



national **RIGHT TO LIFE** NEWS

September 2015



NRLC President Carol Tobias, shown Tuesday with the leaders of other pro-life organizations, called on the U.S. Senate to pass the Pain-Capable Unborn Child Protection Act (H.R. 36). A majority of the Senate voted to advance the Pain-Capable Unborn Child Protection Act but on a near party-line vote, a minority blocked consideration of the bill. To the right is pro-life Senator Lindsey Graham (R-S.C.), the chief Senate sponsor of the legislation.



national RIGHT TO LIFE NEWS

U.S. House of Representatives passes Defund Planned Parenthood Act and Born-Alive Abortion Survivors Protection Act

WASHINGTON – On September 18, the U.S. House of Representatives passed two bills strongly backed by the National Right to Life Committee (NRLC) – one bill to extend federal legal protection to babies who are born alive during abortions, and another to suspend all federal funding to affiliates of the Planned Parenthood Federation of America (PPFA).

The Born-Alive Abortion Survivors Protection Act (H.R. 3504) passed 248-177. No Republican voted against it, but only five House Democrats voted in favor of it. A White

See "U.S. House," page 41



Majority of U.S. Senate votes to advance Pain-Capable Child Protection Act, but Democrats block consideration

WASHINGTON – A majority of the U.S. Senate voted Tuesday to advance the Pain-Capable Unborn Child Protection Act (H.R. 36), but on a near party-line vote, a minority blocked consideration of the bill.

Fifty-four (54) senators (51 Republicans and three Democrats) voted to take the bill up for debate, but 60 votes were required. The motion was opposed by 42 senators (two Republicans and 40 Democrats), with four senators absent (one Republican and

UNBORN BABIES CAN FEEL PAIN

THESE U.S. SENATORS VOTED AGAINST PROTECTING THEM FROM EXCRUCIATING LATE ABORTIONS:

Baldwin	Feinstein	Markey	Schatz
Bennet	Franken	McCaskill	Schumer
Blumenthal	Gillibrand	Menendez	Shaheen
Booker	Heinrich	Merkley	Stabenow
Brown	Heitkamp	Mikulski	Tester
Cantwell	Hirono	Murphy	Udall
Cardin	Kaine	Nelson	Warren
Carper	King	Peters	Whitehouse
Collins	Kirk	Reed	Wyden
Coons	Klobuchar	Reid	
Durbin	Leahy	Sanders	

Not Present:
Boxer, Murkowski, Murray, Warner

three Democrats).

The bill would extend federal protections to unborn children who have reached 20 weeks fetal age (22 weeks of pregnancy), with certain exceptions, and to babies who are born alive during late abortions. The bill was developed from model legislation offered by National Right to Life in 2010, enacted thus far in 12 states. The legislation passed the U.S. House of Representatives on May 13, 242-184.

See "Majority," page 47

Editorials

Presidential contest even more volatile than expected

As the September digital edition of *National Right to Life News* is about to go online, it's clear we've already reached the juncture where (on the Republican side) the pace at which presidential candidates are beginning to drop out may be picking up, and (on the Democratic side) a candidate may possibly be about to make a last-minute decision to buck the odds and jump in feet first. That would be Vice President Joe Biden.

On September 11, former Texas Gov. Rick Perry bowed out. On September 21, Wisconsin governor Scott Walker did likewise. Meanwhile there are hints--ever broader--that Mr. Biden is ramping up to take on presumptive nominee, former Secretary of State Hillary Clinton.

On the off-chance there is someone somewhere who doesn't know, Governors Perry and Walker are pro-life while Mrs. Clinton and Vice President Biden are staunchly pro-abortion.

In this lead editorial, I'd like to visit two topics. First, what we learned in the initial two Republican debates. Second, what no doubt is making Biden's possible entry: Mrs. Clinton's disastrous recent polling numbers. (While the pundits chortle about how poorly many Republicans officeholders are faring, they miss that a growing number of Democrats are in open revolt against Clinton. See below.)

There was so much anticipation for the first GOP debate that *Fox News* drew enormous ratings for a cable network--perhaps as large as twice as big as the previous record-holder for a primary debate. As you watched, it was easy to see why Republicans are the pro-life party.

It wasn't just the outrage they felt, stirred by the undercover videos taken by the Center for Medical Progress where Planned Parenthood officialdom revealed their true colors (a topic that drew even more attention in debate #2). It was rather than many of these candidates for president have long histories of articulate support for the cause of unborn children.

To take just two examples, Sen. Marco Rubio (R-Fl.) said, "I believe that every single human being is entitled to the protection of our laws, whether they can vote or not. Whether they can speak or not. Whether they can hire a lawyer or not. Whether they have a birth certificate or not. And I think future generations will look back



BREAKING: Women's health champion Hillary Clinton is running for President!

"[W]omen's empowerment is **always, always about more** than bettering the lives of individual women.

It is part of a movement.

It's about economic and political progress for all women and girls.

It's about making sure that every woman and girl everywhere has the opportunities that she deserves to fulfill her potential."

Secretary Hillary Clinton, accepting Planned Parenthood Federation of America's Margaret Sanger Award, 2009

Planned Parenthood @PPact

Women's health champion @HillaryClinton just officially announced she's running for President! YES!

2:13 PM - 12 Apr 2015

at this history of our country and call us barbarians for murdering millions of babies who we never gave a chance to live."

Billionaire businessman Donald Trump talked about how he came to be pro-life. "And what happened is friends of mine years ago were going to have a child, and it was going to be aborted. And it wasn't aborted. And that child today is a total superstar, a great, great child. And I saw that. And I saw other instances. And I am very, very proud to say that I am pro-life."

The second GOP debate was hosted at the Ronald Reagan Presidential Library by *CNN*.

See "Contest," page 36

Pro-lifers introducing plethora of protective laws in Congress

While I'm 200% aware we still have plenty of challenges ahead, it's impossible not to be excited about the flurry of activity that is taking place in our nation's capitol.

Take yesterday. After debating the Pain-Capable Unborn Child Protection Act on Monday, on Tuesday a majority of the U.S. Senate voted to advance H.R. 36, but on a near party-line vote, a minority blocked consideration of the bill. That is unfortunate, but thanks to what's taken place, particularly over the last week, there is an increased clarity to the debate over just how far Democrats are willing to go to protect the Abortion Industry. In a word, there appears to be no limit. None.

Let's begin with the issue of banning abortions on babies capable of experiencing excruciating pain during an abortion. Since pro-abortion Hillary Clinton remains the frontrunner for her party's presidential nomination, what she said Sunday in an interview on CBS's *Face the Nation* is very much worth noting.

Asked by host John Dickerson, "Do you support a federal limit

on abortion at any stage of pregnancy?" ("Any.")

Clinton responded with pseudo-concern, evasion, and misstatements. "This is one of those really painful questions that people raise. And, obviously, it's really emotional. I think that the kind of late-term abortions that take place are because of medical necessity. And, therefore, I would hate to see the government interfering with that decision. I think that, again, this gets back to whether you respect a woman's right to choose or not. And I think that is what this whole argument once again is about."

At *NRL News* and *NRL News Today*, we've discussed for decades the canard that "late-term abortions that take place are because of medical necessity." The *Weekly Standard's* John McCormack has also done some of the finest work on this.

In a piece that ran Monday, McCormack patiently pointed out that some abortionists, like LeRoy Carhart, openly say they will

See "Pro-lifers," page 38



From the President Carol Tobias

A Government Shutdown and the Future of the Right-to-Life Movement

The government's fiscal year begins on October 1. A lot of news stories are being written about whether or not the government will shut down on that day because members of Congress and pro-lifers want to defund Planned Parenthood.

We know that Planned Parenthood is a vile organization. It kills more than 300,000 innocent preborn children every year. The videos released this summer by the Center for Medical Progress (CMP) have given us a unique opportunity because they exposed Planned Parenthood for its callous practices and the trafficking of body parts from aborted babies.

It makes sense that pro-lifers would want elected officials to take away every cent Planned Parenthood gets from tax-funded programs. Nobody wants to defund Planned Parenthood more than National Right to Life does.

The right-to-life movement now finds itself at a crucial crossroads.

There are two different roads that we can take. One is to insist that no more money go to Planned Parenthood and cause a government shutdown (which won't result in actually defunding Planned Parenthood). The other is to take a slightly longer-term approach, taking advantage of the fact that we have the

attention of the country as probably never before, laying the foundation to defund Planned Parenthood after we elect a pro-life president in 2016, by conducting hearings and passing a series of bills that will not only educate the American public about Planned Parenthood, but make members of Congress show, by their votes, if they support the largest abortion provider in the nation.

As a movement, we can only choose one of those roads. We must choose wisely, and we must choose quickly, because this unique window of opportunity will not last long.

So, the questions before us are: 1) how can we achieve our goal of defunding Planned Parenthood and educating the public about their massive abortion business; and 2) how can we avoid missteps that will actually hurt our efforts?

National Right to Life believes that the evidence points to the wisdom of taking the second road – namely, taking advantage of this chance to shine a light on Planned Parenthood and the entire abortion industry and educate the American public about their callous disregard for unborn babies and the women they purport to “help” through the sale of their deadly service.

Why do we believe this is the wisest road to take? Let's look at some of the basic realities:

• A September 9, 2015, *Wall Street Journal* editorial entitled “Obama and Clinton

want a showdown over Planned Parenthood,” states, “[m]ost Americans know the organization [PP] as a women's health clinic, not as the country's largest abortion provider. The videos and Congressional hearings are slowly changing that public misperception, but a standoff that becomes a shutdown will inevitably focus the public on the shutdown, not the videos.” The column points to an August Quinnipiac poll, and recent history, showing that a shutdown would damage Republicans in Congress, not the Democrats or President Obama.

• According to a Fox News poll, amazingly only 49% of American voters had either watched or heard of the CMP videos. Maybe a few more people have seen or heard of them since that poll, but too many Americans don't even know what the fuss is about.

• On September 14, CNN released results for a nationwide poll conducted September 4-8. That poll found 58% of respondents believe abortion should be illegal, or legal in only a few

circumstances. (Those numbers showing a majority of Americans opposing the vast majority of abortions track with other polling conducted recently by Gallup and The Polling Company.) CNN asked another question of respondents about which is more important for Congress to do: “[a]pproving a budget agreement that would avoid a government shutdown” or “[e]liminating all federal funding for Planned Parenthood.” A large majority—71%—said it was more important for Congress to avoid a government shutdown. There is no category—age, gender, income, education, party or philosophical affiliation—that supported a government shutdown over defunding Planned Parenthood.

• Additionally, as LifeNews.com reported recently, a study by the Congressional Research Service found that the majority of federal funds flowing to Planned Parenthood would not even be temporarily interrupted if the government shut down over this issue, because

2016 Presidential Candidates on Abortion: Do you know where they stand?

By Karen Cross, National Right to Life Political Director

Which presidential candidates support abortion on demand? Who will protect unborn children 20 weeks and older – babies who are capable of experiencing excruciating pain during an abortion?

National Right to Life has researched the abortion positions of the 21 likely presidential candidates, prepared a downloadable flyer and posted it online for your use.

The comparison considered the candidates' positions on the following issues:

- Roe v. Wade/Abortion (The 1973 Roe v. Wade and Doe v. Bolton

Supreme Court decisions legalized abortion on demand throughout the United States, resulting in more than 57 million abortions since then.)

- Pain-Capable Unborn Child Protection Act. (S.1553, the Pain-Capable Unborn Child Protection Act, would prohibit abortions, with narrow exceptions, at a point that the unborn child is capable of feeling pain from abortion.)

- Government Funding for Abortion Providers.

(S.1881 would end all federal funding of the nation's largest abortion provider, Planned Parenthood. The money would be given instead to women's health service providers.)

All of the Democratic candidates support a policy which allows abortion on demand for any reason. Virtually all of the Republican candidates support protection for unborn children, and oppose abortion on demand.

One of the 21 individuals listed is likely to be elected President in 2016. The comparison of the 2016 presidential candidates'

positions on the issue of abortion is in alphabetical order.

National Right to Life News is running the flyer "Where Do the Candidates Stand on Life?" on pages 34 and 35 of this issue.

Are your friends unsure where the presidential candidates stand on life? If so, be sure to share it with them as well.

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



Five Takeaways from House Judiciary Committee hearing on “Planned Parenthood Exposed”

By Dave Andrusko

On September 9, the House Judiciary Committee conducted an important hearing titled, “Planned Parenthood Exposed: Examining the Horrific Abortion Practices at the Nation’s Largest Abortion Provider.”

Most accounts focused on one or two issues raised by the committee when, in fact, there were many. If you want to

(correctly) salt-poisoning abortions.

Gianna told her story with the passion and the grit and indefatigable zest for life that those of us who have seen her many times before have come to expect. It was fascinating—no lesser word will do—to watch the faces of various people the camera captured. One man continued to methodically chew

ambulance, and I was rushed to a hospital. Doctors did not expect me to live. I did. I was later diagnosed with Cerebral Palsy, which was caused by a lack of oxygen to my brain while surviving the abortion. I was never supposed to hold up my head up or walk. I do.

all over again. It was 27 years ago that I attended a lengthy series of meetings held by the National Institutes for Health’s Fetal Tissue Transplantation Research Panel. Mr. Bopp and the late Rev. James Burtchaeff were the two voices of reason and restraint in a panel that was enamored with the wholly imaginary curative properties attributed to human fetal tissue.

Mr. Bopp, who has testified before many congressional committees and argued multiple cases before the United States Supreme Court, was, as always, keenly on mark. One of his opening remarks captures the thrust of his testimony

One of the great tragedies of human nature is that, what history later judges to be gravely immoral, seems perfectly moral to those engaged in the action at the time. Human sacrifice, slavery, genocide, gladiatorial moral combat, and capital punishment for minor offenses are all examples of activities once thought to be moral, but are now considered gravely immoral. That is the position we are in today. Current practices employed by Planned Parenthood and various tissue procurement companies, not only violate federal law



see for yourself what actually transpired, go to www.c-span.org/video/?328011-1/hearing-planned-parenthood. I would strongly encourage you to watch the hearing.

As we anticipate more hearings in the House and Senate, here are five takeaways:

#1. Talk about setting the table...The leadoff witness was Gianna Jessen. Her story is remarkable enough at any level. In 1977, saline abortion was a common second-trimester technique used to kill huge babies. The late J.C. Willke, MD, NRLC’s president for a decade, famously called them

his gum. A young woman did her best not to look up, either at Gianna as she testified, or at the documents and photos that were shown on a screen.

Amazingly, after 18 hours of being burned in her mother’s womb, Gianna was delivered alive in an abortion clinic in Los Angeles on April 6, 1977. She told the committee

Thankfully, the abortionist was not at work yet. Had he been there, he would have ended my life with strangulation, suffocation, or leaving me there to die. Instead, a nurse called an

And Cerebral Palsy, ladies and gentlemen, is a tremendous gift to me.

A moment later, in another testimony to her faith, Gianna said

Hear me clearly, I forgive my biological mother.

#2. When it came to emotional intensity, Gianna’s riveting testimony could probably never be matched, let alone topped. But NRLC General Counsel James Bopp, Jr., who came next, perfectly complemented Gianna’s testimony.

In a sense it was like déjà vu

“Miracle baby” born at 23 weeks proving “everyone wrong”

By Dave Andrusko

Whatever their overall position on abortion, many British newspapers and tabloids love to run stories about babies who were born prematurely just before the legal limit to abort—24 weeks.

The latest miracle baby is Kaci-Rose Cratchley, born at 23 weeks, and at 1lb and 2oz, or “half the weight of a bag of sugar,” as *The Mirror’s* Shanti

was quite drugged up but I was terrified,” she told Das.

“We were told there was a one per cent chance of her surviving labour. When they told me that I just cried and cried.”

“The doctors asked us to decide whether we wanted them to try and save her or not.”

my hand when she was born. She was bright red and her skin was really sticky. You could see all her veins,” Sadie told Das—but also because “had I gone into hospital a day earlier they would have sent me home to have a miscarriage.”

Just hours after her birth Kaci-Rose was put on a ventilator and transferred to Southmead

hold her until after then.

“She also had to have laser eye surgery at about three months because her blood vessels weren’t developing properly.”

But the little one refused to give up and on July 1, Sadie and her husband Marc were allowed to take their daughter home.

Given that she was so premature, it’s not surprising that Kaci-Rose now only weighs 8lbs 7oz and is about 56cm long. Although Sadie and Marc were given the list of possible complications, experience is already proving those predications wrong.

“We were told she will probably have cerebral palsy but it is too early to tell yet. We were also told she would be blind and deaf but she can hear and see some things.”

“So far she has proved everyone wrong. I’m very thrilled with how far she has come.”

“It has been very bumpy and emotional and it is still hard.”



Marc and Sadie Cratchley with their miracle daughter Kaci Rose [SWNS]

Das described the now eight-month-old child.

Talk about the odds being stacked against you...

Kaci-Rose’s mother, Sadie Cratchley, told *The Mirror* that her unremarkable pregnancy went smoothly until this last January when she noticed blood. She was rushed to Musgrove Park Hospital in Taunton, Somerset, where she was already 4cm dilated. “I

“They told us that they could try but that she probably wasn’t going to make it. It was a terrifying moment but it wasn’t really a decision that needed to be made.”

Just how miraculous her birth was is underscored not only by her frail condition—“She was literally the size of

Hospital, Bristol’s neonatal unit.

She faced serious medical problems: her kidneys were struggling so she was also put on medication and her lungs were so small Kaci-Rose was attached to tubes, Das reported. And there was still more. According to Sadie

“She was on the ventilator for 11 weeks and I wasn’t able to

Their attitude?

“We take each day as it comes but at the moment we are just enjoying spending time with her and doing absolutely everything we can to make sure she has a normal life.”

Permissive Abortion Laws Do Not Reduce Maternal Deaths

We at PRI have long argued that legalizing abortion does not reduce the number of women dying in childbirth. Now, out of Mexico, comes proof.

By Carlos Polo and Moriah Bruno

Editor's note. This first appeared at the Population Research Institute (PRI).

A recent study published in the *British Medical Journal* has found that laws that restrict or prevent abortion do not lead to higher maternal mortality rates. In fact, the study, based on recent data from Mexico, showed precisely the opposite: higher maternal mortality rates were seen in Mexican states that had relaxed their abortion laws, while lower maternal mortality rates were seen in states where laws restricting abortion were in place. These findings refute the contention of the abortion movement that the legalization of abortion will reduce maternal deaths by preventing complications from unsafe, illegal abortions.

The study is the first ever to analyze the impact of abortion legislation on maternal mortality rates using population data from a country—Mexico—that is carrying out a “natural experiment.” Mexico’s 32 states (including the Federal District) have abortion laws in place of widely varying severity or laxity. The study used the complete vital statistics of live births and maternal deaths from all of Mexico’s states for the period from 2002–2011, and controlled for 10 variables considered to be primary determinants of maternal health, such as literacy rates and access to clear water. The study conducted by a distinguished team of researchers led by Dr. Elard Koch, Director of the MELISA Institute, in close collaboration with Dr. Monique Chireau, epidemiologist at the Department of Obstetrics and Gynecology at Duke University, Dr. Fernando Pliego,

sociologist at the Institute for Social Research at the National Autonomous University of Mexico, and several others.

The study divided the 32 Mexican states into two groups: states with lax abortion laws and

“imprudential” conduct, such as alcoholism or drug addiction. In 25 states they are exempt when the mother’s life is at risk, while in 14 states they are exempt in the case of genetic or congenital malformation. The study used

women, maternal health care, access to clean water, proper sanitation facilities, fertility rates, and the level of violence against women. Loosening abortion restrictions did not produce a drop in maternal mortality rates.

The study suggests that developing countries do not need to relax abortion laws in order to reduce maternal mortality rates. Rather, they should focus on:

- Increasing access to prenatal care and professional delivery care in maternal health care facilities
- Increasing the number of and access to emergency obstetric units
- Expanding specialized diagnostic centers and prenatal care for high-risk pregnancies
- Developing pre-conception counseling and family planning to promote healthy pregnancies before age 35, and to prevent unintended pregnancies in vulnerable groups
- Expanding and strengthening public policies aimed at increasing the level of education among women
- Improving the detection of violence against pregnant women during prenatal care and by providing intervention in domestic violence cases
- Increasing access to clean drinking water and proper sanitation

Planned Parenthood and the National Abortion Rights Action League (NARAL, now NARAL Pro-Choice America) have long claimed that legalizing abortion reduces the number of women dying in childbirth.

Just one more lie from the blood-sucking abortion lobby.

Read the study <http://bmjopen.bmj.com/content/5/2/e006013.full.pdf+html>



states with strict abortion laws. The Mexican federal district (Mexico City and environs) permits abortion up to the 12th week of pregnancy. However, some states allow abortion after 12 weeks for specific cases. Abortion beyond the 12th week in the case of rape is legal in all 32 states. In 29 states, women are exempt from criminal prosecution in the case of

the 14 states in which abortion was permitted beyond the 12th week for genetic or congenital malformation to represent states with more permissive abortion laws, and compared them to the remaining 18 states.

