



**September 2016**

48 Days until Election Day and the presidential race is a dead heat



*Pro-life Donald Trump and his pro-life running mate, Indiana Gov. Mike Pence*



## Clinton, Democrats Want to *Force* You to Pay for Abortions

By Carol Tobias, President

Unbelievable.

Just when you think the radical pro-abortion liberals have pushed their deadly agenda as far as possible they find a new way to try to increase the number of babies who die.

Let me explain.

Hillary Clinton and the pro-abortion Democratic party are trying to make you and me pay for abortions. They admit that their scheme will mean more abortions, more deaths. And that doesn't bother them at all.

You see, Hillary Clinton and the Democratic party have now pledged to repeal the Hyde Amendment. That is the law that prevents our federal tax dollars from paying for abortion on demand in federal programs such as Medicaid. They know that this will mean more abortions. In fact, pro-abortion sources admit that this will mean at least 33,000 more children killed each year.

*See "Force," page 30*



*Pro-life champion, the late Rep. Henry Hyde*

## Want to Elect a Pro-Life President? Here's what NOT to do.

By Karen Cross, National Right to Life Political Director

Do you want to elect a pro-life president?

On November 8, either Hillary Clinton or Donald Trump will be elected President. One of them will decide abortion policies for many years to come.

Nearly eight years of Obama's presidency has already been devastating. The Obama presidency brought us two new pro-abortion Supreme Court justices, a healthcare law that expands abortion and threatens the vulnerable, and vows to veto pro-life legislation, including a

bill that would protect unborn babies 20 weeks and older from painful late abortions, and a bill that would defund abortion providers.

We cannot afford four – let alone eight – more years of a president that does not value the right to life.

Hillary Clinton supports

unlimited abortion, and she wants to force Americans to pay for it. In contrast, Donald Trump opposes abortion, and he opposes using your tax dollars to pay for abortion.

As pro-lifers, our goal must be to elect a president who will protect lives.

To achieve our goal, we have to be strategic. There are a number of ways we can actually defeat a pro-life candidate. For the sake of the babies, we



*See "Elect," page 4*

# Editorials

## 48 days and counting

By the time you read this editorial it will be one day shy of seven weeks until the United States makes a monumentally important decision: will pro-life Donald Trump be our next President or will

- Nominate pro-life justices to the U.S. Supreme Court.
- Sign into law the Pain-Capable Unborn Child Protection Act, which would end painful late-term abortions nationwide.



- Defund Planned Parenthood as long as they continue to perform abortions, and reallocate their funding to community health centers that provide comprehensive health care for women.

One of my favorite authors is Malcolm Gladwell. My favorite book of his is “The Tipping Point.” In an interview Gladwell was once asked what the book was about. Gladwell responded, “It’s a book about change. In particular, it’s a book that presents a new way of understanding why change so often happens as quickly and as

it be Planned Parenthood’s all-time favorite candidate, Hillary Clinton?

Will our citizens choose the dead-end of the most militant pro-abortionist ever to campaign for the Oval Office? Or will we, collectively, chose a man who sent out a letter to the pro-life community in which he promised, as President, to

unexpectedly as it does.”

Think about this for a second. A couple of weeks ago, the *Washington Post* was gleefully carrying an *Associated Press* story the thesis of which was that Hillary Clinton might effectively win the race **before** November 8!

*See “48 days,” page 24*

## The lessons of an almost-lost unborn baby

As long as I have been involved (since the 1970s!), I never, **ever** cease to be amazed by how many ways there are to learn about, to appreciate the beauty of, unborn life. Or, better put, why the little ones (if we give them half a chance) tug in such a profound way on our hearts and make such an enormous difference in our lives.

Many of the most pro-life stories I have ever heard have nothing directly to do with giving the littlest Americans a fair shake--extending a loving, welcoming hand rather than the razor-sharp edge of curettage. Rather they teach us the incredible impact of unborn baby (not a “pregnancy”) when the baby is lost--or almost lost.

Enter a radio program which originally was recorded April 11, 2013, on *The Moth*. I first heard the broadcast this weekend. *The Moth* (“The Art and Craft of Storytelling”) describes itself as presenting stories told live and without notes.

Rebecca’s 9 minute, 18 second long talk mesmerizes the listener from the first sentence. Let me offer a lengthy overview; you can listen for yourself (and I hope you do).

She and her husband were the parents of a 5-month-old daughter. Even though their daughter had just started to sleep through the

night, Rebecca was exhausted and work on her dissertation had stalled (“ground to a halt”).

She and her husband had entered that stage where after first agreeing on all the big decisions, they now fought over everything and nothing. Rebecca was very conscious of her weight gain and in conjunction with the non-stop bickering, she felt like she was being “kicked while I was down.” Thoughts of “escaping” entered her mind.

Then came the night they are fighting over “something really stupid” and she bursts out that she is leaving. She collapses in tears; she knows perfectly well she could not, she tells us, because she is “trapped by my love for my amazing little daughter.”

She goes to bed “really sad and angry,” no longer convinced they had ever been ready to “start a family.”

The very next morning Rebecca learns she is pregnant.

She is “pretty devastated.”

Then the roller coaster ride begins in earnest. Over the next two weeks she ponders her “dismal set of options,” and asks herself,

*See “82 Days,” page 28*



## From the President Carol Tobias

# The Battle Before Us on November 8

In a little more than a month, we will be electing leaders at all levels of government to determine the course of our country for many years to come. On the ballot this year will be candidates for president, 34 states will have candidates for U.S. Senate, every state will have candidates for the U.S. House of Representatives, some of you will be voting for Governor, Attorney General, and other state offices, and most of you will have state legislative races.

The contrast between presidential candidates is so very clear.

Donald Trump wrote in a news column earlier this year, "Let me be clear — I am pro-life. I support that position with exceptions allowed for rape, incest or the life of the mother being at risk. I did not always hold this position, but I had a significant personal experience that brought the precious gift of life into perspective for me."

Donald Trump has stated his commitment to signing the Pain-Capable Unborn Child Protection Act, which will protect unborn children who can feel pain, essentially ending late-term abortions. Trump opposes taxpayer funding of abortion and abortion providers, and has repeatedly expressed his commitment to appointing pro-life judges.

Hillary Clinton is exactly the opposite. As a U.S. Senator, she voted 100% against the babies. There was no limit on abortion that she would accept. We had a 12-year battle to ban partial-birth abortion. In this procedure, the abortionist grabs the unborn baby's leg with forceps and pulls the baby into the birth canal. The abortionist delivers the baby's entire body, except for the head. He jams scissors into the baby's skull and opens the scissors to enlarge the hole. The scissors are removed and a suction catheter is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed.

Horrifying? Gruesome? Hillary Clinton voted repeatedly to keep partial-birth abortion legal. Thankfully, in 2007, the Supreme Court upheld a ban on partial-birth abortion.

Many states have laws requiring parents be notified, or give consent, before an abortion is performed on their minor daughter. The laws are often circumvented when minors are transported, often by older boy-friends, to other states that do not have parental involvement requirements. Congress tried to protect the rights of parents in these situations, but Senate Democrats, including Hillary Clinton, blocked the bills. Clinton doesn't care about your rights as a parent. She apparently has no problem with someone taking your daughter out of state to get an abortion so you don't have to be told.

The State Children's Health Insurance program, or SCHIP, is a federal program that provides funds to states primarily so they may provide health services to children of low-income families. In 2002, the administration of President George W. Bush issued a regulation giving states the option of covering unborn children under the program, a policy known as the "unborn child rule." The Senate, in 2007, held a vote to codify the "unborn child rule" so it couldn't be changed by a future administration. The amendment would have written explicit language into the SCHIP statute to guarantee that a covered child "includes, at the option of a State, an unborn child." Hillary Clinton voted No. This woman, who wants us to think she really cares about health care, didn't think unborn children should get health care.

In contrast to Trump, Hillary Clinton opposes the Pain-Capable Unborn Child Protection Act. She apparently thinks it's okay to kill unborn babies who have developed far enough that they can feel pain.

And, of course, Hillary Clinton is Planned Parenthood's favorite candidate. The nation's largest abortion provider announced it will spend around \$20 million to elect Clinton and pro-abortion Senators. In return, Clinton and the Democrat Party platform calls for the repeal of the Hyde amendment so that abortion on demand is funded by our tax dollars.

When Bill Clinton was president, he said that abortion should be "safe, legal, and rare." Hillary doesn't bother to say rare. She just wants it legal. In fact, she has said the unborn child has no constitutional rights up until the day of birth. When you think Hillary Clinton, think abortion for **all** nine months for **any** reason. No limit or restriction is to be permitted.

In addition to a critical presidential race, we need to elect pro-life Senators and Representatives to pass bills to send to a pro-life president; or do what is necessary and possible to stop pro-abortion efforts by a pro-abortion president. We need to elect pro-life governors and attorneys general and legislators so that states can continue to enact and defend pro-life legislation, giving the Supreme Court opportunities to overturn *Roe v Wade*.

I am a tremendous admirer of Winston Churchill. He was the right man in the right place at the right time to, quite frankly, save the world. If it hadn't been for Churchill's determination and indomitable spirit, we can't know how much of the world Adolph Hitler would have conquered.

In the book, *The Last Lion, Defender of the Realm*, Churchill says that Hitler was out-killing even his Teutonic ancestors. And not since the Mongols came in the thirteenth century had Europe seen such "methodical, merciless butchery" on such a monstrous scale. "We are in the presence," he concluded, "of a crime without a name."

I read that and thought, wow, methodical, merciless butchery on such a monstrous scale, we are in the presence of a crime without a name. I'm sure you know what I was thinking. One million unborn babies killed every year-- some scraped out of the uterus with a metal curette, some of these little ones vacuumed or suctioned out; still others bleeding to death as they are torn apart limb by limb in the dismemberment process. Except, this crime does have a name-- abortion. And we must do everything we can to stop it. The battle before us is to elect pro-life candidates so that we may continue our push forward to protect those babies.

# Want to Elect a Pro-Life President? Here's what NOT to do.

cannot afford to make these mistakes in 2016.

Here's what NOT to do:

## **Fall in love with your candidate.**

Pro-life advocates should get involved in political campaigns. Their active participation and volunteer activities can help a pro-life candidate build a strong campaign.

With so many candidates in the race, your preferred candidate may not have won the presidential nomination. Too often pro-life advocates get so excited about their preferred primary candidate that if he or she loses to another pro-life candidate in the primary the grassroots person doesn't support the pro-life candidate who won – and won't volunteer in the campaign or work to get others to vote for that candidate.

Pro-life candidates need the active support of all pro-lifers and, all too often, without that full support, a pro-abortion candidate wins.

## **Support a really nice candidate who is pro-life but has no chance of winning.**

Millions of unborn children's lives are at stake. That's why the viability of a candidate must be considered when we go to the polls. There may be a wonderful pro-life candidate who decides to run for office as a third-party or independent candidate, claiming to be the "real" pro-lifer in the race.

This is a sure strategy to elect the pro-abortion candidate.

Sometimes they attack the pro-life candidate who has a real chance of winning and get other pro-lifers to do the same. Even though they can't gain enough support to be a viable candidate, and will not appear on most ballots across the country, they can pull votes from the pro-life candidate who could win, and help the pro-abortion candidate to win instead.

## **Expect the candidate to sound like a Right to Life chapter chairman.**

People who are not directly involved in the pro-life movement are not going to be as articulate or well-versed on all the pro-life issues. They may not know every detail of unborn development or understand the ins and outs of the Mexico City Policy. Unless there has been some prior discussion with active pro-life advocates, some candidates may not realize that there are certain words that will be interpreted differently by the pro-life community than he intended.

Just because the wrong word comes out of his mouth doesn't necessarily make the candidate a phony. Sometimes a truly pro-life candidate can be tripped up by the media, be confused, ill-informed, misquoted, or quoted out of context. Give them a chance to explain what they really believe, or educate them on the issue. They will do what's right when they're elected.

Words are nice, action is better.

## **Expect the candidate to always make abortion the major issue in the campaign.**

A 2014 post-election poll by The Polling Company/Woman Trend found that 23% of voters said abortion affected their vote and chose the pro-life candidate. Just 16% said abortion affected their vote and picked the pro-abortion candidate. While it is a distinct advantage for candidates to be pro-life and does make a difference in the outcome of an election, it also means that a large majority of the voters had other issues that were more important to them.

In order to win, a candidate has to focus on many issues that will appeal to a broad variety of voters. It is the job of the right-to-life movement to inform the pro-life community about the candidate's position on abortion. It is the candidate's job to reach a cross-section of voters on a broad range of issues. When abortion is discussed in the campaign, the candidate must clearly and directly articulate his pro-life position. However, to expect the candidate to always make abortion the major issue in the campaign can be a sure way to lose an election.

## **Vote for a third-party or independent candidate who has no chance of winning.**

Some pro-lifers talk about voting for Libertarian Gary Johnson or even Green Party candidate Jill Stein for President, not knowing that both have pro-abortion positions.

In fact, Gary Johnson supports abortion until viability, and he wants to keep abortion legal.

Pro-lifers who support the third-party or independent candidate, to the detriment of the pro-life candidate who could win, may feel like they have not compromised their principles. But if they succeed in indirectly helping to elect a candidate who will allow the killing of unborn babies to continue, they have compromised away something far more important – children's lives.

## **Again, on November 8, either Hillary Clinton or Donald Trump will be elected President.**

Hillary Clinton voted in favor of partial-birth abortion, supports dismemberment abortions, and has pledged to only appoint pro-abortion justices to the U.S. Supreme Court.

Even as long as 15 years ago, Donald Trump wrote that he supports a ban on partial-birth abortion. When he learned about the Pain-Capable Unborn Child Protection Act, he said he would sign it into law. Most importantly, Donald Trump has pledged to only appoint pro-life justices to the U.S. Supreme Court.

The 2016 presidential election is an important moment for our movement. Let's not squander this opportunity. The lives of unborn babies and their mothers hang in the balance.

