilitate immigrant minors’ access to abortion without approval from the director of the Office of Refugee Resettlement, a subdivision of the U.S. Department of**

## Health and Human Services.

Not that the ACLU didn’t try to make the case that Doe’s claims were closely related to the original case. Brigitte



Federal District Judge  
Laurel Beeler

Amiri, a senior staff attorney with the ACLU Reproductive Freedom Project, argued that the original case and the case of “Jane Doe” were both efforts to restrict unaccompanied immigrant minors’ access to abortion.

Amiri also told the Court “judicial efficiency weighed in favor of letting the ACLU add new claims and new class representatives to its case in the Northern District of California,” according to Nicholas Iovieno.

In some respects Beeler’s decision tracks arguments made in the amicus filed by seven state attorneys general. She agreed that the new claims

“form a substantially different case that does not have common questions of law and fact” with the original claim, which alleged violation of the Establishment Clause of the Constitution. Beeler ends the Introduction to her opinion with this:

**The court denies the motion for leave to file an amended complaint. The Doe plaintiff is not in this district. The wrongful acts for the new claims did not take place in this district. ...**

**The case is better brought as a new lawsuit.**

The attorneys general *amicus* had shrewdly argued

**The relief Plaintiffs seek—namely, an order granting Doe access to an abortion—is fundamentally different from the Establishment Clause dispute in the currently operative complaint. The proposed second amended complaint establishes no nexus at all between Doe and any religiously affiliated entity. It does not allege that Doe is housed at a religiously affiliated shelter. And it does not allege that any sectarian entity played any role in the denial of her request for an abortion. Rule 15 does**

**not allow Plaintiffs to glue two unrelated lawsuits together. That is especially so because Doe already has initiated her own lawsuit in Texas, which is now pending before the U.S. District Court before the Southern District of Texas. Doe v. United State. ... She thus has other opportunities to press her claim.**

To be clear Judge Beeler was not sympathetic to the government’s case. In her ruling, Beeler said, “The government may not want to facilitate abortion,” adding, “But it cannot block it. It is doing that here.” But she concluded that the lawsuit needs to be filed elsewhere, presumably Texas.

As *NRL News Today* reported last week, in response Texas Attorney General Ken Paxton’s *amicus* defended “the federal government’s right to deny access to abortion services to an unlawfully-present minor alien in Texas,” according to a news release.

“If ‘Doe’ prevails in this case, the ruling will create a right to abortion for anyone on earth who enters the U.S. illegally. And with that right, countless others undoubtedly would follow,” Paxton said, adding that “Texas must not become a sanctuary state for abortions.”



# Born at 6 months and weighing just 13 ounces, Dylan is a ‘fighter’ who just celebrated his first birthday

By Kelli

Dylan Franklin was born at just six months gestation, and weighed a mere 13 ounces.

At such a premature age, babies often have difficulty breathing on their own. But Dedrick and Paige Franklin of Memphis, Tennessee,

6 days — are given little aid beyond comfort care, with no extra measures in an attempt to save their lives. Even more tragically, babies born at the same age as Dylan can still be legally aborted in the United States.

*New England Journal of Medicine [NEJM], reports that roughly 25% of babies born at 22 weeks gestation would survive if “actively treated in a hospital.” Even without*

**difference for the survival rate of these preemies, but that not all preemies are getting this treatment.**

Only 22 percent of the 22-week-old babies were given lifesaving treatment, compared to 72 percent of 23-week-old and 97 percent of 24-week-old babies, the study found.

Thankfully, little Dylan was given medical aid, even though his father says, “Nobody gave him a chance at all.” Despite his efforts to cry, Dylan had some trouble breathing independently at first, and his parents were warned that he might not survive the night. But one night turned into another, and into another. His father told WREG, “At times I felt like giving up, but I said as long as he’s fighting I need to keep on fighting right along with him.”

Now, Dylan is celebrating his first birthday. His parents say he makes them laugh every day.

While doctors expected Dylan to have delays, it appears at this time that he is developing normally. “He can see, he can hear, and he is functioning just fine. He’s now 14 pounds,” reports WREG.

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



remember distinctly how their son cried. “It was the smallest little cry. I didn’t expect to hear him cry, but he cried,” his mother told a local news station, WREG in Memphis.

Dylan’s father, Dedrick, told WREG, “A lot of people don’t give babies his size a chance, especially how small he was and the fact that the doctors told us he [was] gonna die.”

Dylan’s father, sadly, is correct. In some places, babies born very early — especially those born before 23 weeks,

While the abortion industry claims that children at that gestational age and older are only aborted in dire circumstances (for example, to save the life of the mother or because of a fatal fetal abnormality), the reality is that late-term abortions happen well past the age of viability, and they are committed for any reason whatsoever.

According to *Live Action News’* Kristi Burton Brown:

**A May 2015 medical study, published in the**

**extra treatment, a small number of these babies survive. A September 2015 study, published in the *Journal of the American Medical Association* reported that survival rates for babies at 23 weeks gestation has improved to 33%; at 24 weeks, the survival rate is 65%.**

**The *NEJM* study found that active treatment made a**

# Pro-Lifers see gains in the 2017 State Legislative Sessions

By Ingrid Duran, Director, NRLC Department of State Legislation

Pro-life activists started the 2017 legislative session on a high note with the passage of Ohio's Pain-Capable Unborn Child Protection Act (PCUCA) in December of 2016. From there moving forward the action was virtually nonstop with many victories accomplished and the groundwork done for future breakthroughs as well. The following is an overview of the very considerable achievements which were primarily the fruit of the work of NRLC's state affiliates.

Kentucky would soon follow Ohio. Within the first week of their session they initiated and soon passed their own PCUCA. In so doing Kentucky became the sixteenth state to pass a law protecting from abortion the unborn child when they have reached a stage where medical science demonstrates they are capable of experiencing pain.

With both houses controlled by pro-life Republicans and with a new pro-life Republican governor, Kentucky also passed National Right to Life Committee's model legislation on ultrasound display, in addition to a law that prioritized the types of medical centers that receive Title X funding.

Under this plan, states create a hierarchy of provider classifications, and distribute funds from the top category first, then to the second, third, etc., giving preference to full service health providers. This has been a successful way to significantly reduce funding for abortion giants like Planned Parenthood.

Besides Kentucky two other states moved to stop funding

the abortion industry. Iowa set aside about \$3.3 million in state funds to recreate its own family planning network so that it can prohibit the funding of clinics that provide abortions. In August, South Carolina's Governor Henry McMaster issued an executive order preventing state and local funds

of informed consent provision. In addition to Kentucky, Iowa also passed an ultrasound law along with a seventy-two hour waiting period. Now women in Iowa are given the opportunity to view the ultrasound, and receive a booklet with information on abortion risks, alternatives to abortions, and

both amended their parental involvement laws in order to strengthen their state law and close any loopholes. In West Virginia for instance, prior to the change, the abortionist could waive the requirement that notified the parent.

Three states enacted laws in an effort to assist pregnant mothers. Georgia amended their Positive Alternatives for Pregnancy program which provides expectant mothers with life-affirming resources and promoting healthy pregnancies and healthy babies.

Oklahoma also passed the Choosing Childbirth Act which directs the state department of health to create grants for pregnancy resource centers that aid pregnant mothers and their unborn children. As part of an omnibus bill, Minnesota passed a healthcare bill which provides helpful information for pregnant students about their legal rights and resources in order to assist them as a parent pursuing higher education.

Pregnancy resource centers have been increasingly under attack by the pro-abortion lobby. (See below.) Sometimes when a state does not have an adequate Woman's Right to Know/Informed Consent law, pregnancy resource centers provide helpful information to expectant mothers on the baby's development and many times are able to provide an ultrasound for free.

from subsidizing abortion facilities.

Two states, Arkansas and Texas, passed a ban on gruesome dismemberment abortions, raising to eight the number of states that ban tearing living unborn children limb from limb. The Texas dismemberment ban also included provisions banning partial-birth abortions and regulations to require dignified treatment of the remains of aborted babies.

During the 2017 session, four states passed one or another type

local resources that can help a woman carry her baby to term.

Wyoming passed two new pro-life laws, the first in 28 years, one of them to offer women a chance to view an ultrasound of their baby.

Utah became the fourth state to amend their informed consent law to provide women with the information that it is possible to halt a chemical abortion, provided the woman does not take the second of the two drugs that make up the chemical abortion regimen.

Indiana and West Virginia

## WE ARE THE GRASSROOTS



*See "Gains," page 33*

# National Right to Life applauds announcement that Trump administration will protect religious liberty and takes positive steps regarding abortion-covering insurance plans under Obamacare

WASHINGTON – On October 6, the Department of Health and Human Services (HHS) released a bulletin through the Center for Medicare and Medicaid Services (CMS) reiterating that qualified health plan issuers must segregate collected premiums to pay for abortion coverage; that enrollees be informed if abortions are covered by a qualified health plan; and that HHS intends to fully enforce these requirements as a step toward ensuring that federal tax dollars are not used to subsidize coverage.

A 2014 report by the Government Accountability Office (GAO) provided dismaying confirmation of earlier predictions by National Right to Life that federally subsidized abortion coverage would become a widespread feature of Obamacare. The report found that more than one thousand federally subsidized exchange plans covered elective abortion. The GAO findings validated previous charges by National Right to Life that the federal taxpayer is subsidizing the purchase of

abortion-covering plans on a massive scale.

**“While only comprehensive legislative reform can cure the multiple abortion-expanding components of Obamacare, today’s guidance from the**



*Pro-life President Donald Trump*

**Trump Administration takes a good first step to keep the federal government out of the business of paying for abortion until Obamacare can be replaced,”** said Jennifer Popik, J.D., National Right to Life legislative director.

National Right to Life President Carol Tobias added, “We applaud President Trump and his administration for enforcing the law and seeking to uphold the principles of the Hyde Amendment to prevent

moral and religious rights of conscience.

**“Rights of conscience are extremely important to the right-to-life movement to protect medical professionals, religious institutions and employers from being forced to participate in abortion,”** said Tobias. **“We commend President Trump for keeping his campaign promises by supporting these rights of conscience. These rule changes will help promote a policy that protects pro-life rights of conscience with regard to abortion.”**

Under President Obama’s administration, pro-abortion forces not only put increasing pressure on health care providers to violate their moral convictions with regard to abortion, but also backed efforts to force employers, including religious institutions and organizations that object to abortion, to cover abortion in their insurance plans.

**“No one should be forced to participate in abortion against their religious or moral convictions,”** Tobias said.

the use tax dollars to pay for abortion coverage.”

Additionally, HHS announced interim final rule changes to the Affordable Care Act and HHS coverage mandate that would protect

# Sharing Our Adoption Stories

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

When I was a little girl, I learned that my mother's favorite cousin, Valeria, had been adopted into the family. She was an individual with many gifts, including a talent for ballet and art. My father's wish was that someday Valeria would paint a portrait of my mother that we could hang with pride in our living room.

Valeria lived far away, in the western part of the United States, so my mother was unable to see her. But a phone call from Valeria was a major event in our home and brought tremendous joy to my mother's heart.

When Valeria passed away, she left my sister and me stacks and stacks of savings bonds. Apparently she had been buying them for us over



the years, but never told my mother. The bequest came at a time when our family was in severe financial straits, so I was exceedingly grateful to the ballerina benefactor that I had never actually met.

Research indicates that, when a woman is distressed by an unexpected pregnancy, she views adoption as the worst option—worse than abortion. While we should do all we can to support women who wish to parent their children, for those who believe they are unable to parent at this time, we must share with them the beauty of adoption.

We need to share our adoption stories. They can save lives, and help form families made and sustained by the heart.

## With your help, together we can win!

*From page 1*

Your National Right to Life and our state affiliates have been on the front lines of fighting for the Pain-Capable Unborn Child Protection Act. And it remains among the right-to-life movement's top congressional priorities for the 115<sup>th</sup> Congress.