The study found that differences in maternal deaths were not explained by abortion legislation, but by other factors such as literacy rates among

National ban on dismemberment abortion, based on National Right to Life model, introduced in Congress

WASHINGTON — The National Right to Life Committee (NRLC) heralded the introduction in the U.S. House of Representatives of legislation to nationally ban dismemberment abortion, an abortion method that involves using steel tools to tear apart a well-developed unborn child by brute force.

The ***Dismemberment Abortion Ban Act*** (H.R. 3515) was introduced in the House by Congressman Chris Smith (R-N.J.), a veteran legislator who is co-chairman of the House Pro-Life Caucus, with Vicki Hartzler (R-Mo.), Virginia Foxx (R-N.C.), and Trent Franks (R-Az.) as original cosponsors.

The legislation is based on a model state bill proposed by National Right to Life, which has already been enacted this year in Kansas and Oklahoma.

The bill defines “dismemberment abortion” as “knowingly dismembering a living unborn child and extracting such unborn child one piece at a time from the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off . . .”

This definition largely overlaps with what those in the abortion trade currently refer

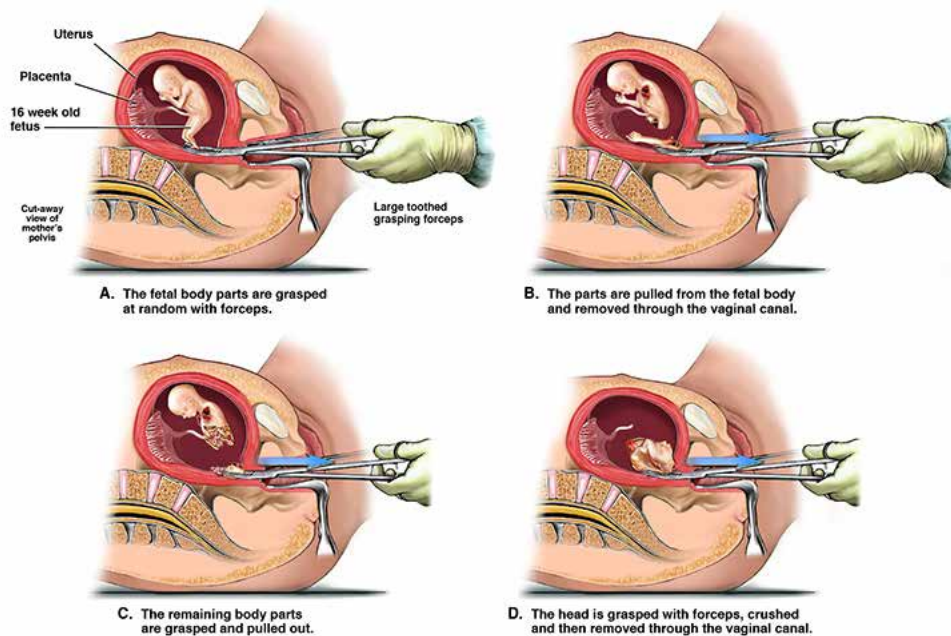
to as “dilation and evacuation” or “dilation and extraction” (D&E) abortions. The method is commonly used starting at about 14 weeks of pregnancy, and extending into the third trimester.

and can survive for a time while its limbs are being torn off.”

The bill explicitly permits a dismemberment abortion if necessary to save a mother’s life. The bill also says that it does not limit abortions performed

The testimony of Anthony Levatino, M.D., before the U.S. House Judiciary Committee Subcommittee on the Constitution and Civil Justice in May 2013, vividly describing the dismemberment

Dilation and Evacuation Abortion (D&E) of a 16 Week Old Fetus



In his dissent in the 2000 case of *Stenberg v. Carhart*, Supreme Court Justice Anthony Kennedy wrote regarding D&E abortion: “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

in cases of rape or incest, if performed by a method other than dismemberment abortion.

“No unborn child should be subjected to the brutality of having her arms and legs torn off with steel tools that grasp, tear, and crush,” said Carol Tobias, president of National Right to Life.

abortions that he once performed in great numbers, is available in printed form at http://judiciary.house.gov/_files/hearings/113th/05232013/Levatino%2005232013.pdf and in video at <https://www.youtube.com/watch?v=t--MhKiaD7c&feature=youtu.be>

“Even for researchers, the sight of an unborn child’s head in a delivery box is too grisly”

By Dave Andrusko

Each time you watch an undercover video released by the Center for Medical Progress, you ask yourself, “Can it get any worse?”

And, unfortunately, with each successive video in which Planned Parenthood officials or those running the companies that harvest and sell baby body parts from Planned Parenthood clinics tell their horrific stories, the answer is yes, it can.

According to the CMP, the ninth video, released September 2, shows its team of investigators in separate conversations with “Dr. Katharine Sheehan, the long-time medical director of Planned Parenthood of the Pacific Southwest until 2013; Perrin Larton, the Procurement Manager for ABR [Advanced Bioscience Resources]; and Cate Dyer, the CEO of rival fetal tissue procurement company StemExpress.”

The most ghastly quote comes from Larton (who is smiling and giggling her way through much of the conversation), talking about late abortions:

Yeah. The whole point is not to have a live birth. And so the doctors have all— unless it’s somebody who has had 6 pregnancies and 6 vaginal deliveries. ...[T]hey put lams [laminaria] in and she comes in the next morning and I literally have had women come in and they’ll go in the OR, and they’re back out in 3 minutes, and I’m going “What’s goin’ on?” “Oh yeah, the

fetus was already in the vaginal canal whenever we put her in the stirrups, it just fell out.”

“It” being the intact aborted baby.

There is a great deal of discussion in the video, the ninth in the series, about ABR’s



long-standing relationship with Planned Parenthood Pacific Southwest. We learn that ABR charges \$340 to “procure” a second-trimester fetal tissue “specimen” and that there is considerable sniping between the rival procurement companies.

Number nine was preceded the week before by a jaw-dropping video that was deeply unsettling even as compared to what we’ve have seen the past couple of months. Dyer was a main figure once again.

Over lunch with undercover investigators from the CMP, she employed the kind of dehumanizing language that we’ve come to see is routine for people who traffic in intact baby body parts.

For example, asked by the

investigator, “What would make your lab happy?” Dyer responded “Another 50 livers a week.”

The “buyer” responds, “Ok, you can handle that?” Dyer enthusiastically answers

Yea. Just so you guys know, on the collection side for us, we’re also-

(Later Dyer adds, “Planned Parenthood has volume, because they are a volume institution.”)

But we’ve not reached the bottom of the pit yet. Consider this exchange. It speaks volumes about everybody involved in this ghastly enterprise, including the

as you see Megan out there in the clinic, we’re working with almost triple digit number clinics. So, it’s a lot on volume and we still need more, than what we do. So, it’s a lot. So, I don’t think you’ll hit a capacity with us anytime in the next ten years. I think you’ll feel solid with that standpoint. So, I think, with that you’ll feel like doing an agreement with us. It will be consistent growth and our growth has been consistent, and it’s going to continue to grow from that standpoint.

academic labs that experiment on the tissues and organs of aborted babies.

Dyer: As you probably know, one of the issues with neural [brain] tissue, it’s so fragile. It’s insanely fragile. And I don’t even know—I was gonna say, I know we get requests for neural, it’s the hardest thing in the world to ship.

Buyer: You do it as the whole calvarium [skull].

Dyer: Yeah, that’s the easiest way. And we’ve actually had good success with that.

NRLC Chairman Emeritus Geline Williams Honored by Richmond Churches

By Carol Tobias, President

Geline Williams is a lady of intelligence, beauty, charm, and class. She is, overall, an incredible woman. And for 48 years, she has used her quiet dignity to shape and lead the

On Thursday, August 27, the Catholic churches in Richmond, Virginia, lead by St. Mary's and St. Bridget's parishes, used the occasion of Geline's retirement as National Right to Life Board

display of affection, love, and respect for who Geline is and all that she has accomplished.

The program for the evening noted that Geline has been active in civic affairs and served on many boards and commissions including the Instructive Visiting Nurse Association, the Richmond Metropolitan Authority, Commonwealth Catholic Charities, and Christian Children's Fund (now Child Fund International).

She was elected to the Richmond City Council in 1984, and served as Mayor from 1988-1990 – one of only two women to have held that office. She was founding chair of the board of directors of the national Combined Sewer Overflow Partnership and was appointed by Virginia Governor George Allen to serve on the Virginia Commission on Local Government.

Geline served as president of the Richmond Diocesan Council of Catholic Women and is on the board of the McMahon Parater Foundation, which is dedicated to the support and enhancement of diocesan schools.

Geline has received many honors and awards, including receiving the Benemerenti Medal from Pope John Paul II, the highest honor given by the Catholic Church to a lay person, and has met with three U.S. Presidents.

It was an honor to join pro-life leaders from National Right to Life and Virginia, leaders in the Richmond Catholic community, former Congressman Tom Bliley, and several hundred friends and family to recognize the innumerable contributions made to this country by one remarkable woman.



Geline is escorted to the reception by Fr. Michael Renninger and Msgr. William Carr

right-to-life movement in ways unknown to many.

In 1967, Geline and her husband, Alex, began the first pro-life group in the nation—the Virginia Society for Human Life. In 1968, she and other pro-life leaders from around the country helped form and grow the National Right to Life Committee. In 1981, she became National Right to Life's chairman of the board. This spring, after 34 years in that position, Geline retired as chairman, although she remains on the National Right to Life Board as the director from Virginia.

chairman to honor her for her tireless work in the right-to-life movement. The Mass and reception in her honor made for a beautiful evening befitting a beautiful lady.

The service began with a long procession of priests and deacons, led by the Knights of Columbus color guard. Beautiful music was provided by a small orchestra and the choirs from the host churches. At the end of Mass, Father Michael Renninger and Monsignor William Carr escorted Geline to the hall for an astonishing reception. The entire event was a sincere



Attending the event for Geline, from left to right, are David N. O'Steen, Darla St. Martin, Geline, Carol Tobias, and Jacki Ragan

Parents bathe terminally ill newborn in love and kisses

By Dave Andrusko

If you did not know otherwise, you would look at the photos of Erika and Stephen Jones and their newborn daughter

we're told Abigail had Down syndrome. But once the writer moved past that outdated stereotype, he [or she, there



Abigail and be tempted to coo. Add Audrey, their two-year-daughter, and your first thought at that photo would be something like, "The perfect family. They are so happy."

But the Joneses, a Florida family who are deeply devout, are faced with an almost unimaginably sad truth: Abigail has an aggressive brain cancer, first diagnosed in utero, and her time on this earth is limited. They are relying on their faith in God at this most difficult of all moments for a parent.

The *Daily Mail's* story is heartbreaking but also amazingly inspirational. I'm reposted some of the photos. They are wonderful.

(The story has one unfortunate flaw. An initial "tragedy" came earlier in Erika's pregnancy:

is no byline] focused on the genuine "crushing blow.")

At 30 weeks the Jones learned that an inoperable, cancerous tumor had developed in Abigail's brain.

'Our hearts were broken and our minds weighted with questions and fear of the unknown to come,' Erika and Stephen wrote in a lengthy entry on their friend Mary Huszcza's photography site.

As weeks ticked by, the little girl's brain swelled, making a vaginal birth impossible and requiring a C-section.

On the evening of August 5, about a week

before her expected due date, Erika Jones went into labor.

At 12.37am the following morning, the Joneses welcomed into the world Abigail Noelle Jones – a beautiful cherubic baby with pink cheeks and a full head of dark hair.

They had been told and surgery was pointless because the cancer is too advanced and aggressive and that chemotherapy is out of the question because Abigail is so young.

Writing online, the Joneses explained, "The neurosurgeon recommended that we take Abigail home and cover her with love."

The couple clearly took the neurosurgeon's advice. They wrote

"We have smothered this little one with love

surprising everyone.

"She is moving, nursing, squawking, sticking out her tongue, opening her eyes, holding our fingers, and doing all things a baby does,' they wrote. 'She has blown us away and surpassed every expectation.'

The story is written so tenderly it would be unjust to paraphrase the conclusion which relies heavily on what the Jones wrote online. Here it is in its entirety:

The couple's photographer friend Ms. Huszcza, who runs the site 8.08 Photography, took a series of achingly beautiful and tenderly shot pictures of the family of four enjoying precious quality time together.



and kisses and will continue to do so every moment we get."

See "Parents," page 12

They'd expected their baby to die soon, but Abigail is

PPFA's popularity continues to drop dramatically

Favorable opinion exceeds unfavorable opinion by only 5 points

By Dave Andrusko

Back in August, we posted a story with the headline, “A revealing primer on Planned Parenthood’s popularity.”

Without going through the story point by point, my contention was that despite a misinterpreted NBC News–Wall Street Journal poll, it would be impossible to miss that Planned Parenthood’s popularity was slipping.

That poll found 45% had a favorable opinion of PPFA as compared to 30% who had a negative opinion—a net plus of 15 points.

Among the many numbers we posted was this from Monmouth University. It polled 1,203 adults between July 30 and August 2.

They asked a series of questions. For example—did the respondent have a favorable or unfavorable opinion of PPFA?

Thirty-seven percent had a

favorable opinion versus 26% who had an unfavorable opinion—a net plus of 11 points.

Bear in mind that this at a time when only 53% had heard about the shocking undercover videos showing PPFA officials glibly and cavalier talking about how to secure the most

intact baby body parts. Another 21% had heard “just a little.”

But if you are a PPFA high mucky-muck, more current numbers are far more unnerving. A Quinnipiac University National poll, the results of which were released August 31, asked this question:

Is your opinion of Planned Parenthood favorable, unfavorable or haven’t you heard enough about it?

What did they find? Favorables exceeded unfavorables by only 5 points—43% to 38%!

Note that while the third option offered to respondents in the two polls differs, in the Monmouth poll, a third (34%) had “no opinion” about PPFA while in the Quinnipiac poll only 17% said they “hadn’t heard enough about” PPFA to form an opinion.

You cannot say unequivocally that as the public has learned more about PPFA those who didn’t have strong feelings are choosing sides—and more expressing an unfavorable opinion than favorable—but the evidence strongly points in that direction.



Parents bathe terminally ill newborn in love and kisses

From page 11

In one of the images, baby Abigail rests on the bed with her parents, looking intently into the camera.

In others, mom Erika and dad Stephen cradle the tiny swaddled bundle, looking at her with admiration and wonder.

In most of the warmly lit portraits, Abigail peacefully sleeps, balling her tiny hands into fists, or resting her plump cheeks on her arms.

‘We don’t want to lose our daughter,’ the parents lamented in the online entry. ‘We want to see her laugh, dance, fight with her sister, ride a bike, go to school...we want to see her life.’

‘But most likely, her whole life will be weeks or months, not years. Our hearts are broken and ache for the time that we don’t have.’

The Joneses, who are both deeply devout, say they are relying on their faith in God to help

them through this crisis.

‘He will heal Abigail, in our arms on this earth or the moment she

breaths her last breath and is embraced by her Heavenly Father,’ they concluded.



Major Medicare penalty set to hit 2,600 U.S. hospitals – will disproportionately affect sickest patients

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

When the Obama Health Care Plan became law in 2010, one of the first provisions that went into effect authorized the federal Department of Health and Human Services to impose so-called “quality measures” on health care providers. One of these targeted were hospital “readmissions” – instances in which a patient with a particular illness or injury admitted, treated, and discharged must later be re-admitted because of a recurrence or complications.

The theory was, essentially, that the health care provider should get it right the first time, and that a readmission is assumed to be the fault of the provider’s failure to provide appropriate care during the first admission.

Implementation of disincentives for readmission has hit health care providers hard. “For the fiscal year starting Oct. 1, more than 2,600 hospitals will lose a combined total of \$420 million, according to a spokesman for the Centers for Medicare and Medicaid Services,” according to a September 14, 2015 *Washington Post* article by Lena H. Sun entitled, “Medicare unfairly penalizes hospitals treating sickest, poorest patients, study finds.”

A new study in *The Journal of the American Medical Association* shows that the hospitals slated for these massive cuts are the least equipped to handle the loss in compensation. According to the *Washington Post*,

For the last four years, Medicare has wielded a big stick: It has fined hospitals if too many of their patients returned to any hospital within weeks of being released. But many

safety-net hospitals, including academic teaching hospitals, say this is unfair because they take care of sicker, poorer patients. Now data released Monday shows they may be right.

The researchers found:

Hospitals serving healthier, more socially advantaged patients



may not have to devote any resources to achieving a penalty-free readmission rate, whereas hospitals serving sicker, more socially disadvantaged patients may have to devote considerable resources to avoid a penalty. By selectively increasing costs or lowering revenue for hospitals serving patients at greater risk of readmission, the HRRP [Hospital

Readmissions Reduction Program] therefore threatens to deplete hospital resources available to improve overall quality for populations at high risk of poor outcomes.

While the term “quality” certainly sounds like a positive way to enhance health care, the “quality measures” Obamacare gives HHS to power to impose

finds,” Sarah Kliff writes,

All told, the new Harvard study estimates that about half of the difference in readmission rates can be explained away by patient population characteristics. And that means some of the hospitals could be getting penalized more simply for seeing vulnerable populations.

“The clear implication is this penalty exacerbates the financial strain they’re under,” says J. Michael McWilliams, an associate professor at Harvard Medical School. “One would worry this would translate into worse-quality care.”

The judgment whether or not the “quality” is good will essentially only be about providing health care in the cheapest way possible. As in other government reimbursement models, the outcomes—meaning how well people recover function—is secondary.

This means that a course of treatment a doctor and patient deem advisable to save that patient’s life or preserve or improve the patient’s health—but which would trigger the penalty – is less likely to be provided.

Documentation on Obamacare’s rationing provisions in general can be found at www.nrlc.org/communications/healthcarereport

It is more important now than ever to keep this debate alive and elect a pro-repeal Congress and President in 2016.

on health care providers can, in effect, be used to limit the healthcare Americans receive .

Under the language of the law, the term “quality measures” is a euphemism for preventing treatment that the government feels drives up cost too much – no matter what the patient need.

In a separate September 14, 2015, article published in *Vox*, “Obamacare punishes hospitals that see poor patients, study

Planned Parenthood to Congress: Ignore what you see, hear in those videos

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

The big newspapers and the networks could not be bothered to give much coverage to the original videos showing mangled baby parts and Planned Parenthood abortionists callously talking about “less crunchy techniques” and haggling over “reimbursement” costs. But many rushed to publish news of a study supposedly exonerating Planned Parenthood that PPFA forwarded to Congress.

The “study,” sent along with an August 27th letter to the leaders of Congress, claims that the Center for Medical Progress (CMP) “edited content out of the alleged ‘full footage’ videos, and heavily edited the short videos so as to misrepresent statements made by Planned Parenthood representatives.”

Neither the letter nor the study actually get into the really troubling “content” of those tapes, which have Planned Parenthood employees casually talking about the disposition of organs, tissues, and body parts of babies they’ve just aborted.

PPFA says Fusion GPS, the firm hired by Planned Parenthood to analyze the videos, “ultimately concluded that the manipulation of the videos and the transcripts means they have no evidentiary value in a legal context and cannot be relied upon for any official inquiries unless supplemented by the original video in unaltered form.”

Newspapers dutifully reported that “Planned Parenthood Video Was Altered, Analysis Says” (NY Times 8/28/15), “Videos deceptively edited, Planned Parenthood tells Congress” (Washington Post, 8/27/15), or

“Planned Parenthood alleges ‘smear’ in letter to Congress (AP, 8/31/15).

These allegations may not be as dramatic as they sound. Fusion GPS admits that in more than 12 hours of tape, “This analysis did not reveal widespread evidence of substantive video manipulation, but we did identify cuts, skips, missing tape, and changes in camera angle.”

It went on to say “many of these edits removed likely irrelevant content from the beginning and end of the interviews, [but] all four videos also contained intentional edits that removed content from the middle of the videos.”

CMP claims that some of the larger edits were simply gaps between meetings, or when someone went to the restroom. (CMP’s full response can be found at www.centerformedicalprogress.org/2015/08/deconstructing-planned-parenthoods-failed-forensic-analysis-report/)

Fusion GPS analysts try to argue that damning statements like “another boy,” while showing no evidence of being spliced in or manipulated on the tape, may have been preceded by edited out comments from the CMP actors designed to elicit comments about the aborted baby’s gender.

When the videos clearly show people in the Planned Parenthood labs clinically picking over fetal parts like brains, eyes, hearts, livers, arms or legs, disputes over exactly what prompted Planned Parenthood employees to make awkward admissions of the baby’s sex and humanity seem

to be mere diversions.

Planned Parenthood wants Congress to put these images out of their minds and focus on the editing of the videos.

Planned Parenthood and its lawyers and PR team have tried to make it seem as if the only

In their August 27, 2015, letter to the heads of both parties in the Senate and the House, Planned Parenthood denied it had broken any laws and both minimized and defended its involvement in what it euphemistically calls



serious issue up for discussion was whether or not Planned Parenthood broke any laws, altered the method of their abortions to obtain fetal tissue, and then sold fetal tissue at a profit. While the video does seem to show several Planned Parenthood employees flirting with the idea of higher profits (“I want a Lamborghini”), and using “less crunchy” techniques, it may take various congressional probes to ferret out the whole truth.