# Colorado voters will face ballot initiative with life and death consequences

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

On August 15, Colorado Secretary of State Wayne Williams announced that Initiative 145, a measure to legalize assisted suicide, will come before the voters as a ballot initiative this November.

The Colorado legislature, this year and last, has voted to reject nearly identical proposals as being too dangerous.

Initiative 145, known as the “Medical Aid in Dying Proposal,” would allow citizens diagnosed with a terminal illness to request lethal prescriptions from their physicians to end their lives-- in other words, Physician Assisted Suicide (PAS).

The Initiative is vigorously opposed by various groups, including the American Medical Association, various medical professional organizations, disability rights groups, various legal advocacy groups, numerous religious organizations, and right to life groups.

While assisted suicide activists promote these proposals as merely one more “option,” this initiative preys on many of our worst memories and potential fears – either having seen or dreading having to go through the experience of someone dying badly. Rather than focus attention on improving pain management, training physicians how to manage illness, or teaching doctors how to interact and communicate in a respectful manner with older patients and those with disabilities, who are often marginalized, activists tout suicide as a “solution.”

There are dozens of pending state bills and four states (California, Vermont, Oregon

and Washington) already permit assisted suicide.

Legislatures across the country have heard testimony against these bills from countless medical professionals, persons with

ill such as diabetics, those with HIV, or those with hepatitis have received lethal drugs because they could die without treatment in six months—even though **with** treatment they could live many more years.



disabilities, and those who have survived so-called “terminal” diagnosis.

The testimony in other states as well as in Colorado, documents the mythical nature of four standard claims by suicide proponents.

## 1. False claim: You must be terminally ill.

How often does someone live past a doctor’s prognosis? Physicians, by and large, do not like making these kinds of predictions because they are difficult to make and often wrong. Under the laws being promoted, the patient is supposed to have six months to live or less. However, we know in Oregon that people procure lethal prescriptions, hold on to the drugs, and long outlive their prognosis .

Further, people who no one would think of as terminally

Assisting suicide legalization has led people to give up on treatment and unnecessarily lose years of their lives.

## 2. False Claim: The lethal dose will ensure a peaceful death.

Barbiturates, the most commonly used method for PAS in Oregon and Washington, do not necessarily lead to a peaceful death. Under the law, the patient is prescribed dozens of pills and sent home to overdose. Overdosing on barbiturates has caused documented cases of persons vomiting while becoming unconscious and then aspirating the vomit. People have begun gasping for breath or begun to spasm. Overdosing on these drugs can cause feelings of panic, terror, and confusion.

There have also been cases of the drugs taking days to kill

the patient. This is hardly the peaceful death that advocates claim.

## 3. False Claim: The patient must be free from mental illness and depression.

There is **nothing** in existing California, Oregon, Washington, or Vermont law that requires doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness. There is also no such requirement in any current proposal in **any** state. The doctors may make a referral, but rarely ever do. In fact, according to the Oregon’s official state reports, in 17 years of legalized assisted suicide, a mere 5.5% of death candidates have been referred for psychological evaluation---1 in 18.

## 4. False Claim: Everything is working in Oregon.

Barbara Wagner, an Oregon resident, was seeking a cancer treatment from her state health care plan. Astoundingly, she was sent a letter from the Department of Health telling her that her plan would not cover her cancer drugs (about \$4,000 a month) but reminding her that she had the option to kill herself with a suicide prescription (about \$100), for which the Department would pay. (Source: ABC News, “Death Drugs Cause Uproar in Oregon,” 8/6/08) She was not the only resident to receive such a letter.

*See “Consequences,” page 23*

# AMA to hold interim meeting to consider abandoning decades-long opposition to assisted suicide

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

There is an effort currently underway within the influential American Medical Association (AMA) to abandon its decades-long position opposing assisted suicide and take a neutral stance.

At its July 2017 annual meeting, the AMA will consider taking a neutral position which

have been instrumental in stopping the spread of these dangerous laws. In fact, when the Vermont and California medical societies took neutral positions, it was devastating to the efforts in the legislature to block legalization.

Assisting suicide is now legal in Oregon, Washington,



essentially sends a green light to the states that legalizing is acceptable. However, we have recently been made aware that the AMA will hold an interim meeting on November 13 and 14 in Orlando where a special breakout session will be held on assisted suicide.

At the end of this article you will find addresses and emails for the President of the AMA and for the Secretary of its influential Council on Ethical and Judicial Affairs.

As *NRL News Today* explained August 18, “neutrality” would be potentially disastrous.

Both the national and state medical societies’ opposition to doctor-prescribed suicide

Vermont, and California, and the practice may have some legal protection in the state of Montana. But should the AMA end its strong and influential opposition to the dangerous practice, we can expect many more states will face fierce legalization battles. We will all be at risk.

Why should the AMA should retain its longstanding position in opposition to the legalization of assisted suicide?

- Medical professionals should focus on providing care and comfort to patients – NOT becoming a source of lethal drugs. I would not want my

doctor to have this power and suggest suicide to me as an “option.”

- Will the government and insurance companies do the right thing – pay for treatment costing thousands of dollars – or the cheap thing – pay for lethal drugs costing hundreds of dollars?
- Everyone knows someone who has been misdiagnosed or outlived a terminal diagnosis.
- Wanting to die because of depression is treatable. Millions of people are living proof.
- Everyone agrees that dying in pain is unacceptable, however nearly all pain is now treatable. A patient in pain should find a new doctor.
- Oregon is proof that general suicides rise dramatically once assisted suicide is promoted as a “good.”
- My family member could die from taking lethal drugs and I wouldn’t know about it until he/she is dead because no family notification is required in advance.
- Assisted suicide is a recipe for elder

and disability abuse because it can put lethal drugs in the hands of abusers.

- A relative who is an heir to the patient’s estate or an abusive caregiver can pick up the lethal drugs and administer them without the patient’s knowledge or consent. There is no oversight and no witnesses are required once the lethal drugs leave the pharmacy

Please contact the following and urge the American Medical Association to retain its position against assisted suicide:

Dr. Andrew W. Gurman, MD,  
AMA President  
andrew.gurman@ama-assn.org  
330 N Wabash, Ste 43482  
Chicago IL 60611-5885  
312.464.5618 phone  
312.464.4094 fax

Bette Crigger, PhD,  
CEJA’s Secretary  
bette.crigger@ama-assn.org  
Secretary, Council on Ethical  
and Judicial Affairs  
American Medical Association  
330 N Wabash, Ste 43482  
Chicago IL 60611-5885  
312.464.5223 phone  
312.224.6911 fax

# Let's count the ways the births of preemies Cadence and Jaxson Moore are miraculous

By Dave Andrusko

It's easy to use the word "miracle" when talking about extremely premature babies who beat the odds. But if ever there were twins (about to celebrate their first birthday) whose survival qualifies as genuinely miraculous, it is Cadence Moore and her brother Jaxson.

Let me explain just some of the extraordinary circumstances surrounding Cadence who was born at 11b, one oz., and Jaxson, who weighed in at 11b, 6 oz. Let's start with their mom, Jourdan Moore, and her husband, Matt.

The couple, who married in 2005, always wanted a family. But, as *The Mirror's* Rebecca Lewis explained,

**Jourdan suffered from severe Crohn's disease, a chronic inflammatory condition of the intestines, meaning she was in and out of surgery and switched from medication to medication.**

**The only treatment she responded to was methotrexate, a drug used for cancer patients and autoimmune diseases.**

**It is also used to induce abortions, meaning she could not carry a baby to full term while she was taking it.**

For ten years they tried unsuccessfully to adopt and

then heard about embryo adoption. For those unfamiliar with the term, it refers to embryos who reside in a kind of suspended animation, frozen in

mother to carry the two embryos implanted in her womb.

Both babies survived the April 28, 2015, transfer and the first 23 weeks of pregnancy. But on



*Cadence at 32 days old 11b 7oz*

liquid oxygen. Typically, they are "left over" (not implanted) from in vitro fertilization.

They adopted embryos from an anonymous family, but, as noted, Mrs. Moore could not carry the babies herself. Lewis tells us that Mrs. Moore's best friend, Hollie Mentesana, volunteered to be a surrogate

September 18, 2015, Mentesana was admitted to Portland's St. Vincent's Hospital in Portland, Oregon. She discovered she did not have a bladder infection, as she expected, but that she was so dilated Cadence and Jaxson needed to be delivered by emergency Caesarean to have any chance.

However because the babies were so very immature, doctors told Jourdan and Matt to expect the worse and counseled them, Lewis writes, to accept that the babies had next to no chance.

**"I didn't want to believe it, as we'd come through so much to reach that stage.**

**"Still, we had no choice but to prepare ourselves for their deaths."**

They were given the option to resuscitate and give life support, or opt for palliative care – with doctors advising them to choose the latter option.

"The survival rate for resuscitation was 21 per cent," Jourdan explained.

**"The doctors wanted to let nature take its course, but we couldn't give up on our miracle children.**

**"Thankfully, we didn't and now we have two gorgeous one-year-olds. It's amazing."**

Five days after Hollie was admitted to hospital, Jaxson and Cadence were born.

Mrs. Moore was incredibly faithful during the 98 days her babies were in the neonatal intensive care unit (NICU). She went home only once during that entire time span—for two hours.

*See "Count," page 11*



# Pro-abortion legislator wants to undo protective measures enacted in wake of the murder convictions of abortionist Kermit Gosnell

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

Serial killer Kermit Gosnell left a path of unprecedented destruction in his wake. A Pennsylvania jury convicted Gosnell of killing three full-term babies and causing the death of one female patient in an abortion facility Philadelphia District Attorney Seth Williams described as a “House of Horrors.”

Gosnell is now serving three consecutive life sentences for his crimes. The grand jury in the case estimated that Gosnell had “snipped” the necks of hundreds of babies after he had delivered them alive and hurt countless numbers of women. Prosecutors could bring only a handful of criminal charges against him, because, prosecutors said, Gosnell had destroyed so many records.

In response to the Gosnell catastrophe, Pennsylvania’s legislature passed a measure ensuring that abortion facilities would have to meet basic health and safety standards. The bill, signed into law as Act 122 of 2011 by then Governor Tom Corbett, also required regular, unannounced inspections of abortion operations.

Prosecutors noted with exasperation that hair and nail salons had been more strictly regulated than abortion centers in the Keystone State over the years. For 17 years, in fact, abortion facilities in Pennsylvania went uninspected.

As the grand jury stated, “... the Pennsylvania Department of Health abruptly decided, for political reasons, to stop inspecting abortion clinics at all. The politics in question were not

anti-abortion, but pro. With the change of administration from Governor Casey to Governor Ridge, officials concluded that inspections would be ‘putting a barrier up to women’ seeking abortions. Better to leave clinics to do as they pleased, even though, as Gosnell proved, that meant both women and babies would pay.”

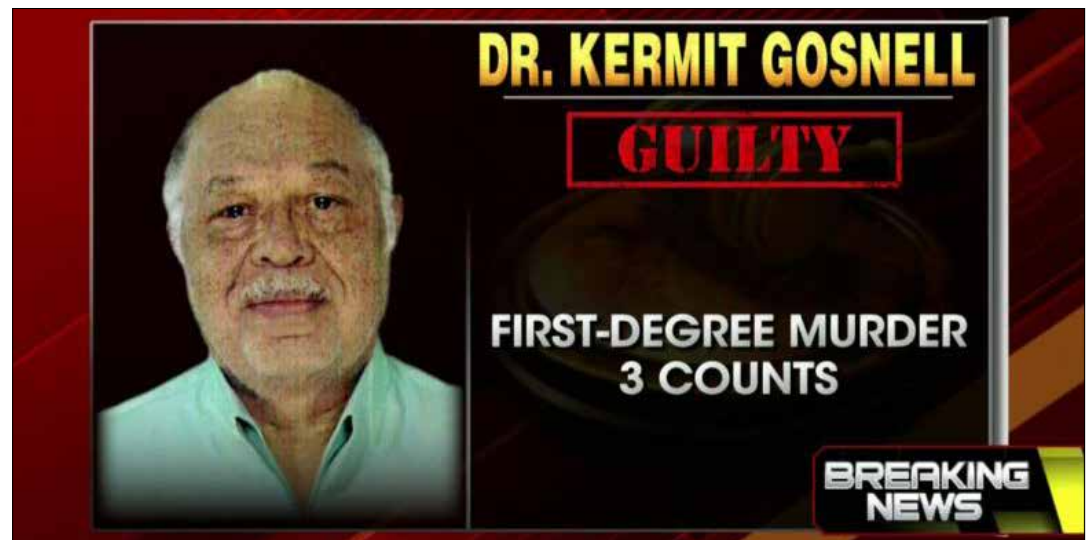
The grand jury clearly and emphatically wanted Pennsylvania law to be changed to prevent future Gosnells from setting up shop in the Commonwealth. Now, a Pennsylvania state representative wants to undo all the progress the state has made in regulating abortion centers through his introduction of House Bill 2332, which would repeal Act 122—a measure which might be better described as “Gosnell’s Law.”

Representative Steven Santarsiero, a Democrat who represents some of Philadelphia’s suburbs, is a staunch defender of the abortion

industry and of Planned Parenthood, the nation’s largest abortion operation. He has introduced HB 2332 under the mantle of the recent U.S. Supreme Court ruling known as *Whole Women’s Health v. Hellerstedt*, which struck down portions of a Texas law regulating abortionists and abortion facilities.

occupies the Governor’s Office at that particular moment. Pennsylvania lawmakers were addressing a real tragedy—the horrors of Gosnell—not dealing with hypothetical situations. The dangers displayed in the Gosnell case were all too real—and all too terribly tragic.

Keep in mind that the emergency personnel who



Still, as a top Pennsylvania attorney pointed out there have been no massive closings of abortion centers in Pennsylvania in the wake of the law, so abortion promoters would be hard-pressed to claim that the law “limited access” to abortion. Pennsylvania’s law, furthermore, does not treat abortion centers differently than [other?] surgical centers, so abortion center operators cannot claim they are being unfairly targeted.