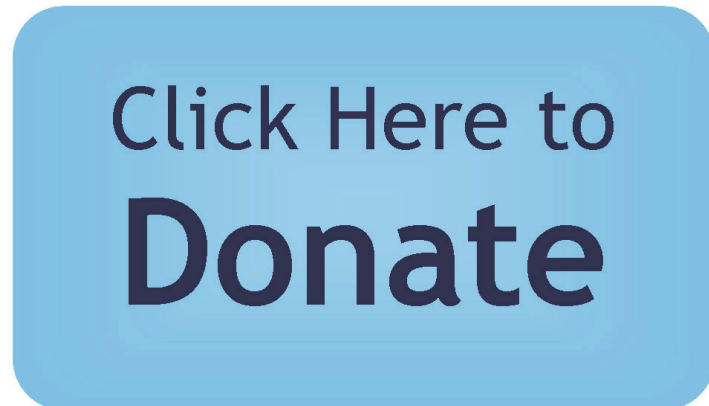
**If we can get it passed the Senate and to President Trump's desk, he has pledged to sign the bill into law!**

That's where you come in.

We're currently in the final planning stages of our national campaign to pass the Pain-Capable Unborn Child Protection Act. But in order to put the plan into action, we need to quickly raise more than \$50,000.

**Can you help us hit that goal?**

A sacrificial contribution of \$250 or \$500 would be



tremendous. But even a more modest donation of \$25 or \$50 will help us prepare for the battle ahead.

Your continued support in the form of financial contributions and grassroots activism is what has made **your National Right**

**to Life the most respected and most effective pro-life organization in Washington, D.C.**

With your help, we can continue the fight to protect unborn babies. With your help, we can enact the Pain-Capable Unborn Child Protection Act into federal law.

**With your help, WE CAN WIN.**

To make a contribution, click on [www.nrlc.org/donate](http://www.nrlc.org/donate). You can also mail your contribution to my attention at National Right to Life's Washington headquarters: 512 10<sup>th</sup> Street NW, Washington, DC 20004.

May God bless you for all you do on behalf of his most precious children

# Judge upholds Iowa's three-day waiting period

By Dave Andrusko

On October 2 Polk County District Court Judge Jeffrey Farrell ruled that Iowa's three-day waiting period is constitutional, rejecting a challenge from Planned Parenthood of the Heartland and the American Civil Liberties Union of Iowa, which sued in May.

"The Iowa Act is arguably the strictest mandatory waiting period law in the country, but the only question to the court is whether it complies with the constitutional standard," he wrote in a 48-page decision. "It does."

The constitutional standard, Farrell wrote, comes from *Planned Parenthood v. Casey*—whether the law places an "undue burden" on a woman's right to abortion. SF 47 does not.

"The undue burden standard has been criticized, but it fairly balances the two competing interests of a woman's right to choose an abortion versus the public's interest in potential life," Judge Farrell wrote. "The evidence at trial focused on the hardships women face when dealing with an unwanted pregnancy, but the public's interest in potential life is an interest that cannot be denied under the law. Both of these interests are important."

To the argument that the 2016 Supreme Court decision

in *Whole Woman's Health v. Hellerstedt* changes the analytical framework, Judge Farrell responded

**The United States Supreme Court has**



Polk County District Court Judge Jeffrey Farrell  
Pool photo via KCCI-TV

**established that the state has an interest in potential life, and that it may promote that interest by requiring informed consent as long as it does [not] create a substantial obstacle to a woman seeking an abortion. As stated in Casey, "Under the undue burden standard, a State is permitted to enact persuasive measures**

**which favor childbirth over abortion, even those measures do not further a health interest."**

**According, as applied to the present case, the**

**analysis from Casey remains unchanged by Hellerstedt."**

In addition, Planned Parenthood of the Heartland, one of PPEA's largest affiliates, "contended that some sections of the law violate the Iowa Constitution, citing a lack of due process and equal-protection rights," reported Tony Leys and William Petroski for the *Des Moines Register*.

Waiting periods are both common and common sense legislation. According to Ingrid Duran, director of State Legislation for NRLC, 19 states have 24 hour waiting periods, three states have 48 hour waiting periods, and seven states have a 72 hour waiting period. One state has an 18 hour waiting period.

When he signed SF 471, then-Gov. Terry Branstad said it was one of the most prolife bills passed in years. "I have been fighting for the unborn since I ran for the Legislature in 1972, and I have not stopped. I am really pleased with this General Assembly and the progress that was made," Branstad said at the time. "I think that this year was really a banner year for the pro-life movement. History was made this session."

There are other provisions in SF 471. The law prohibits abortions performed at 20 weeks and beyond ("that provision was not a focus of the lawsuit," according to the *Register*), and also requires that women have the option of viewing an ultrasound and receiving materials about risks associated with abortion.

Planned Parenthood and the ACLU immediately filed notice that they plan to appeal to the Iowa Supreme Court.

# “Instead of Pain, We Should Fill These Children With Love”

*Editor's note. House Majority Leader Kevin McCarthy (R-CA) spoke on the House floor October 3 in favor of H.R. 36, the Pain-Capable Unborn Child Protection Act, also referred to as Micah's Law.*

Last week I had the pleasure of meeting a young boy named Micah Pickering. He was cute and shy. And, as young boys often are, he'd give me a high-five, play around, and run where everybody had to catch him. Now, he gave me this bracelet. You see it says, 'Miracles for Micah.'

You know what? He is a miracle, and he is strong. He was born prematurely at only 20 weeks. He spent the first 128 days of his life in a neonatal intensive care unit. Though he could fit in the palm of your hand, his parents couldn't hold him at first. His skin was so sensitive; the slightest touch could cause little Micah intense pain.

It didn't matter where he was, if he was in that intensive care unit or if he was still waiting for that expected date to be born, he could feel, and he wanted to live.

The fact is, children at 20 weeks feel pain. Science

increasingly shows it. The European Journal of Anesthesiology describes how it is 'critical' to administer anesthesia during fetal surgery procedures. You know, a standard text on



*House Majority Leader  
Kevin McCarthy*

human development, Patten's Foundations of Embryology, shows how the basics of the nervous system are formed by week four. Doctor Ronald Brusseau of Boston's Children's Hospital wrote that by week 18, children have developed sensory receptors for pain. Two independent studies in 2006

used brain scans and showed unborn children respond to pain.

These children have noses, eyes, and ears. You can hear their heartbeats and feel them move. They are human.

The Pain-Capable Unborn Child Protection Act—I like to call it Micah's Law—is called what it is because children like Micah feel pain. Those children are strong, just like Micah is strong. And those children should be protected.

Now, I have to admit, Madame Speaker, across the aisle I sometimes hear beautiful speeches filled with compassion for the voiceless, the defenseless, and the marginalized. They are trying to speak for those who can't speak for themselves. But what about Micah? What about the thousands of others like him killed the same age he was born? What about the millions who were never given a chance?

Look into Micah's face—I think we all should—and tell me he isn't human. Look at him when he was born and tell me that child doesn't have a right to live.

We should care for the voiceless—for those whose cries of pain are never heard.

We should care for the defenseless—for those who will only be saved if we act to protect them.

We should care for the marginalized—for those who have their very humanity denied even as their noses, eyes, ears, heartbeats, and every movement are visible testaments of their life.

These children need love. Their mothers need love. Let's end the pain. These children are suffering, so let's end the pain. These children want to live, so let's end their pain.

Micah is a beautiful kid. And there are millions of Micahs who will never smile. Micahs who will never walk. Micahs who will never scrape their knees and get into trouble. Micahs who will never learn to read. Micahs who will never fall in love and have children of their own. Micahs who will never have the chance to tell their mother and father, 'I love you.'

We will never know these Micahs. Our lives our poorer because their lives were cut short. But there are more. Instead of pain—instead of pain—we should fill them with love.

# The “other” abortion clinics that perform 2/3rds of all abortions

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

When it comes to abortion clinics, the big name has always been Planned Parenthood, easily the nation’s largest abortion chain, performing 35% of all abortions in the United States. But that still leaves about two thirds of abortions unaccounted for. Who are those other guys who snuff out the lives of hundreds of thousands of babies each year?

Tired of being in Planned Parenthood’s long shadow and obviously not entirely happy that they don’t have the slick marketing or the big budget of the abortion giant, several of the nation’s self-identified “independent abortion clinics” (they call themselves “indies”) have joined together as the “Abortion Care Network” to issue a report on their work titled “Communities Need Clinics: The Role of Independent Abortion Care Providers in Ensuring Meaningful Access to Abortion Care in the United States.”

That report can be found at: [abortioncarenetwork.org/wp-content/uploads/2017/08/CommunitiesNeedClinics2017.pdf](http://abortioncarenetwork.org/wp-content/uploads/2017/08/CommunitiesNeedClinics2017.pdf)

According to the report, “independent abortion care providers” comprise 25% of the abortion facilities in the country but perform 60% of the abortions in the U.S. (Besides the 35% performed by Planned Parenthood, the report says 4% are performed in hospitals and 1% in physician’s offices.) Another way of saying it, they want us to know that “3 in 5 people who have an abortion get care from independent abortion care providers.”

## Performing the bulk of America’s later abortions

There is not a whole lot more in the way of statistics. The bulk of the report is devoted to arguing why the “indies” are so important and ought to be

means is made clear by an accompanying chart. The chart shows that more than half of the abortions performed at 10 weeks gestation or more are performed at the independent clinics. That figure jumps to

Parenthood abortion clinic doesn’t typically do.

There were over a hundred Planned Parenthood clinics doing abortions at 14 weeks or more as recently as 2013, as well as more than a dozen performing abortions at 20 weeks at that time. But that still leaves quite a few others that PPFA does not abort.

Absent the independent clinics, authors of the report say, “access to abortion in a clinic setting after 16 weeks gestation would be diminished by 76 percent, and access after 19 weeks would be nearly non-existent.”

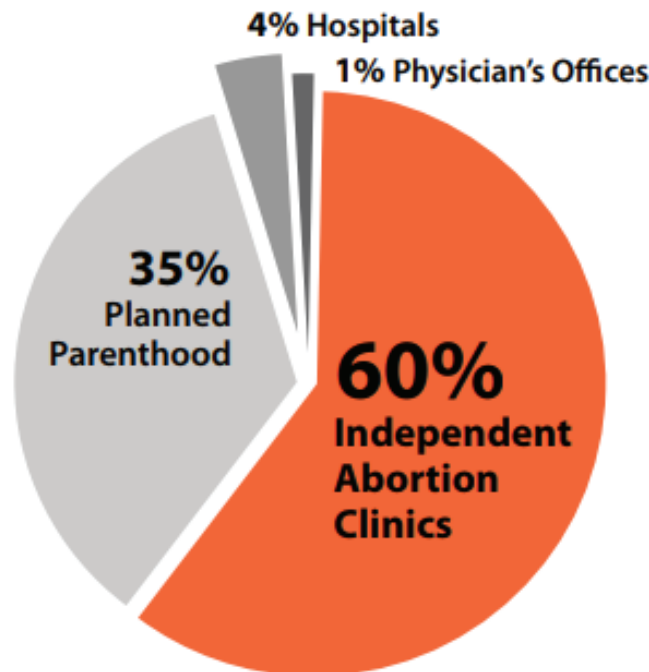
They want more money, funding, insurance coverage

One of the report’s many complaints is that state funding limits keep them from being adequately reimbursed, particularly when it comes to later abortions.

The authors are upset that federal funds can only be used in cases of rape or life endangerment and that 33 different states prohibit state Medicaid funds from covering abortion except in those circumstances. To make things worse, they point out that half the states ban abortion coverage in their Affordable Care Act (ObamaCare) Marketplace plans.

Even in the 15 states that do allow state Medicaid money to cover abortion costs (two other states, Arizona and Illinois, the authors say, legally could, but don’t), “reimbursement rates are low and often do not come

**Percentage of abortions performed by provider type<sup>1,2</sup>**



*\* Within the reproductive rights movement, independent abortion care providers and clinics are sometimes referred to as “Indies.”*

appreciated and funded rather than regulated or closed. The authors take pains to point out that “The majority of clinics providing abortion care at every stage of pregnancy are independent abortion clinics.”