This, however, TOTALLY fails to appreciate or address the fundamental cause of the public horror and outrage these videos have prompted. Various highly-placed Planned Parenthood officials casually discussed the business of harvesting and transferring baby parts, by whatever financial arrangement, with absolutely no consideration of the obvious humanity of those children. That is what has left the public that has heard the truth aghast.

“fetal tissue research.”

Planned Parenthood claims that only two of its 59 affiliates and 1% of its nearly 700 “centers” are currently involved in “fetal tissue research.” This, of course, is Planned Parenthood playing its usual game with percentages, downplaying the sheer volume of abortions that just one of its giant mega-clinics may perform.

PPFA admits that affiliates in California and Washington are involved and says that four additional affiliates, including one in Texas and another in Colorado, featured in CMP videos, have been involved in the past.

Nevertheless, Planned Parenthood tells Congress in the letter that it is “proud to have a role in fetal tissue research,” claiming without any detectable sense of irony,

See “Ignore,” page 44

10 Times Hillary Clinton Revealed How Extreme She is on Abortion

By Andrew Bair

Hillary Clinton's support for abortion is longstanding and unwavering. But many Americans may be surprised to learn just how extreme her position is.

A November 2014 poll conducted by The Polling Company found that just 13% of Americans believe abortion should be legal for any reason and essentially at any time during pregnancy. In other words, just 13% of Americans agree with Hillary Clinton on abortion.

Here are 10 times so far in the 2016 campaign that Hillary Clinton has showed her extremism on abortion.

1) "Religious beliefs and structural biases have to be changed" to expand abortion.

At a speech to the Women in the World Conference in April 2015, Hillary Clinton argued, "Far too many women are denied access to reproductive health care (aka. abortion) and safe childbirth, and laws don't count for much if they're not enforced." In order to expand worldwide access to abortion, she suggested that "deep-seated cultural codes, religious beliefs and structural biases have to be changed."

2) Clinton attacks bill to protect unborn babies from painful late abortions.

In May 2015, the U.S. House passed the Pain-Capable Unborn Child Protection Act to protect unborn babies 20 weeks and older from excruciating late abortions. In addition to a statement slamming House lawmakers for advancing the bill, Clinton tweeted, "When

it comes to women's health, there are two kinds of experts: women and their doctors. True 40+ years ago, true today."



Poll after poll shows a majority of Americans support such legislation, including a majority of women.

3) Clinton denies the science of fetal pain.

Substantial medical and scientific evidence shows unborn babies are capable of feeling pain by 20 weeks after fertilization, if not earlier. It is well-documented here: www.doctorsonfetalpain.com. This developmental milestone forms the basis for the Pain-Capable Unborn Child Protection Act. Yet Clinton chooses to ignore these facts of human biology, claiming the bill is "not based on sound science" per a statement by her campaign.

4) Clinton Gets "Hero's Welcome" at Pro-Abortion EMILY's List Gala

Just weeks before the official launch of her 2016 campaign, Clinton headlined the 30th anniversary gala for EMILY's List, the political action committee that backs female Democratic candidates who support abortion on demand.

TIME Magazine reported that Clinton received a "hero's welcome" at the event. At the event, EMILY's List founder

Ellen Malcolm told Clinton, "Just give the word and we'll be right at your side."

For a candidate to be supported by EMILY's List, they must take a hard-line stance in opposition to any and all limitations on abortion and support full tax funding of abortion. Former Sen. Mary Landrieu (D-LA) had been backed by EMILY's List in her first election but after supporting a ban on partial-birth abortion, the group withdrew their support for future elections.

5) Planned Parenthood Employees Pour Cash to Clinton

Hillary Clinton enjoys substantial financial backing from employees of Planned Parenthood, the nation's largest abortion provider. As the Washington Free Beacon reported, "The former secretary of state collected nearly \$10,000 from nine individuals who work for the country's largest abortion provider, including from several high ranking executives."

6) Clinton defends Planned Parenthood after videos expose the organization's trafficking of aborted baby body parts.

After the stomach-churning undercover videos of Planned Parenthood officials discussing the harvesting and pricing of aborted baby body parts, Clinton stood firm in support of the abortion provider. She went as far as to say, "I'm proud to stand with Planned Parenthood." At a campaign event in South Carolina, she lamented, "I think it is unfortunate that Planned Parenthood has been the object of such a concerted attack for so many years."

7) She even released a video message in support of Planned Parenthood.

In a video message, Clinton reiterated her support for the nation's largest abortion provider and attacked opponents Scott Walker and Jeb Bush for backing efforts to defund the organization. She emphasized, "I'll never stop fighting to protect the ability and right of every woman in this country to make her own health decisions." (While she refused to use the word, the "health decision" she is referring to is abortion.)

8) StemExpress CEO Cate Dyer has endorsed Clinton for president.

The CEO of StemExpress, the company featured in

See "10 Times," page 42

More babies born extremely premature are surviving, study finds

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

A new government study finds that odds of survival have increased over the last twenty years for babies who are born extremely premature.

"Trends in Care Practices, Morbidity, and Mortality of Extremely Preterm Neonates, 1993-2012," appeared in the September 8, 2015, edition of the *Journal of the American Medical Association (JAMA)*. The study followed treatments and outcomes associated with 34,636 infants born at 22 to 28 weeks gestation (measured from a woman's last menstrual period, or LMP, so the fetal age would be about two weeks less).

The study reviewed hospital records for extremely premature babies born at 26 academic centers participating in the Eunice Kennedy Shiver National Institute of Child Health and Human Development Neonatal Research Network. [1]

The study complements a study published in May in the *New England Journal of Medicine*. That study looked at the survival and outcomes of almost 5,000 babies born before 27 weeks gestation at 24 hospitals from 2006 -2011.

The results from the *JAMA* study were, likewise, extremely encouraging.

In 1993, 70% of babies born at 28 weeks or earlier survived. That number had risen to 79% by 2012.

Survival increased most significantly for babies born at 23, 24, and 25 weeks, who saw their survival to discharge rates go from 28% to 33%, 52% to 65%, and 68% to 81%,

respectively, over that same time period.

Survival rates for babies born at 26-28 weeks were up as well in 2012. They reached highs of 87% for babies at 26 weeks and 94% for children born at 27 or 28 weeks.

Rates for children born at 22 weeks were up as well, though survival remained rare. Just 6% in the study survived in 1993,

being discharged from the hospital without any major problems.

Increases in survival and reductions in major morbidity are attributed to improvements in care for these infants. Beyond measures to delay birth and give time for further development, neonatal departments were doing different things to help preemies breathe, for example,

for Disease Control (CDC), there were about 450,000 preterm births in 2012. Up until 2006, the percentage of births that were preterm in the United States had been increasing at least as far back as 1981. The current rate, though, of 11.4% (for 2012) represents the lowest percentage in 15 years.

There are thought to be many possible causes of preterm



but it had gone up to 9% by 2012. Only a handful of babies in the study were born at this stage (relative to the numbers born at later gestations), but generally low survival rates are one reason why doctors try to take whatever medical steps they can to delay birth as long as possible.

The 20 authors of the study were also encouraged that higher numbers of the older preemies (27 and 28 weeks) were not only surviving but

giving mothers steroids before birth to stimulate fetal lung development, using less invasive or aggressive measures with newborns like tracheal intubation, ventilation, and chest compression, or employing greater use of surfactants that help the babies' lungs function. When a baby did have to be delivered early, Cesarean deliveries appeared to help the births be physically less traumatic for the children.

According to the U.S. Centers

for Disease Control (CDC), there were about 450,000 preterm births in 2012. Up until 2006, the percentage of births that were preterm in the United States had been increasing at least as far back as 1981. The current rate, though, of 11.4% (for 2012) represents the lowest percentage in 15 years.

There are thought to be many possible causes of preterm

births, some known (smoking, alcohol, drugs), others not. Researchers looking at data from dozens of studies from many countries covering multiple years have identified abortion as a significant risk factor associated with many preterm births, especially those very early preterm (most recently, see June 2015 *NRL News*).

See "Surviving," page 19

10 Ways To Support Her When She's Unexpectedly Expecting

Your support might be the only support she receives.

...You can make a difference in her life. Will you?

Editor's note. This article is part of the 2015-16 Respect Life Program Materials produced by The United States Conference of Catholic Bishops' Secretariat of Pro-Life Activities. The Respect Life Program begins anew each year on Respect Life Sunday, the first Sunday in October. The program is highlighted in liturgies and marked by special events.

I had been brought up to believe that life is always a gift, but it certainly didn't feel like one when I gazed in shock at a positive pregnancy test. As a mom who had my first baby in college, I know that an unexpected pregnancy can

sometimes bring fear, shame, and doubt.

However, I also know that an unexpected pregnancy can bring joy, excitement, awe, gratitude, and deeper love than I knew was possible—not to mention the little bundle who inspires these sentiments! About nine months after looking at that pregnancy test, I received the very best gift I have ever been given: my daughter, Maria.

An unexpected pregnancy might be confusing along the way, but life—though at times difficult—is ultimately beautiful. Perhaps one of your friends has become pregnant unexpectedly. As someone who has been there, I encourage you

to support your friend in her new journey of being a mother.

Not sure how to help or what to say? Here are ten tips:

1. Be available.

An unexpected pregnancy can send a woman into crisis mode. If your friend just found out she is pregnant, she may not be thinking clearly, and she may feel she has no control over anything at the moment.

Be aware of how she is responding to you. Listen to her and let her know you love her and are there for her any time she needs you. Don't pass judgment on her either interiorly or through words or body language.

2. Respond positively.

When a woman experiencing challenging circumstances confides she is pregnant, the reaction of the first person she tells tends to set the tone for her decision-making. Avoid responding with shock or alarm, and be calm and understanding. Let her know you're there for her and that it's going to be okay. Pay close attention to her emotional state, and act accordingly.

Depending on where she is emotionally, it may or may not be helpful to congratulate her at that time. However, it is always important to affirm that every person's life—including her child's and her own—is precious and beautiful no matter the circumstances.

3. Be honest.

The journey through an unexpected pregnancy is not easy, and it's okay if you don't know the perfect words to say. Just be honest. Let her know you are there for her, and ask her how she is feeling and how you can support her.

It's a good way to open the door to communicate, and she may be grateful for the opportunity to talk freely with someone. She might become emotional at times, but be patient—let's not forget hormones; the struggle is real.

EVERY LIFE
IS WORTH LIVING

www.usccb.org/respectlife
RESPECT LIFE

See "10 Ways" page 49

Baby boy with rare condition defies odds, celebrates first birthday

By Nancy Flanders

Jaxon Buell was diagnosed prenatally with a condition so rare that the doctors couldn't give it a name. All they could tell his parents, Brandon and Brittany, was that their son likely wouldn't survive in the womb, and if he did, he would die shortly after birth. The couple was advised to terminate.

Shocked that the doctors would suggest abortion when they didn't even have an actual diagnosis for their son, they decided that however long their son had to live would be up to God, and they chose life. Jaxon was born on August 27, 2014 and received an official diagnosis of Lissencephaly, in which the brain doesn't have the folds that it should. Despite the doctors' grim prognosis, Jaxon is celebrating his first birthday.

Over his first year of life, Jaxon amazed the doctors with how well he has been, but the last couple of months have been rough. He's been uncomfortable and fussy, and his parents are working overtime to help him. He is undergoing testing to determine what the cause of his recent discomfort is.

"The frustration continues because obviously something is going on, but how do we find it, and how do we fix it?" they wrote on their Facebook page. "One day at a time still for our family. Our baby boy remains strong as ever to be dealing with all of this every day yet still loves to cuddle with Mommy and Daddy as much as possible."

Told by their local hospital that they were simply out of options to help Jaxon, the family flew to Boston and is

there now, meeting with the top infant neurological team in the United States. They are hoping to find answers and help for their son.

Neurologists in Boston confirmed that Jaxon has a profound case of Lissencephaly. Jaxon will be meeting with two more neurologists this week who deal with epilepsy and neurological disorders, and will also with a gastroenterologist to determine the best method of feeding Jaxon, who currently requires a feeding tube. His parents remain hopeful.

The Buells are asking for prayers that they find the right doctor in Boston who can put their son on the path to better health.

Their goal, they wrote on Facebook, is:

... to find that one person, who actually

knows how to help, to hear about or see Jaxon, and can add to his life or his quality of life with some type of answer, option, or solution. And, maybe, through our experiences, the next family that may have to walk in our footsteps, will be better off and have more help of where to turn, what to do, and where to go, because of Jaxon's story. There is hope, a plan, and a purpose here, and Boston is just the latest chapter.

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



CNN poll finds that 58% believes abortion should be illegal in most circumstances

By Dave Andrusko

Sometimes what appears to be almost a throwaway line in a news story is important, not because it tells us something new (although it might) but because it acknowledges a truth which rarely sees the light of day.

First the backdrop for the results of a *CNN* poll released today.

The hook for the story is that three issues—“Guns, immigration, abortion”—are “increasingly important to voters.” Our concern, obviously, is only the latter.

What’s the important oh-by-the-way line in the story?

Overall, 39% of adults in the new poll think abortion should be legal in most circumstances, 58% that it should be illegal in most.

Even though we have made that argument over and over and over again, ordinarily we read/hear about the “pro-choice” majority. In this case, *CNN* did its job.

CNN found that 18% said abortion should be illegal. Then it separated out those who believe abortion should be legal in “a few cases” [40%] versus



those who said abortion should be legal in “most cases” [13%].

Putting together those who said abortion should be illegal with those who said legal in a few cases, *CNN* found that 58% believe abortion “should be illegal in most” circumstances.

One other important point. The change from almost a

month ago was the increase in the percentage that said abortion should be legal in only a few circumstances—from 37% to 40%—with a

concomitant drop in those who said abortion should be legal in all circumstances—from 30% to 26%.

I could not find in the poll results included online a breakdown (assuming there was one) of those who now thought abortion is “an important issue.” That is, was it more

important to pro-lifers than pro-abortionists. Traditionally it is always more important to pro-lifers.

All I see was the summary—it had increased from 20% of adults to 27%.

In addition, the poll of 1,012 adults September 4-8 found that “About 71% say it’s more important for Congress to approve a budget agreement that would avoid a government shutdown than to defund Planned Parenthood, 22% say it’s a bigger priority to eliminate the organization’s federal funding.”

According to *CNN*’s Jennifer Agiesta, “Even among those who say abortion should be illegal in all or most cases, however, 63% say it’s a higher priority for the government to approve a budget and avoid a shutdown than to eliminate funding for Planned Parenthood.”

More babies born extremely premature are surviving, study finds

From page 16

As abortions have declined, and particularly those surgical abortions that may physically damage a woman’s reproductive system, the number of preterm births might also be expected to decline, as the data appears to show.

One good thing about this new study is that it demonstrates that with treatment, these babies’ lives can be and have been saved. If babies can make it to 22 weeks LMP (20 weeks fetal age), it may not be easy, but

parents of early preterm babies do not need to be told that their situations are hopeless.

Nevertheless, there are locations in the United States where babies this same age can still be legally aborted. Even after the embarrassing expose’ of its fetal tissue “donation” practices, Planned Parenthood continues to advertise its willingness to perform abortions at 23 or 24 weeks at clinics in California and New York.

Others go even further. In the very first video from the Center for Medical Progress, Deborah Nucatola, Planned Parenthood’s Senior Director of Medical Services, helpfully offers the name of one of the “providers who go beyond 24 weeks.”

These babies are obviously human and clearly alive. This recent study shows us that because abortion is legal, the difference between those babies who live and those who

die is not a matter of medical technology, but of our attitude towards human life.

[1] The article was authored by more than twenty neonatologists and pediatricians from institutions all over the United States. The lead author was Barbara J. Stoll of the Department of Pediatrics at the Emory University School of Medicine in Atlanta.

Chinese Woman Resists Both Forced Abortion and Gendercide To Give Birth to her Daughter

By Reggie Littlejohn, Founder, Women's Rights Without Frontiers

CHINA—This beautiful baby, “Eu-Meh” might never have had the chance to draw breath on this earth, just because she is a girl. She comes from a very poor farming family in the Chinese countryside, where life is harsh.

Eu-Meh's parents did not have a birth permit, so her mother's pregnancy was illegal. Her mother hid from the family

Eu-Meh's grandparents told Eu-Meh's mother to abort her, when they found out that she was pregnant with a girl. They told Eu-Meh's mother that this little girl would consume milk and food that should go to her grandparents. They would have been happy, however, to keep a baby boy.

When Women's Rights Without Frontiers learned

monthly stipends for a year, to empower her to give life to Eu-Meh and care for her. It took Eu-Meh's mother time to finally decide not to abort Eu-

precious, new daughter, who is now a healthy and happy 1-year-old!

Reggie Littlejohn, President of Women's Rights Without



planning police. If she were caught, her mother would have to pay a huge fine or face forced abortion.

But the main danger to Eu-Meh's life was not the Family Planning Police. It was her own grandparents on her father's side.

about Eu-Meh, our undercover fieldworker went to her mother with a strong message of hope. We told her that girls are just as precious as boys, and encouraged Eu-Meh's mother not to abort her.

Through our “Save a Girl” campaign, we offered her

Meh, because she was afraid of her mother-in-law.

After Eu-Meh was born, with tears in her eyes, her mother told our fieldworker that she did not realize how much she would love her daughter before she saw her. Her mother-in-law did not want Eu-Meh's mother to breastfeed her, so that she could go to Shanghai to work soon after Eu-Meh was born. With financial support from WRWF, Eu-Meh's mother was able to resist this pressure from her mother-in-law. She was grateful to be able to stay home with Eu-Meh, breastfeed her and spend time just loving her

Frontiers, stated, “It is an honor to support brave women like Eu-Meh's mother, who was able to resist both the Family Planning Police and her own mother-in-law. Women like this deserve our help, and so do their precious daughters. Please help us be a voice for the voiceless!”

Learn more about how you can help to save girls.

Editor's note. This appeared at womensrightswithoutfrontiers.org.

Autos for Life receives a very special gift... offers it to our supporters first!

By David N. O'Steen, Jr.

Through the years, Autos for Life has received a huge variety of vehicle donations, including classic and luxury cars, trucks, SUVs, minivans, family cars, boats, jet skis, and motorcycles. We at National Right to Life are so grateful for each of these

DeSoto SA. Yes, 1932! WOW! You see, because of his age, he was moving from his house to an assisted living facility and wanted the car to go to benefit the pro-life cause. Very noble indeed! He had owned this car for well over 40 years, and

the car was in Illinois, it was shipped here by container truck. Once here, it was treated to a carburetor and fuel pump rebuild, as well as new spark plugs and general upkeep. The car runs and drives well, and is a stunningly beautiful piece of American history!

Well, as is the case with all donated vehicles, it's time to sell it, and we figured that we would give you, our loyal supporters, the first opportunity to own this beautiful automobile before we offer it for sale publicly. This is a chance to own a fully restored, turnkey classic car, and remember that 100% of

the proceeds from the sale of this 1932 DeSoto go to benefit the life saving educational work of National Right to Life Foundation.

If you or anyone that you know is interested or has any questions regarding this 1932 DeSoto, or to donate a vehicle yourself, please contact David N. O'Steen Jr. at (240) 418-8860 (cell), (202) 626-8823 (office), or by email at dojr@nrlc.org. I know that the gentleman that donated this magnificent automobile to National Right to Life would be delighted to have his car go to another pro-life supporter!



special gifts. Please keep them coming! The generosity of our supporters is truly fantastic!

Some time ago, a long-time supporter in Illinois who had donated two classic cars to us previously, contacted us about donating his restored 1932

had restored it top to bottom and inside out. The car never saw bad weather, was always garaged, and was only driven on nice days and in parades, etc...

Since our headquarters are in Washington D.C., and the

Anti-Pregnancy Center Bill Passes California Senate, Awaits Governor's Signature

By Jay Hobbs

Editor's note. This first appeared at pregnancyhelpnews.com.

After more than two months of sitting on the state Senate floor, California's Assembly Bill 775 passed with the 24 votes it needed to move along to the desk of Democratic Gov. Jerry Brown.

Referred to as the Reproductive FACT Act by its authors, David Chiu (D-San Francisco) and Autumn Burke (D-Marina Del Ray), the legislation singles out the state's 150 pro-life pregnancy help locations—including the 73 that offer free ultrasound.

The law will force all of the state's local pregnancy help non-profits to give each of its clients the following disclaimer, which

programs that provide immediate free or low-cost access to comprehensive family planning services (including all FDA-approved methods of contraception), prenatal care, and abortion for eligible women. To determine whether you qualify, contact the county social services office at [insert the telephone number].

"These centers and medically licensed clinics set the standards for true compassion and support for women," Peggy Hartshorn, Ph.D., President of Heartbeat International, said. "Every woman deserves to have

choices and real help."