Act 122 has been so important in Pennsylvania because it makes inspections of abortion facilities a matter of law, rather than subject to the whim of the individual who

tried to revive Gosnell patient Karnamaya Mongar might have been successful in saving her life—were it not for the fact that it took them 20 minutes to get her out of the building because of the cramped hallways and padlocked emergency exit. Act 122 was a prudent way to prevent this kind of tragedy from re-occurring.

Any effort to repeal Pennsylvania’s common sense, women-protecting abortion center regulation law is an effort to turn back the clock on women’s health and safety—and to leave the state once again vulnerable to the Gosnells of the abortion industry.

# Autos for Life receives a TRUE barn find!

By David N. O’Steen, Jr.

Since its inception, the National Right to Life “Autos for Life” program has always received an interesting variety of donated vehicles, including everything from luxury cars,

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

(miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc...) along with several pictures (the more, the better) and we’ll take care of the rest! Digital photos are preferred, but other formats work as well.

You don’t have to bring the vehicle anywhere, or do anything with it, and there is

FULL sale amount!

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

**“Autos for Life”  
c/o National Right to Life  
512 10th St. N.W.**

**Washington, DC 20004**

Remember: Vehicles truly



RVs, economy cars, vans and trucks, boats and even jet skis! We have always taken vehicles from anywhere in the country, and have always said that they could be of any age.

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

Life through our “Autos for Life” program!

It is the unselfish giving of gifts such as this that enable us to keep doing what we do... saving lives! Please keep them coming! If you or someone you know has a vehicle to donate, or for more information, please contact David O’Steen Jr. at (202) 626-8823 or email [dojr@nrlc.org](mailto:dojr@nrlc.org).

All that we need from you is a description of the vehicle

no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience, and you receive a tax deduction for the

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

# Kansas abortion clinic owner opens Oklahoma City site

By Kathy Ostrowski, Legislative Director, Kansans for Life

**Oklahoma** – Kansas grieves with you on the sad occasion of last week’s opening of the South Wind Women’s Center in Oklahoma City (SWWC-OC), run by Kansas abortion entrepreneur, Julie Burkhart.

We grieve that more innocent, unborn babies will be brutally destroyed while an exuberant press regurgitates Burkhart’s inane “Trust Women” propaganda, written by their new press agent — a former long-time reporter for the



Julie Burkhart

McClatchy-published *Wichita Eagle*—such as:

- metro areas without abortion clinics are “underserved communities;”
- Burkhart’s businesses “provide high-quality health care,” and
- the public believes her clinic “is going to serve the community well.”

Burkhart has been predicting for months that it will do “1,500 abortions in the first year, increasing to as many as 3,000 per year after a few years.”

Trust Women Foundation boasted last Monday that it received a \$100,000 grant from the Unitarian Universalist Congregation at Shelter Rock in New York to open more clinics in “underserved communities.”

The new clinic will perform abortions up to 21.6 weeks.

See “Kansas,” page 28

# Planned Parenthood 2010-2016: Fewer centers, but more abortion clinics, and later abortions

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

There have been a great many stories in *NRL News*, the pro-life media in general, and elsewhere about the clinic closings at Planned Parenthood, the mergers, the scandalous videos that reveal that the organs of children are harvested from late abortions. On a Monday through Saturday basis, *NRL News Today* has run many, many stories about these and other developments at the "largest abortion provider" in the United States.

But sometimes, in focusing on a clinic closing here, a merger there, a new megaclinic taking the place of dilapidated old building in one community, one can lose track of the big picture of some of the larger systemic changes that Planned Parenthood is undergoing across the country.

They are not random, and they are not inconsequential. They are the product of a business model which maximizes revenues by closing smaller clinics (often ones that do not perform abortions); adding chemical abortions; and by constructing megaclinics which allow PPFA to perform massive numbers of abortion at a central site.

## Little versus Big Picture

Long-term, we know that there are perhaps a couple of hundred fewer clinics than there were at Planned Parenthood's peak--and that the number of Planned Parenthood's affiliates are perhaps a third what they were in the early 1980s.

With record revenues and a consistently high number of abortions performed, however, this is anything but a corporation teetering on the edge of collapse. So what is going on?

Let's look at Planned

Parenthood's website. By examining the clinics and services that each affiliate was offering in the U.S. in 2016 and then comparing them with similar data from just six years earlier, we see that in that



even in just that short window of time there have been significant, even profound changes.

## Comparing 2010 and 2016 Data

In 2010, there were just about a hundred affiliates listed. Today, just six years later, there are only around 60. [1]

Merger mania, which has gripped Planned Parenthood for a few decades, has hardly abated in recent years. Larger, more powerful, more aggressive affiliates have gobbled up smaller ones that were often unprofitable and poorly managed. Often the new team closes down the non-abortion performing centers and invests in those larger, more professionally staffed clinics that can handle higher abortion volumes.

The overall number of clinics went from 872 in 2010 to 649 in 2016, a drop of 223 in just six years' time. But during that same time period the number of abortion-performing clinics

went **up**, from 302 to 361. This means that nearly 35% of Planned Parenthood's clinics advertised abortion in 2010, but nearly 56% (well over half) did so in 2016.

Though we do not have

later abortions, with 93 now advertising surgical or "in clinic" abortions of babies greater than 14 weeks. In 2010, there were just 80.

There also appears to have been more than 50% increase in the number of clinics advertising abortions at 18 weeks and beyond. Thirty two clinics now advertise that they will perform abortions at these very advanced stages of pregnancy. In 2010, there were only twenty advertising at that gestational age.

Even after undercover videos that showed Planned Parenthood employees haggling over compensation for the body parts of babies well into their second trimester, fifteen clinics were still advertising that they would perform abortions at 20 weeks or more. (The number would be higher if we included those seven who indicate they will go all the way up to 19 weeks and 6 days.)

Only eleven clinics said they would do abortions at 20 weeks or more in 2010, and none were saying that they would tiptoe up to that line by performing abortions at 19 weeks and 6 days.

## Similar Patterns at the State Level

There are a handful of states which currently have no Planned Parenthood abortion clinic [2] but many of the other state Planned Parenthood affiliates mirror the national group in their evolution.

Colorado, run by the Planned Parenthood of the Rocky Mountains affiliate, lost five clinics from 2010 to 2016 (26 down to 21). At the same time they experienced an increase of 50% in the number offering abortion (from 8 to 12).

"service" numbers for last year yet, this large increase in the number of PPFA clinics performing abortions does explain how the number of abortions at Planned Parenthood held relatively steady (around 320,000 to 330,000) for 2010 to 2014, even while national abortion figures have been in a tailspin, dropping around 250,000 since 2000 and some 150,000 from just 2008 to 2011.

For Planned Parenthood, a lot of the stability in their numbers comes from adding chemical abortions to clinics which previously did not offer them. In 2010, 292 of its clinics advertised chemical abortions. Today, the number is 361. Some of these locations offer both surgical and chemical abortions, but many do not.

There are slightly fewer clinics performing surgical abortions now than there were six years ago – 166 against 175. But more Planned Parenthood clinics are offering

# ‘I know you hear me,’ the voice of the unborn child said. “Listen to me. I want to live.”

By Jean Garton

Hollywood has produced many super stars over the years. However, few remain at the top for as long as did Gloria Swanson, the super star of Hollywood’s golden era. For sixty years she was a headliner and when, in 1983, she died of a heart attack, she was preparing for the starring role in a Broadway play.

She was married six times and had three children, many grandchildren and great-grandchildren. While media accounts of her life featured the glamor and glory of her international career, the most significant account of her life went unmentioned by everyone except Gloria Swanson herself.

In her 1980 autobiography, *Swanson on Swanson*, she began and ended with her remorse over taking the life of

her unborn child. It was for her the most consequential act of her existence and her greatest regret.



“Nothing,” she wrote, “in the whole world is worth a baby. I realized that as soon as it

was too late, and I have never stopped blaming myself. Even if Syd Grauman built me an Arch of Triumph in California as colossal as the one in Paris, it would always have a tomb under it, the tomb of an unborn baby who had picked Henri and me for parents and who was now dead.”

The abortion was ancient history. It had occurred decades earlier. It wasn’t as if she had been unmarried then or had had an ugly back alley abortion. It wasn’t as if she didn’t have other children, which she did, before and after the abortion.

But none, she said, could replace the aborted child whom, she said, had spoken to her innermost being on the way to the elegant office of the prominent surgeon who was to end that baby’s life.

“‘Don’t do this,’ the child said to me. The voice was inside me. It was the voice of my unborn child. I tried not to listen. ‘I know you hear me,’ the voice said. Listen to me. I want to live.”

Gloria Swanson was to hear that voice for 60 years until the day she died. She had had a rich and glamorous life but, she said, when she spelled out the price – the sacrifice of a child – it just wasn’t worth it.

Almost 60 million babies in the last 43 years have been aborted in the U.S. How many of their mothers have said that very same thing to themselves? It just wasn’t worth it!

## Let’s count the ways the births of preemies Cadence and Jaxson Moore are miraculous

From page 7

“As an adoptive mother, I never had a chance to feel the babies kick inside the womb,” she told Lewis. “I did five hours of skin-to-skin contact every day with each baby, so I was able to bond with them at such a young age.”

Now nearly a year old, the babies have their share of medical problems but nothing overwhelming. For example, not surprisingly, they are small for their age. However, the potentially serious issues resolved themselves over the last twelve months.

Lewis ends her great story by again quoting Jourdan:

**It wasn’t until two thirds of the way through our hospital stay that we were sure they would be fine.**

**“I was in the NICU every day and saw babies that didn’t make it, despite being born bigger and stronger than mine.**

**“I’m so blessed and lucky that we had a good outcome, but that’s not the case for everyone.”**



Cadence and Jaxson at 10 months

# 10 examples illustrating how extreme Hillary Clinton is on abortion

By Dave Andrusko

As our readers know, it is nearly impossible to exaggerate how far to port Hillary Clinton is on abortion, how all-encompassing is her embrace of the ideology of the most militant fringe of the abortion movement. As a service to *NRL News* readers we are updating a post summarizing Ten Ways Clinton has freely expressed her undying devotion to abortion on demand, at home and aboard, paid for by American taxpayers.

1) The unborn never has any rights, including up to “just hours before delivery.” In April, Chuck Todd, on *Meet the Press*, asked Clinton: “When, or if, does an unborn child have constitutional rights?” She answered, “Well, under our laws currently, that is not something that exists. The unborn person doesn’t have constitutional rights.”

Two days later Paula Faris (of *The View*) was able to ask a follow up question. “And Secretary, I want to ask you about some comments that you made over the weekend on *Meet the Press* regarding abortion. You said, quote, ‘the unborn person doesn’t have constitutional rights.’ My question is at what point does someone have constitutional rights, and are you saying that a child, on its due date, just hours before delivery still has no constitutional rights? Clinton responded, “Under our law, that is the case, Paula. I support *Roe v Wade*.”

2) Hillary Clinton received the endorsement of Planned Parenthood, the first time the nation’s largest abortion

provider endorsed a Democrat in the primary. In an interview with Planned Parenthood CEO Cecile Richards, Clinton vowed her allegiance to preventing pro-life bills from becoming laws. “I want to be that president that will say, ‘Forget about it. Don’t waste



*Pro-abortion Hillary Clinton*

your time; you know you’re not getting past me.” She received a last-minute six-figure media buy from the abortion provider just days ahead of the Iowa caucuses, which she narrowly eked out a win.

3) Hillary Clinton calls for ending the Hyde Amendment.

By conservative estimates, the pro-life Hyde Amendment, first enacted in 1976, has saved over a million lives. In lockstep, the 2016 platform of the Democratic National Committee, for the first time, called for ending this annually

enacted law that prohibits federal Medicaid funding for abortion except in the cases of rape, incest or to save the life of the mother. Clinton would make expanding federal funding for abortion a major priority in the White House. Clinton’s own website states “there is no more

cultural codes, religious beliefs and structural biases have to be changed.”

On her webpage we learn this is nothing new for Clinton: “At the UN 4th Conference on Women in China, Clinton affirmed that “it is a violation of human rights when women are denied the right to plan their own families.”

In case anyone had missed the point, in a video message this past May to the Women Deliver conference in Copenhagen, Clinton called for renewed efforts to “break down the barriers holding back women and girls around the world” and stated, “Gender equality, including sexual and reproductive health and rights, must be a core priority.”

5) 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. Clinton chooses to ignore the substantial medical and scientific evidence that shows unborn babies are capable of feeling pain by 20

important issue than defending reproductive rights (a.k.a. abortion).’

4) “Religious beliefs and structural biases have to be changed” to expand abortion. In April 2015, in a speech to the Women in the World Conference, 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

# Down Syndrome Parent Power

By Nancy Valko

During the last few months, I have been writing about efforts by some legislators in Missouri and now Kansas to block the passage of Simon's Law, a bill that exposed and sought to change the secret futility policies in hospitals that led to the death of Simon Crosier, a

But with social media, this changed. Parents share stories and videos, showing their happy 4 and 5 year old children with these conditions. Survival, it turns out, is not a rare as once thought."

This survival is even more impressive in light of a related

That power may help bills like Simon's Law to finally pass.

## DOWN SYNDROME (Trisomy 21) AND PARENT POWER

I personally learned about parent power when my

National Association for Down Syndrome in 1960.

By working with other parents and reaching out to willing educational, legal, and medical professionals, they helped change medical attitudes, the educational system and public acceptance of people with Down Syndrome who are now achieving goals once thought impossible.

Although it continues to be a long-term effort to ensure non-discriminatory medical treatment for people with Down syndrome or other disabilities, people with Down syndrome who were once predicted to die at an early age now have a life expectancy of 60 years and are achieving goals once thought impossible.

## THE FIGHT IS STILL FAR FROM OVER

Unfortunately and on the heels of the welcome editorial comment on babies with Trisomy 13 and 18, comes the news about the tragic circumstances surrounding the death of little Israel Stinson.

Two-year old Israel died after a judge suddenly and unexpectedly rescinded a court order that prevented a California hospital from removing the ventilator from little Israel before his parents could get an opinion from another neurologist after conflicting medical opinions about whether or not Israel was brain dead.