What this turn of phrase “at every stage of pregnancy”

68% for abortions 10-16 weeks, 76% for those at 16-19 weeks, 87% of those at 19-22 weeks, and 96% of those at 23 weeks or more. [1]

In other words, they want to clarify that **they** are the ones doing the later abortions that your standard Planned

*See “Other,” page 35*

# The coat hanger is a lie

*Why the “back-alley abortion” argument for legalized abortion doesn’t succeed*

By Paul Stark

The image of a coat hanger has long served as a symbol of the importance of legalized abortion. But that symbol is based on a lie.

Before the U.S. Supreme Court’s *Roe v. Wade* decision, which legalized abortion nationwide, many advocates of legalization claimed that thousands of women died each year by undergoing dangerous abortions, sometimes performed in back alleys or using coat hangers. Today, abortion defenders warn that bans or even modest restrictions on abortion could lead to more deaths. Legal and accessible abortion, they say, ensures the health and safety of women.

Every death or injury is a tragedy we should seek to prevent. The unsafe abortion argument, however, suffers from both a *justice* problem and an *evidence* problem.

## The justice problem

First, if abortion is unjust, then the dangers of choosing to participate in the injustice are not a very good reason to make it legal. No one would say, “Society should authorize the killing of children so that parents don’t have to jeopardize their own safety when they decide to get rid of their children.” Children are valuable human beings who have human rights. They deserve protection under the law. If human beings *in utero* are also valuable members of the human family, then they too deserve protection, regardless of the risks some people might assume by trying to kill them.

The back-alley argument, therefore, “fails to meet the [pro-life] claim that abortion is the deliberate killing of an

innocent human being,” writes Princeton ethicist Peter Singer, a defender of abortion. “The fact that restricting access to abortion has tragic side effects does not, in itself, show that the restrictions are unjustified,” adds philosopher Mary Anne Warren, who also supports

anything within reason that had to be done was permissible.

What do honest statistics reveal? The incidence of maternal mortality—and abortion-related mortality specifically—declined dramatically through the middle part of the 20th century

abortion and suffer high maternal mortality rates and to other countries (such as most in Europe and North America) that permit abortion and boast low mortality. They infer from this correlation that laws against abortion cause a high incidence of maternal death. But that’s a fallacy.

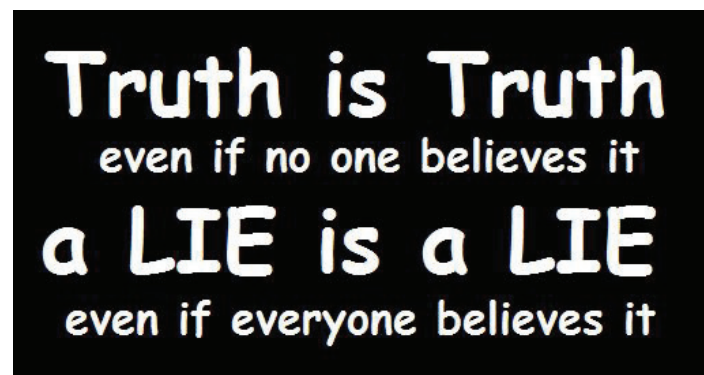
The highest-mortality nations are *developing* countries with poor maternal health care; the lowest-mortality nations are *developed* countries with advanced maternal health care. This is true irrespective of abortion policy. Some countries, for example, permit abortion and have high rates of mortality because their health care system is poor. Other countries prohibit most abortions and have very low rates of maternal death (often lower than that of the U.S.). These countries include Chile, Ireland, Poland, Malta, the United Arab Emirates, Kuwait, and Lebanon.

The evidence from both the U.S. and around the world is clear. Legalized abortion is *demonstrably unnecessary* to have an excellent standard of women’s health.

## We can protect both

Of course, we should never minimize the horror of any pregnant woman’s death from an abortion. Nor, however, should we ignore the deaths of nearly one million unborn children in the U.S. each year. There’s no such thing as a “safe” abortion.

We can protect the right to life of all human beings, including unborn children, and safeguard the health of women at the same time. That’s what a just and compassionate society ought to do.



abortion, “since murder is wrong regardless of the consequences of prohibiting it.”

## The evidence problem

Second, empirical evidence shows that laws against abortion do not have the terrible consequences that the back-alley argument alleges. Dr. Bernard Nathanson, the NARAL co-founder who helped lead the effort to legalize abortion, later acknowledged that his movement’s claims about the number of deaths from illegal abortion were wildly inaccurate:

I confess that I knew the figures [5,000-10,000 maternal deaths per year] were totally false, and I suppose the others did too if they stopped to think of it. But in the “morality” of our revolution, it was a *useful* figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the laws eliminated, and

due to antibiotics and other medical advances. By 1960, Dr. Mary Calderone, Planned Parenthood’s medical director, concluded that “abortion, whether therapeutic or illegal, is in the main no longer dangerous.” This steep drop in deaths occurred *before* the 1973 legalization of abortion, which had no apparent effect on mortality rates.

“[T]he data suggest,” observes Joseph Dellapenna, author of the most definitive work of U.S. abortion history, “that there have been as many maternal deaths in the United States annually from legal abortions (estimates range from 15 to 35 per year) as there were maternal deaths from illegal abortions in the years immediately before *Roe v. Wade* was decided.”

Those who offer the unsafe abortion argument frequently appeal to examples outside of the United States. They point to some countries (such as many in Africa) that prohibit



# Stem cells derived from the umbilical cords of newborn babies show promise in repairing damaged hearts

By Dave Andrusko

In a first-of-its-kind study published in *Circulation Research*, an American Heart Association journal, researchers from Universidad de los Andes in Chile found that stem cells derived from the umbilical cords of newborn babies may lead to repairs in damaged hearts and improvements in heart muscle.

“We are encouraged by our findings because they could pave the way to a non-invasive, promising new therapy for a group of patients who face grim odds,” said Fernando Figueroa, one of the authors of the study and a medicine professor at the University de los Andes.

“In heart failure, the heart’s muscles weaken and can no longer pump blood adequately throughout the body,” explained Ana Sandoiu for *Medical News Today*

**Worryingly, the threat of heart failure is increasing among people in the United States; the number of people affected is currently set at 6.5 million, and this is expected to rise by 46 percent by the year 2030.**

**The authors of the new study note that previous research has already looked into the potential of stem cells derived from bone marrow for treating heart failure, but they say that umbilical cord-derived stem cells have never been examined.**

**These are a more desirable avenue for treatment, the authors add, as they are more accessible, do not pose any of the**

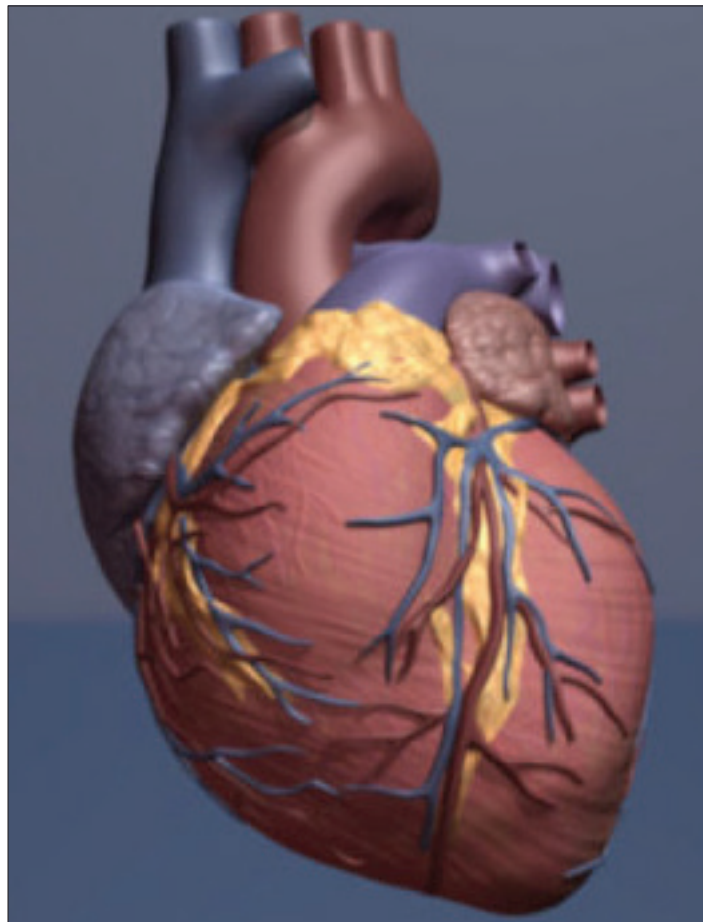
**ethical concerns that embryonic stem cells do, and are not likely to elicit a negative immune response.**

Sandoiu’s conclusion was seconded by Dr. David Prentice, Vice President and Research

**divided 30 patients – aged between 18 and 75 – into two small groups: one received treatment, and the other received a placebo. Patients who received a single injection of mesenchymal stem**

Prentice emphasized that “Unlike embryonic stem cells, adult stem cells continue to show their ability to successfully treat numerous conditions, all without killing the stem cell donor.” Adult stem cells transplants, he said

**remain the only successful use of stem cells for patients, as documented by hundreds of published, peer-reviewed scientific articles. Adult stem cells can be isolated from many different tissues, including bone marrow, blood, muscle, fat, and umbilical cord blood, and isolating the adult stem cells from tissues of a patient or a healthy donor does not require harming or destroying the adult stem cell donor.**



*Illustration of the heart*

*Credit: Image courtesy of American Heart Association*

Director of the Charlotte Lozier Institute, who also explained more about the research.

“This is just the latest study that shows effectiveness of adult stem cells in treating damaged hearts,” he told *NRL News Today*.

**This controlled study**

**cells, a type of adult stem cell, isolated from umbilical cords, showed significant and long-lasting improvement in the ability of their heart to pump blood and their overall health.**

As he does routinely, Dr.

The authors concluded that the treatment was “feasible and safe,” and that it “resulted in a significant improvement in left ventricular function, functional status, and quality of life.”

“These findings suggest [that the intervention] could have an impact on clinical outcomes, supporting further testing through large clinical trials,” they add.

In its press release, the American Heart Association observed, “Despite medical advances, half of patients diagnosed with heart failure will die within five years of diagnosis, according to Figueroa. If affirmed in larger studies, these findings could provide a promising new treatment option for a condition that currently has few.”

# President Trump tells pro-life audience he has kept this promises

By Dave Andrusko

In a speech to the 2017 Values Voter Summit frequently punctuated by loud applause, President Donald Trump laid out a litany of promises that he said he had made and kept.

“Some of those promises are to support and defend the Constitution. I appointed and confirmed a Supreme Court Justice in the mold of the late, great Justice Antonin Scalia, the newest member of the Supreme Court, Justice Neil Gorsuch,” the President said to a standing ovation at the Omni Shoreham Hotel in Washington, D.C.

“To protect the unborn, I have reinstated a policy first put in place by President Ronald Reagan, the Mexico City Policy. (Applause.) “We cherish the sacred dignity of every human life.” (Applause.)

“To protect religious liberty, including protecting groups like this one, I signed a new executive action in a beautiful ceremony at the White House on our National Day of Prayer

which day we made official,” Mr. Trump added.

In addition, “We have also taken action to protect the conscience rights of groups like the Little Sisters of the Poor.”

extremely important to the right-to-life movement to protect medical professionals, religious institutions and employers from being forced to participate in abortion,” said



*Pro-life President Donald Trump*

The President was alluding to HHS’s announced interim final rule changes to the ObamaCare and HHS coverage mandate that would protect moral and religious rights of conscience.

“Rights of conscience are

rights of conscience with regard to abortion.”