Meanwhile, pregnancy help centers that do not offer medical services will be required to post the following signage in two "clear and conspicuous" places—"in the entrance of the facility and at least one additional area where clients wait to receive services," as well as in "any print and digital advertising materials including Internet Web sites".

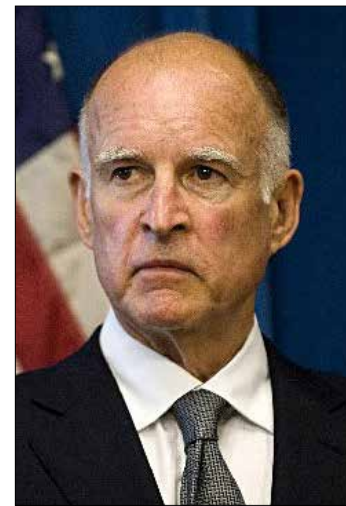
The font required is to be "in no less than 48-point type" and will read as follows:

This facility is not licensed as a medical facility by the State of California and has no licensed medical provider who provides or directly supervises the provision of services.

In an email to supporters of Marysville-based A Woman's Friend Pregnancy Resource Clinic—a licensed medical facility—Executive Director Carol Dodds pointed out that the pro-life state senators who spoke against the bill on the floor Thursday offered three different amendments, "each of which would have required the abortion industry to be regulated in the same way that AB 775 would regulate the alternative clinics; all three amendments were tabled by the majority party."

"Those pro-life senators who spoke clearly and truthfully against the bill...

often referenced the recent videos released by the Center for Medical Progress that revealed the abortion industry's harvesting of babies' body parts," the email from Dodds



Pro-Abortion California Gov. Jerry Brown

said. "The comments made by these pro-life senators, and by inference, the videos themselves, were called [by senate Democrats] 'graphic hysteria' and 'fantasy.'" (Emphasis original)

While the timeframe on when Gov. Brown will sign the bill into law has not yet been announced, a coalition headed by Dodds, Cathy Seapy of LivingWell Medical Clinic in Grass Valley and Marie Leatherby of Sacramento Life Center (all three state-licensed medical clinics) are urging the state's citizens and clergy to sign petitions at www.StopAB775Now.com.



includes the phone number of a county social services office where a client could obtain an abortion covered by Medi-Cal. The notice, which the law specifies must either be posted as a public notice in "22-point type," "distributed to all clients in no less than 14-point font" or distributed digitally "at the time of check-in or arrival," applies to all of the entities—even those licensed by the state.

California has public

all the information and help she needs to make the healthiest choice for everyone involved in an unexpected pregnancy, and it is outrageous that the state—far from supporting these vital non-profits—is stacking the deck in favor of Big Abortion, even while this gruesome industry is being exposed for the evil it commits against Californian women every day."

"Women deserve better than abortion. Women deserve real

UK Commons debate: resounding defeat of assisted suicide bill

By Paul Russell, Founder, HOPE Australia

Editor's note. At National Right to Life News Today, we've posted several stories on the historic defeat of an assisted suicide bill in the British House of Commons. But the importance of the victory cannot be overstated or the reasons why the bill lost 3-1 over-explained. As the pro-assisted suicide forces continue to assault protective laws, what happened in Parliament will remain a case study in thwarting their advances.

On Friday September 11, the UK House of Commons debated MP Rob Marris' assisted suicide bill over five hours. UK MPs are not bound to attend parliament for 'Private Member's business', so part of the difficulty in predicting an outcome was not only about finding out MPs intentions on any bill, but also about whether they intend to turn up on the day.

As the debate began some 240 of the chamber's 650 members were in attendance with 85 of that number indicating a desire to speak to the bill.

Marris' bill was a copy of the bill debated in the House of Lords prior to the British national elections. That bill, presented by Lord Falconer, passed at second reading and was modified by amendments before ultimately failing for lack of time.

Common to many parliaments using the Westminster system, the upper houses tend to allow bills to pass at second reading to allow the extension of debate into the committee stage where amendments are possible. On

September 11, the Commons was clearly in no mood to extend such courtesy.

The debate was marked by many commentators as a high-point in formal debating, in courtesy and in passion while absent the kind of cross-



chamber argy-bargy [noisy quarreling] characteristics normal in party politics. Opportunity was given to backbenchers to speak with few ministers or shadow ministers [of the opposition party] in the chamber.

While some who spoke against the bill noted their attachment to 'sanctity-of-life' principles that suggested opposition based on religious conviction, the vast majority of those that spoke against the bill did so for practical reasons. Contrary to the popular myths, few seemed to be captive to ideology and most demonstrated clearly that they were not 'out-of-touch' with their community.

The demolition of the Marris bill's supposed safeguards and principles was comprehensive.

Many personal examples of sick relatives living well and well past their predicted prognosis made mockery of the six-month provisions. In addition to supporting the availability of quality care, the main focus was on the risk

they feel that they are a burden or they feel under pressure, who will coerce them and who will feel the budgetary constraints involved in looking after them?"

At the close of the debate Rob Marris MP did not take up the customary right to speak a second time. Commentators assumed that this was a sign that the bill simply did not have enough support.

At the division the numbers of MPs present swelled from the initial 240 to 448; the final numbers being 330 Noes to 118; a resounding defeat and one that eclipsed the 2006 Lords debate on Lord Joffe's assisted suicide bill; the last time that the issue was debated to a resolution.

How does a parliament vote against an assisted suicide proposal in such overwhelming numbers when, according to the polls at least, the majority of the citizenry support such changes? A legitimate question. Putting aside what the polls do and don't actually tell us, we are left with two possible conclusions.

Given the quality of this debate, we can reduce this to one solitary and compelling conclusion: when parliamentarians engage with the issue, realising that theirs is a solemn and grave duty, the slogans and the emotions take on a different hue, tempered as they are by reality and the

to vulnerable people and the ineffectiveness of the bill in protecting citizens from abuse. Nadine Dorries MP, put these concerns eloquently:

"There are people all over the country who do not have a family member or relative as their next of kin. They do not have loved ones. For them, the next of kin is the state. It sends a shiver of fear down my spine to think that such a Bill might be legislated for and approved when so many people who are protected by the law may not have such protection in future because their next of kin is the state. When

Quebec to MDs: THOU SHALT KILL!

By Wesley J. Smith

You went into medicine to be a healer and not a killer? Tough! Thou shalt kill.

Those are not the exact words, but are certainly the gist of what Quebec's Minister of Health is threatening in the face of a palliative care center declaring it would not euthanize patients.

From the CTV News story:

Terminally ill patients in Quebec who seek medical aid in dying must be provided with the service even if some doctors are against it, Quebec's health minister said Wednesday. Gaetan Barrette called out uncooperative doctors and directors of

institutions in the province's health care network Wednesday after a palliative care unit in Montreal



*Quebec Health Minister
Gaetan Barrette*

announced it wouldn't offer the service. Quebec's right-to-die law comes into effect on Dec. 10 and Barrette says the patient will be the priority. "The role of (medical) institutions is to offer the service," he said. "And it will be offered."

But Quebec radically changed that role. And now, seeks to impose a duty to kill on doctors at the threat of medical martyrdom.

Requiring anyone to commit homicide who has not joined the military or police is a profound violation of human rights.

I hope there is an international

court or tribunal to which dissenting MDs in Quebec can appeal their being dragooned into the euthanasia squad.

Culture de la mort, Wesley? Qu'est-ce que la culture de la mort?

Editor's note. This appeared on Wesley's great blog at <http://www.nationalreview.com/human-exceptionalism/423542/quebec-mds-thou-shalt-kill-wesley-j-smith>.

“Even for researchers, the sight of an unborn child's head in a delivery box is too grisly”

From page 9

... Yeah! [laughter] Tell the lab it's coming!

Buyer: Yeah.

Dyer: So they don't open the box and go, "Oh God!" [laughter] So yeah, so many of the academic labs cannot fly like that, they're not capable.

Buyer: Why is that? I don't understand that.

Dyer: It's almost like they don't want to know where it comes from. I can see that. Where they're like,

"We need limbs, but no hands and feet need to be attached." And you're like? Or they want long bones, and they want you to take it all off, like, make it so that we don't know what it is.

A moment later, Dyer says **And their lab techs freak out, and have meltdowns, and so it's just like, yeah. I think, quite frankly, that's why a lot of researchers ultimately,**

some of them want to get into other things. They want to look at bone marrow, they want to look at adipose- sort of adult human, kind of adult based sampling.

Indicating, as NRLC President Carol Tobias observed, that "even for researchers, the sight of an unborn child's head in a delivery box is too grisly."

CMP has explained that there are more videos to come. Just wondering but could Planned Parenthood's

noticeable decline in approval ratings have anything to do with the videos which show the unvarnished truth about the largest abortion provider in the United States? (See page 19.)

If so—and remembering that the networks are virtually embargoing any further discussion of the videos—I wonder what might happen if not half the public knew about the videos (as one survey indicated was the case), but 75%?

Stay tuned.

Is it true that everyone supports fewer abortions?

By Dave Andrusko

This will be a kind of good news/in spite of the good news post. Allow me to explain.

The title of the relatively short *Washington Examiner* story was just four [encouraging] words long: “States report declining abortions.” And the first paragraph?

The first paragraph was even more hopeful: “Several states are reporting their abortion rates have fallen to the lowest point in four decades, underscoring a drop in abortions nationwide.”

The reporter cited just three states— Utah, Ohio, and Wisconsin—but could have mentioned many others. As *NRL News Today* has reported many times, the number of abortions and the rate of abortion have been going down and down and down.

What grabbed my attention was this:

The declining abortion rates are a rare phenomenon both opponents and supporters of the controversial procedure can support... [1]

Is that so? No, it isn't so.

Would pro-abortionists “support” a decline in abortions because Crisis Pregnancy Centers increased in number and/or effectiveness? No, they loathe CPCs and would, if they could, drive every single one of them into the sea. (See page 22.)

Would pro-abortionists “support” a decline in abortions because laws required abortion clinics to be better equipped and their abortionists to have admitting privileges at a local hospital? No, they fight upgrading abortion clinic facilities tooth and nail. (See page 26.)

Would pro-abortionists “support” a decline in abortions because there was a time of reflection for women between when they tell the abortionist they want an abortion and the time they can get one? Or if there is a requirement that women seeking an abortion have the opportunity to see

their unborn baby?

Are you kidding me?

I'm not picking on the reporter. Most people would believe that everyone would celebrate fewer abortions. But that simply isn't true as *NRL News Today* has written about countless times.

There are an increasing number of pro-abortionists who see an intersection between a reduction in the number of dead babies and notions of “autonomy” and “stigma.”

By that I mean they either flat-out celebrate abortion as an exercise in female “autonomy” or are unnerved by a decline because that might mean

that the public continues to disapprove of abortion. (Hint: it does.)

We celebrate when there are fewer unborn babies tossed into the maw of the killing machine. Many of our opponents do not.

[1] The number of abortions and the abortion “rate” are separate measurements. The former is the absolute number of abortions, the latter is the number of abortions per 1,000 women ages 15-44. They usually move in tandem, but there a few statistically unusual situations where you could have one going up and one going down.

BREAKING

Nationwide,
ABORTIONS DECLINED
 BY 12% SINCE 2010

Va. Board of Health rolls back protective abortion clinic regulations, but many more steps before changes take effect

By Dave Andrusko

As universally expected, on September 17, a revamped Virginia Board of Health began the process of gutting regulations that would have upgraded what was required of abortion clinics in the Commonwealth. The vote was 9-6.

However the regulatory process is so incredibly complicated it could be years before the amended rules are incorporated.

Reporting for the *Richmond Times Dispatch*, Jim Nolan explained that the board received over 14,000 public comments.

“Thursday’s meeting featured testimony from more than two dozen speakers — some of whom got in line just after 4 a.m. to secure a speaking slot during an hourlong comment period,” Nolan reported.

The chambers were packed last week and the board was more than 9½ hours into its quarterly meeting in Henrico County before a vote was taken.

Unsurprisingly pro-abortion Gov. Terry McAuliffe, who greased the skids with appointments to the board, an agreeably minded attorney general, and a new compliant Health Commissioner, lauded the vote.

“Today’s vote is an enormous step forward in the fight to get extreme politics out of decisions that should be between women and their doctors,” McAuliffe said in a statement.

Ditto for Attorney General Mark R. Herring, also a Democrat, who said “Today was a good day for Virginia women whose reproductive rights have been attacked too often in recent years.”

Herring gave the board cover with a legal opinion issued last May “that determined the board did not have the

authority to apply the design-and-construction section of the regulations to facilities built before the rules took effect,” according to Nolan.

As *NRL News* reported previously, while running for governor, McAuliffe made no bones about his intentions. He was determined to change the regulations which were passed in light of a 2011 law that required



abortion clinics be treated like outpatient surgical centers, if they provide five or more first-trimester abortions a month. The regulations addressed such issues as building standards, staff training, sanitation, and equipment standards.

Besides making new appointments to the board of health, McAuliffe told his Health Commissioner Marissa Levine to review on an “accelerate basis” the required periodic review of the regulations.

Surprise, surprise, “Levine concluded the current regulations regarding construction needed revision, which led to VDH [Virginia Department of Health] formulating revised rules,” Nolan reported.

And to make sure the regulations were rendered totally ineffective, Levine

also approved waivers for 13 of the state’s 18 licensed clinics, exempting them from the obligation to comply with building regulations. The remaining clinics had already made renovations to comply with the existing regulations, which

and “open the door” for abortion providers in Virginia to exhibit conduct depicted in a recent series of undercover videos at Planned Parenthood clinics out of state discussing the research and handling of fetal body parts.

Cox and other Republican legislative leaders have called on McAuliffe to investigate in Virginia, where Planned Parenthood operates five clinics, but the governor said there has been no evidence or complaint of similar practices in Virginia.

As noted at the beginning, there are many, many interim steps yet to be taken. According to Nolan, “Health Department officials said the regulatory process to incorporate the amendments approved Thursday could take 18 to 24 months, similar to the time it took for the original clinic regulations enacted four years ago to become final.”

Nolan ended his story with the observation

Given the political dimension and division that the issue has brought to the board since 2011, the future course of the regulations may well depend on who wins the next election for governor in 2017.

What Levine said earlier in the day pertaining to Thursday’s revisions might well apply to the issue in general: “We are nowhere near being done with this.”

governed things like the size of parking lots, covered entryways and the width of hallways.

Nolan included a lengthy excerpt from the testimony of House Majority Leader M. Kirkland Cox, R-Colonial Heights, who said

that the political debate “does not measure up to the gravity and seriousness of the real issue: the value and sanctity and preciousness of human life.”

Cox said the board was circumventing the “intent and will of the General Assembly” that passed the law in 2011.

He said amending the regulations would make “abortion more dangerous for whom it is absolutely necessary”

Bill legalizing physician-assisted suicide now on the desk of California Gov. Jerry Brown

By Dave Andrusko

It would be impossible to miss the diametrically opposite results that took place the same day 5,000 miles apart. Or their potential impact.

On September 11, in England, the House of Commons overwhelmingly defeated an assisted suicide measure on a vote of 330 to 118. Labour MP Rob Marris' Assisted Dying Bill was the "eleventh attempt in twelve years to legalise assisted suicide through British Parliaments," according to Dr. Peter Saunders.

Dr. Saunders believes the vote "should settle this matter for a decade."

By contrast in Sacramento, the California state Senate voted 23-14 to legalize doctor-prescribed suicide. That vote came a few days after the state Assembly voted 43-34 in favor of "The End of Life Options Bill." Proponents believe it can change the dynamic of the physician-assisted suicide debate which has been characterized as one defeat after another for the likes of "Compassion & Choices."

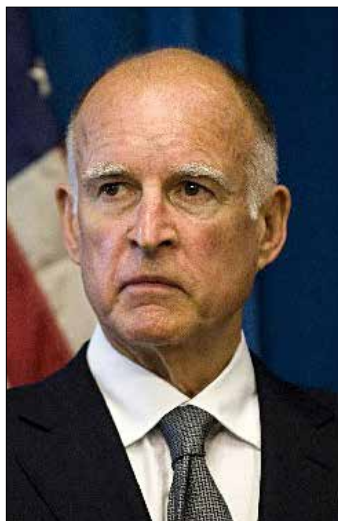
While signaling concern over the way the bill was acted on, Gov. Jerry Brown has not said whether he will sign the bill. If he does, California would become the fourth state to legalize doctor-prescribed suicide. (Additionally, the Supreme Court of Montana has interpreted its law to make "consent" of the victim a defense in cases of homicide.)

The bill had stalled once this year, but proponents reintroduced the bill during a special session on health care financing called by Brown to address cost savings for the state's MediCal program.

Besides legislative legerdemain, there were two other key factors in the bill's passage. The "assisted death" of 29-year-old Brittany Maynard,

who was 'forced' to move to Oregon because California has a law against assisted suicide. Her family has been featured prominently in the campaign to pass the bill.

In addition, the California Medical Association changed its position to take a "neutral" stance on passage of physi-



Pro-Abortion California Gov. Jerry Brown

cian-assisted legislation.

Critics argued in vain a position that was pivotal in England—the danger such bills present to the vulnerable. Here's the take of Californians Against Assisted Suicide, a coalition of disability rights, healthcare, civil rights, and patient advocacy organizations

"[R]egarding this policy, we all know that 'choice' is a myth in the context of our unjust health care reality. End-of-life treatment options are already limited for millions of people—constrained by poverty, disability discrimination, and other obstacles. Adding this so-called 'choice' into our dysfunctional healthcare system

will push people into cheaper lethal options. There is no assurance everyone will be able to choose treatment over suicide; no material assistance for families of limited means who are struggling to care for loved ones; no meaningful protection from abusive family members or caregivers."

"If assisted suicide is made legal, it quickly becomes just another form of treatment and as such, will always be the cheapest option. This bill offers no requirement for mental health evaluation, doesn't protect anyone from the subtle cost of treatment pressures or feelings of being a burden. In collaboration with groups representing people living with disabilities, cancer doctors, people advocating for the poor and uninsured and faith based organizations we will do everything we can to carry that message and ask the Governor Brown to veto this bill."

Moreover, "The legislation effectively paints a target on the back of each and every elderly and disabled person in our state," said state Sen. Joel Anderson, R-San Diego, paraphrasing an elder abuse advocate. "The promises and assurances of the safeguards and protections from the representatives of those in favor are based in innocent ignorance."

Proponents were ecstatic. They have been on a long, long losing streak, as NRL News Today has explained in multiple posts.

For example, *HealthDay News's* Dennis Thompson put it this way:

If Gov. Jerry Brown signs the bill into law, it could have a significant impact on the right-to-die debate in the United States. Given the size of its population—nearly 40 million people—and its influence, California often sets the tone for potentially groundbreaking issues.

With regard to its possible influence on other states, Barbara Coombs Lee, president of Compassion & Choices [the former Hemlock Society], noted, "I think lawmakers will be more comfortable voting for aid-in-dying, knowing that a big jurisdiction like California has already done so." She added, "It's hard for lawmakers sometimes to think about being the pioneers in a social change movement. It will be easier for them to feel that they are one more state coming along in the assimilation of a new medical practice."

The bill was sold as being modeled after Oregon—which, in 1994, became the first state in the nation to legalize doctor-prescribed suicide—only replete with even more "safeguards."

But Marilyn Golden, a senior policy analyst with the Disability Rights Education and Defense Fund, noted that people who are depressed or being pressured to take their own lives can "doctor shop" until they find a physician willing to sign off on their lethal prescription.

"It's common knowledge in Oregon that if your doctor says no, you can call Compassion & Choices to find a doctor who says yes," Golden said.

“False premise” of overtreatment is partly to blame in Obama administration push to reimburse docs for advance care planning

Editor's note. The following comes from NRLC's Robert Powell Center for Medical Ethics.

What is driving the current major nation-wide push, both in the private and public spheres, to promote “Advance Care Planning”? One major disability rights group points to a very important reason, the “false premise” that there is widespread overtreatment.

In her presentation to the 3rd International Society of Advance Care Planning and End of Life Care Conference, Diane Coleman, JD, CEO of disability rights group Not Dead Yet pointed to a major flaw in the thinking of those promoting advance care planning:

I call the Disability Perspective a Quest for Balance because advance care planning has developed under the false premise that the primary or only problem is overtreatment of dying people. A balanced approach would also address the problem of undertreatment of people who may or may not be terminally ill. I want to emphasize that while the disability community may be most sensitive to this problem, it affects everyone who may find themselves on the patient end of the health care system.

Ms. Coleman highlighted one shocking example of Terrie, 19 year old who was in an accident and was initially on a ventilator.

“While I was lying in the hospital bed . . . , the doctors would come in and ask my mom if she was ready to pull the plug on me. ‘Why would I want to do that?’ she would ask? The doctors answered, ‘What kind of life will she have— she won’t. She won’t be able to dance, walk, work, have a social life, or be independent.’...Terrie’s parents argued with the doctor, who “responded that any good mother would pull the plug instead of seeing their baby suffer. . . .”

According to accounts,

[Terrie] had a rough time medically for about five months, but eventually, she said “I was spending hours a day off the ventilator and the doctors were still asking if I wanted to live the rest of my life with this condition. If I chose no, they would keep me off the ventilator and I would die. I could get injected with Morphine so I couldn’t feel it.”...