In this case, parent power was overturned by a single judge after the family thought that Israel was protected by a court order.

Not only is this personally tragic for Israel and his parents but this development also serves to devastate the crucial trust needed in our medical and legal systems.



baby with Trisomy 18. I even wrote my own testimony in support of the bill.

But now in a stunning development, Dr. John Lantos wrote an opinion editorial in the Journal of the American Medical Association (JAMA) admitting that withholding life-sustaining treatment from babies with Trisomy 13 and 18 was really a value judgment rather than a medical judgment.

Thirty years ago, pediatric residents were taught that trisomy 13 and 18 were lethal congenital anomalies. Parents were told that these conditions were incompatible with life. There was a tacit consensus that life-sustaining treatment was not medically indicated. Clinical experience usually was consistent with this self-fulfilling prophecy.

JAMA article titled "Outcomes of Surgical Interventions in Children with Trisomies 13 and 18" which stated that although "The median age of survival was 13 and 9 days, respectively, in children with trisomies 13 and 18"

Among children with trisomies 13 and 18 who lived to 6 months, survival at age 10 years was 51% and 60%, respectively.

Note that what is changing the former medical perception of "incompatible with life" is not any new medical advance but rather loving parents who refused to accept the predicted death sentences for their babies, insisted on treatment and then used Facebook and other social and regular media to show off their children's real lives. I call this Parent Power and it is based on love.

daughter Karen was born in 1982 with Down syndrome and a severe heart defect. 20+ years before Karen's birth, children with Down syndrome were routinely institutionalized as accepted medical practice. But by the time Karen was born, almost all newborns with Down syndrome went home with their parents and eligible early childhood programs.

What caused this dramatic change?

Again, it was primarily parent power.

Parents like Kay and Marty McGee not only ignored the standard medical advice to institutionalize their daughter but also fought for support and help for their daughter and others like her. They eventually founded the

# Who is the Pro-Life Movement?

By Jean Garton

Who are we—the people called “the Pro-Life Movement”? Many years ago a syndicated columnist caricatured us as “a movement of bigots, ugly women, impotent men and

We do for free what we wouldn't do for money. We do for love what we wouldn't do for power, and we do for others what we wouldn't do for ourselves. That's what it

association of individuals, groups, churches, and organizations with people of all ages, colors, religions and nationalities. Pro-Life is a worldwide movement that has no counterpart.

Other movements in the past have been similar, but never before, in a so-called civilized society, have people united together—in a strong, public counter movement to a violent killing force—simply to say that you may not kill the smallest, the most defenseless, the most innocent among us.

Ours is a mission unique to human history and a unity

unique in the world. And there's always room for more! So do something! Do something new! Do something now! Together we can restore protection to the most vulnerable, the most endangered, the threatened of all ages.

A childhood rhyme says: Sticks and stones may break my bones, but names will never hurt me.”

Oh, yes, they will, if the names people use to describe human beings dehumanize them and help to obscure the violence we are doing to them through abortion, infanticide, and euthanasia.



fanatic moralists.”

Later in a book by a supporter of abortion rights, the author described us as “a bloody movement, a movement based on deceit, a movement not quite human in its modus operandi and its end.”

Characterizations like that continue today, and they are a natural response to who we are and what we believe. We don't make sense in a secular, self-centered world.

means to be our “brother's keeper,” to “love our neighbor as ourselves” and to be “a Good Samaritan.”

However, despite such inaccurate characterizations of pro-life people, critics correctly use the word “movement” to describe us. That is crucial to understanding who we are. Pro-Life is not a protest group ... not an organization ... not a sectarian crusade.

Pro-Life is a mighty



# When Women Don't Have a Choice

By Deborah Muse

*Editor's note. This first appeared at Save the Storks (<https://savethestorks.com>) and is reprinted with permission.*

As women in the United States, most of us have a myriad of choices. We pride ourselves on making choices because our choices give us some sense of independence, self-worth, and control over our lives. This all sounds great, but I often struggle with this thought:

**Most women make choices based on a lack of resources or incomplete or inaccurate knowledge.**

I'm a college professor of English, and this allows me to explore controversial subjects with my students as they put together argumentative and persuasive essays over current social issues. Each semester I get freshman students begging to write about abortion because they want to share their opinion on the issue. I don't let them.

I, like many other instructors, have put abortion on my list of what not to write about. The reasoning behind this is that most freshman students will only scratch the surface of this topic in the five pages they write for the assignment. What they end up with is often a glossed over emotional monologue with very little insight into the logic behind both sides of the issue. *In essence, they are missing the point of the assignment.*

Part of my class routine is to have students present and defend their topics with the class before they write their essays. This past semester, as the class was going through

this process, I called on one of my students who proudly told us she was going to write about abortion.

**The rest of the class looked at me as if knowing my rules were being challenged.** She began by telling me various facts about abortion and why it



was wrong. Rather than shutting her down quickly and moving along to the next student on the list, I felt the need to make this a teachable moment for her as well as the class.

*I started by asking her why women would make the choice of abortion if all of her facts suggested it was wrong.*

She didn't have an answer for me, so I posed it to the rest of the class. "Fear," was one student's reply. Another answered, "It's over and done with." I could visibly see my

one student's confidence fall because she didn't understand how these would, in her words, "drive a woman to make such a decision." I wanted to give her a way to view the topic without it becoming a debate about pro-choice and anti-abortion; I wanted to expand her view to

**where these clinics are?"**

They were a bit hesitant, but after some silence, a few hands were raised. The students knew others who had gone through the process or knew friends who had friends who had had one. All the students in the room (about 20, both men and women, ages 17 to 45) said they could figure it out by asking around or even looking online.

**"Who thinks you could find all the information needed online to tell you all about the procedure and the pros and cons of abortion?"** I asked them.

Each student raised his or her hand, and some even made comments about knowing this information since high school sex education classes.

**"What about adoption? What all is involved with this option?"**

My students looked at each other, in the air, and finally settled to looking at me. One student spoke up, "On T.V., they show that a woman can have the baby and then sign some papers in the hospital to give it to people." Another student added, "Oh, but she could also find someone before that."

**Did they know where to go to set all this up?**

There was a resounding "no" in the classroom. As I did prior, I asked, **"Who all thinks they could find all the information needed online to help understand the process and the pros and cons of adoption online?"**

Collectively, they seemed unsure. One student asked,

see how it is so much more than this.

**To begin, I asked the entire class to tell me what choices they would have if they found out they were pregnant.**

Everyone agreed they had three options – abortion, adoption, and raising the child. Taking these in order, I asked them about abortion. They all seemed to know they could go to a clinic, pay a few hundred dollars, get the abortion, and be back home after a few hours.

**I asked, "Do you know**



# INTERVIEW: Israel Stinson's mom on battle with hospital that turned off toddler's life support against her wishes

By Lisa Bourne

After losing her young son recently when a hospital disconnected his life support, Jonee Fonseca spoke about the little boy she lost and said she wants people to be aware of how her child's life ended.

"My son was always an angel," Fonseca said. "And the meaning of his name, 'Apple of God's eye,' was more true than I had even realized."

"I just want people to know the truth about how everything played out," Fonseca told LifeSiteNews. "I'd hate for it to happen to another family. I hate that it happened to my family."

Two-year-old Israel Stinson died August 25 when Children's Hospital Los Angeles forcibly removed his life support after the hospital fought in court to dissolve a restraining order keeping Israel alive until an independent neurologist could examine him.

The hospital rushed to pull Israel's life support at the same time the family was waiting for a judge to hear their appeal, according to Alexandra Snyder, executive director for the Life Legal Defense Foundation (LLDF), making certain the test did not take place.

"It was terrible the way everything played out," Fonseca told LifeSiteNews. "I don't even know how to say how it felt. We had no say."

## A happy and loving little boy

She described her son as inviting and lovable, a tough little two-year-old who tried hard to keep up with his big brother and older cousins,

whether in sports or horseplay.

"He was just so cool, and he was a ladies' man too," she recalled, laughing. "He loved the ladies. At Sunday school, he



would always try and sit with the Sunday school teachers."

Israel was the first of Fonseca and Nate Stinson's two children. Little sister Nyomi is one and older brother Mathias, Stinson's son, is seven. Fonseca said Israel's siblings keep the family going as they grieve his loss.

"He was the best big brother ever. He watched over Nyomi like a hawk, and he would hold her hand and try to feed her," Fonseca shared. "He loved his big brother. He would always copy his every move and all three of them were so close."

"And he loved music," she went on. "He didn't dance much in front of others, but he loved dancing with Nyomi and mommy."

"My husband and mom picked his name," she told LifeSiteNews.

"Israel was always so

special," Fonseca continued. "He always had a certain glow about him. He was so goofy. Any time he saw the opportunity to make his parents

Medical Center, where Israel was taken after the attack, all the way to federal court to keep him on life support. They decided to have him airlifted for treatment out of the country to a hospital in Guatemala — where he thrived and defied the declaration of "brain death." But after Children's Hospital Los Angeles accepted him and he returned to the United States, its decision to remove life support defied explanation for Fonseca's family and their attorney.

They were especially baffled because the LA hospital was aware of Israel's condition while he was at the hospital in Guatemala and had showed willingness to take him knowing the family intended for him to receive treatment.

The family had been searching for facilities back in the U.S. during his stay in Guatemala so they could come home. They had a Sacramento-area doctor familiar with his case who was willing to oversee treatment and Children's Hospital Los Angeles had agreed to take Israel.

## Israel's plight was no secret

Children's Hospital Los Angeles was supposed to be an interim stop before Israel was moved to a long-term facility for recovery, which was his parents' plan all along. His case was well-publicized, and according to Snyder and Fonseca, there was no

laugh, he would. He would put on my glasses or dad's shoes and walk around making funny noises and faces."

"He was one of a kind," she said. "There will never be another kid like him. He was very special."

## Months' long ordeal

Israel's death came after five months of anguish that began with his asthma attack in April and took the family in to court and out of the country to fight to save his life.

Despite a disputed declaration of "brain death," they were resolute their son was still alive and trusted that Israel's recovery was in God's hands. They just wanted time for him to have a chance at recovery.

## It doesn't make sense

The family battled Kaiser Permanente's Sacramento-area

See "Interview," page 36

# Under Catholic name, group launches abortion ad campaign

*'Catholics for Choice' isn't Catholic*

By Sheila Liaugminas

This is not a group to which I would normally give time or attention under most circumstances. But they launched an election season ad campaign in newspapers around the country that could further confuse people who don't already know or understand what the Catholic Church teaches on issues of utmost importance not only in elections, but in our common life as a nation.

In the September 12th *Chicago Tribune*, page five



Sheila Liaugminas

carried a full-page, color, paid advertisement with the large print heading 'Abortion In Good Faith' over the full page photo of a woman, superimposed by a quote attributed to her. It read: "I know firsthand that

today's elected officials need to hear your voice so they do the right thing, ensuring that women who are not well off are not financially burdened by the choices they make."

Under her name, she was identified as "Former Illinois legislator, mother of four and grandmother of eight, Catholic" from "Vernon Hills, IL", a suburb of Chicago.

At the bottom of that attention-grabbing advertisement, a red banner carried this message: "Public funding for abortion is a Catholic social justice value." And in a side corner and lighter font, it designated Catholics for Choice as the sponsor.

I don't cite Wikipedia as a source or reference in writing, but in this case it's sufficient to reveal that three bishops' organizations on the North American continent that have "unequivocally rejected and publicly denounced CFC's identification as a Catholic organization."

This is a new push by an old organization in a very consequential election with one candidate and political party standing so fully and forcefully on a platform of abortion 'rights', they extend it to the promise of repealing the longstanding, bipartisan Hyde Amendment that protects taxpayers' funds from providing for abortions.

Plenty of media and Catholics

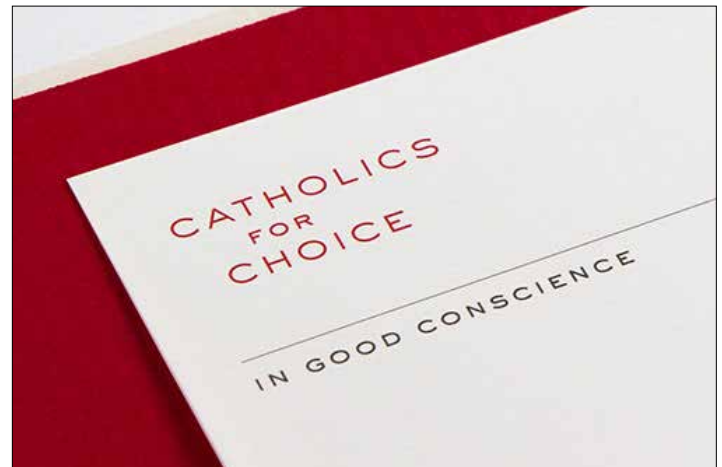
in the pews have appropriated Pope Francis' gestures and words taken out of context to approve of choices he never has nor could condone.

Like abortion, which he's been asked about again and again.

"Abortion is not the lesser of two evils. It is a crime. It is to

even this social moral issue can be.

I brought this up on radio Monday with Catholic scholar George Weigel, one of the top American public intellectuals, social commentators and Vatican experts. During that conversation, a listener wrote me saying that her Miami



throw someone out in order to save another. That's what the Mafia does. It is a crime, an absolute evil,"...

"It's against the Hippocratic oaths doctors must take. It is an evil in and of itself, but it is not a religious evil in the beginning, no, it's a human evil. Then obviously, as with every human evil, each killing is condemned," he said.

But it remains a major political issue, and with the election under 60 days away, this new campaign shows how tenuous the Catholic understanding of

newspaper carried a similar full page ad. Then a caller reported that her Minnesota newspaper also carried the ad, and she was thankful for the coverage and badly needed clarity.

Whatever 'the Catholic vote' is, no matter how divided it is, it's obviously seen as important and 'in play' in the election.

Yes, "today's elected officials need to hear your voice so they do the right thing," all right.