In stark contrast under President Obama’s administration, pro-abortion forces not only put increasing pressure on health care providers to violate their moral convictions with regard to abortion, but also backed efforts to force employers, including religious institutions and organizations that object to abortion, to cover abortion in their insurance plans.

Moreover, National Right to Life congratulated the Trump administration for reiterating that qualified health plan issuers must segregate collected premiums to pay for abortion coverage; that enrollees be informed if abortions are covered by a qualified health plan; and that HHS intends to fully enforce these requirements as a step toward ensuring that federal tax dollars are not used to subsidize coverage for elective abortion.

NRLC President Carol Tobias. “We commend President Trump for keeping his campaign promises by supporting these rights of conscience. These rule changes will help promote a policy that protects pro-life

# Decades after baby's birth, fetal cells "come to a mother's rescue"

By Dave Andrusko

As we noted in the story on page 16, researchers from Universidad de los Andes in Chile found that stem cells derived from the umbilical cords of newborn babies may lead to repairs in damaged hearts and improvements in heart muscle.

Lesson? While there is endless media hype for the "potential" benefits of stem cells harvested from unborn babies, in fact, adult stem cells from bone marrow, umbilical cords, blood, nasal cells—even fat cells—are being used to improve health and save lives, all without harming the stem cell donor.

And right now.

I'd like to revisit a story I posted a while ago because it is such a nice twist. Instead of killing unborn babies for their stem cells, which have not helped anyone, this story talked about something widely known in the scientific community, but news to most laypeople: years—even decades—after a mother delivers her baby, some of the fetal cells will remain in her body.

To be clear these fetal cells, which are some of the developing baby's cells, are not necessarily stem cells, but are adaptable in their ability to grow and repair tissues. We've carried stories about this phenomenon previously.

One from Liz Szabo writing in *USA Today* was particularly helpful. It brought additional breadth and depth to our understanding of the ability of these fetal cells to "come to a mother's rescue" in a story whose sub-headline reads, "New study in mice shows that fetal cells carried by moms after they give birth may actually provide stem cells to help the body repair some damage."

Szabo's lead is extremely clever:

**"Many moms carry photos of their children in their wallets.**

**"Yet mothers may be surprised to learn that they're also carrying some of their children's**



*Fetal cells carried by moms after they give birth may provide stem cells to help the body repair some damage.  
(Photo: Andersen Ross Getty Images)*

**cells, years or even decades after the end of a pregnancy. And while a baby photo can melt a mother's heart, the cells her child leaves behind in her blood may actually heal it, emerging research suggests."**

Or, as she puts it later, "[T]he fetal cells left behind in women's bodies are more than mementos."

Szabo's story begins with a discussion of a paper delivered at the American Heart Association's International Stroke Conference in San

Diego, by Louise McCullough, director of stroke research at the University of Connecticut Health Center.

The crux of the story is that the fetal cells that remain in the mother mouse's body appear to act like stem cells when they race to repair damage caused by

restore blood flow to the injured brain.

"What scientists don't yet know, is whether the fetal cells were clustered around the stroke site by coincidence, or if they really were acting like stem cells attempting to regenerate tissue. McCullough presented her research in abstract form. She has not yet published the full paper in a peer-reviewed journal."

Other scientists, working independently, have seen similar behavior in mice with heart failure. Szabo writes

**"The mice who recovered best were ones in which fetal cells integrated into their heart tissue, says [V.K.] Gadi, who wasn't involved in McCullough's research. In a study in humans, researchers found maternal cells at work in a diabetic child, apparently trying to repair insulin-producing cells, he says.**

Naturally, others are examining what role fetal cells may play in diseases such as cancer.

Szabo raises another fascinating possibility. That, like stem cells, "Fetal cells appear able to change into whatever specific type of cell is needed, McCullough says. So fetal cells in a mother with liver damage could transform into liver cells."

Very amazing stuff.

a stroke in the mother's body. This raises intriguing (but as yet still unclear) possibilities.

McCullough studied how fetal cells operated in the mother mouse who had suffered a stroke. Within three days, they clustered around the area of the stroke. Szabo writes

**"But these fetal cells were more than bystanders, McCullough says. They also began dividing and giving rise to the types of cells that line blood vessel walls, as if trying to form new blood vessels to**

# National Right to Life praises U.S. House passage of legislation to protect pain-capable unborn children

WASHINGTON – With the support of a vast majority of House Republicans, and due to the pro-life dedication of the House Republican leadership, the U.S. House of Representatives on October 3 passed landmark legislation, 237-189, to extend federal protections to unborn children who have reached 20 weeks fetal age, and those who are born alive during late abortions.

The bill is based on model legislation developed by National Right to Life in 2010, and enacted thus far in 16 states.

**“This bill would save thousands of unborn babies annually from terribly painful deaths,”** said Carol Tobias, president of National Right to Life. **“It is now clear that the overwhelming majority of House Democrats believe that painfully dismembering babies, in the sixth month and later, is just fine – now let them try to explain that to their constituents.”**

The Pain-Capable Unborn Child Protection Act has been among the right-to-life movement’s top congressional priorities for the 115th Congress. Like the state bills, the proposed federal law

would generally extend legal protection to unborn humans beginning at 20 weeks fetal age, based on congressional findings that by that point (and even earlier) the unborn child

– **these babies are capable of feeling pain and are considered by the medical profession to be a second patient. This legislation has**

**highlighting, that where this bill is not law, it is legal to kill these very developed unborn children.“**



has the capacity to experience great pain during an abortion.

Jennifer Popik, J.D., legislative director for National Right to Life, added,

**“These are very developed babies**

**saved lives, driving out abortionists from states performing abortions on these babies. And this legislation has the power to speak to the people of this country,**

National Right to Life’s “Key Points on the Federal Pain-Capable Unborn Child Protection Act (H.R. 36)” is available at: [www.nrlc.org/uploads/fetalpain/KeyPointsOnPCUPA.pdf](http://www.nrlc.org/uploads/fetalpain/KeyPointsOnPCUPA.pdf)

In a nationwide poll of 1,623 registered voters in November 2014, the Quinnipiac University Poll found that 60% would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation.

Women voters split 59%-35% in support of such a law, while independent voters supported it 56%-36%.

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

## Mom, why didn't you kill me, too, asks 3 year old sister of aborted sibling

By Sarah Terzo

*Editor's note. The following appeared at Clinic Quotes. The quote itself comes from Teenbreaks.com.*

**“When I was 3 years old I saw my mom on TV. She was speaking to a man about how she killed her baby and regretted it. As she told her story and how she became a pro-life speaker, I watched and listened. My grandma didn't think I was old enough to understand.**

**“When my mom picked me up that night I asked her**

**why she killed my brother or sister and why she didn't kill**

**me. My mom said she was in shock that her 3-year-old would ask these questions. She answered them the best she could for me, and as I got older I learned more.”**



This is the testimony of Alex. She and her mom are now pro-life speakers.

Even at three, Alex knew she'd lost a brother or sister. Children pick up on things adults say, even things about abortion.

## Director of Neurobiology on life beginning at conception

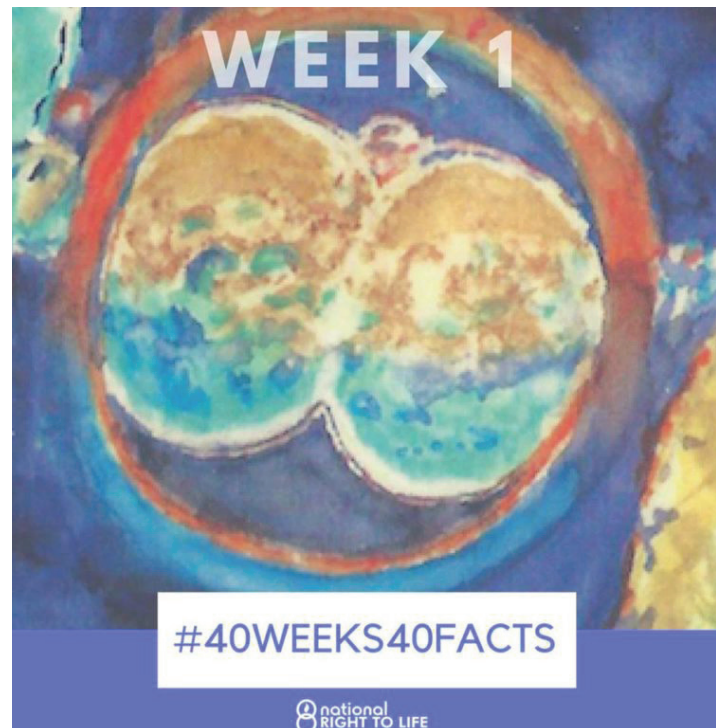
By Sarah Terzo

Dr. Sean O'Reilly, Director of the Neurobiology Research Training Program at George Washington University:

**“[T]here is nothing in the entire phenomenon of the transmission of life that deserves more to be called an event, scientifically speaking, that does fertilization. It is the natural and scientific boundary at which a new and genetically unique human individual can be said to begin his existence. We conclude, therefore, that by objective and scientific criteria the individual human being is a person throughout his [or her] entire biological development from conception, which is synonymous with fertilization, to natural death... Any other conclusion would be arbitrary, unsupported by scientific fact or rational argument, divorced from objective reality, and based on a particular ideology, philosophy or creed.”**

Direct report on S. 158 by Dr. Sean O'Reilly, dated July 2, 1981. Quoted on page 28 – 29 of Randall J Hekman, *Justice for the Unborn* (Ann Arbor, Michigan: Servant Books, 1984).

*Editor's note. This appeared at Clinic Quotes and is reposted with permission.*



# Bad News for Milwaukee's Most Vulnerable

By Amy Gehrke, Wisconsin Right to Life

The terrible news had broken late on a Friday afternoon: Planned Parenthood would open a new, \$8 million, state-of-the-art abortion facility in Milwaukee, Wisconsin on Tuesday, October 10th. Adding to this shocking news is the fact that the abortion giant is paying for the new killing center entirely with private donations.

The new facility will be located in Milwaukee's trendy Third Ward, home to some of the city's most expensive real estate. In addition, the 12,000-square-foot clinic will feature an expanded waiting room, more exam and consultation rooms than their existing Milwaukee facility, as well as areas for women and children. Children can relax and play in comfort while a little brother, sister, cousin, or friend loses their life only a few feet away.

Yet again, this leaves us with just one question: *Why does Planned Parenthood need taxpayer money?*

The fact that Planned Parenthood continues to insist that they need taxpayer funding while building an \$8 million facility with private funds is

beyond the pale. It is shocking that they blame Wisconsin's protective, pro-life laws for the closure of rural clinics while, at the same time, they build an upscale clinic in Milwaukee's hot spot: The Third Ward.

Planned Parenthood's true colors have been exposed once again: **They don't care about women. They care about money.**

Planned Parenthood always follows the money — whether it be from taxpayer's wallets, gullible donors, or exploiting women at the expense of their children's lives.

Within the last six years, Wisconsin Right to Life supported legislation signed into law that directed a cumulative \$8 million away from Planned Parenthood of

Wisconsin. The fact that money continues to flow through their doors is proof-positive they have no need for taxpayer dollars.

Here in Wisconsin, the number of abortions has been dropping steadily for years. In fact, it has dropped 15% in the last three years alone, to an all-time low of 5,612 abortions in 2016. Of course, that is 5,612 abortions too many, but the steady decline has shown that our strategy of combining a strong legislative agenda along with our powerful Veritas media campaign targeting abortion-vulnerable women is working.

Despite our success, Planned Parenthood continues to be Enemy #1 to women and children everywhere. We will continue to urge legislators to completely defund the abortion giant. We will continue to fight for laws that protect unborn children and their mothers. We will continue to educate society regarding the truth about the abortion industry so hearts and minds are changed to favor life.

**We will not stop until every vulnerable member of our society is protected.**



# Pennsylvania Planned Parenthood Fails Inspection After Inspection

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

“Care. No matter what.”

That is a favorite slogan of Planned Parenthood, the nation’s largest abortion operation, which performs more than 320,000 abortions a year.