When she returned a year later, with a power chair like mine and no ventilator, the doctors’ “jaws dropped

to the floor and their eyes began to fill with tears.” Their reaction suggests that the doctors always meant

What is worse, this summer, the Obama Administration has proposed a regulation using its executive power to pay doctors to conduct advance



Diane Coleman

well and thought they had been doing the right thing.”

The full story can be found at www.notdeadyet.org/disability-perspectives-on-public-policy-in-advance-care-planning.

Information on how advance care planning materials already in widespread use are suffused with vivid, emotional, and distorted presentations designed to persuade individuals to forego life-preserving medical treatment can be found at www.nrlc.org/medethics/nofundsprematuredeath.

care planning conversations with seniors, to take effect January 1, 2016. But Rep. Steve King (R-IA) has introduced a bill, H.R. 3251, to prevent the Administration from implementing that funding.

You may ask Your Representative to Co-Sponsor H.R. 3251 against Biased “Advance Care Planning” Under Medicare by going to www.capwiz.com/nrlc/issues/alert/?alertid=67470626&type=CO.

There Is Hope: Abortion and God's Mercy

By Kathryn Jean Lopez

Editor's note. Kathryn Jean Lopez is editor-at-large of National Review Online. This appeared at nationalreview.com and is reprinted with permission.

This is a heartbreakingly misleading headline: "Pope to allow priests to forgive abortion." You could go to St. Francis Assisi by Penn Station or St. Agnes by Grand Central in New York and throughout the United States yesterday, today, or tomorrow, and be forgiven for this or other sins you are sorry for.

This is the letter from Pope Francis (<https://press.vatican.va/content/salastampa/it/bollettino/pubblico/2015/09/01/0637/01386.html#ing>) it is referencing.

As Fr. Thomas Joseph White, O.P., associate professor of systematic theology at the Dominican House of Studies in Washington, D.C., explains over email this morning:

Since the first century, the Church has always taught that procured abortion is a serious sin. It is the purposeful destruction of the life of a new human being.

Often those who participate in an abortion are left with a sense of deep misgiving, or perhaps just with confusion and lingering anxiety. Some are seemingly unaware of the gravity of what has occurred. In the upcoming year of Mercy, Pope Francis is underscoring a traditional pastoral teaching of the Church: In fact it is important to

try to face squarely the truth about abortion and to confide one's self unconditionally to the mercy of God. God is willing to forgive this sin, if we are willing to ask for forgiveness. According to Catholic theology, the sacrament of confession confers the grace of forgiveness, reconciling the penitent with God. It



Pope Francis

confers a grace that helps to heal wounds of our human heart, allowing a person to accept themselves, and to live with God peacefully in the truth. Priests in the United States have delegation from their bishops to absolve this sin in confession. Confession is not an experience of being judged, but of being forgiven and of encountering the face of Christ, who is always merciful.

Abortion, forgiveness, and the Catholic Church has been a matter of tremendous confusion in recent years. Erroneous news reports of one-time only opportunities for sacramental pardon must be like salt on open wounds for those who have suffered so much already.

In my syndicated column this week, I repeat some of the words of Pope John Paul II in his "Gospel of Life" (*Evangelium Vitae*) to women who have had abortions. He

awareness, as if not realizing the extreme harm that such an act entails. Many others, on the other hand, although experiencing this moment as a defeat, believe that they have no other option. I think in particular of all the women who have resorted to abortion. I am well aware of the pressure that has led them to this decision. I know that it is an existential and moral ordeal. I have met so many women who bear in their heart the scar of this agonizing and painful decision. What has happened is profoundly unjust; yet only understanding the truth of it can enable one not to lose hope. The forgiveness of God cannot be denied to one who has repented, especially when that person approaches the Sacrament of Confession with a sincere heart in order to obtain reconciliation with the Father.

begged them to know God's forgiveness.

And so, too, today, Pope Francis writes:

One of the serious problems of our time is clearly the changed relationship with respect to life. A widespread and insensitive mentality has led to the loss of the proper personal and social sensitivity to welcome new life. The tragedy of abortion is experienced by some with a superficial

Pope Francis is like a broken record pleading with people to know God's mercy. He goes to Confession in the view of cameras and leads with his own identity as a sinner, loved by a merciful Father. He wants others to experience this. Even with misunderstandings, thanks be to God forgiveness is in the news on the day another Center for Medical Progress video is released showing a window into the organ sales of aborted babies within the abortion industry. What a dark reality but what a grace light is.

New Mexico Supreme Court will review decision upholding state's law against assisted suicide

By Dave Andrusko

It was the briefest of *Associated Press* items, only 124 words long. The headline to the September 1 story was “New Mexico court schedules arguments on assisted suicide”

It was a reminder that the pro-physician-assisted suicide forces never rest, never accept defeat, a reminder that we must never rest, either, nor believe any victory is permanent.

As readers of *NRL News* know, in August, a three-judge panel of the New Mexico Court of Appeals handed the “right to die” movement a stinging



Judge Timothy Garcia

defeat. The panel ruled that Bernalillo County District Court Judge Nan Nash had erred in 2014 when she struck the decades-old New Mexico law which protected the state's citizens from assisted suicide.

The *AP* story's first two sentences summarized the latest twist:

New Mexico's highest court is poised to consider the legality of assisted suicide.

The state Supreme Court has scheduled oral arguments for Oct. 26 in a so-called “aid-in-dying” case

recently decided by the state Court of Appeals.

We can hope that the New Mexico Supreme Court reads carefully the reasoning on display in the 142-page ruling in which the three-member panel concluded that Judge Nash had erred in concluding that “aid in dying is a fundamental liberty interest.”

“We are not persuaded by Plaintiffs’ position that a modern desire to hasten death under the rubric of medical privacy can be inferred to take priority over the express fundamental interest in life,” it concluded. “Any development of the importance that society may eventually attribute to dying with autonomy and dignity remains inferential and secondary to life...”

Judge Timothy Garcia added, “At its core, aid in dying challenges the longstanding and historic interest in the protection of life until its natural end as well as the equally longstanding prohibition against assisting another in hastening that process.” Further, “This treasured right to life is not only considered sacred under the common law but is also recognized as an inalienable right, even for those condemned to death.”

Judge Miles Hanisee joined Judge Garcia while Judge Linda Vanzi dissented. Each wrote a separate opinion.

Judge Nash's ruling was especially dangerous because “it provided for no ‘safeguards’ whatever, not even a written and witnessed consent by the

victim,” according to Jennifer Popik, JD, of NRLC's Robert Powell Center for Medical Ethics. “Nor does it even require that the victim be an adult. A doctor, under Nash's ruling, may kill a ‘mentally-competent, terminally ill’ minor without the consent of or even notice to the child's parent.”



Judge Nan G. Nash

The underlying lawsuit was filed in 2012 by two physicians at the University of New Mexico Hospital – Dr. Katherine Morris and Dr. Aroop Mangalik. They were subsequently joined by patient Aja Riggs, who had been diagnosed with uterine cancer. (As of last month, Riggs' cancer was in remission.)

The plaintiffs wanted the courts to declare “that a state law banning assisted suicide did not apply to physicians who prescribe lethal doses of medication to the terminally ill,” according to the *Associated Press*.

Garcia relied heavily on *Glucksberg v. Washington*, a

unanimous 1997 U.S. Supreme Court decision. According to the *Albuquerque Journal*, Garcia said “it was the only case to directly answer the question ‘whether aid in dying is a constitutional right, fundamental or otherwise.’”

Garcia wrote, “Despite its share of criticism over the years ... no court, federal or state, has held that the concept of death ... is rooted within the protections of bodily integrity under the constitution.”

The *Albuquerque Journal's* Scott Sandlin wrote that in Hanisee's concurring opinion,

he said the state Constitution incorporated “no right – fundamental or otherwise – to legal narcotics medically prescribed for the sole purpose of causing the immediate death of a patient.” He also said a different branch of government “is vastly better suited to consider and resolve the lawfulness of aid in dying in New Mexico than is the judiciary.”

In her dissent, Judge Vanzi argued that “Other choices and decisions central to personal autonomy have long enjoyed the status of constitutionally protected liberty interests.”

She added that the New Mexico state Constitution's due process clause “affords New Mexico citizens a fundamental, or at least important, liberty right to aid in dying from a willing physician.”

Washington DC PPFA is moving flagship abortion clinic next door to elementary school

By Dave Andrusko

Every once in a while there is a confluence of events or news stories that remind us both just how evil Planned Parenthood is and how invidious its plans are to infiltrate schools at all levels.

On September 9, the House Judiciary Committee held a meeting titled, “Planned Parenthood Exposed: Examining the Horrific Abortion Practices at the Nation’s Largest Abortion Provider.” Committee members heard from two women who survived saline abortions in 1977, James Bopp, Jr., NRLC’s Legal Counsel, and Priscilla Smith, a pro-abortionist who directs Yale Law School’s Program for the Study of Reproductive Justice.

It was an eye-opener on many levels, but particularly in the testimony of Gianna Jessen and Melissa Ohden, on the one hand, and Smith’s exchange with the committee chair pro-life Rep. Bob Goodlatte (R-Va.), on the other.

Rep. Goodlatte described in detail what happens to an unborn baby in a dismemberment abortion, where the child is literally torn apart.

“Is this a humane way to die?” Goodlatte asked.

Matter of factly, Smith responded, “I believe for a fetus—a pre-viable fetus—yes, dilation and evacuation is a very humane procedure.”

“Very humane.”

I thought of that exchange when I read a story that night in the *Washington Post*, “New Planned Parenthood clinic moving in next to charter school, creating concerns.”

PPFA is replacing its headquarters on 16th Street NW, just blocks from the White

House. Where is its flagship abortion clinic going to be located?

“The clinic — in the 1200 block of Fourth Street NE — will be **next door** to an elementary school campus and **across the street** from a middle school campus,” reports the *Washington Post*’s Michael Alison Chandler. [My emphasis.] Why there?



Because of proximity to the Metro, space for on-site parking, and affordability, according to Laura Meyers, president and chief executive of Planned Parenthood of Greater Washington.

And, on top of that, Meyers told Chandler

other Planned Parenthood clinics in the United States are near schools and that they “enjoy strong partnerships.” She said that Planned Parenthood educators work in many middle schools and high schools providing lessons on reproductive health [aka abortion].

From the story, it’s impossible to know just how deep or widespread opposition is among parents to their new neighbor, scheduled to open in the spring. One parent questioned how “wise” it was to put a PPFA clinic literally between two schools, adding

the clinic’s placement is an “in your face” affront to many of the

families with children attending the school, particularly those with religious beliefs that don’t condone abortion.

We do know that Two Rivers Public Charter School in Northeast Washington, DC, is one of the most sought-after charter schools “with 1,381 children waiting for a spot in preschool through eighth grade,” Chandler wrote. “The school celebrated the opening of a third campus in Ward 5 in August.”

Jessica Wodatch, the school’s executive director, declined to comment for the story but along with other school

administrators, sent a letter to parents August 27 describing protesters who stood in front of the middle school and the elementary school campuses outside the construction zone. Suffice it to say they were not pleased.

In the letter Wodatch wrote she wanted to “protect children” from the protests. According to Chandler,

The school plans to refer children’s questions about the subject of any protests back to their families, the letter said. But Wodatch said school officials will offer age-appropriate messages about the protests themselves, such as:

“Some people don’t like the organization that is moving in next door and want to share their feelings through protesting. Sometimes that protesting may bother us because they are yelling or showing confusing or upsetting pictures. ... Those messages are meant for grown-ups, and not for you.”

They are meant for adults, but can be a useful reminder to everyone that over a quarter of each generation is lost to the Abortion Industry, personified by Planned Parenthood.

Those babies that were dismembered were not protected either—from “clamps, grasping forceps, tongs, scissors or similar instruments [that], slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off.”

A Government Shutdown and the Future of the Right-to-Life Movement

From page 3

the funds flow through “entitlement” programs such as Medicaid – and those entitlement programs do not depend on enactment of the annual funding bills.

It is also important to understand that federal spending bills do not include any “line items” that specifically designate money for Planned Parenthood. Rather, Planned Parenthood affiliates tap into funds from big programs like Medicaid and Title X. In order to deny Planned Parenthood such funds, a new law must be enacted to specifically prevent such funding. But for Congress to approve such a law will require 60 votes in the U.S. Senate, to overcome the filibuster.

An August vote showed that at most, 55 senators are willing to defund Planned Parenthood. There is no evidence to suggest that any of the 45 senators who support Planned Parenthood will change their minds or that a government shutdown will convince at least five senators to switch their position. In reality, in a shutdown context there would be less than 55 votes against Planned Parenthood, not more.

There’s an alternate legislative process, known as “reconciliation,” that may provide a route by which the Senate could approve a partial cutoff of funds to abortion providers, by a simple majority vote. National Right to Life fully supports any such “reconciliation” strategy, which

would not risk a government shutdown and the resulting political damage to our allies.

However, any bill—funding bill or reconciliation bill—can be vetoed. And that is exactly what will happen if any such



bill that contains an anti-Planned Parenthood provision reaches the desk of President Obama. The grave reality is we currently have a pro-abortion ideologue occupying the Oval Office. There is no prospect whatever of achieving the two-thirds vote required to override a veto in either house of Congress, much less in both. The grim fact is this: in order to defund Planned Parenthood, we must have a pro-life president.

But, should the “battle” be fought anyway, even though it is a battle that President Obama cannot lose? That is the course that some commentators and some lawmakers are advocating. But let’s consider what could happen if Congress

were to refuse to fund the federal government, in an attempt to defund Planned Parenthood.

President Obama issued a statement that he will veto the Born-Alive Abortion Survivors Protection Act, if passed by Congress. Obama’s subservience to the abortion lobby is so complete that he now threatens to use his pen to protect the abortionist who would kill a baby born alive, rather than to protect that helpless baby.

So yes, President Obama would be willing to shut down the government, take money away from the military, take money away from the national parks, and put millions of federal employees on leave. He will do anything and everything to keep that money flowing to Planned Parenthood.

How long would the government be shut down? Two weeks? Two months? Six months? 15 months? I do not believe that Obama will “cave” to demands to sign legislation that blocks funding for Planned Parenthood, no matter how long he has to wait for the situation to be resolved—especially since he knows that every day that shutdown continues, Republican approval numbers will sink in the polls.

At the same time, the mainstream media will not talk about Planned Parenthood killing unborn children, or the CMP videos. They will, instead, uncover every story to demonstrate how hurtful a government shutdown is to ordinary Americans—and how

the blame lies with every pro-life Republican in Congress.

You will hear stories about children denied access to medical treatment or a military family unable to pay their bills or family vacations ruined because of national parks being closed. And will President Obama care about any of the stories that the press might uncover during a shut down? Absolutely not.

Every well-informed pro-lifer wants to defund Planned Parenthood. I want to defund Planned Parenthood. There are wonderful pro-life men and women in Congress who want to defund Planned Parenthood. And, certainly, National Right to Life wants to defund Planned Parenthood. The difference here is in strategy.

National Right to Life is looking at the bigger, long-term picture. We need a pro-life president who will work with us to take away the tax dollars that flow to this repulsive, immoral organization. We need a pro-life president who will appoint justices to the Supreme Court who will allow legislators to restore legal protections to unborn children. We need a pro-life president who will work hand-in-hand with the right-to-life movement to ensure that the most vulnerable members of our society are protected by our laws.

All of these goals are more easily and effectively achieved if the 71% of American voters opposed to a government shutdown aren’t angry at the pro-life candidates running for president.

Mixed signals from Netherlands and Belgium about euthanasia

By Michael Cook

There is good news and bad news about euthanasia from the Netherlands and Belgium in *JAMA Internal Medicine* earlier this month. But which is which depends on which side of the fence you sit.

From the Netherlands comes a report about how a euthanasia clinic which handled people whose regular doctor had rejected their request for euthanasia. The staff of the Levensindekliniek are clearly more committed to euthanasia than the general run of Dutch doctors. However, they still turned away nearly half of the requests for euthanasia and physician-assisted suicide, mostly because these patients only had psychological suffering or were tired of living.

The clinic has a reputation for aggressively pushing euthanasia. Of the 162 patients it euthanized in 2012, the year of study, 8.2% were suffering from a psychological or psychiatric ailment and 7% were “tired of life.” It has a growing fleet of mobile vans (about 40 at the moment) which buzz around the countryside assessing patient’s requests for euthanasia. Nevertheless, it “granted fewer requests for euthanasia and physician-assisted suicide than are

granted in the Netherlands on the whole.”

So the report – which was funded by the end-of-life clinic — paints a picture of moderation and sound judgment on the part



of euthanasia doctors.

From Flanders, the Dutch-speaking region of Belgium, comes a different picture. Belgium legalized euthanasia in 2002. Between 2007 and 2013, the prevalence of euthanasia there rose from 1.9% to 4.6% of all deaths. One in every 20 deaths is by euthanasia nowadays. The Flemish authors attempt to explain this enormous change in social mores.

First, they argue that “values of autonomy and self-determination” have become more important for the Flemish. And approval of euthanasia continues to rise, perhaps

American observers were alarmed by this new data. “As the number of overall deaths like this becomes more frequent than 1 in 20, say, I think red flags really need to be raised,” the author of a commentary in the same issue, Dr. Barron Lerner told Reuters [1]

“Most of us were trained to never condone speeding death at all,” he added.

“To the degree that some physicians are comfortable doing so, they will be in cases in which someone has an intractable physical suffering that will only persist or get worse; it is quite a leap for most of us to also see psychological suffering as a valid reason for speeding death.”

Editor’s note. This first appeared at www.bioedge.org/bioethics/mixed-signals-from-netherlands-and-belgium-about-euthanasia/11526 and is reprinted with permission.

with the help of very positive reporting in the media.












The second reason is that doctors are more willing to perform euthanasia. Like their fellow citizens, they esteem autonomy, but they also are confident that they will not be prosecuted. Euthanasia is treated “as part of the palliative care continuum, as formally expressed in a position statement from the Federation of Palliative Care Flanders.”

[1] Dr. Lerner and bioethicist Arthur Caplan wrote a commentary for *JAMA Internal Medicine* titled “Euthanasia in Belgium and the Netherlands: On a Slippery Slope?” [<http://archinte.jamanetwork.com/article.aspx?articleid=2426425>].





Where Do the Candidates Stand on Life?

Candidates	Roe v. Wade/Abortion	Pain-Capable Unborn Child Protection Act	Government Funding for Abortion Providers
By party, in alphabetical order	The 1973 <i>Roe v. Wade</i> and <i>Doe v. Bolton</i> Supreme Court decisions legalized abortion on demand throughout the United States, resulting in more than 57 million abortions since then.	S. 1553 and H.R. 36, the Pain-Capable Unborn Child Protection Act, would prohibit abortions (with narrow exceptions) after the unborn child is capable of feeling pain from abortion.	S. 1881 would end all federal funding of the nation's largest abortion provider, Planned Parenthood. The money would be given instead to women's health service providers.







Where Do the Republican Presidential Candidates Stand on Life?