*Editor's note. This appeared at Mercatornet.*

# New Video: Woman's Deadly Cancer Treated with Her Own Cells

*Adult Stem Cells "Gave Me a New Lease on Life,"  
Cindy Schroeder Says in StemCellResearchFacts.org Testimonial*

**Washington, D.C.** – The Charlotte Lozier Institute has announced the release of its latest patient testimonial video at StemCellResearchFacts.org, a project of the Washington, D.C.-based research and policy organization.

In the video, Kansan Cindy Schroeder describes how she and her family thought she was given a death sentence when diagnosed with multiple myeloma, a blood cancer with a median survival rate of just over five years that had migrated from her bone marrow to vital organs. Then, Schroeder says, an adult stem cell transplant gave her a new lease on life.

David Prentice, Vice President and Research Director of the Charlotte Lozier Institute and an international expert on stem cells, hailed the new video, saying:

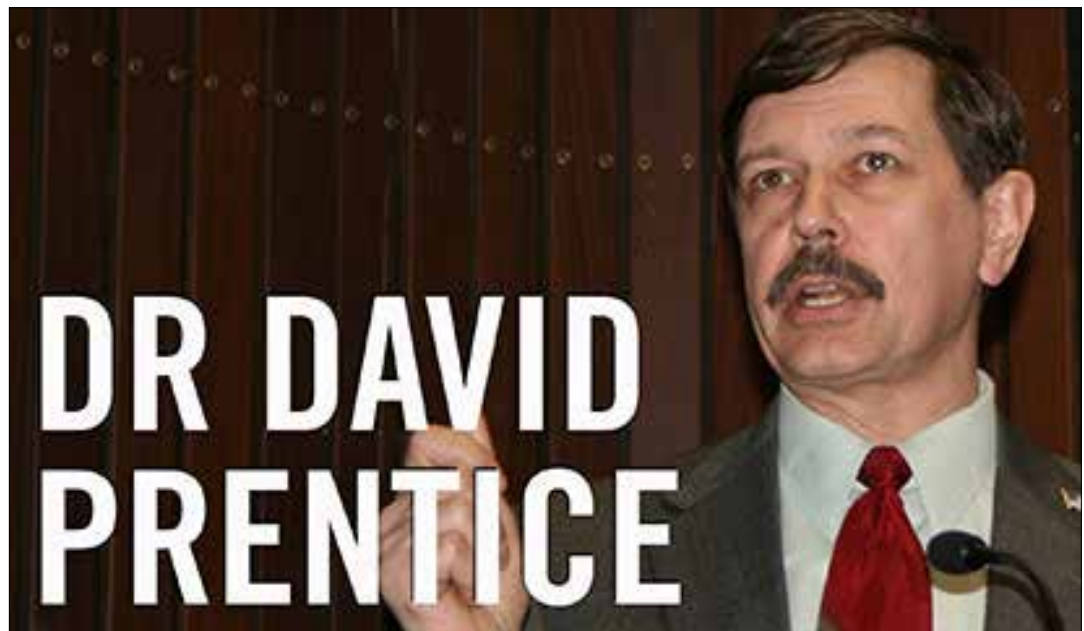
**"Adult stem cells are one of the best-kept secrets in medicine today. Cindy Schroeder is one of well over one million patients worldwide who have benefitted from treatments using adult stem cells. Yet, myths about their usefulness persist, and to some it still sounds like science fiction. In reality, there are nearly 3,500 approved clinical studies using adult stem cells, and peer-reviewed, scientific publications have documented**

**their successful use in patients for dozens of conditions. Unlike embryonic stem cells, which have not produced a single proven treatment in spite of ample funding, adult stem cells do not require taking a life to save a life. StemCellResearchFacts.org exists to promote**

Charlotte Lozier Institute president Chuck Donovan also pointed out the lack of ethical controversy surrounding adult stem cells versus embryonic stem cell research:

**"For decades, stem cells obtained by destroying unique, living human beings were heralded for their potential ability to cure numerous diseases and conditions.**

StemCellResearchFacts.org, a project of the Charlotte Lozier Institute, was established in 2009 to facilitate and form a worldwide community dedicated to helping individuals, patients and families discover, learn and share the latest advances in adult stem cell research. To that end, the website has published 16 video testimonials – backed by peer-



**sound, ethical research and tell stories like Cindy's. The validated science can no longer be denied. People facing dire prognoses deserve to have this potentially lifesaving information when they consider their treatment options."**

**However, while funding for this morally objectionable research initially boomed, efficacious therapies did not. We ought to allocate our valuable resources to therapies with a proven record of success. Anything less is putting ideology before science."**

reviewed published science. These testimonials feature patients who have undergone successful therapies for a variety of conditions – including autoimmune diseases, cancer, spinal cord injury, heart disease, and more – using adult stem cells. They also convey the testimony of doctors and researchers on the merits of these treatments.

# Cruel to Abandon Dying to Suicide While Preventing Others

By Wesley J. Smith

The dueling headlines in the *San Francisco Chronicle* illustrate how our society is increasingly willing to abandon people diagnosed with terminal illnesses to suicide (“right to die” law, e.g., assisted suicide), while trying to prevent others, in the case of the lower headlines about a texting hotline to keep people from jumping off the Golden Gate Bridge.

I was on a radio show the other day, and the host said that was logical.

We didn’t have the time to explore the question fully. So, here are a few points I would have made to demonstrate it is not logical, but invidiously discriminatory:

*\*Dying isn’t dead, it’s a stage*

of living, difficult yes, but so are other times of our lives. Sometimes people diagnosed with terminal illnesses don’t die as expected, and if we abandon them to suicide, we will never know who they are. The humorist Art Buchwald was one such person. He went

into hospice for kidney failure, expecting to be dead within six months. But when he didn’t die as expected, he left hospice and wrote his last book before finally succumbing.

*\*Patients who are terminally ill and want to commit suicide*

legalizing access to lethal means and by not engaging in prevention in the same way we do other categories of suicidal people—*it sends an insidious and hurtful message that the lives of the dying are less important, and that their*

the great medical humanitarian, Dame Cecily Saunders. Once society generally accepts suicide as an answer for one aspect of human suffering—experiencing a terminal illness—it will sooner or later expand access to being qualified to

be made dead, e.g., people with disabilities, the elderly, the mentally ill, as has happened in the Netherlands and Belgium.

I get that people think they are being compassionate in supporting the legalization of assisted suicide. But they are not. Unintentionally, they are abandoning the dying to their worst fears about being burdens, being less loved, and losing dignity.

More bluntly, they are telling the dying that their lives are not really worth living.

*Editor’s note. This appeared on Wesley’s great blog at [www.nationalreview.com/corner/439440/cruel-abandon-dying-suicide-while-protecting-others](http://www.nationalreview.com/corner/439440/cruel-abandon-dying-suicide-while-protecting-others)*



are often relieved later that they changed their minds or didn’t succeed at self-destruction—just like other once suicidal people. Studies show this repeatedly and I have met such individuals. When society supports the terminally ill in committing suicide—by

families and the rest of us are better if they do die sooner rather than later. I know, I hear from such wounded people on an ongoing basis.

*\*Facilitating the suicides of patients in hospice completely subverts that hospice philosophy as established by*

# Reno Maternity Home Celebrates 30 Years Serving Women

By Nancy Flanders

Back in 1982 two women, Patricia Glenn and Terry Ricciardi, responded to a great need in their community in Reno, Nev. and began answering phone calls from women in unexpected pregnancies in their own homes on their own time.

When a girl or woman facing an unplanned pregnancy called in, Glenn and Ricciardi would

Regional Medical Center in Reno, and with the help of a Catholic nun named Sister Peter Damian, they were able to work out a deal in which St. Mary's rented them a house for just \$1 a year.

That was how Casa de Vida was born. What started as a simple way for two women to help from inside their homes turned into beautiful community

help as many pregnant mothers as we can."

The location currently serves eight women between the ages of 12 and 25 in a live-in maternity home. Casa de Vida focuses on helping these women have healthy babies, but Vogel and his team also wants to ensure each new mother picks up as many skills as possible during her stay.

anything else they may need in order to set themselves up for a positive future.

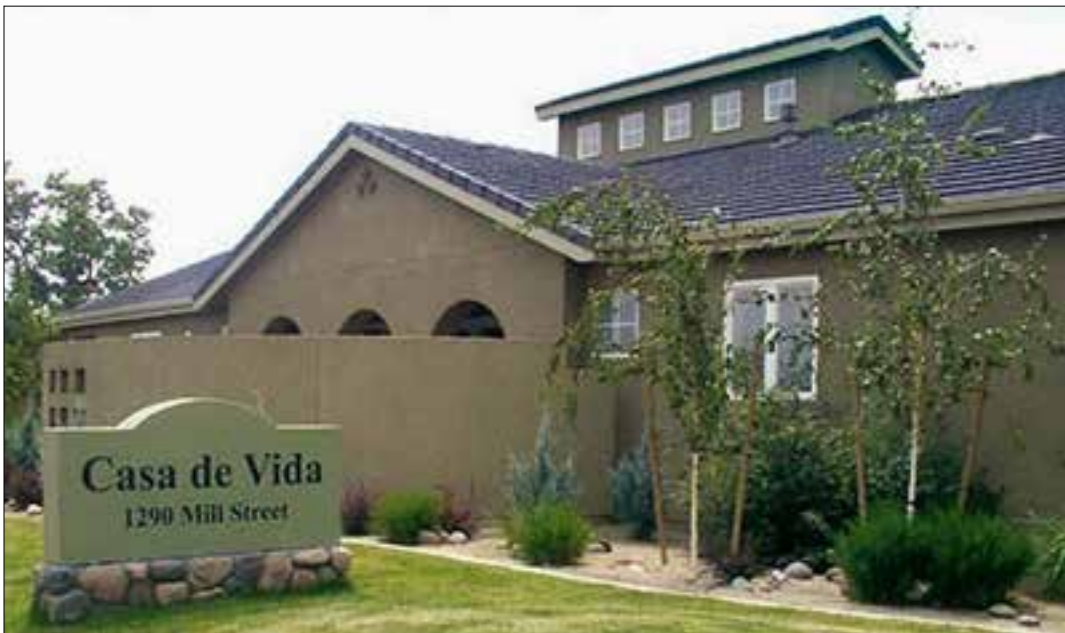
"During the day the women are either in school, at work, or volunteering," said Vogel. "Because it can be difficult for a pregnant woman to find employment, we are working with community partners to develop volunteer opportunities in the woman's area of interest so that these opportunities could help the woman gain skills in that area of interest, or ultimately obtain a job."

Currently, the expansive list of community partners that work with Casa de Vida includes Early Head Start, a local food bank, Join Together Northern Nevada, St. Mary's Regional Medical Center, Once Upon a Child, and the University of Nevada Reno (UNR).

Interns from UNR work with Casa de Vida in the areas of social work, human development, and family studies, and dental students provide classes on the importance of dental hygiene. The women are also connected with doctors in the community.

All the classes at Casa de Vida, had increasingly expanded opportunities for young mothers throughout the home's existence.

"Twenty-four years later, the services available for young pregnant women have expanded and societal attitudes have changed, but the need for housing and outpatient services has continued," Brigid Sullivan Pierce, the organization's



*Casa de Vida celebrates 30 years of serving women with life-affirming housing options.  
Photo Courtesy: Casa de Vida*

listen to her fears and concerns and provide the caller with counseling and resources to help ensure a healthy pregnancy and baby.

What the duo soon realized however, was that as helpful a service as they were providing, it wasn't enough. Time and again, these young women were expressing a common concern: homelessness after being kicked out by their parents.

Thankfully, Glenn and Ricciardi found a solution.

They contacted St. Mary's

that recently celebrated its 30th anniversary.

"The initial programming was for teenagers who were pregnant and had nowhere else to go," explained Shawn Vogel, Executive Director of Casa de Vida. "They would come to Casa de Vida for a place to stay, but they would also learn the necessary skills to have healthy pregnancies and ultimately healthy babies. As the need for this program continued to grow, we extended the age range of the women we serve in order to

The moms receive training in health, cooking, menu planning, and nutrition, as well as child development and money management. Four nights a week, they attend classes to help develop their social skills, and each Monday, a doula comes to talk about their prenatal concerns.

In addition, Casa de Vida helps them secure housing, healthcare and baby items, obtain their high school diploma or GED, find employment, daycare and a pediatrician, and

*See "Reno," page 37*

# Pro-abortion critic loves “Bridget Jones’s Baby,” grouses she doesn’t consider an abortion

By Dave Andrusko

One of the great triumphs (so to speak) that pro-abortion feminists chortle about incessantly is that movies and television are now more “realistic” about abortion. Joy and rapture, babies are slaughtered as casually as taking a trip to the corner grocery store.

Not that they don’t loudly complain when a movie or a television program “lapses.” The pro-abortion Thought Police are not happy when there is a “step backwards.”

*NRL News* has tackled this subject many times and, in this story, we’ll address it again on the happy side: another pro-abortion lament that a new movie does not even “consider” abortion.

I don’t know anything about the “Bridget Jones” movies. I only know that Renee Zellweger often plays a genuinely sweet, strong character, such as she did in the over-rated “Jerry Maguire” and the much under-rated “Cinderella Man” films.

So, in an update of the 2001 movie, the now 43-year-old Bridget Jones becomes pregnant (thus the title,

“Bridget Jones’s Baby”) but does not know which of two men is the father (one of whom is her ex-husband).

Laura Goldman loves the movie but laments (as the

**taking the braver path of discussing birth control and abortion on screen. ...**

**It is 2016 not 1950. It is okay for a 43-year-**



headline over her review reads) “Bridget Jones’s Baby’ Misses By Not Discussing Abortion.”

The operative criticism is contained in these two paragraphs:

**“Bridget Jones’s Baby,” deftly written, generates a belly laugh a minute. The one flaw of the movie is that it overdoses on cuteness instead of**

**old single woman to fear she can’t handle a baby on her own and consider terminating her pregnancy.**

Three observations.

Contrary to the wishes of the Abortion Blogosphere, not every woman who has an unplanned pregnancy “considers” abortion, so why, short of adding another pro-abortion agit-prop movie to the

roster, does “Bridget Jones’s Baby” have to?