But records from the Pennsylvania Department of Health show that the abortion giant has failed inspection after inspection since the beginning of the year.

A March inspection of a Planned Parenthood in Harrisburg showed that the abortion center failed to maintain a sanitary environment.

An April inspection of a Planned Parenthood in Warminster revealed that the abortion operation failed to ensure that emergency equipment was available in case a patient had to be resuscitated. A follow-up inspection in August showed

that staff failed to inform the state of a serious incident in which a patient’s uterus was perforated. The patient was not

transported to a hospital, but did later up in an emergency room hemorrhaging.

An August inspection at a Planned Parenthood in Allentown revealed the facility failed to administer Immune Globulin to an Rh-negative

patient. (Rh-negative is a type of blood group that does not contain the Rh antigen in red blood cells.) Staff also failed

to remove expired medications from an emergency kit.

The Planned Parenthood of Western Pennsylvania failed inspection in August, when it was cited for building violations which could have threatened the safety of patients. Meanwhile,

the Planned Parenthood on Locust Street in Philadelphia also failed a building inspection in August, due, in part, to obstruction in the stairways.

These multiple violations at various Planned Parenthood facilities in Pennsylvania show that the abortion giant does not have an unblemished safety record. Rather, numerous health and safety violations could potentially jeopardize the well-being of patients.

These safety failures provide yet more evidence why Planned Parenthood should not be receiving our hard-earned taxpayer dollars. It would be far better to redirect those funds to federally qualified health centers which provide comprehensive care to women, including Mammograms—something that no Planned Parenthood in the country provides.



# Now is the time to end the cruel pain of late abortions on helpless babies

By Carol Tobias, President, National Right to Life Committee

*Editor's note. The following remarks were delivered at a press conference with Senator Lindsey Graham (R-S.C.), other bill Sponsors, and pro-life leaders to formally introduce the Pain-Capable Unborn Child Protection Act in the Senate.*

Good morning! I am Carol Tobias, president of National Right to Life, the national federation of state right-to-life organizations. I am proud to stand here today with Senator Graham to offer our strong support for the Pain-Capable Unborn Child Protection Act.

It is common to read in articles about this legislation that unborn children do not have the capacity to experience pain at 20 weeks fetal age. Those kinds of claims ignore the facts.

There is a large body of evidence that includes testimony from such experts on fetal pain as Professors

Kanwaljeet “Sunny” Anand and Colleen Malloy.

In a 10-page report submitted to a federal court and accepted as expert testimony, Prof.

Anand wrote, “It is my opinion that the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain

perceived by a fetus is possibly more intense than that perceived by term newborns or older children.”

Dr. Anand does not wish to be drawn into the abortion debate but his testimony stands.

Dr. Malloy, of Northwestern University, Feinberg School of Medicine, has testified before committees in both the House and Senate. She stated, “There is ample biologic, physiologic, hormonal, and behavioral evidence for fetal and neonatal pain.... Many authors have substantiated that pain receptors are present and linked by no later than 20 weeks post fertilization.”

Advocates of abortion try to deny that unborn children killed in late abortions feel pain, but they are the ones dabbling in “junk science.” **Now** is the time to end the cruel pain of late abortions on helpless babies.

Thank you.



NRLC President Carol Tobias



# Deniers of the link between Abortion and Breast Cancer ignore the wave of new evidence from South Asia

By Joel Brind, Ph.D.

Naomi Elster, described as a scientist and a volunteer for the Abortion Rights Campaign, says, “It’s time to talk about the pseudoscience corrupting the abortion debate.” (The ARC is an Irish coalition organized to make abortion legal on demand in Ireland.)

I couldn’t agree more.

The real question is, of course, who’s peddling the pseudoscience?

Elster certainly claims that major authorities—specifically naming the WHO—are on her side, i.e., “that having an abortion does not increase breast cancer risk.” Plus, she cites her own “background in breast cancer research.”

So for those who have a genuine interest in getting beyond the perennial credentials battle to actually know the truth, I guess I’ll just have to double down on appealing to common sense, including the common sense of biology.

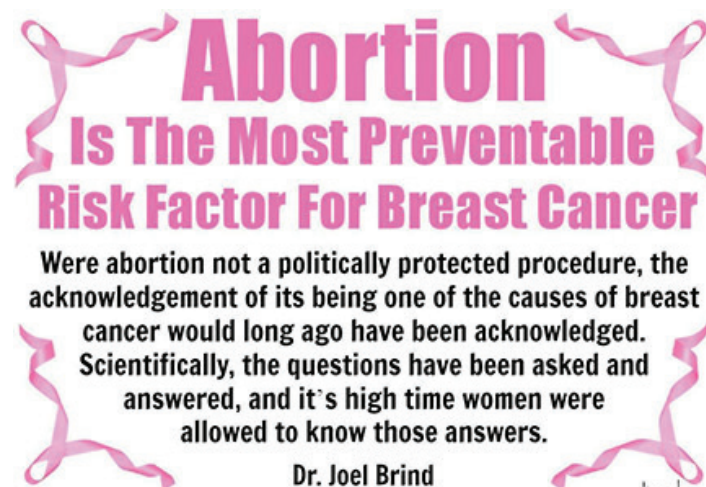
To be clear the only actual scientific evidence Elster cites is “a huge analysis of more than 50 separate research studies with a total of 83,000 breast cancer patients and survivors” (that) found “no evidence” of an abortion-breast cancer link.

I could go on at considerable length to critique this fatally flawed “collaborative reanalysis” by Valerie Beral et al. (as I have done many times before, including in *NRL News Today*). But when most people see or hear that it was done by researchers at Oxford University and published in the *Lancet* (one of the premier medical journals in the world), they stop reading or listening (or thinking). It MUST be true.

So I’ll just stick to facts that are absolutely **not** in dispute

and challenge the reader to use common sense and reason.

To begin with, this study Elster cites was published in 2004—**13 years ago!** Time has not stood still. Millions of abortions have been performed since that time (as well as decades before), and millions of cases of breast cancer cases have been diagnosed



worldwide since then as well.

Therefore I must ask of those who are on my side, who insist that there is a link between having an induced abortion and increasing the risk of having breast cancer (the ABC link), should we then not be witnessing a worldwide explosion in breast cancer incidence since 2004? Would this not be especially evident in places where abortion has skyrocketed, such as China and South Asia over the last few decades? (Remember breast cancer often takes 20 years to show up following an event that may trigger it, such as abortion.)

In fact, we **are** witnessing just such an explosion.

In 2008, a high profile group of scientists wrote in the prestigious *Journal of the National Cancer Institute*: “China is on the cusp of a breast cancer epidemic.” Interestingly,

they did not mention abortion at all.

But by 2013, a Chinese research team headed by Dr. Yubei Huang published a meta-analysis<sup>[1]</sup> of 36 recent studies in mainland China. The team documented a 44% increase in breast cancer risk among those with one or more abortions –up

to an 89% increased risk with those with 3 or more abortions.

That’s even more than the average 30% risk increase with abortion that my colleagues and I at Penn State Medical College documented in our 1996 meta-analysis of worldwide studies up to that point. And in China, with almost all abortions done after a woman has her first child, the effect on breast cancer risk on breast cancer risk is still muted. That’s because another well known fact is that a woman’s breasts are more vulnerable to cancer-causing influences before she has her first child.

Now, my group from the Breast Cancer Prevention Institute is about to publish a meta-analysis of studies done on women in South Asia (India, Pakistan, Bangladesh, Sri Lanka). As I have recently discussed here previously, South Asia provides

a particularly good opportunity to measure the ABC link.

In the 20 studies that have been published which address the ABC link—all within in the last decade—the average risk increase for breast cancer is 150%! With a mortality rate of about 50% for breast cancer in South Asia (compared to about 20% in the West), that means that literally millions of women can be expected to die of breast cancer there in the coming decades, because they had one or more abortions.

Recall that Elster cited “a huge analysis of more than 50 separate research studies” that supposedly showed no ABC link. But not one of the more than 50 separate research studies in China and South Asia that were much more recently published were included. (There are quite a few other recent studies in the Mideast, Central Asia and elsewhere, which have also been published in the last few years).

I wonder if Ms. Elster would dispute any of these even more compelling facts about the ABC link. But I suspect she cannot hear me, being stuck in her time machine, parked in denial around 2004.

<sup>[1]</sup> A meta-analysis is a study that pools the results of many studies, thus increasing the overall statistical power to find or strengthen a significant result.

*Editor’s note.* Joel Brind, Ph.D. is a Professor of Human Biology and Endocrinology at Baruch College, City University of New York. He is co-founder of the Breast Cancer Prevention Institute, Somerville, NJ, and a frequent contributor to *NRL News Today* and *National Right to Life News*.

# *WashPost*: True—US 1 of Only 7 Countries with Elective Abortions Past 20 Weeks

By Katie Yoder

The pro-life movement is correct in saying most countries restrict abortion more than the United States. Even *The Washington Post* admits it.

On October 9 the *Post* investigated “Is the United States one of seven countries that ‘allow elective abortions after 20 weeks of pregnancy?’” While fact checker Michelle Ye Hee Lee initially found the statistic cited by the Trump administration “dubious,” she stressed that the claim was “backed by data.”

The fact check came after the Trump administration announced support for the Pain-Capable Unborn Child Protection Act, a media-censored bill banning abortion after 20 weeks. The bill passed the House and was introduced in the Senate Oct. 5.

Following the House vote, Ye Hee Lee revealed that a “dramatic statistic” cited by the Trump administration caught her attention.

“7 out of 198 nations allow elective abortions after 20 weeks of pregnancy,” a press release from the White House supporting the 20-week abortion ban read. The number originally came from the Charlotte Lozier Institute, the research arm of the Susan B.

Anthony List.

Ye Hee Lee confirmed that the numbers were right.

“This one seemed a bit surprising, so we looked into

it,” she wrote. “And it turned out, it’s backed by data,” including, she said, information from groups that support abortion.

Citing the institute’s research, she listed the seven countries that allow abortion without restriction: Canada, China, Netherlands, North Korea, Singapore, the United States and Vietnam.

She pointed to some “minor caveats,” including “the fact that elective abortion is legal in a certain country does not mean all the women there have access to abortion services or to clinics.” But the statement, she stressed, still held true.

He Ye Lee concluded:

**This statistic seemed dubious at first, because**

**it seemed extreme for just seven countries out of 198 to allow elective abortions after 20 weeks of pregnancy.**

with this talking point. Still, we did not find the caveats rise to the level of One Pinocchio.

We award the elusive



## The Geppetto Checkmark

Statements and claims that contain “the truth, the whole truth, and nothing but the truth” will be recognized with our prized Geppetto checkmark.

**But upon further digging, the data back up the claim.** We should note that some of the seven countries allow abortions after 20 weeks, but ban it after 24 weeks. And other countries have no federal limits, but legislate at the state or provincial level, similar to the United States.

Further, what is telling that research from **both sides of the reproductive rights debate confirm this figure.** It’s not easy to boil down complex abortion laws in a cross-comparative manner like this, and there are some minor caveats associated

Geppetto Checkmark when a factoid surprisingly turns out to be true, as in this case.” [Emphasis added.]

According to the *Post*, the “prized” Geppetto Checkmark stands for “statements and claims that contain “the truth, the whole truth, and nothing but the truth.

In the past, Ye Hee Lee has explored other abortion statistics, such as in 2015. When Planned Parenthood claimed that abortion consisted of only 3% of its services, she called the number “misleading.”

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

# Babies Not Only Die but Suffer Excruciating Pain during Dismemberment Abortion

*Editor's note. These are excerpts from the remarks of Rep. Chris Smith (R-NJ) delivered October 3 during House debate on the Pain-Capable Unborn Child Protection Act.*

Overwhelming majorities of Americans—some 60%-64% according to pollsters—support legal protection for pain-capable unborn children.

Today we know that unborn babies not only die but suffer excruciating pain during dismemberment abortion—a cruelty that rips arms and legs off a helpless child.