 Jeb Bush (R) Former Governor of Florida	Jeb Bush had a strong pro-life record as governor of Florida. "When we see life not yet born, we should welcome it with love. When we see life compromised by disease or near its natural end, we should treat it as a treasure, not a burden."	"I'm pleased to share my support of the Pain-Capable Unborn Child Protection Act, which will prevent elective abortions after 20 weeks of pregnancy, protecting both unborn children and the health of pregnant women."	"As governor of Florida I defunded Planned Parenthood. I created a culture of life. We should, and the next president should defund Planned Parenthood."
 Ben Carson (R) Former Neurosurgeon	"I am unabashedly and entirely pro-life. Human life begins at conception and innocent life must be protected."	"I urge our legislators in Congress to swiftly vote on the legislation known as the Pain-Capable Unborn Child Protection Act. It is legislation that values life which in the end is what we are here for."	"I'm urging Congress to eliminate every last dime of Planned Parenthood funding."
 Chris Christie (R) Governor of New Jersey	"I am proud to be a pro-life Republican. I believe that every life is an individual gift from God, and that no life is disposable." "I just stand on my record. I mean, I'm pro-life."	"One proposal that brings Americans together is the Pain-Capable Unborn Child Protection Act, which would protect unborn children beginning at 20 weeks... based on their ability to feel pain."	"I defunded Planned Parenthood in New Jersey six years ago. We've defunded it every year for the last six years. Now, with the most recent revelation, there's even more reason not to fund [it]."
 Ted Cruz (R) U.S. Senator from Texas	Ted Cruz has a 100% pro-life voting record since joining the Senate in 2013.	Sen. Cruz voted to advance H.R. 36. "I remain a strong supporter of the Pain-Capable Unborn Child Protection Act...and that is an important step in recognizing the sanctity of life."	"There is no place for taxpayer funding of organizations that profit from taking away innocent life, much less profiting off the bodies of the lives they have stolen."
 Carly Fiorina (R) Former Hewlett Packard CEO	"I am proudly pro-life. I believe that every human life has potential and that every human life is precious."	"I am proud to support the Pain-Capable Unborn Child Protection Act and urge both houses of Congress to hold swift votes on this life-saving legislation."	"I would vote to defund Planned Parenthood. It doesn't matter if you are pro-choice or pro-life. Every woman, every man has to look at these videos and think, what has gone wrong in our nation?"
 Jim Gilmore (R) Former Governor of Virginia	"After that period of time [eight weeks] I think there should be no further abortions." "As governor, I won't ask taxpayers to pay for abortions. I won't support late-term abortion, and I'll make sure parents are involved..."	As governor, Gilmore signed a Partial-Birth Abortion Ban. "I won't support late-term abortion."	
 Lindsey Graham (R) U.S. Senator from South Carolina	Lindsey Graham has a strong pro-life voting record in Congress. "There is no part of society more vulnerable and in need of our protection than the unborn. The inalienable right to life of every innocent human being is an essential element of a civil society."	Sen. Graham is the lead sponsor of S. 1553, the Pain-Capable Unborn Child Protection Act in the U.S. Senate. Graham voted to advance H.R. 36.	"I wholly support the defunding of Planned Parenthood... As president, I pledge I would never send a budget to Capitol Hill that contains a penny of funding for Planned Parenthood."
 Mike Huckabee (R) Former Governor of Arkansas	"As governor, I promoted and signed a fetal protection act...a ban on partial-birth abortion, established waiting periods, created parental notification requirements..."	"I am writing to you today to wholeheartedly endorse the Pain-Capable Unborn Child Protection Act. ...Its passage is an important step in the right direction for our nation."	"Enough is enough. Stand with me as we fight to defund Planned Parenthood."
 Bobby Jindal (R) Governor of Louisiana	While in the U.S. House of Representatives, Bobby Jindal had a 100% pro-life voting record. As governor, he signed many pro-life laws including a pain-capable unborn child protection law, and an ultrasound law.	"This legislation [the Pain-Capable Unborn Child Protection Act] is necessary for protecting unborn children nationwide, at 20 weeks or more postfertilization, from painful abortions."	Gov. Jindal opened a state investigation into Planned Parenthood and announced the state's termination of the medical agreement with Planned Parenthood, citing their "fundamental disrespect for human life."
 John Kasich (R) Governor of Ohio	John Kasich had a strong pro-life voting record in the 18 years he served in Congress. As governor, Kasich has signed 16 pro-life laws.	While in the U.S. House of Representatives, Kasich voted in support of the Partial-Birth Abortion Act. As governor, he has signed a law banning abortions after viability.	As governor, Kasich stripped Planned Parenthood funding by \$1.4 million.
 George Pataki (R) Former Governor of New York	George Pataki's record on life is mixed. As a member of the state Assembly, he voted against state funding of abortions. In 1990, he changed his position to "pro-choice" while running for the state Senate. As governor, he supported government funding for abortions.	"Doctors say that at 20 weeks that is a viable life inside the womb. And at that point, it's a life we have the right to protect, and I think we should protect."	"...Roe v. Wade, it's been the law of the land for 42 years and I don't think we should continue to try to change it. But what we can do is defund Planned Parenthood."

Where Do the Candidates Stand on Life?

Candidates	Roe v. Wade/Abortion	Pain-Capable Unborn Child Protection Act	Government Funding for Abortion Providers
<i>By party, in alphabetical order</i>	<i>The 1973 Roe v. Wade Doe v. Bolton Supreme Court decisions legalized abortion on demand throughout the United States, resulting in more than 57 million abortions since then.</i>	<i>S. 1553 and H.R. 36, the Pain-Capable Unborn Child Protection Act, would prohibit abortions (with narrow exceptions) after the unborn child is capable of feeling pain from abortion.</i>	<i>S. 1881 would end all federal funding of the nation's largest abortion provider, Planned Parenthood. The money would be given instead to women's health service providers.</i>
 Rand Paul (R) <i>U. S. Senator from Kentucky</i>	Rand Paul has a 100% pro-life voting record since his term began in 2011.	Sen. Paul, a cosponsor of the Pain-Capable Unborn Child Protection Act in the 114th Congress, voted to advance H.R. 36. "I support your efforts to raise awareness of this bill and join your call for consideration in the U.S. Senate."	He pledged to: "...do whatever I can to stop them and will introduce an amendment to pending Senate legislation to immediately strip every dollar of Planned Parenthood funding."
 Marco Rubio (R) <i>U. S. Senator from Florida</i>	Marco Rubio has a 100% pro-life voting record since his term began in 2011. "The dignity of each and every human life is fundamental."	Rubio, an original cosponsor of the Pain-Capable Unborn Child Protection Act in the 114th Congress, voted to advance H.R. 36. "Surely we should aspire to be a nation where we protect unborn babies who can feel pain, respond to touch..."	"I am sickened by the complete disregard for innocent unborn life evident at Planned Parenthood. I'm proud that one of my first actions in the Senate was voting to defund this organization."
 Rick Santorum (R) <i>Former U.S. Senator from Pennsylvania</i>	Rick Santorum had a strong pro-life voting record throughout his legislative career. In 1997, Santorum led the fight for passage of the Partial-Birth Abortion Ban, which was signed into law by President G.W. Bush.	"As a committed pro-life American, I believe this legislation [the Pain-Capable Unborn Child Protection Act] is an important step towards protecting our nation's unborn children."	"...always have been and always will be in favor of defunding Planned Parenthood and their destruction and now exploitation of human life."
 Donald Trump (R) <i>CEO and Businessman</i>	"I'm pro-life but I changed my view a number of years ago. It really, really troubles me, and it really, really bothers me, the whole concept of abortion."	After consulting with doctors about the partial-birth abortion procedure, Trump concluded that he would support a ban on that method.	Trump has given different statements about defunding Planned Parenthood, saying "absolutely they should be defunded," yet agreeing funding could go to Planned Parenthood's "good aspects".

Where Do the Democratic Presidential Candidates Stand on Life?

 Joe Biden (D) <i>Vice President</i>	Joe Biden supports the current policy of abortion on demand. Biden voted for the Harkin Amendment to endorse <i>Roe v. Wade</i> , which allows abortion for any reason.	Biden criticized the U.S. Supreme Court majority for upholding the Partial-Birth Abortion Ban Act in 2007.	August 25, 2008 headline in a Planned Parenthood press release: "Planned Parenthood applauds Barack Obama's choice of Sen. Joe Biden as his vice-presidential nominee."
 Lincoln Chafee (I) <i>Former Governor of Rhode Island</i>	Lincoln Chafee supports the current policy of abortion on demand, which allows abortion for any reason.	While in the U.S. Senate, Chafee voted against the Partial-Birth Abortion Ban Act.	Chafee tweeted: "I support Planned Parenthood. Planned Parenthood has a long record of helping women."
 Hillary Clinton (D) <i>Former U.S. Senator from New York</i>	As a U.S. senator, Hillary Clinton maintained a 0% pro-life record, voting against the pro-life position on every vote. In 2003, Clinton voted against the Partial-Birth Abortion Ban Act, and voted to endorse <i>Roe v. Wade</i> , which allows abortion on demand for any reason.	When the U.S. House passed the Pain-Capable Unborn Child Protection Act on May 13, 2015, Clinton issued a statement opposing the bill, referring to it as part of a dangerous trend.	Despite disturbing revelations in undercover videos, Clinton reiterated her support for Planned Parenthood. In 2009, Clinton was awarded Planned Parenthood's Margaret Sanger Award.
 Martin O'Malley (D) <i>Former Governor of Maryland</i>	Martin O'Malley supports the current policy of abortion on demand, which allows abortion for any reason.	O'Malley supported Maryland's 1992 referendum that declared abortions legal for any reason until the baby is viable.	In April 2014, O'Malley received Planned Parenthood of Maryland's award "for advancing reproductive rights in Maryland."
 Bernie Sanders (I) <i>U. S. Senator from Vermont</i>	Bernie Sanders has maintained a solid pro-abortion voting record, voting against the pro-life position more than 100 times in his federal legislative career.	Sanders voted against advancing H.R. 36, the Pain-Capable Unborn Child Protection Act. Sanders voted against the Partial-Birth Abortion Ban Act every opportunity he had.	Sanders voted against advancing S. 1881, the bill to ban federal funding of Planned Parenthood. His vote would allow federal funding of Planned Parenthood to continue.
 Jim Webb (D) <i>Former U. S. Senator from Virginia</i>	Jim Webb had a 0% pro-life voting record in the U.S. Senate, voting 19 of 19 times against the pro-life position.	Webb supports the current policy of abortion on demand, which allows abortion for any reason.	On April 14, 2011, Webb voted against a bill to cut off federal funding for Planned Parenthood.

Presidential contest even more volatile than expected

From page 2

It was, as they say, a vigorous exchange of views.

From the pro-life perspective, there was much to celebrate. Passion is not everything, but when an audience cannot miss that it's almost as if your devotion to the fate of helpless unborn babies is oozing out of the pores of your skin, it makes a huge difference.

You saw that over and over. Former Hewitt Packard CEO Carly Fiorina received the most acclaim when, among other things, she said, "I dare Hillary Clinton, Barack Obama, to watch these tapes," the ten

Air Force One is parked in the hangar of your presidential library?" At the conclusion of his thoughtful answer, former Arkansas Gov. Mike Huckabee said, "And life would be really deemed precious. Abortion would be no more. It would be as much of a scourge in our past as slavery is."

In the earlier debate that night, the so-called "undercard," former Pennsylvania Sen. Rick Santorum said, "Hi, I'm Rick Santorum. Some of you may know me, because I led the fight to end partial-birth abortion." Several other

voters nationally, compared to 24% for Vermont Sen. Bernie Sanders, 22% for Biden and 1% for former Maryland Gov. Martin O'Malley."

To begin no matter how you slice that, more Democratic primary votes prefer someone other than Mrs. Clinton than Mrs. Clinton (a combined 46% to 42%). More importantly, as Bruce McQuain observed, without announcing Biden has risen from 14% to 22%

#2. A week before, a story about a *Washington Post* poll was headlined, "Poll: Sharp erosion in Clinton support

donors are "panicking."

#3. There are a flock of polls coming to the same conclusion: Clinton's favorability numbers are dropping like crazy. To name just two. Gallup found her favorability rating at a dismal 41% while 51% disapproved. The *Post* found 45% approved while 53% disapproved.

And none of this even addresses the causes, which, according to surveys, include that people do not find Mrs. Clinton trustworthy, particularly honest, much of a leader, or likely to represent change from the eight years of Barack Obama. Remember, in a recent *Wall Street Journal*/NBC News poll, a whopping 60% thought "things are on the wrong track," to only 32% who feel the nation is "generally headed in the right direction." The public is clamoring for a change.

Democrats are not ready to coronate Mrs. Clinton. And it goes beyond poll numbers collectively, or in individual key states. It takes the form of what I'm guessing will eventually be a huge groundswell, insisting that Democrats have more than six debates--perhaps many more.

And it's not only supporters of Democratic Socialist Sen. Bernie Sanders (D-Vt.) Even Democratic House minority leader Nancy Pelosi (D-Ca.) is joining in.

"Hillary does well — I think they all do well on them — and we should have more debates," Pelosi said in a recent interview with the *Los Angeles Times*.

I think we all knew--even months and months ago--that this was going to be an especially volatile presidential contest. What we may not have appreciated is that it would be the case with both parties.

The first debate among Democrats is October 13. The next Republican debate is October 28.



Republicans pictured just before the second GOP debate. Wisconsin Gov. Scott Walker (fourth from the right) has since dropped out.

undercover videos taken by the Center for Medical Progress which revealed the unvarnished truth about Planned Parenthood and the "Tissue Procurement Organizations" which collect intact baby body parts.

In one answer she deftly brought together two separate questions. "I would like to link these two issues, both of which are incredibly important, Iran and Planned Parenthood. One has something to do with the defense of the security of this nation. The other has something to do with the defense of the character of this nation."

But Ms. Fiorina had plenty of company.

At the end, moderator Jake Tapper asked, "How will the world look different once your

debaters specifically affirmed their respect for life and the governors, including New Jersey Gov. Chris Christie, Ohio Gov. John Kasich, Wisconsin Gov. Scott Walker, and Louisiana Gov. Bobby Jindal proudly talked about defunding Planned Parenthood in their respective states.

At *NRL News Today*, we've posted many stories about how Mrs. Clinton's poll numbers have capsized. They are simply stunning. To take just a couple of highlights, or--from her perspective--lowlights.

#1. On Monday, *CNN* hailed Clinton's numbers as showing a "marked improvement" over number from early September. Really? "Clinton is backed by 42% of Democratic primary

among Democratic women." Remember, there are two inter-related rationales for her candidacy--she is "inevitable" in large measure because women will supposedly flock to vote for the first female president.

In light of that, consider this from Karen Tumulty's story: "Hillary Rodham Clinton is suffering rapid erosion of support among Democratic women — the voters long presumed to be her bedrock in her bid to become the nation's first female president." A few days before that *NBC News*' Chuck Todd, a reliable weathervane for which way the inside the beltway conventional wisdom winds are blowing, told *Morning Joe* host Joe Scarborough that Clinton

Looming health care reduction on horizon for millions of employer-insured Americans

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

One of Obamacare's many mechanisms that is intended to drive down health care spending is facing a growing chorus of opposition.

Critics of the "excess benefit tax" include over half of Members of the House of Representatives (both

could wreck popular medical accounts." Faler explains

While the Obama administration contends the tax would apply to only a relatively narrow slice of people — thus, the Cadillac tax nickname — it will hit a growing number of companies because it's indexed

that employers set up for their workers.

The excess benefits tax will cap for the first time the value of tax free health care benefits employers may provide. Tax free health care benefits have allowed employers to stay competitive by offering employees the hard-earned benefits of generous health care coverage.

But without Congressional action, this is about to change dramatically.

As a result of the tax, insurance companies will be forced to impose increasingly severe restraints on policyholders' access to medical diagnosis and treatment—limits that will not prevent setting broken legs and giving flu shots, but will make it harder and harder to get the often-expensive medicines, surgery, and therapy essential to combat such life-threatening illnesses as cancer, heart disease, and organ failure.

David Nather, in his September 30, 2013, Politico article "How Obamacare affects businesses — large and small," explained the coming phenomenon:

For one thing, the thresholds [at which the excess benefits tax will be imposed] were set in 2010, and even though the law has a method for raising them if there's a lot of growth in health care spending, employers are still concerned that they'll get busted for offering fairly standard plans... [Thresholds will] be linked to the increase in the consumer price index, but medical inflation pretty much always rises faster than that. Think of the Cadillac tax

as the slow-moving car in the right lane, chugging along at 45 miles per hour. It may be pretty far in the distance, but if you're an employer and you're moving along at a reasonable clip in the same lane — say, 60 miles per hour — and you don't slow down, you're going to run smack into it.

Analysts predict that popular flexible spending accounts will be the first item on the chopping block. Faler writes,

Flexible spending accounts, which allow people to save their own money tax free for everything from doctor co-pays to eyeglasses, may vanish in coming years as companies scramble to avoid the law's 40 percent levy on pricey health care benefits. "They'll be one of the first things to go," said Rich Stover, a health care actuary and principal at Buck Consultants, an employee benefits consulting firm. ... That fact alone could dramatically alter the political equation surrounding Obamacare, potentially blindsiding middle-class voters who may be only vaguely aware of the Cadillac tax.

While President Obama would almost certainly veto any measure to eliminate the tax, this is sure to be an issue for the next President. Over half of U.S. House Members have co-sponsored either a Democratic or Republican bill that rescinds the tax. According to the Politico article,

Already, it's become an issue in the Democratic presidential



Democrat and Republican), major unions, and even the top two Democratic presidential candidates.

The provision at the heart of the controversy is an enormous 40% excise tax on employer-paid health insurance premiums above a governmentally-imposed limit that does not allow for medical inflation. The excess benefits tax will have its intended result of effectively imposing a price control on health insurance premiums.

In the very near future, millions of Americans are going to start to see concrete reductions to the plans they once enjoyed as a part of their employment compensation.

In an August 31, 2015, Politico piece written by Brian Faler, "Cadillac tax'

to a relatively slow measure of inflation.

While the tax will not take effect until 2018, insurance plans prepare many years ahead of time and are trying to prepare employers now for the looming changes. There are estimates that 33 million Americans will feel the initial round of reductions. And if this tax is not rescinded, Faler explains,

By 2028, more than half of all employers could potentially face the tax, according to a report this week by the nonpartisan Kaiser Family Foundation. The tax applies not only to traditional health insurance but to a swath of other benefits, including supplemental insurance plans, flexible spending accounts and, potentially, on-site clinics

Pro-lifers introducing and passing plethora of protective laws in Congress

From page 2

perform “purely elective abortions” 28 weeks into pregnancy. Another study, by pro-abortionists no less, looked at 200 women who had abortions after 20 weeks for non-medical reasons.

protection to babies who are born alive during abortions [H.R. 3504], and another to suspend all federal funding to affiliates of the Planned Parenthood Federation of America [H.R. 3134].

(D&E) abortions. The method is commonly used starting at about 14 weeks of pregnancy, and extending into the third trimester.

We posted last week about the President’s promise to veto the *Born-Alive Abortion Survivors Protection Act* because he thinks the bill (HR 3504) “would likely have a chilling effect” on access to late abortions.

What Mr. Obama is promising to do is to shield abortionists who kill a baby who is born alive during an abortion, either through overt acts of violence or gross neglect. This is astonishing, no lesser word will do.

But, regardless what Mr. Obama and his fellow pro-abortionists in the House

and in the Senate want, pro-lifers believe there is an irresistible awakening taking place. It is gathering speed, accelerated by the attention the dismemberment abortion bills are gathering and the pit-of-the-stomach revulsion to the scandalously dehumanizing language of assorted Planned Parenthood officials captured in undercover videos released by the Center for Medical Progress.

And as the public learns more about elected officials who would allow abortionists to kill babies who survive abortions and who are wedded to the idea there is no better use of your tax dollars than filling up PPFA’s coffers, the campaign will pick up even more momentum.



McCormack explained that according to Michelle Goldberg, writing in the *Daily Beast*, “[T]wo thirds of them were delayed while they tried to raise money to pay for a termination. Twelve percent were teenagers, some of whom went months without realizing they were pregnant.”

McCormack added, “The fact that one professor could find a sample of 200 women who had late-term abortions for ‘nonmedical reasons’ indicates that the total number of elective late-term abortions is quite large.”

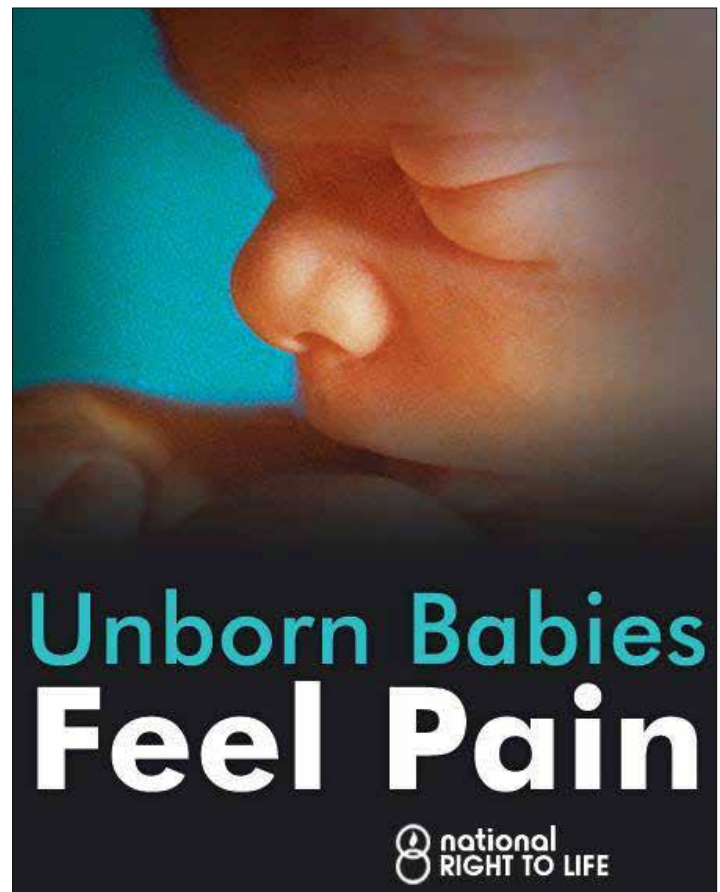
McCormack offered further evidence, as could we, including the impact of sloppy or non-existent state records, but the point does not need to be belabored. There are an untold number of late abortions performed for non-medical reasons, surely in the thousands, at a minimum.

But there is much more that is raising pro-life hopes and pro-abortion fears. Last Friday, the House of Representatives passed two important bills—one to extend federal legal

Add to that another protective bill. The Dismemberment Abortion Ban Act (H.R. 3515) was introduced in the House September 16 by Congressman Chris Smith (R-N.J.), co-chairman of the House Pro-Life Caucus, with Vicki Hartzler (R-Mo.), Virginia Foxx (R-N.C.), and Trent Franks (R-Az.) as original cosponsors. It is based on a model state bill proposed by National Right to Life, enacted this year in Kansas and Oklahoma.