Second, I understand how pro-abortionists are desperate to turn abortion, literally, into a joke (see the wretched “Obvious Child”). If annihilating your own progeny can be turned (again literally) into a punch line, if it is that trivial, what’s the big deal?

But for the other 99% of us, a comedy is a comedy, not the opportunity to lecture/hector us yet again about the wonderfulness of abortion.

Third, just seeing the trailer, I can imagine perhaps why Goldman is really angry. Here’s Zellweger/Bridget saying of her situation

**“This is not how I thought this would be but however we chose to do this, the most important thing is the baby.**

Yes, the most important thing is the baby.

Immediately thereafter, looking at an ultrasound of her baby cavorting about, she says in her most protective (and awe-stricken) voice

**“You’re the best thing I have ever seen.”**

# Sweeping the tragedy of abortion under the rug

By Dave Andrusko

My wife and I listen to an uncommon amount of radio. Our two favorite programs are “The Moth” and “This American Life.”

“The Moth” describes itself as presenting stories told live and without notes, adding “Moth shows are renowned for the great range of human experience they showcase.” (I agree.)

On its webpage, “This

seven Dallasites”) is “Out From Under The Rug: True Life Tales Of Abortion.”

Since the program is next week, I can only judge by what some of the participants said about the program to Hannah Wise of the *Dallas Morning News*.

For starters we learn that the show’s producer, Nicole Stewart, had addressed her own abortion “at previous Oral

sonogram showed her baby boy had life-threatening brain abnormalities.” The idea for “True Tales” show came to her when she was pregnant with her now-nine-month-old daughter.

“The idea literally woke me up out of sleep,” Stewart, 37, told Wise.

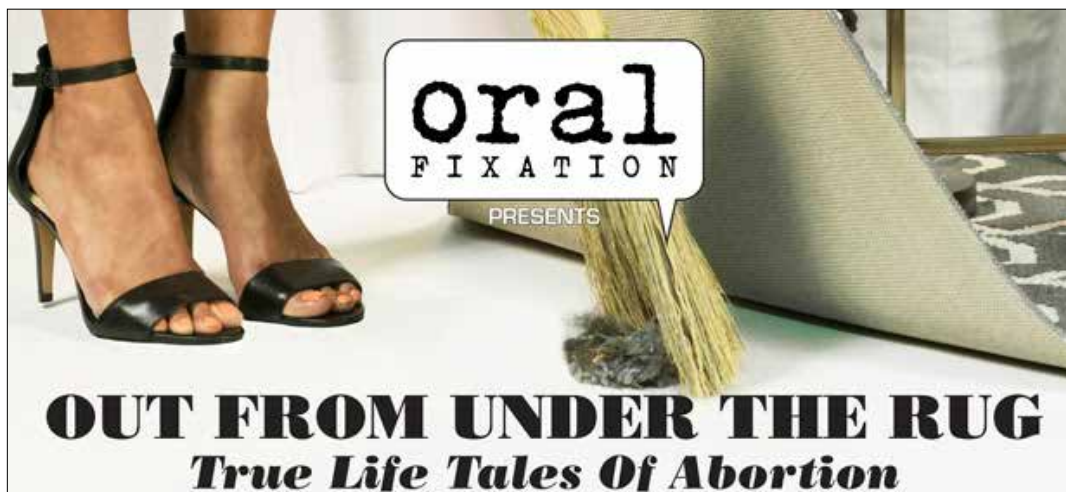
The story of another participant who wanted “to help move forward the conversation about abortion” wasn’t the

**She said her boyfriend became irate when he learned she was pregnant and ended their relationship.**

**With the support of her friends and family, Payne, who said she felt lost and broken, had an abortion. But, she said, she cherishes the “little spirit” that was with her.**

**“That was that spirit’s purpose — to help me and set me on a path of building the life that I want, as a woman and as a person, to help me know my worth and my value,” she said.**

**Payne is now married and she and her husband hope to have children.**



American Life” struggles to summarize what they do each week. Roughly speaking, they develop a “theme” and then run stories that (usually very loosely) can be described as subscribing to the theme. The writing is sharp, the stories nothing short of engrossing, often riveting.

Why do I mention this? Because the “the Oral Fixation storytelling series” out of Dallas, Texas, says it was inspired by these two stalwarts. The “theme” of its September 21 program (which will feature “a cross section of

Fixation events and said she was surprised by how many people responded by sharing their own stories with her.”

So now she’s assembled, Wise tells us, “a lineup of storytellers that she hopes will surprise audiences. It includes four women who have had abortions, a Unitarian Minister, a doctor and a gay man.” (Stewart says, “We are not going to change the laws until we change the idea that abortion is a women’s issue.”)

And there you are.

Stewart aborted her baby in 2013 “after a 20-week

kind that automatically tilts the direction of the discussion.

Britt Payne, 38, had her abortion in 2009. Her pregnancy was in the context of involvement “in an on-again off-again, long-distance relationship.” Let’s read what she told Wise and then offer a brief thought or two:

**“It was something at that point that I had really hoped for — I wanted it,” she said. “I thought that a baby was maybe going to fill a void and make me whole in a way.”**

Without the support of the “irate” boyfriend to have the baby, a broken and lost Payne went to her family who presumably either encouraged and/or supported her decision to end the baby’s life.

No doubt next week a sympathetic audience will nod its collective head in agreement.

But for the rest of us—under the guise of “sweeping out the shame”—to hear that the “purpose” of the dead baby’s “spirit” was “to help me know my worth and my value,” is to remind us of the power (and the tragedy) of self-centeredness aided by self-delusion.

# Amazing but true: many people still don't know how pro-abortion Hillary Clinton is and why pro-lifers support Donald Trump

By Dave Andrusko

Recently I was talking with a journalism mentor of mine and over coffee, he wryly noted that he has been in the business 40 plus years. He said while he understands people lead incredibly busy lives, he



Donald Trump

is still amazed by how many citizens do not know where the two candidates running for President are on many of the most important issues of the day.

In our single-issue case, that would include an unfamiliarity with their positions on abortion.

Few outside of pro-life circles know the specifics

of why National Right to Life supports Donald Trump against Hillary Clinton. They may vaguely sense that, like her husband, Mrs. Clinton is pro-abortion. But, outside pro-life circles, few know how it would be nearly impossible to exaggerate how tightly bound Clinton is to Planned Parenthood, NARAL, EMILY's List, and the like.

Consider how far to port Clinton is, how all-encompassing is her embrace of the ideology of the most militant fringe of the abortion movement.

Whoever is the next President, he or she will not only fill the vacancy left by the untimely death of Antonin Scalia but as many as three (or more) Supreme Court justices. In no uncertain terms, Clinton has pledged to nominate only U.S. Supreme Court justices who will continue legal abortion on demand. Three or four appointments could solidify abortion on demand for a generation.

Clinton broke new ground earlier this year: eliminate the Hyde Amendment which for 40 years has kept the abortion industry from picking the taxpayers' pockets. The American public robustly opposes federal funding of abortion.

And we need not belabor the obvious: like all pro-abortionists, Clinton is always looking for ways



Hillary Clinton

to steer more money into the coffers of Planned Parenthood.

Donald Trump has already cited a list of potential Supreme

Court nominees. All are pro-life.

Unlike Clinton, Trump opposes the use of your tax dollars to pay for abortion. He has also made it clear he opposes taxpayer funding of organizations that perform abortions, including Planned Parenthood (the largest abortion provider in the nation), so long as they continue doing abortions.

And whereas Clinton would launch a full-throated offense against federal pro-life laws, Trump would veto laws attacking pro-life laws at the federal level.

Final thought: our next President will be either Trump or Clinton (see story on page one). That simple fact cannot be stressed enough.

You can be sure that *NRL News* and *NRL News Today* will continue to remind pro-lifers and the public at large why *NRL* opposes Clinton and supports Trump, day in and day out.

## Colorado votes will face ballot initiative with life and death consequences

From page 5

Abuses ranging from a patient with dementia receiving a lethal dose, to numerous non-terminally ill people getting prescriptions, to pressure from the state health plans to utilize the cheaper suicide option have been documented and exposed. However, the real depth of abuses is difficult to know for a variety of reasons.

The law relies on doctors to self-report. However, there is no penalty if they do not report

statistics and complications. Furthermore, doctors are not held to the ordinary standard of medical malpractice in implementing the "safeguards," but a far lower one.

Under Oregon law, for example, the death certificate is actually falsified so that it lists some other condition, not suicide, as the cause of death. And much to the dismay of many families who found this out too late, the law does not

require families to be notified of a patient's suicidal intent.

It is imperative that you get in touch with friends and family in Colorado and urge them to **VOTE NO** this fall!

In the words of disability rights advocate Anita Cameron, an ADAPT (American Disabled for Attendant Programs Today) advocate, and "Not Dead Yet" board member

**Elder abuse, and abuse of people with**

**disabilities, are a rising problem. With legalized physician-assisted suicide, an heir or abusive caregiver may steer someone towards assisted suicide, witness the request, pick up the lethal dose, and even give the drug — no witnesses are required at the death, so who would know?**



# 48 days and counting

*From page 2*

AP writer Hope Yen told us that in some of the states targeted by both campaigns, half the votes, or more, would be cast in early-voting. And, she continued, since the party affiliation of people who cast ballots will be known in “many states,” from that you can extrapolate how Clinton and Trump are faring.

Of course that was just another iteration of the-then fashionable argument that the election was over and Clinton ought to be focusing on her choices for her cabinet and picking out draperies for the Oval Office.

Now the election is in a dead-heat. If anything Trump may be ahead, not only in many national polls, but in many key states he must win to carry the day. Even *NPR* (all of places) is connecting the dots. We read that “less than a week before the crucial first debate of the presidential race”

**a viable route has emerged for the Republican nominee, according to the latest NPR Battleground Map.**

**About a dozen battleground states have gotten closer with some key ones showing Trump leading for**

**Trump’s movement comes as many pollsters have switched to “likely voter” models, which try to**

**in key states in recent weeks.**

There so many ironies to Mr. Trump’s surge it’s difficult to know where to begin. There was/is so much attention to what supposedly is Trump’s ceiling that far less was paid to Mrs. Clinton’s, a status-quo candidate in a year of change who excites no constituency of the Democratic coalition other than the Abortion Establishment.

And for all the potholes Trump has stepped into, he is a piker compared to Clinton. Transparency may mean that Trump says things that get him bashed by the *Washington Post* and the *New York Times* and *CNN*.

But Clinton’s utter lack of transparency reinforces the bottom line of her many difficulties: people neither believe her nor trust her.

Please take a few hours and read every story in the September digital edition of *NRL News* and then forward selected stories--the entire issue, if you have a mind to--to your pro-life friends and family.

48 days and counting.



**the first time. Hillary Clinton retains the advantage, but it’s a far more precarious lead for the Democrat than at any time in this presidential race.**

**predict the electorate based on factors like enthusiasm and past voting records. .... Trump also began running his first major round of campaign ads**

# New video debunks Planned Parenthood's 3 percent abortion myth

By Becky Yeh

A new video released by Live Action exposes how Planned Parenthood manipulates its own data to cover up the fact that abortion – not women's health care – accounts for the lion's share of the corporation's services for pregnant women.

Live Action's motion-graphics video breaks down Planned Parenthood's self-reported corporate data, revealing how abortion is the core service and chief money-maker for the abortion chain.

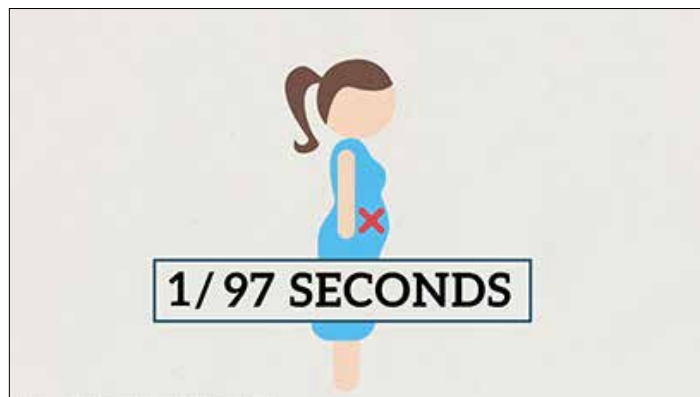
Contrary to repeated claims by Planned Parenthood executives, mainstream media, and abortion advocates that abortion only accounts for 3 percent of its services, one in eight Planned Parenthood patients gets an abortion. The corporation commits over 30 percent of the nation's abortions – over 320,000 abortions every year – or one abortion every 97 seconds.

To arrive at the 3 percent figure, Planned Parenthood divides the number of abortions by the number of services the facilities provide. These services, which include STI testing, pregnancy tests, pap smears, breast exams, birth control, and others, are counted equally with an abortion procedure. So even though abortion is much more profitable for Planned Parenthood, an abortion procedure is calculated as equivalent to a pregnancy test or contraception.

Live Action President Lila Rose called Planned Parenthood's marketing gimmick a cover-up of its abortion-driven agenda.

**“To justify its half billion dollars in taxpayer funding, Planned Parenthood downplays abortion —**

**falsely claiming that it only makes up three percent of its business — and instead plays up its cancer screenings and so-called ‘women’s health care.’ However, Planned Parenthood’s own numbers prove**



*Planned Parenthood performs an abortion every 97 seconds.*

**it’s an abortion corporation, focused on abortion, not on women’s health care. Planned Parenthood doesn’t perform a single mammogram, and it performs less than two percent of all women’s cancer screenings in the United States, yet it commits over 30 percent of America’s abortions.”**

*Slate* and the *Washington Post*, which gave Planned Parenthood “three pinocchios” for this misleading claim, have debunked the abortion giant’s 3 percent myth.

Although the abortion giant claims it is necessary for women’s health, the facts prove quite the contrary. Based on national abortion data, Planned Parenthood performs less than 2 percent of all

cancer screenings for women, even less pap tests, and zero mammograms, as detailed in the data below:

- Planned Parenthood’s U.S. market share for Pap tests is 0.97%. It performed 271,539 tests in fiscal year

for every one child it refers out for adoption.