A former abortionist, Dr. Anthony Levatino, testified before Congress that he had performed 1,200 abortions—over 100 late-term abortions up to 24 weeks.

Dr. Levatino described what the abortionist actually does to the helpless child. “Imagine if you can that you are a pro-choice obstetrician/gynecologist like I was.” Using a Sopher 13” clamp with rows of ridges or teeth, “grasp anything you can” inside the womb.

“Once you’ve grasped something inside, squeeze on the clamp to set the jaws and pull hard—really hard. You feel something let go and out pops a fully formed leg about six inches long. Reach in again and grasp anything you can... and out pops an arm.” He noted that “a second trimester D&E abortion is a blind procedure.” He said, “Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.”

Madame Speaker, even U.S. Supreme Court Justice Kennedy gets it. In his dissent to the U.S.

Supreme Court’s 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning



of the dismemberment process and can survive for a time while its limbs are being torn off.” Justice Kennedy added in the Court’s 2007 opinion in *Gonzales v. Carhart* that D&E abortions are “laden with the power to devalue human life...”

Even if pain wasn’t present, dismembering a child is violence against children and inhumane. But these babies actually suffer.

Dr. Robert White, professor of neurosurgery at Case Western Reserve University, said an unborn child at 20 weeks gestation “is fully capable of experiencing pain... without question, (abortion) is a dreadfully painful experience...”

In an expert report prepared for the U.S. Justice Department, Dr. Kanwaljeet S. Anand, a pediatrician specializing in the care of critically ill newborns and children who has conducted intensive research of pain and stress in the human newborn and fetus said: “...the human

Judiciary Committee, said: “When we speak of infants at 20 weeks post-fertilization we no longer have to rely on inferences or ultrasound imagery, because such premature patients are kicking, moving and reacting and developing right before our eyes in the neonatal intensive care unit.”

Dr. Malloy went on to say, “in today’s medical arena, we resuscitate patients at this age and are able to witness their ex-utero growth.” She says “I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment or cardiac injection”

In an undercover video released by David Daleidan, a Planned Parenthood Medical Director explains that before beginning a late abortion she completes a clinical documentation form that says “I intend to utilize dismemberment techniques for this procedure.”

Notice the words—“dismemberment techniques”—in order to “extract the fetus in multiple parts.”

But seriously, we’ve known much of this for years. In 2006 I authored the Unborn Child Pain Awareness Act that garnered 250 votes in favor—including 40 Democrats—to 162 against. I remember thinking on the day of the vote: “how can anyone vote to refuse to make child pain information part of informed consent?”

Congressman Trent Franks has authored four extraordinarily important bills over the years

*See “Suffer,” page 27*

fetus possesses the ability to experience pain from 20 weeks gestation, if not earlier, and the pain perceived by the fetus is possibly more intense than that perceived by term newborns or older children...”

Why? Dr. Anand points out that “the highest density of pain receptors per square inch of skin in human development occurs in utero from 20 to 30 weeks gestation... Thus, a fetus at 20 to 32 weeks of gestation would experience a much more intense pain than older infants or children or adults.”

Dr. Colleen Malloy, assistant professor, Division of Neonatology at the Northwestern University, in her testimony before the House

## Babies Not Only Die but Suffer Excruciating Pain during Dismemberment Abortion

*From page 26*

to actually protect pain-capable babies in federal law from the violence of abortion including Pain-Capable Unborn Child Protection Acts that passed the House of Representatives in 2013 and again in 2015. Tragically, President Obama vowed to veto this child protection legislation and the Senate failed to even pass it. However, should the House pass HR 36 today and if the Senate passes it as well, President Trump has said he would sign it.

Not only will babies be protected by federal law at five months and the pain suffered by these babies averted, but H.R. 36 requires that a late abortion permitted under limited circumstances provide the “best opportunity for the unborn child to survive” and that “a second physician trained in neonatal resuscitation” be “present and prepared to provide care to a child” to the same degree as the Born-Alive Infants Protection Act of 2002.

Thus, “any health care practitioner present at the time shall humanely exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to a child born alive at the same gestational age in the course of a natural birth.”

Moreover, “following the care required to be rendered...

the child born alive shall be immediately transported and admitted to the hospital.”

Sixteen states have enacted pain-capable unborn child laws that closely parallel the bill before us today. These include Ohio, Texas, Nebraska, Idaho, Oklahoma, Alabama,

technology and medical science advance. Micah Pickering is a healthy 5 year old today. He was born prematurely at 20 weeks and was the size of this M&M candy bag. Micah is the face of the pro-life movement. That is why the bill before us today is “Micah’s Law.”



Georgia, Louisiana, Arkansas, North Dakota, South Dakota, West Virginia, Wisconsin, South Carolina, Kentucky and Kansas.

Madame Speaker, I respectfully ask that my colleagues respect unborn children as our nation’s littlest patients who like any other patient may need diagnosis and benign interventions to treat disability or disease.

And preemies are surviving earlier and healthier as

A recent study of nearly 5,000 babies published in the *New England Journal of Medicine* confirmed that nearly a quarter of the premature babies born at 22 weeks survived. (Let me note that the 22 weeks gestational age referred to in the study is equivalent to 20 weeks fetal age using the age dating system employed by H.R. 36).

Researchers at Children’s Hospital of Philadelphia (CHOP) are developing a technology that they hope—

in a decade—will be the new standard of care for extremely premature infants. Building a bridge between the mother’s womb and the outside world, the artificial wombs provide a soft, sterile, fluid filled environment for the child to continue to grow.

The babies we seek to protect from harm today may survive if treated humanely, with expertise and compassion—not the cruelty of the abortion.

4 years ago, Pennsylvania abortion doctor Kermit Gosnell was convicted of murder, conspiracy to kill and involuntary manslaughter and sentenced to life imprisonment.

Even though the news of Gosnell’s child slaughter was largely suppressed by the mainstream media, many of my colleagues may remember that Dr. Gosnell operated a large Philadelphia abortion clinic where women died and countless babies were dismembered or chemically destroyed often by having their spinal cords snipped—all gruesome procedures causing excruciating pain to the victim.

The Pain-Capable Unborn Child Protection Act, Micah’s Law, is needed now more than ever because there are Gosnells all over America, dismembering and decapitating pain-capable babies for profit. The bill protects kids from preventable pain—and death.

# How Many Women are at Risk from Shoddy Abortion Centers?

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

The closing of the Hillcrest Women's Medical Center in Harrisburg, Pennsylvania has to be a relief to the women who submitted Google reviews condemning the abortion center as uncivilized and unsafe.

Consider the words of Kaylee, who wrote, "They just wanted your money. & I gotta live with my mistake I made everyday. hearing that machine... Seeing other (babies') blood... I just wanted to tell my story so hopefully people who see this do not go there."

In February, during an inspection of the long-standing abortion center, state health department regulators uncovered 44 pages worth of health and safety violations—everything from supplies dating back 13 years to staff members who had failed to undergo routine criminal background checks.

But it was not until mid-September when Hillcrest gave up its license to do abortions in the Commonwealth and shut its doors for good.

It seems fair to say that if Hillcrest were a diner, it would have been forced to close down immediately, without a seven month window of opportunity to jeopardize the health of more customers.

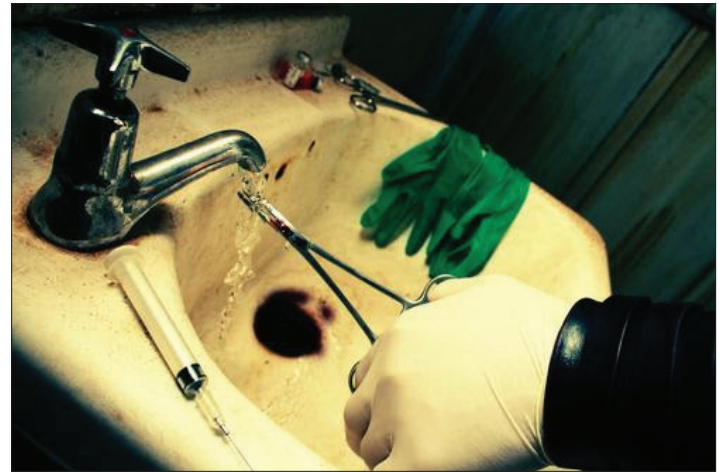
We also really don't know how long Hillcrest compromised women's safety, because no abortion centers in Pennsylvania were inspected for more than 15 years. The inspection blackout was the result of the pro-abortion policies of former Governors Tom Ridge (a Republican) and Ed Rendell (a Democrat) who feared that inspecting abortion centers would, in fact, lead to their closures and therefore decrease access to abortion.

Once Pennsylvania's common sense abortion center regulation law went into effect several years ago, state regulators cited Hillcrest for violations four times in six years. With that kind of track record, one wonders how many women were sickened, maimed, or otherwise harmed

within Hillcrest's walls before the safeguard became law.

The law grew out of the recommendations of the grand jury in the Kermit Gosnell case in West Philadelphia. Gosnell, a long-time abortionist, is now serving consecutive life terms

at risk because abortion centers are not sufficiently regulated in their states? How many other casualties have resulted from extreme pro-abortion policies that place the holy grail of abortion above women's health and safety?



in connection with the killing of three full-term babies. He is also serving time as a result of the death of a female immigrant patient, Karnamaya Mongar, whose death was entirely preventable.

How many other women are

The closing of Hillcrest is obviously a victory for women in Pennsylvania. But, wherever abortion facilities operate loosely regulated or not regulated at all, female patients are being treated as second-class citizens.

# The problem with pro-abortion philosophy

By Josie Luetke

In a YouTube video published on July 25, as part of a series called “Philosophy Time,” featuring actor James Franco and his friend Eliot Michaelson, Princeton University philosophy professor Liz Harman tries to justify the view that early-stage abortions are morally neutral.

Her argument, in a nutshell, is this: If a fetus does not have moral status, it is not wrong to abort it. If a fetus does not have a future, it does not have moral status. If a fetus will be aborted, it does not have a future. Therefore, if a fetus will be aborted, it does not have moral status. Therefore, if a fetus will be aborted, it is not wrong to abort it.

Harman tells Franco and Michaelson that they did have moral status as fetuses because they had futures. Fetuses who are aborted or miscarried, however, do not have moral status, nor did they ever have moral status, because they have no future (even if that is not known until they die.)

I imagine some eyebrows are raised or furrowed right now. Franco’s and Michaelson’s expressions throughout the video were also very amusing.

In addition to appearing to engage in circular reasoning, Harman fails to explain why this argument should not apply to late-term abortions, assaults on the mother that result in the death of the fetus, or even the murder of born persons (through presumably it is because she thinks there is some other reason they would have moral status).

At the time of writing, the video has over 700,000 views and over twice as many dislikes as likes. If you want a laugh, check out the highly critical comments section.



*Eliot Michaelson and actor James Franco*

“So what’s her consensus on a failed abortion?” asks one commentator. Another: “I find it quite implausible that someone’s moral status depends on whether other people want them to exist.”

A lot of people recognize that this is a pretty terrible argument. “She works for Princeton!” you might exclaim. Yes. However, while the flaws in Harman’s argument might be particularly obvious, I want to argue, especially because I’ve just resumed my study of philosophy in [a university setting], that actually, in terms of philosophical defenses for abortion, it’s not that unique in terms of its weaknesses.

One of the more prominent pro-choice philosophers who makes a personhood argument in favour of abortion, Mary Anne Warren, had to add a postscript to her article to

explain why her argument, which hinged upon defining the moral community around traits like consciousness, reasoning, etc., did not justify infanticide. She could only say that

mistakes – the conflation of killing and letting die, the neglect of the special parent-child relationship, the purpose of one’s kidney vs. one’s uterus – and implies that in situations where a child is left in the care of an adult without the adult’s consent, the adult would have the “right to refuse” this responsibility if it would constitute a great burden, even if it means killing the child.