The bill defines “dismemberment abortion” as “knowingly dismembering a living unborn child and extracting such unborn child one piece at a time from the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off . . .”

This definition largely overlaps with what those in the abortion trade currently refer to as “dilation and evacuation” or “dilation and extraction”



A perplexing and very unfortunate column in favor of assisted suicide by George Will

By Dave Andrusko

In late August a piece by syndicated columnist George Will appeared in the *Washington Post* on one of our Movement's core issues—physician-assisted suicide.

This was the same man who the month before wrote “Planned Parenthood and the barbarity of America.”

Will's capacity to cut through PPFA's rhetorical ruses and feints was extraordinary.

He was writing about the first of ten undercover videos that gave us an unfiltered picture of Planned Parenthood's planned barbarism.

Will trenchantly observed

Cecile Richards, Planned Parenthood's president, apologizes for the “tone” of her operatives' chatter about crushing babies. But the tone flows from Planned Parenthood's premise: Why be solemn about meat?

Even partial-birth abortion is — must be — a sacrament in the Church of “Choice.” This sect knows that its entire edifice depends on not yielding an inch on its insistence that what an abortion kills never possesses a scintilla of moral significance.

Will, however, also wrote “Affirming a right to die with dignity,” which ran August 28. I am not exaggerating when I say it's exceedingly difficult to believe the same man wrote both.

Compounding my perplexity is that Will has also written

as eloquently as it is possible to write about infanticide, no doubt in part spurred by the fact that his son, Jon, has Down syndrome, the same condition that “Baby Doe's” parents used as a reason to starve him to death in 1982.

His column on the nauseous undercover videos and Baby Doe's ugly and wholly unnecessary death are remarkable in their depth, breadth, and moral intuition. It would seem abundantly clear that he understands perfectly what happens when we grade life on a curve or when unborn human life has moral significance only to the extent that a baby's remains can be harvested and sent along to be experimented on.

But then came “Affirming a right to die with dignity.”

As you would've anticipated, bioethicist Wesley Smith pointed out some of the many and sundry ways Will unfortunately went astray [“George Will's cultural death wish”].

Wesley begins

What a disappointing and shallow column from George Will endorsing assisted suicide, based primarily on a bald assertion that autonomous decision making is “death with dignity.” (If committing assisted suicide is “death with dignity,” then are those who die naturally undignified?)

The column was disingenuous and misleading, both in what Will wrote and what he left out.

Obviously, I would have opposed Will's conclusions even had they been presented in a much more coherent and defensible manner. But it was striking to read a Will column that consisted largely of bullet points you'd find in any pro-assisted suicide skein.

It's primarily about “autonomy,” as if that is the

encouraged to believe that their dilemma is best addressed by killing themselves. He notes

Thus, in addition to the physically ill and dying, doctors in Belgium and the Netherlands kill the mentally ill, the healthy elderly “tired of life,” and in Belgium, even



be-all and end-all (so to speak) cultural and ethical value. Never mind that virtually every disability rights organization passionately opposes laws or court decisions that legalize physician-assisted suicide. THEY know how many others are eager to exercise their “autonomy” for them.

As Wesley points out, dismissing the “slippery slope” argument requires being oblivious to the “facts on the ground”—that many countries have already reached the bottom of the slope, yet cannot wait to find even more justifications to “assist” even more categories of people.

What Wesley calls “euthanasia inflation” means that more and more people are

engage in joint killings of married couples that fear widowhood and/or dependency.

Switzerland's legal suicide clinics have facilitated the deaths of people who are not sick for existential reasons. Recently, an elderly Italian woman received assisted suicide because she was in despair over her loss of beauty. The first her family knew that she was dead was when the suicide clinic mailed the family her ashes.

See “Perplexing,” page 50

Abortionists formally ask Supreme Court to review two provisions of Texas' HB 2

By Dave Andrusko

In a widely watched case, a coalition of abortion providers in Texas has formally filed an appeal with the United States Supreme Court challenging two provisions of HB 2, Texas' 2013 omnibus pro-life bill.

A decision whether to take up the challenge could be months away, although it is expected that justices will hear the challenge brought by the Center for Reproductive Rights (CRR).

Adding urgency is that if the High Court does accept the case, a decision could come down in mid-2016, in the midst of the presidential contest.

At issue are two provisions—that abortion clinics meet the same building standards as ambulatory surgical centers (ASCs) and that abortionists have admitting privileges at a nearby hospital for situations of medical emergencies.

The various and sundry challenges to HB 2 have been winding their way through the legal system for over a year and half. The ins and outs, the twists and turns are mind-numbingly complex.

The abortion “providers” argue the requirements have no purpose other than to limit access to abortion and that they represent an “undue burden” on a woman’s right to abort.



“The Texas attorney general’s office has argued that the abortion restrictions are constitutional, reasonable measures meant to improve women’s health,” reports the *Texas Tribune’s* Alexa Ura. “Attorneys for the state have said that the regulations would not create an undue burden for a majority of women seeking the procedure.”

Here is a very brief summary of the labyrinth through which the challenges have moved.

#1. It is very important to remember what was NOT challenged by the CRR. The

Pain-Capable Unborn Child Protection Act, which is part of HB2, prohibits killing unborn children who have reached the developmental milestone of being able to feel pain, which substantial medical evidence places at 20 weeks, if not earlier.

#2. As *NRL News Today* reported, in 2013, U.S. District Judge Lee Yeakel of

Austin struck down the ASCs provision days before it was set to take effect. On appeal from the state, In June 2014 a three-judge panel of the U.S. 5th Circuit Court of Appeals upheld most provisions of the state’s abortion law.

#3. The CRR appealed to the Supreme Court which put the ruling of the 5th Circuit on hold. In addition, the justices also exempted clinics in El Paso and McAllen from another part of the law that requires abortionists to have admitting privileges at a hospital within 30 miles of the abortion clinic. (The CRR argued that abortion clinics were especially hard-hit in this part of Texas.) But the admitting privileges rule remains in effect elsewhere in Texas.

#4. A different three-judge panel of the same federal appeals court blocked Mississippi’s admitting privileges requirement. An appeal from the state of Mississippi is currently pending in the Supreme Court.

The Court’s next session begins in October.

U.S. House of Representatives passes Defund Planned Parenthood Act and Born-Alive Abortion Survivors Protection Act

From page 1

House statement issued September 16 said that President Obama would veto the bill because he thinks it “would likely have a chilling effect” on access to late abortions.

NRLC Legislative Director Douglas Johnson commented, “The 177 House Democrats who voted against the bill will have many opportunities to try to explain why they voted against making it a crime for an abortionist to snip the spine of a born-

alive baby, or to harvest that baby’s liver while her heart still beats.”

The House also passed the Defund Planned Parenthood Act (H.R. 3134), 241-187, on a near-party-line vote. This bill would suspend all forms of federal funding to affiliates of the Planned Parenthood Federation of America (PPFA) for one year, unless they discontinue providing elective abortions. Over one-third of all abortions

in the U.S. are performed at PPFA-affiliated facilities. Longstanding objections to the massive federal funding of PPFA have been reinforced by recent widely publicized undercover videos, which illuminate involvement by some PPFA affiliates and executives in the harvesting and selling of baby body parts. These highly troubling videos have triggered ongoing investigations by multiple congressional committees

and by authorities in many states.

NRLC President Carol Tobias commented, “President Obama and most Democrats in Congress think Planned Parenthood can do no wrong, and regrettably we do not have the supermajorities required to overcome them. To cut off tax subsidies to the Planned Parenthood empire will require election of a pro-life president.”

UK Commons debate: resounding defeat of assisted suicide bill

From page 23

possible consequences of breaking down the prohibition on killing and creating a tolerance to suicide.

But the thought processes of MPs and the weight of concern brought to their deliberations doesn’t simply happen by itself. It needs to be represented by constituents, especially those for whom the passage of such a bill raises personal concerns.

I joined colleagues from across the globe in registering our sense of awe and gratitude at the campaigning by our friends in the UK, lead impressively by NotDeadYetUK and others from the disability community. Supported logistically by the CareNotKilling Campaign and

others, the NDYUK leadership worked tirelessly and creatively to make sure that their voice (ultimately, our voice) was heard and heard clearly.

Their demonstrations outside Westminster on a number of occasions now, their disciplined message and visually stunning materials have set a new high water mark for campaigning that we can all learn from. Congratulations all!

This brief report can hardly do justice to this magnificent victory. But there’s a sobering truth to such campaigning that brings us back to earth: we need to win every time; the other side need only win once.

Perhaps, then it is better to

close with a reminder from John Pugh MP of what this is all about:

“The social consequences are, to say the least, incalculable; we cannot be certain about them. But even if there is just one poor old soul—and, strangely enough, it is usually the old who die—who, under pressure, seeks a quick dispatch, it does matter. The hon. Member for Wolverhampton South West could not rule out that possibility, and clearly recognised that that could be

a consequence. In conclusion, this week started for most of us with the haunting picture of a single child drowned on a beach. It was just one life and it affected the whole country. The consequence that can be drawn is that, as a civilisation, we cannot be casual about life without becoming a different sort of civilisation.”

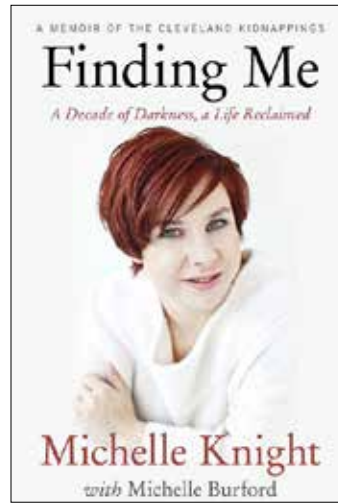
This originally appeared at <http://noeuthanasia.org.au/blog/2310-uk-commons-debate-resounding-defeat-of-assisted-suicide-bill.html>.

Cleveland kidnapping survivor Michelle Knight memorializes her lost unborn babies

By Amanda Read

When 21-year-old Michelle Knight was abducted by Ariel Castro in 2002, she was already a mother searching to bring her 2-year-old son back from foster care. “I love life,” Knight wrote in a journal during her captivity. “My son is the most precious to me. I will give up anything to be with my son at home where I belong.”

Trapped within Castro’s hidden sadistic residence for the next 11 years – the greatest length of time experienced by Castro’s victims – Knight



endured psychological and physical torture, often in chains. She became pregnant by Castro’s raping five times, and lost each baby to assault-induced abortion.

Knight, who has since changed her name to Lillian Rose Lee and authored a memoir on her process of healing, has tattooed on her left arm five blood-dripped roses in memory of the painful loss of her children.

Tattooed across her chest is a picture of a baby with the

words “TOO BEAUTIFUL FOR EARTH,” which is reminiscent of how martyrs are described in Hebrews 11:38. Knight embraces her unborn children instead of viewing them as discardable byproducts of an evil situation.

It is a strong woman who can withstand so much abuse and even in the depths of it profess love for life.

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

10 Times Hillary Clinton Revealed How Extreme She is on Abortion

From page 15

several undercover videos for its participation with Planned Parenthood in trafficking baby body parts, has voiced her support for Hillary Clinton. “I’m a huge Hillary fan ... she’s getting elected this time. It’s a done deal as far as I’m concerned,” she said.

9) Clinton attacked state-level efforts to enact commonsense protections for unborn children and their mothers.

Clinton’s campaign called the flurry of pro-life bills introduced in state legislatures “a dangerous trend.” Her campaign lamented, “In just the first three months of 2015, more than 300 bills have been introduced in state legislatures — on top of the

nearly 30 measures introduced in Congress — that restrict access to abortion.” Among the measures being discussed on the state level are bills dealing with

10) Clinton likened pro-life Americans to terrorists

“Now, extreme views about women, we expect that from some of the terrorist groups,

who want to be the president of the United States,” Clinton said at a campaign event in Ohio on August 27th.

We’re not even finished with 2015 yet and this isn’t an exhaustive list. It will be critically important to show the contrast between the extreme pro-abortion views of Hillary Clinton and those of the Republican nominee, who is likely to be pro-life.

Compare all the candidates at www.nationalrighttolifeneews.org/news/2015/08/2016-presidential-candidates-on-defunding-abortion-providers-do-you-know-where-they-stand/#.VfB1LhFViko



Pro-abortion Hillary Clinton

unborn pain, dismemberment abortions, informed consent, parental involvement, and webcam abortions.

we expect that from people who don’t want to live in the modern world, but it’s a little hard to take from Republicans

Networks Cover Baby Pandas More than Baby Humans in Planned Parenthood Videos

By Katie Yoder

Baby pandas are cute. But when the news shows combined find more time for *baby animals* than the demise of *baby humans*, something has gone terribly wrong.

The three broadcast networks, *ABC*, *NBC* and *CBS* swooned over the National Zoo's panda twins born Saturday, Aug. 22 – and grieved when one died four days later. From the pregnancy until after birth, the news shows combined dedicated more time to the “baby” panda story in three weeks than the horrific Planned Parenthood videos (all nine of them!) in seven weeks.

CBS was the only network to spend more time — six seconds more — on the videos than the panda story.

From Aug. 12 to Sept. 2, the networks spent 28 minutes and 59 seconds on the baby panda story. Meanwhile, from July

“babies,” but called the aborted humans “fetal tissue.”

For the networks and the new baby panda twins, it was love at first sight.

During *Nightly News* Aug. 24, *NBC* correspondent Hallie Jackson hyped, “It’s a lot of work raising twins, but falling in love with them? That’s as simple as black and white.”

For *CBS*, co-anchor Norah O’Donnell similarly hyped the “panda-monium” and “cubs double-header.”

“The really big news in Washington wasn’t made at the White House or the U.S. Capitol,” O’Donnell said during the *Evening News* Aug. 24. “It happened in the zoo.” (Speaking of “big news,” the networks didn’t spend a second on the tens of thousands protesting Planned Parenthood the same day as the panda births.)



14 to Sept. 2, *ABC*, *NBC* and *CBS* have spent less than 24 minutes on the story of human babies torn apart in the Planned Parenthood videos.

In those reports, anchors referred to the pandas as

That same day, *ABC News* anchor Reena Ninan gushed over the “very special arrivals” – or the “babies who weighed less than five ounces each.”

“Start off so tiny, tiny, tiny,” *ABC* anchor Robin Roberts

chimed in, while co-anchor Lara Spencer added with a smile that they were the size of a “stick of butter.”

When Aug. 26 rolled around, the anchors’ collective tone drastically changed.



During *This Morning*, *CBS* anchor Charlie Rose cited a Washington Post article relaying “health concerns” for one panda newborn.

When that baby panda died later that day, *ABC* anchor George Stephanopoulos mourned over the “sad news from the National Zoo” during *World News*. The next morning, *CBS* cited a *USA Today* story and stressed that the zoo would perform tests “to determine just what went wrong.”

If only they would call the Planned Parenthood videos “sad news.” If only they would keep an eye on investigating “what went wrong” to human babies in Planned Parenthood clinics.

Discrepancies in Coverage

Speaking of panda twins, the networks haven’t spared a

second to the aborted human baby twin in the fifth video exposing Planned Parenthood. In fact, the networks haven’t covered the last five videos released by the Center for Medical Progress.

While anchors refused to utter the word “baby” while reporting on the videos (opting for “fetal tissue”), they called the panda a “baby” – even before the first one was born.

One of those mentions came from *NBC*’s Dylan Dreyer, when she noted the “signs that a baby could be on the way” during *Today* on Aug. 14.

In other words, in both network-language and network-time, animal babies come before human babies.

Methodology: MRC Culture searched Nexis and watched the three networks’ morning and evening news shows.

Editor’s note. This appeared at newsbusters.org/blogs/culture/katie-yoder/2015/09/02/networks-cover-baby-pandas-more-baby-humans-planned-parenthood

Planned Parenthood to Congress: Ignore what you see, hear in those videos

From page 14

that “it has led to life-saving discoveries that are helping millions of Americans.”

It offers no proof of this grand assertion, other than the broad assurance of the Obama administration’s Department of Health and Human Services that “fetal tissue continues to be a critical resource for important efforts such as research on degenerative eye disease, human development disorders such as Down syndrome, and infectious diseases, among a host of other diseases.”

It would never occur to Planned Parenthood that they could save millions of lives simply by shutting down their abortion clinics.

Planned Parenthood assures Congress that it “adheres to the highest standards and follows all laws.” While PPFA is certainly not the last word regarding what federal laws say or mean, it is worthwhile to quote the guidance that PPFA headquarters provided to affiliates as recently as May of this year:

Federal law prohibits the payment or receipt of money or any other form of valuable consideration for fetal tissue, regardless of whether the program to which the tissue is being provided is federally funded or not. There are limited exceptions that allow reimbursement for actual expenses (e.g., storage, processing, transportation, etc.) of the tissue. If an affiliate chooses to accept reimbursement

for allowable expenses, it must be able to demonstrate the reimbursement represents its actual costs.

For those affiliates engaging in fetal tissue transfer, Planned Parenthood says reimbursement costs are minimal, \$60 per tissue specimen or less, amounts they said were “intended to recover only their costs, as allowed under federal law and our guidance.”

How much money Planned Parenthood makes as a supplier of fetal tissue and whether or not these represent actual expenses is something Congress is probably investigating. But even a professional football player understands the issue is something far deeper. On this Facebook page, Ben Watson, tight end for the New Orleans Saints, said

As horrific as it is, the issue isn’t really the sale of human parts. It’s the legal practice that allows this to even be a possibility. Killing children and simply discarding the leftovers is not any more acceptable than profiting off of them. #PlannedParenthood

Planned Parenthood tells Congress that while they are not subject to federal laws regarding research on the transplantation of human fetal tissue for therapeutic purposes, they nonetheless include the “substance” of the federal regulation in their own requirement that there be

“no substantive alteration in the timing of terminating the pregnancy or of the method used was made for the purpose of obtaining the blood and/or tissue.”

Though there are multiple occasions on the tapes where Planned Parenthood abortionists discuss changing the “procedure” in order to get better “specimens,” more “intact” specimens, Planned Parenthood tells Congress in the letter that the only abortion method used at its centers, from about 13 weeks of pregnancy, is what it considers to be “dilation and extraction” (D&E), and any variations are merely “adjustments” to that “method.”

In performing the selected method [of abortion], a physician may need to make multiple adjustments to the method as the surgery proceeds. These adjustments are clinical judgments – not a change of method – made by the physician as the abortion proceeds and are always intended to achieve the woman’s desired result as safely as possible. The key point, as the 1988 blue-ribbon commission [that helped draft the original tissue donation law] recognized, is that there be no change that would impact the safety or well-being of the patient.

So, in a rather elaborate fashion, Planned Parenthood is trying to sell a reading of

their official policy in which an “adjustment” to the procedure, even if made to facilitate the harvesting of organs or tissues, doesn’t actually constitute a change in “method.” Under this doctrine, the abortionist can tinker with the method or timing for any reason – even if only to obtain a more “intact specimen” – so long as patient safety isn’t compromised.

This seems a real stretch, however, from the plain English of the official consent statement Planned Parenthood’s Mar Monte affiliate has those wishing to “donate” fetal tissue sign. That declares, in rather clear and direct language, that “I understand that there will be no changes to how or when my abortion is done in order to get my blood or the tissue.”

Turning a baby around to deliver breech so you can obtain an “intact calvarium” (skull) or being “cognizant of where you put your graspers,” going “above and below the thorax” so as to “crush below,” “crush above,” to “see if I can get it all intact” so that you’re “very good at getting heart, lung, liver” as Planned Parenthood’s Senior Director of Medical Services Deborah Nucatola says in the first CMP video, seems a clear violation of that policy.

Planned Parenthood maintains that even with the “distortions and selective editing,” what is missing from the videos is “any evidence that

See “Ignore,” page 45

NRL-Endorsed Darin LaHood wins Illinois Special Election

By Karen Cross, National Right to Life Political Director

On September 10, 2015, National Right to Life-endorsed state Senator Darin LaHood (R) soundly won the special election to fill the remainder of the term of Rep. Aaron Schock (R), who resigned in March.

Senator LaHood, the Republican nominee, and Rob Mellon, the Democratic nominee, won the July 7, 2015, special primary election. Two Democrats and three



Pictured is pro-life Congressman-elect Darin LaHood with his wife, Kristen, and their three sons, McKay, Luke, and Teddy.

Republicans originally vied for the seat.

Congressman-elect Darin LaHood defeated Rob Mellon (D), an Army veteran and high school teacher, with 69% of the vote.

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

Planned Parenthood to Congress: Ignore what you see, hear in those videos

From page 44

Planned Parenthood has done anything wrong. This is where Planned Parenthood confuses a hair-splitting legal defense with a defense of acts and attitudes that addresses what the public finds ethically appalling and morally indefensible.

The folks at Planned Parenthood would have you forget they were still talking casually, clinically about cutting up living, healthy human unborn babies and harvesting their organs—not to mention intact babies that “just fell out” of their mothers!