On the other hand, abortion accounts for over 90 percent of Planned Parenthood’s services specific to pregnant women.

“Planned Parenthood is spending the most it ever has — and double what it spent in 2012 — to influence this year’s election. Citizens have a right to know the truth behind an organization that has their politicians’ ears,” said Rose. “We are giving activists a powerful new tool to counter one of Planned Parenthood’s biggest lies, and we have the platforms in place to ensure this video is seen by tens of millions of people.”

“The ‘3% Abortion Myth’ video shows voters how Planned Parenthood calculates its absurd three percent number to deliberately mislead the public and downplay its abortion business. Even the *Washington Post* and *Slate.com* have called out the abortion chain for its deception. Three percent is not a real number, but over 320,000 abortions a year and a 30 percent market share of all U.S. abortions are,” Rose continued.

“Planned Parenthood is so focused on abortion that it aborts 160 children for every one child it refers out for adoption. If a woman with an unwanted pregnancy goes to Planned Parenthood, that child is 160 times more likely to be poisoned or dismembered than to be put up for adoption to a waiting family.”

*Editor’s note. This appeared at LiveActionNews and is reprinted with permission. See also “Background Memo: Planned Parenthood & Abortion” on the National Right to Life website.*

2014-15, out of 28.1 million tests nationwide.

- Planned Parenthood’s U.S. market share for clinical breast exams is 1.8%. It performed 363,803 exams in fiscal year 2014-15, out of 20 million exams nationwide. (Note: These are physical exams, not mammograms. Planned Parenthood does not perform mammograms.)
- Planned Parenthood’s U.S. market share for abortions is 30.6%. It committed 323,999 abortions in fiscal year 2014-15, out of approximately 1.06 million abortions nationwide.
- Planned Parenthood aborts 160 children

# Ethics, Alzheimer's, and feeding tubes

By Nancy Valko

*Editor's note. This appeared on Nancy's blog at <https://nancyvalko.com/2016/09/05/ethics-and-alzheimers-part-two-feeding-tubes/>*

In 1988 during the Nancy Cruzan case involving a young, non-terminally ill woman in a so-called "persistent vegetative state" whose parents wanted her feeding tube withdrawn so she would die, I was asked if I was going to feed my mother who had Alzheimer's disease. At the time, my mother had no problems with eating, but I knew the real question was about a possible feeding tube later on.

Ironically, I had just written an op-ed on the Cruzan case titled "Feeding is not Extraordinary Care" and I pointed out that if the withdrawal of food and water from people with severe brain injuries was accepted, the pool of potential victims would expand.

I was thinking about people like my mother and, sadly, I was right.

In 1993, just 3 years after Nancy Cruzan died, a long 12 days after her feeding tube was removed, a letter appeared in the *Journal of the American Medical Association* by Dr. Ezekiel Emanuel, one of the future architects of Obamacare. He acknowledged that the actual proof purported to show that the Cruzan case met Missouri law (requiring "clear and convincing evidence" that Ms. Cruzan would not want to live in a so-called "vegetative" state) rested only on "fairly vague and insubstantial comments to other people."

However, he noted that

**"...increasingly it will be our collective**

**determination as to what lives are worth living** that will decide how incompetent patients are treated. We need to begin to



**articulate and justify these collective determinations."** (Emphasis added.) — Source: *The American Journal of Medicine* January 1993 Volume 94 p. 115.

## ALZHEIMER'S AND FEEDING TUBES

When I was asked about whether I would feed my mother who had Alzheimer's, I gave the same answer I gave when my baby daughter Karen born with Down syndrome and a heart defect was critically ill in 1983: Their anticipated deaths must be from their conditions, not from deliberate starvation and dehydration.

In the end, neither one needed a feeding tube. My daughter's kidneys and other organs shut down and, since food or water would cause worse fluid overload, Karen was not given extra fluid and her heart gave out a short time later. In my

mother's case, she eventually needed to be spoon-fed until she quietly died in her sleep.

As a former hospice and ICU nurse, these scenarios are very familiar to me. Multiple

emotional burden on their families. Not surprisingly, many people then willingly check off feeding tubes and other medical treatments in their advance directives.

Position papers like that from the American Geriatrics Society and the Alzheimer's Association can also paint a dark picture:

The Association asserts that research evidence support no medical benefit from feeding tubes in advance dementia and that feeding tubes may actually cause harm in the advanced state of Alzheimer's. Additionally, it is ethically permissible, it says, to withhold nutrition and hydration artificially administered by vein or gastric tube when the individual with Alzheimer's or dementia is in the end stages of the disease and is no longer able to receive food and water by mouth.

The presumption is that such a death is peaceful and painless when a person is assumed to be unaware in a "vegetative" or late Alzheimer's state. However, Bobby Schindler has written an account of the reality of a prolonged starvation/dehydration death on his sister Terri Schiavo that was hidden from the public.

organ failure sometimes occurs with critical illness and dying patients often gradually lose their appetites as they approach death. In those cases, we would give what little these people want or need until death.

But for people not dying or near death, we made sure that they had at least basic medical care and the life essentials of food, clothing and shelter. This is-or used to be-simple common sense.

## ALZHEIMER'S AS A "FATE WORSE THAN DEATH"

The easiest way to get people to accept death by starvation/dehydration is to get them to choose it for themselves even before they have a problem.

Thus, media stories of people and their families suffering tremendously because of Alzheimer's are very persuasive. People fear becoming an economic and

## "JOE'S" CASE

Several years ago, I cared for a man with early stage Alzheimer's who had a serious pneumonia needing a ventilator for a couple of days. Afterwards, Joe (not his real name) was alert and cooperative but the ventilator tube unexpectedly affected his ability to swallow and speak easily.

*See "Ethics," page 30*

# Where do the Presidential Candidates Stand on Abortion?

By Karen Cross, National Right to Life Political Director

Every presidential election year, National Right to Life publishes a downloadable comparison flyer about the presidential candidates. This year's flyer is entitled "Where Do the Candidates Stand on Abortion?" The downloadable version of "Where Do the Candidates Stand on Abortion?" is available at: [www.nrlc.org/uploads/2016POTUScomparison.pdf](http://www.nrlc.org/uploads/2016POTUScomparison.pdf)

Not surprisingly, the candidates have very different views on abortion. Here is an overview of their positions on abortion-related issues.

## Abortion on Demand

Donald Trump said, "Let me be clear – I am pro-life," adding, "I did not always hold this position, but I had a significant personal experience that brought the precious gift of life into perspective for me."

In contrast, in the U.S. Senate Hillary Clinton voted to endorse *Roe v. Wade*, the Supreme Court decision which allows abortion for any reason. She says, "The unborn person doesn't have constitutional rights," later adding she believed this to be true even on the unborn child's due date.

## Partial-Birth Abortion

The partial-birth abortion procedure – used from the fifth month on – involves pulling a living baby feet-first out of the womb, except for the head, puncturing the skull and suctioning out the brain. The Partial-Birth Abortion Ban Act was upheld by the U.S. Supreme Court in 2007, in a 5-4 decision.

In 2000, in his book *The America We Deserve*, Donald

Trump wrote that after consulting with doctors about the partial-birth abortion procedure he concluded that he would support a ban on that method.

would consider for a Supreme Court vacancy, saying, "By the way, these judges are all pro-life."

Hillary Clinton has said that she would only nominate

**For President**

**Donald Trump**      **Hillary Clinton**

**Abortion on Demand**

*The 1973 Roe v. Wade and Doe v. Bolton Supreme Court decisions legalized abortion on demand throughout the United States. There have been more than 59 million abortions since then.*

*"Let me be clear – I am pro-life... I did not always hold this position, but I had a significant personal experience that brought the precious gift of life into perspective for me."*

*In 2003, Hillary Clinton voted to endorse Roe v. Wade, which allows abortion for any reason. In 2016, Clinton said, "The unborn person doesn't have constitutional rights," later adding she believed this to be true even on the unborn child's due date.*

**Partial-Birth Abortion**

*The partial-birth abortion procedure – used from the fifth month on – involves pulling a living baby feet-first out of the womb, except for the head, puncturing the skull and suctioning out the brain. The Partial-Birth Abortion Ban was upheld by the U.S. Supreme Court in 2007, in a 5-4 decision.*

*In 2000, in his book The America We Deserve, Donald Trump wrote that after consulting with doctors about the partial-birth abortion procedure, he concluded that he would support a ban on that method.*

*In 2003, Hillary Clinton voted against the Partial-Birth Abortion Ban Act (voted to allow partial-birth abortions to continue) every chance she got.*

**Nominations to the U.S. Supreme Court**

*The next president may have the opportunity to appoint three or four justices to the U.S. Supreme Court.*

*In May 2016, Donald Trump released a list of eleven conservative judges whom he would consider for a Supreme Court vacancy, saying, "By the way, these judges are all pro-life."*

*In 2003, Hillary Clinton has said that she would only nominate Supreme Court justices who would uphold the decision that legalized abortion on demand. "I would not appoint someone who didn't think Roe v. Wade is settled law."*

**Vice Presidential Candidates**

**Mike Pence**      **Tim Kaine**

*Mike Pence had a solid pro-life voting record on abortion during 12 years in the U.S. House, including votes for passage of the Partial-Birth Abortion Ban Act. As governor of Indiana, Mike Pence championed many pro-life measures.*

*Tim Kaine voted against the pro-life position in the U.S. Senate every chance he got. He voted against the Pain-Capable Unborn Child Protection Act. Tim Kaine co-sponsored a bill (S. 217) that would nullify virtually all state limits on abortion, including late abortions.*

**Party Platforms**

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

*The Democratic Party Platform supports abortion on demand, and calls for repeal of the Hyde Amendment (which restricts the use of federal funds for abortion). The platform also supports government funding of abortion providers, including Planned Parenthood, the nation's largest abortion provider.*

**NATIONAL RIGHT TO LIFE**  
613 12th Street NW Washington, DC 20004  
[www.nrlc.org](http://www.nrlc.org)

Please copy and/or download and distribute freely

In 2003, Hillary Clinton voted against the Partial-Birth Abortion Ban Act (voted to allow partial-birth abortions to continue) every chance she got.

## Nominations to the U.S. Supreme Court

The next president may have the opportunity to appoint three or four justices to the U.S. Supreme Court.

In May 2016, Donald Trump released a list of eleven conservative judges whom he

Supreme Court justices who would uphold the decision that legalized abortion on demand, saying, "I would not appoint someone who didn't think *Roe v. Wade* is settled law."

## Vice Presidential Candidates

The contrasting positions of the vice presidential candidates are listed.

Donald Trump chose Indiana Governor Mike Pence to be his running mate. Mike Pence had a solid pro-life voting

record on abortion during 12 years in the U.S. House, including votes for passage of the Partial-Birth Abortion Ban Act. As governor of Indiana, Mike Pence champions pro-life measures.

Hillary Clinton chose U.S. Senator Tim Kaine as her running mate. Tim Kaine voted against the pro-life position in the U.S. Senate every chance he got, even voting against the Pain-Capable Unborn Child Protection Act. Tim Kaine co-sponsored a bill (S.217) that would nullify virtually all state limits on abortion, including late abortions.

## Party Platforms

The party platforms reveal a great contrast on abortion.

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

The Democratic Party Platform supports abortion on demand, and calls for repeal of the Hyde Amendment (which restricts the use of federal funds for abortion). The platform also supports government funding of abortion providers, including Planned Parenthood, the nation's largest abortion provider.

Feel free to download and share the flyer. A downloadable version of the flyer, "Where do the Candidates stand on Abortion?" may be found here: [www.nrlc.org/uploads/2016POTUScomparison.pdf](http://www.nrlc.org/uploads/2016POTUScomparison.pdf)

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

## The lessons of an almost-lost unborn baby

From page 2

“How could I bring another child into this unhappy, unprepared family?”

No sooner does she have a day in which she’s “feeling pretty normal” when sudden something “really un-normal start to happen to me” at the coffee shop.

She rushes to the bathroom and finds her legs covered in blood. Rebecca tells us she’s not grasping the magnitude of what has just happened. She comes out and tells the cashier, “I’m really sorry, but I think I just had a miscarriage in your bathroom. Can I use your phone?” She calls her husband and they rush to the birth center.

Then this amazing moment of insight. Rebecca says she begins to think to herself, “Isn’t this what you wanted? Hadn’t you kind of secretly been hoping for this to happen. If so, why does it feel so sad and awful?”

The midwife tells her that, having lost that much blood, “the baby’s gone.” They had an ultrasound already scheduled for that afternoon, and two hours later she is on the table. Rebecca tells her audience she had steeled herself. Then...

**“As the image swims into view on the screen**

**in front of me, I’m looking at it-- really hesitate to say anything but I just have to-- and I say to the technician, ‘I think I see something moving.’**



**“And she says, ‘Yes, that’s the baby’s heartbeat, looks like the baby’s okay.’”**

A feeling of joy just washes over her and husband is crying. “I was just so surprised at the unexpected results and also at my unexpected reaction to it.”

But with that kind of bleeding,

of course, everything was not okay. So the next Monday they go downtown to the hospital for a special ultrasound. The doctor checks to see if the baby is still is okay. And yes, she is.

**“By the time our daughter Charley was born healthy seven months later, I knew that it had taken her one gigantic, really scary and shocking event and then seven months of Dim Sum dates-- engineered from inside the womb-- to ensure that she was born into the happy and healthy family that she deserved.**

**“And she was.”**

I’m not going to put pro-life words into Rebecca’s mouth. I don’t need to. The message that she brings to her audience is life-affirming in every sense of the word.

She contemplated, however abstractly, whether she could handle another baby when she and her husband were so angry with each other. She works her way through the ordeal only to have what she is sure is a miscarriage. The magnitude of what the loss of that baby would have been is not brought home, it seems, until Charley unexpectedly survives her first crisis.

The title of the talk is “Coming to term.”

I love it.