My point is that while disagreements over first principles may be difficult to resolve, generally speaking, your average fellow on the street, whether he knows it or not, has the same first principles as pro-lifers – a belief in human rights and their universality. Pro-choice intellectuals like Harman, Warren, Singer, and Thomson are the ones who are at odds with society.

In order to be consistent in one’s pro-choice philosophy, one has to accept some pretty morally repugnant conclusions. In the James Franco video, Harman basically did the work for us in respect to exposing what those are in her own argument. They exist for every philosophical argument that the best and brightest of abortion advocates have to offer through. They simply need to be brought to light, and with a little luck people will have the same derision for abortion as they have for Harman’s defense of it.

*Editor’s note. This appeared in the October issue of The Interim, a Canadian pro-life publication, and is reposted with permission.*

infanticide would usually be wrong (provided that there are others willing and able to care for the baby and that it does not have severe disabilities), and conceded that under her view, an infant is not a person. Philosopher Peter Singer also bit that bullet, and is now quite well-known for his defense of infanticide and non-voluntary euthanasia of the cognitively disabled.

Judith Jarvis Thomson’s justification of abortion pertains to bodily autonomy instead of personhood. She erroneously compares being pregnant to being kidnapped and having one’s circulatory system plugged into that of a famous violinist with a kidney ailment so that you may preserve his life. Abortion, she says, would be the equivalent of unplugging yourself from this violinist.

This analogy makes numerous

## “What kind of society do you want to live in?”

*From page 2*

“It’s hard for me to say,” she responds. “They just see Downs. They don’t see me.”

Quijano interviewed Helga Sol Olafsdottir who “counsels women who have a pregnancy with a chromosomal abnormality” at Landspítali University Hospital where 70% of all babies are born.

They speak to her when deciding whether to continue or end their pregnancies. Olafsdottir tells women who are wrestling with the decision or feelings of guilt: “This is your life — you have the right to choose how your life will look like.”

She showed Quijano a prayer card inscribed with the date and tiny footprints of a fetus that was terminated.

Quijano noted, “In America, I think some people would be confused about people calling this ‘our child,’ saying a prayer or saying goodbye or having a priest come in -- because to them abortion is murder.”

Olafsdottir responded, “We don’t look at abortion as a murder. We look at it as a thing that we ended.

**We ended a possible life that may have had a huge complication... preventing suffering for the child and for the family. And I think that is more right than**

of which results in Down syndrome.”

Just offering the test is, of course, a not-so-subtle nudge in the direction of having the test and almost all Icelandic women do.

**were born with Down syndrome in Iceland, including Ingadottir’s daughter Agusta, who is now 7. ...**

**Since the birth of her daughter, Ingadottir**



**seeing it as a murder -- that’s so black and white. Life isn’t black and white. Life is grey.”**

Of course the decision is black and white for the nearly 100% of babies with Down syndrome who are discovered and then aborted. They are in the cross-hair of the “Combination Test,” which uses an ultrasound, blood test and the mother’s age, to “determine whether the fetus will have a chromosome abnormality, the most common

There are a handful of women who have the test and don’t abort, or don’t have the test at all, or have an “incorrect” diagnosis. They have a very different view.

At age 40 Thordis Ingadottir was already the mother of two. The test told her the odds were 1 in 1,600 that she would have a child with Down syndrome. Quijano tells us

**However, the screening test is only 85 percent accurate. That year, 2009, three babies**

**has become an activist for the rights of people with Down syndrome.**

The piece ends with Quijano asking a keen question: “What do you imagine the future for your daughter to be?”

“I will hope that she will be fully integrated on her own terms in this society. That’s my dream.” She concludes

**“Isn’t that the basic needs of life?”**

**“What kind of society do you want to live in?”**

# Pro-Life Students' Union president faces impeachment for removing illegal abortion information

*'Bullying tactics to try to discard a democratically elected president'*

*Editor's note. The following comes from SPUC--the Society for the Protection of Unborn Children.*

**Katie Ascough:**  
**"It was clear from the outset that some students didn't want to give me a chance as SU President because of my views on abortion."**

An impeachment referendum has been called against the president of University College Dublin's Students Union, Katie Ascough.

A petition was signed by 1,200 students in protest at Ms. Ascough's decision to remove illegal abortion information from a pamphlet given to new students. The information in the 'Winging It' magazine that was removed included the prices of abortion in other countries and information on abortion pills, including a promotion for Women on the Web. Providing information on abortion overseas is strictly regulated in Ireland, under the Regulation of Information (Services outside the State for Termination of Pregnancies) Act, 1995.

## Lambasted for following the law

Ms. Ascough, who is openly pro-life, has maintained throughout the controversy that she took the decision after



*Katie Ascough: "It was clear from the outset that some students didn't want to give me a chance as SU President because of my views on abortion"*

a lawyer confirmed it was illegal to publish the abortion information, and those involved could be subject to fines, not because of her personal beliefs.

She said that each person involved in publishing the content, if prosecuted, "would have been at risk of up to €4,000 in fines each, a personal criminal conviction, and, if prosecuted, the Union could

also incur thousands in legal fees. As CEO of the company, this was not something I was able to stand over, and so I decided to follow the legal advice offered by the Union's

without being charged. They maintain that as a pro-life woman, Ms. Ascough cannot represent the views of the Students' Union, which is officially pro-choice.

## Bullying tactics

It seems clear that Ms Ascough is being targeted for her pro-life beliefs. In an open letter in which she defended her actions over the pamphlet, she concluded:

**"Another alarming matter is the bullying tactics of a group of students to try and discard a democratically elected SU president. Some members of the Impeach UCDSU President campaign posted pro-impeachment tweets and Facebook posts on the day of my election back in March, before I had the chance to make even one presidential action or decision. It was clear from the outset that some students didn't want to give me a chance as SU President because of my views on abortion."**

lawyer." She has now published the lawyer's letter, which stated his opinion that the information as provided was in breach of the Act.

However, students have criticised her for having the pamphlet reprinted, at an alleged cost of €8,000, and have claimed that the Union has distributed the illegal information for decades



## Graham, Senators Introduce 20-Week Abortion Ban in the Senate

*From page 1*

“At five month gestational age, babies have 10 fingers and 10 toes, they can yawn, stretch, make faces – and they can feel pain,” said Senator Joni Ernst (R-Iowa). “It’s unconscionable that the United States is currently one of only 7 countries in the world that allows abortions after five months; we are currently in the same company of China and North Korea. I’m fighting for this legislation in honor of my friend and fellow Iowan, Micah Pickering, an incredible 5 year old who was born prematurely, at five months gestation. This legislation could protect up to 10,000 lives like Micah’s every year by preventing abortions after about 5

months of development, and it is absolutely critical that the Senate take up this legislation to protect our most vulnerable.”

“I applaud the House for passing this bill; it is now time for the Senate to act on this,” said Senator James Lankford (R-Oklahoma). “So many children are alive, healthy, and growing today who were born prematurely at five months pregnancy. We should not allow elective abortions past five months of pregnancy, especially when science shows that unborn babies feel pain at this stage.”

“Washington has a debate between empty euphemisms like ‘choice’ and basic science – none of the usual

euphemisms change the fact that a 20-week old baby can see, swallow, and flex her arms and legs,” said Senator Ben Sasse (R-Nebraska).

Graham was joined at the press conference by representatives of organizations which strongly support the legislation and have worked to help push for its passage. They include National Right to Life Committee, Susan B. Anthony List, Family Research Council, Americans United for Life and Concerned Women for America.

The legislation has been cosponsored by forty-five senators, including Senators John Barrasso, Roy Blunt, John Boozman, Richard Burr,

Bill Cassidy, Thad Cochran, Bob Corker, John Cornyn, Tom Cotton, Mike Crapo, Ted Cruz, Steve Daines, Joni Ernst, Mike Enzi, Jeff Flake, Deb Fischer, Chuck Grassley, Orrin Hatch, John Hoeven, James Inhofe, Johnny Isakson, Ron Johnson, John Kennedy, James Lankford, Mike Lee, Jerry Moran, John McCain, Mitch McConnell, Rand Paul, David Perdue, Rob Portman, James Risch, Pat Roberts, Mike Rounds, Marco Rubio, Ben Sasse, Tim Scott, Richard Shelby, Luther Strange, Dan Sullivan, John Thune, Thom Tillis, Pat Toomey, Roger Wicker, and Todd Young.

## TIMELINE *of* UNBORN PAIN

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

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

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

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

# Arkansas AG asks appeals court to reject PPFA's attempt to block implementation of State's law regulating chemical abortions

By Dave Andrusko

Arkansas Attorney General Leslie Rutledge has asked the 8th U.S. Circuit Court of Appeals to reject a request from Planned Parenthood that would prevent implementation of the state's law which requires abortion clinics providing chemical abortifacients to have a contract with another physician with admitting privileges at a local hospital who agrees to handle any complications.

Planned Parenthood wants the 2015 law held in abeyance while it appeals a three-judge panel's decision in favor of the law. The full 8th Circuit said



Arkansas Attorney General  
Leslie Rutledge

last week it would not review the decision reached by Circuit Judge Raymond Gruender of St. Louis, Chief Judge William Jay Riley of Omaha, Neb., and Senior U.S. District Judge James Gritzner of Des Moines, sitting by designation.

"In a unanimous opinion, the 8th Circuit recognized that the lower court incorrectly analyzed the law," Attorney General Rutledge said in a statement provided to *Fox News*. "The injunction was vacated because Planned Parenthood failed to show that the state law is a substantial obstacle, preventing most women from having

access to abortion services. This commonsense law will help ensure that medication abortions are conducted in a safe, responsible manner and with appropriate protections for women. I will continue to defend Act 577 as Planned Parenthood continues its challenge."

In a statement, Aaron Samulcek, interim president and CEO of Planned Parenthood Great Plains (PPGP), said, "This is not over. We're continuing to serve our patients in Little Rock and Fayetteville while we do everything in our power to protect their access to care."

## Pro-Lifers see gains in the 2017 State Legislative Sessions

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### SPECIAL SESSIONS

Both Missouri and Texas passed prolife laws during their special session. As part of Missouri's omnibus bill, their state Attorney General now has equal jurisdiction with the local prosecutor to enforce prolife laws.

In addition HCS SB 5 also provides for annual unannounced abortion clinic inspections; whistleblower protection for employees of abortion clinics who choose to speak out; an abortion complication reports; protection for pregnancy resource centers and faith communities from being forced to participate in abortions.

Texas passed four prolife

bills in their special session: a law that removes elective abortion from standard private health insurance coverage; a requirement that consent be obtained from the patient or surrogate before most Do Not Resuscitate (DNR) orders may be written; reporting requirements for abortion complications; and another law on reforming their existing reporting requirements on abortions.

### DOCTOR-ASSISTED SUICIDE

Pro-lifers were also able to defeat the multi-state efforts to legalize doctor-prescribed killing. Measures defeated this year include those in

Alaska, Arizona, Connecticut, Delaware, Hawaii, Indiana, Iowa, Kansas, Maine, Maryland, Mississippi, Missouri, Nebraska, Oklahoma, Oregon, Nevada, New Mexico, North Carolina, New York, Rhode island, Tennessee, Utah, and Wyoming.

The passage of at least forty bills in eighteen states is grounds for a deep appreciation for readers like you who stay connected with NRLC and our state offices and who call and/or write your representatives and ask their support. You fill the halls and show up to the legislative hearings. This is the reason why at the end of each session it's a collective victory for us, because of the

concerted effort from pro-lifers everywhere in order to speak out on behalf of the unborn.

While this number does not reflect the countless hours of hard work put in by pro-lifers in every state, even if in those states where it may have been difficult to get a prolife law passed in the 2017 session, we also know this is not the end. There is a vibrant energy in the prolife movement that confirms what we already know: we take both our wins and losses of the past session, we learn and apply the lesson, we move forward knowing we are making a difference, and we never ever give up.

## Acknowledging that pain-capable legislation is strongly supported by women and men

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illegal for women to have what antiabortion activists call a ‘late-term abortion.’ A large percentage of women share that view.”