What was offensive, shocking, and eye opening for so many people was how little regard they had for the

human life, even at 11, 18, or 22 weeks, when Planned Parenthood employees see and sort through delicate, clearly recognizable fetal arms, legs, genitals, organs, brains.

The lack of any regard, any basic human sympathy or sensitivity towards these innocent children is what has created Planned Parenthood’s PR nightmare, and Planned Parenthood is so blind, so dismissive of the obvious humanity of the unborn child, that they don’t even see the problem.

Where is the evidence of doubt or even discomfort in their talk or tone about ending these babies’ lives? There is

none. And as you watch the videos, there is nothing in their voices, in their eyes that would indicate even a flicker of respect or common decency for their fellow human beings.

They simply meet and talk shop, have lunch and a few drinks, and then put down the salad fork and head back to the clinic where they can dismember babies and sort through the body parts and organs harvested from children alive and thriving just hours or minutes before.

The cold and callous way Planned Parenthood employees talked about the killing they did was not the product of camera angles or creative editing.

The problem was not what the videos didn’t show, but what they did show. They showed what Planned Parenthood is really like, what they really do. Hundreds of thousands of times a year, bringing in well over a hundred million dollars from abortions just like these.

That’s why so many people across America are troubled that this group not only operates in the U.S., but has so many defenders in the media, and gets half a billion dollars a year from various levels of government.

Those images and memories of those massacred babies are ones that cannot be so easily erased or edited from their minds.

Contrary to misguided media accounts, Kansas retains full Title X money after PPFA disqualified

By Kathy Ostrowski, Legislative Director, Kansans for Life

Contrary to an editorial blast from the Lawrence Journal World and an *Associated Press* story published August 21, Kansas is not suffering a permanent loss of federal assistance for reproductive health services after it prioritized dispersion to full-service health centers.

Open record information requested by Kansans for Life shows that the state's Title X funding exceeds what it was during the last year when Planned Parenthood was getting part of it under court order.

The aforementioned *AP* story falsely declared that "the state has instead lost the money and many services for low-income patients have been cut."

In fact the Title X award for Kansas in fiscal year 2016 is **\$2,472,000**, just slightly higher than its award of \$2,471,250 in 2014.

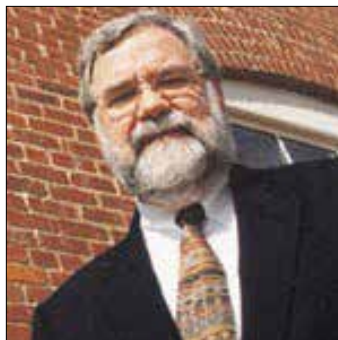
First, a little background.

Title X is federally-dispersed money designed to assist low income-qualifying women for non-abortion reproductive health services, including contraceptives and health screenings. In Kansas, Title X is distributed by the Kansas Department of Health & Environment (KDHE).

Any licensed physician can do the elementary exams and blood draws covered under Title X. It is certainly not anything

for which Planned Parenthood is uniquely capable.

It also is good stewardship for the state to allocate financial support for medical facilities that provide the poor with the full range of well-woman care (not just gynecological services, but nutritional, cardio, mental health, etc.) as well as pediatric and geriatric care for women **and** men.



*U.S. District Judge
Thomas Marten*

KANSAS PRIORITIZES FULL SERVICE

Since 2007, the Kansas legislature had tried to insure that full-service health entities, especially public clinics, received Title X funding. To accomplish that goal, the legislature annually passed a budget instruction— called a proviso— which prioritized Title X grants to full-service medical facilities.

However, pro-abortion governors Kathleen Sebelius and Mark Parkinson annually

vetoed that proviso so **that Planned Parenthood would not be disqualified** from accessing the Title X funds.

The proviso for prioritizing Title X grants was finally signed into law under pro-life Gov. Sam Brownback in 2011. Planned Parenthood then challenged the law in federal court.

While litigation ensued, Judge Thomas Marten ordered that Title X funding be guaranteed, not only to the plaintiff (Planned Parenthood clinics in Wichita and Hays) but also to an independent Dodge City Family Planning (DCFP) clinic!

That judge-ordered temporary payment to three financially-failing businesses is what the *AP* story references as a "\$370,000.00 loss." And despite this judicial "monetary lifeline" to all three limited-service businesses (in violation of the proviso), the small DCFP clinic closed and both Planned Parenthood clinics remained deeply in the red.

KANSAS WINS CONTROL

In March of 2014, the Tenth Circuit Court of Appeals upheld the Kansas Title X prioritization proviso. Planned Parenthood then dropped their legal challenge and accepted that both clinics were no longer eligible for Title X in Kansas.

Subsequently, the 2015

Kansas Title X federal award was reduced by \$229,950, a one-time adjustment after the two Planned Parenthood clinics were removed from the Kansas grantee eligibility.

But the 2016 Title X funding federal award, in effect as of July 1, exceeds the 2014 award.

In other words, there is no reduction. **The current award is just above our state's pre-litigation amount.**

Back to the *AP* story that has been generating headlines. The meme is that Kansas is being denied Title X funding and that women are therefore underserved. That is wholly unsubstantiated.

Where did that assessment come from? A self-serving claim by Planned Parenthood and a suggestion by the Sedgwick County Health Department Director that "People have fewer places to go, and for those with limited means that may make utilizing those services even more difficult."

"Fewer place"? Only two limited service medical clinics have closed: DCFP and the Hays Planned Parenthood clinic. KDHE funds 47 facilities under Title X.

The bottom line is that tax funding belongs to true, full-service medical providers—not as a subsidy to a private chain of abortion providers

Majority of U.S. Senate votes to advance Pain-Capable Child Protection Act, but Democrats block consideration

From page 1

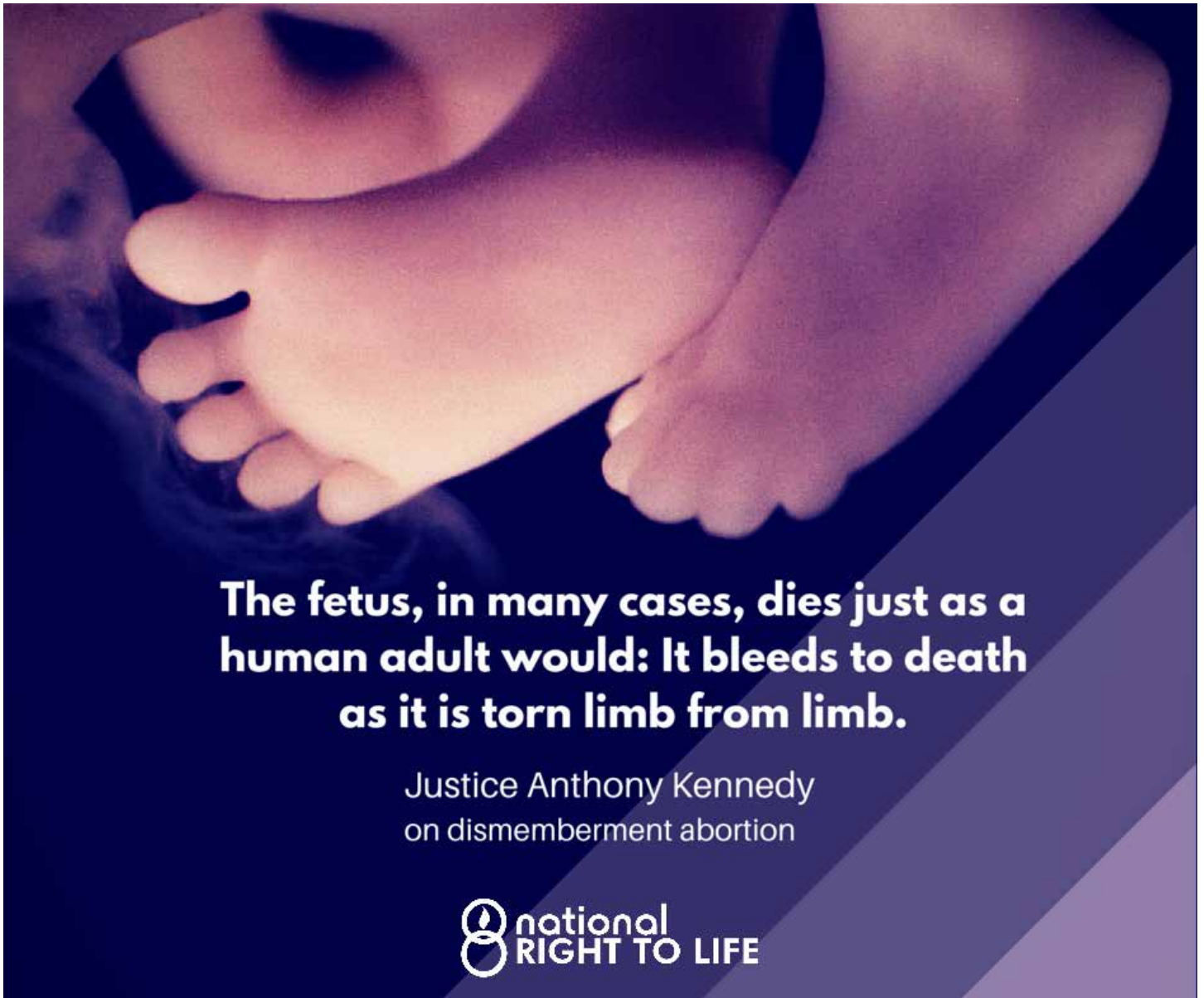
The Senate companion bill, S. 1553, is sponsored by Senator Lindsey Graham (R-S.C.), and co-sponsored by 45 other Republican senators, including fellow presidential contenders Ted Cruz (R-Texas), Rand Paul (R-Ky.), and Marco Rubio (R-Fla.). It was opposed by presidential candidate Bernard Sanders (I-Vt.).

To view National Right to Life's most recent letter to the Senate in support of the bill, see www.nrlc.org/abortion/fetulpain/nrlctosenatepcucpa

National Right to Life President Carol Tobias said, "Today's majority vote is not a defeat, but a stepping stone towards victory. One-fourth of premature infants now survive


when born at this stage – and there is strong evidence that they experience great pain, as they are torn limb from limb in late abortions." A paper by Tobias challenging "media myths" about the bill is available at www.nrlc.org/uploads/communications/061115TobiasStatementonPCUCPASenateIntro.pdf

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 National Right to Life website at www.nrlc.org/abortion/fetulpain and also here: www.doctorsonfetulpain.com.



The fetus, in many cases, dies just as a human adult would: It bleeds to death as it is torn limb from limb.

Justice Anthony Kennedy
on dismemberment abortion

 national
RIGHT TO LIFE

Five Takeaways from Wednesday's House Judiciary Committee hearing on "Planned Parenthood Exposed"

From page 5

when applicable, but also many ethical and moral principles. Furthermore, continuing to allow procurement and sale of human fetal tissue makes one complicit in the act of aborting a child.

#3. It is always helpful—at least when there is an opportunity to ask questions—to hear pro-abortionists justify the unjustifiable. As such, it was a long morning into the afternoon for Priscilla Smith, who directs Yale Law School's Program for the Study of Reproductive Justice.

For example, she was asked if the government money PPFA now receives (over \$500 million) was doubled and given to any health care provider "any not named Planned Parenthood," would she support such a redistribution that included twice as much money. Prof. Smith kept filibustering, then reluctantly said, "Frankly yes," and then beat a hasty retreat ("Not in the current environment").

Worse yet (although Prof. Smith would no doubt disagree) was when Judiciary Committee Chair Rep. Bob Goodlatte (in the words of the *Washington Post*) "graphically describing the dilation-and-evacuation procedure, which is often used for abortions taking place after the first trimester. It can involve dismembering the fetus and removing it from the uterus in pieces."

In fact, what Rep. Goodlatte did was to quote from a dissent

written by Supreme Court Justice Anthony Kennedy who included quotations from the testimony of abortionist LeRoy Carhart—one of the kings of late-late abortions!

Here is the relevant portion of Justice Kennedy's dissent from which Rep. Goodlatte quoted:

Dr. Carhart agreed that "[w]hen you pull out a piece of the fetus, let's say, an arm or a leg and remove that, at the time just prior to removal of the portion of the fetus, ... the fetus [is] alive." Dr. Carhart has observed fetal heartbeat via ultrasound with "extensive parts of the fetus removed," and testified that mere dismemberment of a limb does not always cause death because he knows a physician who removed the arm of a fetus only to have the fetus go on to be born "as a living child with one arm." At the conclusion of a D&E abortion no intact fetus remains. In Dr. Carhart's words, the abortionist is left with "a tray full of pieces."

Rep. Goodlatte then asked, "Is this a humane way to die?" Again, Smith filibustered but was asked to answer the question.

I believe for a fetus—pre-viable fetus—yes, dilation and evacuation

is a very humane procedure."

After Prof. Smith, the committee heard from Melissa Ohden, who also miraculously survived a saline abortion in 1977. Melissa is well known to those grassroots pro-lifers who attend the annual NRLC convention where she frequently presents both to adults and teenagers. Her conclusion was spell-binding:

As you consider the horrors of what happens at Planned Parenthood each day, I would urge you to remember my story, and Gianna's, too. We may not have survived abortions at Planned Parenthood, but the expectation for our lives to be ended by abortion are the very same as those who do lose their lives there. And I have long believed that if my birthmother's abortion would have taken place at a Planned Parenthood, I would not be here today. Completing over 300,000 abortions a year provides them with the experience to make sure that "failures" like me don't happen. As a fellow American, as a fellow human being, I deserved the same right to life, the same equal protection under the law as each

and every one of you. Yet we live in a time where not only do such protections not exist, but my own tax dollars and yours go to fund an organization that has perfected the very thing that was meant to end my life.

This must end.

#4. Democrats were not happy. The level of personal insults was astonishing, even considering they came from the likes of the always volatile Jerrold Nadler (D-NY). Referring to the Center for Medical Progress, which has shown eight undercover videos, many of which were with PPFA leaders, he said of CMP, "What is true is that the people who made these videos are liars in a long, long line of liars." For bad measure, Rep. Nadler, added, "Sen. Joseph McCarthy would be proud of this committee today."

#5. The House Judiciary Committee's hearing was only the first. Others will come at a later date. Other committees in the House and Senate are investigating various facets of the issue, such as how much money was paid to PPFA affiliates for tissue and intact baby body parts and whether (or in what manner) abortion techniques were changed in order to increase the likelihood that intact organs could be harvested.

10 Ways To Support Her When She's Unexpectedly Expecting

From page 17

4. Offer specific help.

Don't be afraid to ask her if she needs help with anything or to make specific offers to help. For example, you might offer to help with cleaning, finding a good doctor, or running to the store to pick up the one food that won't make her feel sick. But remember to read her cues, and make sure you're not being overbearing.

5. Set up a support system.

In addition to the standard baby registry, you can help her get other kinds of support by lining up much-needed, practical help. Think outside the box. Food = love, so take advantage of websites that allow friends and family to sign up to make meals, send food deliveries, or simply donate money. Some websites can even help organize other assistance like rides to the doctor, babysitting other children she may have, or help around the house. You can also look into what programs and assistance may be sponsored by your local diocesan pastoral care or Respect Life offices.

6. Tell her she is beautiful.

She may be feeling physically, spiritually, and emotionally drained with this pregnancy. Take the time to reassure her of her beauty, both inside and out, especially when morning sickness might make her feel otherwise.

7. Help her recharge and relax.

First-time mothers may have difficulty crossing that threshold into their new life as a mother. Your friend may be fearful that her life is "over," so help her see it's okay—good, actually—to still focus on herself

sometimes. Even though she is a mother, she will still continue to be a woman, so affirm that it's healthy and important to take care of herself—not only physically, but emotionally, as well. Help her to do things she really enjoys. Take her out for a nice meal, a movie, or a day of pampering.

8. Reassure her it's okay (and good) to be happy.

It can be hard to be happy about a pregnancy that many people see as unfortunate timing at best and totally irresponsible at worst. Even if your friend wants to be happy about her bundle of joy, she may not feel she "deserves" to show that happiness. Get excited about her pregnancy in front of her, and she may just feel comfortable enough to share her own excitement with you.

Also, continue to show your interest and excitement throughout her pregnancy. Ask questions about her developing child. What is she learning at her doctor appointments? What names is she considering? Ask her what she thinks her baby looks like. Does she think they will have her eyes?

9. Encourage her.

Society tends to focus on ways that an unexpected pregnancy can be challenging. Help your friend to think of the benefits. Remind her of the fluttering kicks, somersaults, and maybe even dance moves her son or daughter will be rocking once they grow a little more. With moms' groups and opportunities for play dates, there's a whole new social world to explore. And there are plenty of benefits to being a young mom—like having

more energy to chase her kids around.

10. Point out some real-life role models.

Many amazing young mothers and birthmothers have experienced unexpected pregnancies and still followed their dreams. Other women

a quick two-second prayer, prayer is the most effective way we can help. Pray for her, for her child, and for guidance in how you can give her the best possible support.

Also, pay attention to how your friend feels most loved. One person might appreciate encouraging words, while



have discovered that, even when unable to follow their lives as planned, something beautiful and good came out of the twists in the road, bringing opportunities, growth, and joy they hadn't imagined.

Point your friend to some of the many websites, blogs, and social media accounts dedicated to supporting young mothers. And let's not forget Mary, whose "yes" to bearing Jesus affected the course of history. The Blessed Mother is a great person to pour her heart out to, and she's a powerhouse of intercessory prayer.

An unexpected pregnancy can be a difficult and frightening time, and it's important that your friend knows you are thinking of her and supporting her. Although the tips mentioned can be helpful, don't forget the most important thing is to pray. Even if it's just

another might feel more supported if you wash the dishes. Simple things—letting her know that you care and are always ready to listen, that you are available to help her, that you are praying for her—can give hope and courage when she might otherwise feel alone. Your support might be the only support she receives. Even if we never know how, the smallest things we do can change someone's life. You can make a difference in her life. Will you?

The author is now a married mother of four who works as an advocate for young mothers facing unexpected pregnancies. She had her first baby in college and is a proud Catholic who supports life in every circumstance and at every stage.

This can be found online at uscbb.org.

Looming health care reduction on horizon for millions of employer-insured Americans

From page 37

primaries, with Sen. Bernie Sanders vowing to junk the tax and Hillary Clinton saying she's open to changes. "I worry that it may create an incentive to substantially lower the value of the benefits package and shift more and more costs to consumers," she told the American Federation of Teachers. Republicans, meanwhile, invoke the tax as one of many reasons to repeal the entire Affordable Care Act. "Obamacare continues to overpromise and underdeliver," said Sen. Dean Heller (R-Nev.), who also said he is working on legislation to address the issue.

Obamacare is slowly beginning the process of destroying much that is valuable in the health care

system which has evolved to serve Americans.

It is wrong to suppose— as does Obamacare— that in order to provide health care to those with low incomes the government must limit health care for others, or that the government must "protect" ordinary Americans from using too many of their resources to save the lives of their family members by imposing arbitrary limits on what he or she is allowed to spend for health insurance and health care.

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

Contrary to conventional

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

As more money is spent on health insurance by employers and individuals, cost-shifting keeps pace in making available health care for those who cannot themselves afford to pay its full cost. As NRLC has proposed, incorporating the cost of subsidies for growth in health care spending on behalf of those who genuinely cannot

afford it into what employers and individuals pay for their own health insurance would result in a self-executing restraint on unsustainable growth in health care spending, while avoiding Obamacare-type arbitrary government limits that suppress what we are collectively able to, and desire to, spend to preserve the lives and health of our families.

Details can be found at nrlc.org/uploads/medethics/ObamaCareAlternativeNRLC252015.pdf

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

A perplexing and very unfortunate column in favor of assisted suicide by George Will

From page 39

Will is a very smart man. How does he circumvent the abundant evidence that once unloosened, the physician-assisted suicide horseman will never cease looking for new victims? Especially so in light of the aforementioned column he wrote on the undercover PPFA videos?

Today's culture of casual death (see the Planned Parenthood videos) should deepen worries about a slippery slope from physician-assisted dying to a further diminution of life's

sanctity. Life, however, is inevitably lived on multiple slippery slopes: Taxation could become confiscation, police could become instruments of oppression, public education could become indoctrination, etc. Everywhere and always, civilization depends on the drawing of intelligent distinctions.

Will likens the race to "assist" more and more people to die to the possibility

that our taxes could become confiscatory. Why? So he can tell us "Everywhere and always, civilization depends on the drawing of intelligent distinctions."

But those are not "distinctions," intelligent or otherwise. They are altogether different categories, apples and oranges.

"Multiple slippery slopes"? Please.

But there is a larger conclusion to be drawn. People, like Will, who are both very smart and very articulate and who often come down on the correct side of moral and

ethical issues can nonetheless be seduced by the allure of "autonomy" and then slide, as Will does, into a discussion of the percentage of Medicare expenditures that are made in patients' last six months of life. Airy principles meets Green eyeshade economics.

Will received something like 5,000 responses on the *Washington Post* webpage to his column on Planned Parenthood. I hope he gets at least as many for "Affirming a right to die with dignity."