(By the way a pro-abortion writer recently complained that her side also talks about “late-term abortion.” They do because it makes sense.)

In a November 2014, a Quinnipiac University poll found that in a nationwide poll, 60% said they would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation.

Women? Women voters split 59-35% in support of such a law, while independent voters supported it by 56-36%. Almost exactly as many Democrats (46%) supported the bill as opposed it (47%). Illustrating how widespread is support for such a law, there was majority support in all age groups, including 57% of those 18-29!

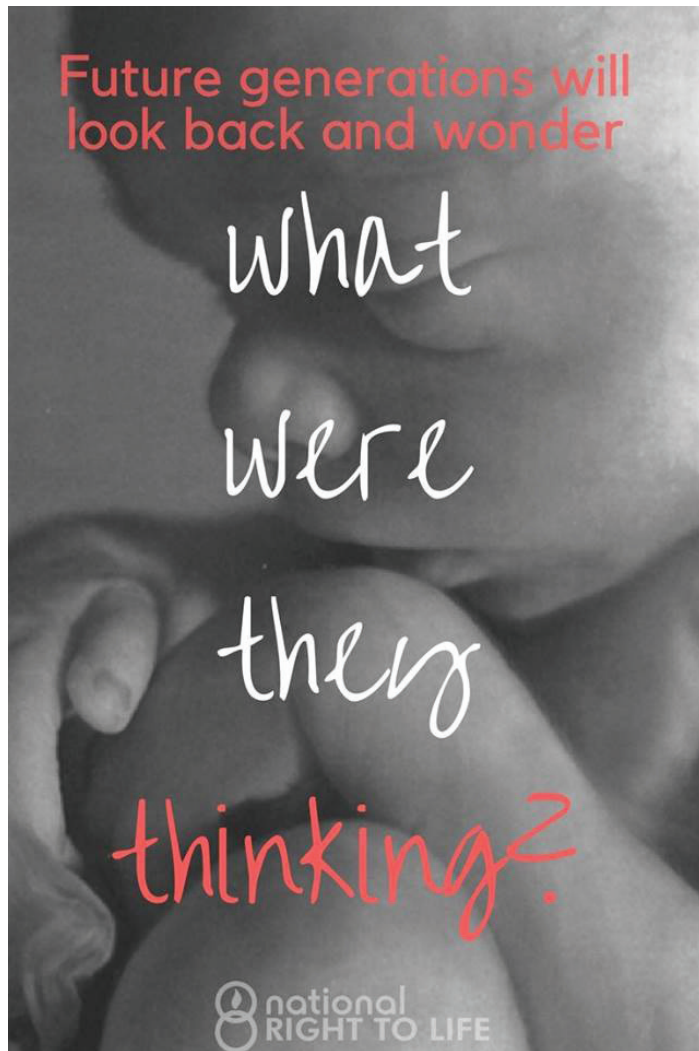
In January 2017, the Quinnipiac poll completely

rewrote the question, most significantly eliminating the exceptions for rape and incest that were included in the 2014 poll. Still 42% of women said they would support the ban as did 51% of men.

Scott also acknowledged a Marist Poll released in January. In that survey of 2,720 adults, 59% supported banning abortions after 20 weeks, including “nearly half — 49 percent — of Democrats.”

Had he dug a little deeper Scott would have found that exactly the same percentage of women as men—59%—supported the ban in the Marist Poll.

There is widespread public support for a ban on abortions performed at 20 weeks and beyond, the age at which science has shown the unborn child is capable of experiencing pain as she is aborted. And why not? Most Americans understand that aborting children who can experience horrific pain is beyond the pale.



# The “other” abortion clinics that perform 2/3rds of all abortions

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close to covering the actual cost of care.”

This is particularly problematic for them when it comes to later abortions:

**...there’s a significant disparity in reimbursement amounts between first and second trimester abortion care. While abortion costs increase with gestational age, the reimbursement rates in many states do not increase accordingly, covering significantly less of the cost of second trimester abortion as compared with a first trimester abortion.**

They label these insurance reimbursement rates “unjust,” alleging these are just one of the factors making it “nearly impossible” to keep clinic doors open.

## Covering States and Patients Planned Parenthood Doesn’t

Authors are determined to make the case that the independent abortion clinic is sometimes the only abortion clinic in the state. This is the case in Kentucky, Mississippi, North Dakota, West Virginia and Wyoming.

In four other states – Arkansas, Oklahoma, Georgia, and Nevada – they are the only ones performing surgical abortions. “Without independent providers,” says the report, “abortion access in those four states would be limited to medication [chemical] abortion within the first 10 weeks of pregnancy.”

The authors also want to make sure the reader realizes what a noble sacrifice this

is. These abortionists, they say, endure hostility and face “politically-motivated, medically unnecessary barriers to accessing care.”

## “Taking up the Slack”

With the national drop off in pregnancy and abortion rates, the report says that women still seeking abortions are more likely to be younger, poorer, and “women of color.” So “independent abortion care providers remain critical when it comes to providing care for those with the fewest resources.”

They also take up the slack from hospitals with regard to abortions after the first trimester. Hospitals “primarily focus of patients with more complex medical needs” when it comes to those later abortions. In other words, the “indies” are the ones, by and large, covering the elective second trimester or later abortions where there is no medical issue involved.

The authors mention again their displeasure that Medicaid or private insurance does not cover these. They characterize this as unreimbursed “care,” ignoring that these are the sort of elective, not health-related procedures, that insurers typically do not cover.

## Many clinics are closing

The report notes that 56 independent abortion clinics have closed in just the past two years, 80% of which performed second trimester abortions or later. As a consequence, the authors say, “abortion care becomes increasingly difficult to access as pregnancy progresses.”

Falling in line with a lot of previous abortion industry

propaganda, the report tries to claim that a major culprit in these closures is a recent flurry of “TRAP” laws – the Targeted Regulation of Abortion Providers. These laws “place burdensome requirements on abortion care providers – including medically unnecessary building codes and impossible to meet admitting privileges for doctors.”

Texas, as always, is the prime example, critical to abortion supporters. It was the admitting privileges and safety regulations portions of a 2013 Texas law the Supreme Court overturned in its 2016 *Whole Woman’s Health v. Hellerstedt* decision.

The majority prevailed in that decision, to a large degree, by arguing that the increased travel distances resulting from closed clinics were too burdensome for women in certain parts of Texas.

As we at National Right to Life have pointed out, and at least one justice noted in his dissent, clinics in Texas, like many in the rest of the country, closed for many reasons, several before the Texas law passed or took effect.

But the truth is abortionists get old and retire, or exit in scandal, with no one left to replace them. Inspections close a clinic, or the clinic gets so old that it isn’t worth renovating. Consolidation occurs, with business going to a new regional megaclinic.

However the biggest factor, to which the authors only briefly allude, is that demand for abortion is down and there simply aren’t enough abortion patients to sustain the business.

This helps explain why, of the 20 clinics the report says closed

in Texas after the passage of the clinic regulations law, only two had reopened as of July 2017.

## The Impetus for Pro-Life Legislation

The authors want to attribute the rash of clinic closings to a surge in “anti-abortion legislation” starting in 2010. Two things are worth noting about that date.

First, a lot of pro-life legislation was passed in the preceding decades – parental involvement laws, waiting periods, informed consent or right to know legislation, and a national partial-birth abortion ban, to name a few. Funding limits were also passed, including a law in Texas that pulled state family planning money from abortion clinics in 2011, years before the laws the Supreme Court considered in *Hellerstedt*.

Second, abortion advocates don’t like to talk about what it was in 2010 that spurred all the clinic regulations – the raid of Kenneth Gosnell’s abortuary in February of 2010. That police raid unearthed appalling unsanitary conditions and horrific patient abuses not to mention hundreds of nearly full-term babies the Grand Jury report says Gosnell delivered alive and then killed. The more it heard, the more the public wanted to make sure that similar abuses could not occur in their states.

That the abortion industry itself failed to police Gosnell’s clinic or expose his abuses made arguments that such laws were “unnecessary” – repeated here – fall on deaf ears.

See “Other,” page 36

## The “other” abortion clinics that perform 2/3rds of all abortions

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### What the report doesn't tell you

The authors give the impression that they are speaking out on behalf of a few small operators, valiant public servants just trying to help people and somehow make ends meet. There may be some smaller operations among the three hundred or so independent clinics they represent, but there are also quite a few high volume enterprises in the mix.

There were 926,190 abortions performed in the U.S. in 2014. Of these were about 324,000 were performed at Planned Parenthood. That leaves about six hundred thousand to be performed by other abortionists.

If this report's 60% figure is correct, that would mean about 555,714 abortions were performed by the 450-470 independent operators the authors say were in existence in 2014.

For 460 clinics, this works out to a caseload of 1,208 per clinic.

Some will do fewer, some will do a lot more. According to previous reports by the Guttmacher Institute for 2008 and 2011, although they represented only 20% of the total providers for that year, “providers” with caseloads of 1,000 to 4,999 accounted for about 64%-65% of those abortions.

And operations with caseloads of 5,000 or more, while only representing 1%-2% of all “providers,” nevertheless accounted for 17% and 13% of abortions for 2008 and 2011, respectively.

The loss of just 36 of the clinics with a volume of 1,000 to 4,999 abortions, and 11 clinics with a caseload of 5,000 or more, appears to have been associated with a drop of 154,440 abortions from 2008 to 2011. That would account for virtually the entire decline from 1,212,400 abortions in 2008 to 1,058,500 abortions in 2011.

Corollaries between caseloads and abortion performed are not yet available for 2014. But the loss since 2011 of 64 clinics with a caseload of 1,000 to 4,999 along with another closure of one clinic with a caseload of 5,000+abortions, are very likely to have constituted the major part of the additional drop of 132,310 abortions recorded from 2011 to 2014.

### Who are these “other guys?”

Planned Parenthood mega-clinics were some of the major players for sure, but by no means all. Whole Woman's Health has not only clinics in Texas (Ft Worth, Austin, McAllen and San Antonio), but also in Peoria, Illinois,

Minneapolis, Minnesota, and Baltimore. Maryland.

The Women's Centers has clinics in Atlanta, Cherry Hill, NJ, Philadelphia, Hartford, CT, and Chester, PA.

Dr. Willie Parker is the independent abortionist who performs about 40 abortions a week at the only abortion clinic left in Mississippi, the Jackson Women's Health Organization (*Daily Mail*, 10/4/17). If he works fifty weeks a year, he would be performing about 2,000 abortions annually.

Merle Hoffman runs the for-profit Choices Women's Medical Center in Queens, New York and would qualify as an “independent abortion care provider.” Her precise volume is unknown (her clinic is said to see about 50,000 a year, but not all are abortion patients), but she is known locally as a “Millionaire Abortionist.” In 2016, her clinic saw revenues of about \$10 million.

Illustrating both that abuses didn't stop with Gosnell and that clinics close for reasons other than oppressive clinic regulations, notorious late term abortionist James Pendergraft IV, owner and operator of four independent abortion clinics in Florida was arrested in South Carolina in October of 2015 on drug charges. His clinics closed and he is to stand trial this coming November.

There are many more, but this is enough to see that the field of “independent abortion clinics” isn't populated by saintly, small time community do-gooders but includes enterprises that perform thousands and thousands of abortions annual.

### The Problem is not the image but what is done

The industry still believes that if it their independent abortionists can just get the respect that they deserve, if they can be seen as heroes helping underprivileged women, if they can just get rid of those pesky clinic safety regulations, and if they can get more states to fund their work and more insurance companies to cover their services, they'll be able to stay in business.

What they fail to see, however, is that the problem isn't their image, but what they do and to whom. They are not solving women's problems, just killing their babies and wanting someone to pay for it They are not noble “health care professionals,” but hired assassins, killing, not curing.

<sup>[1]</sup> “Gestation” here is measured in terms of weeks since a woman's last menstrual period, or “LMP.” The baby would be about two weeks younger.