To celebrate, they walk a few blocks and have some Dim Sum. It becomes a ritual--every Monday for seven months--and suddenly they discover they were having fun. They were “starting to enjoy each other’s company again and starting to feel better.”

Rebecca ends almost abruptly, to warm applause.

## Kansas abortion clinic owner opens Oklahoma City site

From page 9

Notwithstanding, apparently, when residents don’t want them opened.

Oklahoma Citizens didn’t want another abortion shop. Pro-life prayer vigils are already being held outside SWWC-OC.

In fact, Oklahomans wanted, and achieved, a state ban on dismemberment abortions, although—as in Kansas—the law is being litigated and not yet in effect.

Thus, tragically, many more hundreds of well-developed, fully-formed babies will soon die in excruciating pain when Burkhart’s practitioners use sharp-toothed metal tools to tear them apart, limb from limb, using the gruesome dismemberment method.

And to add insult to the barbaric process, Burkhart charges up to \$2,000.00 for each dismemberment abortion.

Burkhart says six practitioners

will staff SWWC-OC. One is already notorious—Colleen McNicholas, a traveling ob/gyn employed by Planned Parenthood in St. Louis, Missouri, as well as by Burkhart in Wichita, Kansas.

A fawning May article in *Marie Claire* began with this chilling data: “By the end of her eight-hour workday, [McNicholas] will have terminated 31 pregnancies.”

Although likely penned by the

author to portray McNicholas positively, that sentence betrays the hardened reality of Burkhart’s business: each hour, four beautiful unborn children will undeservingly suffer grisly deaths. Each hour, Burkhart will reap thousands of dollars in profit.

That’s not health care at all. Nor is it serving the community. And that is why we grieve.

# Assisted Suicide and the Psychiatrist

By Nancy Valko

When a person is suicidal, it is standard to get a psychiatric or psychological evaluation to help treat the suicidal person—except in states that have physician-assisted suicide laws.

In those states when a suicidal person wants assisted suicide, there is only a so-called “safeguard” that leaves it up to the opinion of the assisted suicide doctor as to whether or not such an evaluation is necessary.

Not surprisingly, very few such consultations are done since assisted suicide advocates insist that suicide is rational when a person is terminally or incurably ill.

But even if such an evaluation is done, would it be done according to the same standards as the evaluation of a suicidal person not seeking medically assisted suicide?

In my opinion, probably not.

## PSYCHIATRIC AMBIVALENCE

In a recent *Psychiatric Times* article “Death and the Psychiatrist,” editorial board member and ethics writer Dr. H. Steven Moffic struggles with the topic of medically assisted suicide:

The role of the psychiatrist is generally to determine whether psychiatric illness is contributing to the decision to die. **The assumption is that the mental illness is treatable if it is diagnosed.** Another related role is to assess competence to make a decision.

However, **data indicate that psychiatrists are seldom called in by other physicians when they should be. Moreover, in the Netherlands and**

**Belgium, physicians can now be called on to help mentally ill patients die.** (Emphasis added)

Dr. Moffic goes on to note that:

Polls indicate that like the public, physicians and psychiatrists have mixed and ambivalent

for-profit managed care cost savings.) (Emphasis added)

Yet he concludes:

Beyond the personal, what do I believe professionally about euthanasia? **I lean toward the AMA position — that physician-assisted**

1960s, that began to change and new Oaths were promoted as more up to date and relevant.

Significantly, one of the first parts of the Hippocratic Oath to be eliminated was:

**I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan;** and similarly I will not give a woman a pessary



opinions about euthanasia, and—for moral reasons—**few of us want any involvement.**” (Emphasis added)

And:

**There are obvious financial considerations as Baby Boomers age and become ill. End-of-life medical costs are high and physician-assisted suicide offers a cheap, quick solution to conserve health care resources.** (We in psychiatry know this all too well, since we were an early target of

**death could take us too far away from our healing role. Perhaps, though, a special cadre of physicians can be trained and dedicated to this role.** (Emphasis added)

However, ambivalence does nothing to stop or even limit medicalized suicide.

## CONCLUSION

The traditional Hippocratic Oath was routinely taken by graduating medical students and promoted the standard of incorruptible virtue in the practice of medicine. In the

to cause an abortion. (Emphasis added)

Now we have medicalized deaths actually promoted as civil rights.

Without strong ethical standards, enforceable laws and honorable health care providers, how can we be expected to just automatically trust our health care system?

*Editor's note. This appeared on Nancy's blog at <https://nancyvalko.com/2016/09/14/assisted-suicide-and-the-psychiatrist/>*

## Clinton, Democrats Want to *Force* You to Pay for Abortions

*From page 1*

**The Hyde Amendment has been the law since 1976 and it is estimated that it has saved more than 1,000,000 lives. And Hillary Clinton and the pro-abortion Democrats think that is a bad thing!**

Unbelievable. But true.

**What is at stake in our battle to save the Hyde Amendment is much, much bigger than what you might think.**

- **It's about saving at least 33,000 lives a year** and preserving the decrease in abortions that we have worked so hard to achieve.
- **It's about keeping even more dollars from flowing to the abortion industry** - to Planned Parenthood, the abortion Goliath that kills more babies than anyone else and is the pro-life movement's chief legislative and political opponent. Planned Parenthood already has a budget more than 100 times that of National Right to Life.
- **And it's about keeping our freedom to not participate in the evil that is abortion**, to not be forced to pay for the killing we are working so hard to stop.

Polls show that the majority of the public does not want their tax dollars used for abortion. We have to let that majority know about the pro-abortion plan to destroy the Hyde Amendment and make everyone pay for abortion. We have to let them know where the candidates stand on this. We have to mobilize pro-life citizens now!

**No one can do this better than National Right to Life with its state affiliates and 3,000 local chapters.**

**But I need your help to do it. Please.**

We need to immediately raise funds for a massive campaign to mobilize millions of pro-life households to stop this new attack on children's lives and our conscience rights. But the funds for the necessary radio, mail, and calls for this critical new campaign are not in our budget.

***Your donation of \$50, \$100, \$500 or \$1,000 or any amount to National Right to Life now will tremendously help us reach our goal and educate America about the life-saving importance of the Hyde Amendment.***

Donations of any amount will help us win this important victory for unborn babies. ***For the sake of their lives, I hope you will help today with the most generous donation you can.***

*Because we work to change the law to protect unborn children, donations to the National Right to Life Committee, Inc. are not deductible for federal income tax purposes. Donations are deeply appreciated and may be made by clicking the link below, or by mailing to: National Right to Life Committee, 512 10<sup>th</sup> St. NW, Washington, DC 20004. Thank you!*



## Ethics, Alzheimer's, and feeding tubes

*From page 26*

His family asked about a feeding tube and special swallow therapists to try to retrain his throat muscles so that he could eat and drink safely. That is how an even older friend of mine in the same situation but without Alzheimer's was successfully treated recently.

However in Joe's case, a neurologist was first called to evaluate Joe's mental status. I was there as the doctor asked him questions like "How many fingers am I holding up?" The man answered the questions correctly but the neurologist immediately wrote for nothing by mouth including crucial blood pressure medications.

He also then recommended no feeding tube to the family. No swallow therapy was ordered. Joe was never asked about this.

When I questioned the neurologist and pointed out that the man had given correct answers by nods and holding up the correct number of fingers when asked, the neurologist responded by saying that the man did not hold up his fingers "fast enough"!

This is the tragic reality when we judge some lives as not worth living.

### UP CLOSE AND PERSONAL

One of my oldest friends, "Dr. Mary" (not her real name),

is a pro-life doctor who asked me years ago to be her power of attorney for health care if she became incapacitated. She had never married and had no close relatives. She told me what she wanted, especially in light of the Nancy Cruzan case, and signed an advance directive available through our archdiocese.

My friend now has presumed Alzheimer's dementia and she is now in the later stages. She can still feed herself, albeit somewhat messily. She no longer remembers my name or her friends' names but she is delighted when we come.

At almost 90 and with inevitable death approaching,

she now has a Do Not Resuscitate (DNR) order but her nursing home is well aware that this does not mean any reduction in care or attention.

Along with her other friends who visit and help, our goal now is to make Dr. Mary as happy and safe as possible. If she needs spoon-feeding, she will get it. All of us hope that Dr. Mary will never need a feeding tube but she will not be denied one if necessary.

But best of all, Dr. Mary will continue to receive our love until her Lord calls her home.

# Eugenics—has Non-Invasive Prenatal Testing for Down Syndrome brought us full-circle?

By Dr. Peter Saunders

Is it wrong to kill disabled people if caring for them costs more than identifying and destroying them?

The Nazis believed killing in these circumstances was not only right but a public duty. And the German public was softened up to accept it through a skilful propaganda campaign which began in the classroom.

Leo Alexander, an American psychiatrist who gave evidence at the Nuremberg trials, described the process in his classic article ‘Medical Science under dictatorship’, published in the *New England Journal of Medicine* in 1949:

**‘Acceptance of this ideology was implanted even in the children. A widely used high-school mathematics text, “Mathematics in the Service of National Political Education,” includes problems stated in distorted terms of the cost of caring for and rehabilitating the chronically sick and crippled. One of the problems asked, for instance, how many new housing units could be built and how many marriage-allowance loans could be given to newly married couples for the amount of money it cost the state to care for the “crippled, the criminal and the insane”’**

In a seminal article in the 1996 *British Medical Journal*, ‘Not a slippery slope or sudden subversion: German medicine

and National Socialism in 1933’, Hartmut Hanauske-Abel outlined just how meticulously they went about it:

**The 70 273 futile or terminal patients “disinfected” (murdered) in German killing hospitals up to 1 September 1941 are**

**of “245 955.50 Reichsmarks per day,” or “88 543 980.00 Reichsmarks per year.”**

**of money... euthanasia will be one of the essential instruments of our future societies.**

We are shocked by the shameful cold-bloodedness of these calculations and the deliberate way in which the ‘disinfecting’ was carried out.

But the area where ‘cost-benefit’ calculations are most evident, and discussed quite shamelessly in the medical literature, is prenatal diagnosis



**calculated to free up “4 781 339.72 kg of bread, 19 754 325.27 kg of potatoes . . .,” a total of “33 733 003.40 kg” of 17 categories of food, plus “2 124 568 eggs.” Projected over 10 years, these savings are predicted to amount to “400 244 520 kg” of 20 categories of food worth “141 775 573.80 Reichsmarks.” Removal of these patients from the wards saves estimated hospital expenses**

We are thankful we have learnt the lessons of history.

But have we?

There is evidence that these kinds of cost-benefit decisions might be creeping back. In the 1990s, the past-president of the European Bank for Reconstruction and Development, Jacques Attali, made the following pronouncement in *L’Avenir de la vie*:

**As soon as he goes beyond 60-65 years of age man lives beyond his capacity to produce, and he costs society a lot**

and abortion for congenital abnormalities.

About 1% of all abortions in Britain are performed under ground “E,” literally for fetal illness or disability. And one of the commonest causes, accounting for about one in three of all these abortions, is chromosomal abnormality.

The most common cause of this is trisomy 21 (T21) or Down syndrome. Currently about 90% of all babies with

*See “Eugenics,” page 38*



# The media's race to the bottom in order to elect Hillary Clinton

By Dave Andrusko

As we've often discussed the best defense for the Hillary Clinton-defending Media Establishment is to go on the offense—to spew the ugliest of epithets against anyone, for example, who may inquire about Clinton's obsession with telling the public as little as possible about her medical condition, even when she collapses feet away from a waiting van.

Just a couple of examples. As you recall, two days before Clinton's "episode" at the 9/11 Memorial service, she delivered a speech in which she said

**"You could put half of Trump's supporters into what I call the basket of deplorables . . . The racist, sexist, homophobic, xenophobic, Islamophobic — you name it. . . some of those folks, they are irredeemable."**

Among those Trump supporters who are the subject of Clinton's character assassination are pro-lifers such as you and me and NRL PAC which is supporting Trump against Clinton.

In a panic, the *Washington Post* took two approaches to tamping down the damage this smear of tens of millions of Americans and the fallout from the Clinton campaign's

decision not to tell the public that she had been diagnosed with pneumonia and told to take it easy for a few days.

Philip Rucker and Anne Gearan tell us

**Had Clinton heeded**

And that

**Clinton jokingly said that "half" of Trump's supporters were in a "basket of deplorables — racist, sexist, homophobic,**



**her doctor's advice, she would not have gone to a glitzy fundraiser Friday night where she let her guard down and inartfully talked about Trump's supporters, nor would she have been spotted collapsing Sunday morning as she was rushed out of a 9/11 memorial ceremony.**

**xenophobic, Islamophobic, you name it."**

"Let her guard down," as in letting her true feelings come through? "Jokingly"? "Inartfully"? The only thing Clinton didn't call "half" of Trump's supporters was being anti-Semitic.

That race to the bottom of the bottom was left to the *Post's*

Dana Milbank but not before he began by decreeing that "If anything, when it comes to Trump's racist support, she might have low-balled the number."

Milbank ended his wretched, hate-filled column by telling us that after vigorously denied the Clinton sleaze attack on his supporters, Trump

**repeated the campaign slogan he borrowed from an anti-Semitic organization that opposed involvement in World War II.**

**"America First — remember that," he said. "America First."**

Is there anything they won't say? Any guilt-by-the-vaguest-of-associations smears they will concede go too far?

Milbank decided, I'm guessing, to avoid hammering Trump for what Bill Clinton recently charged was racially insensitive— Trump saying he would "Make America Great Again."

That became untenable when various and sundry clips of Bill Clinton saying exactly the same thing cropped up, including in an old ad bolstering his wife's first run for the presidency.

The Clinton campaign and its legion of media-enablers will stop at nothing to elect her President.

## 10 examples illustrating how extreme Hillary Clinton is on abortion

*From page 12*

weeks after fertilization, if not earlier. It is well-documented here: [doctorsonfetalpain.com](http://doctorsonfetalpain.com).

6) Clinton calls abortion a “fundamental human right.” At a presidential forum held this year at Drake University, Clinton called ending the life of another human being a “fundamental human right.” Tearing unborn babies apart, limb from limb, is just the opposite—it is a violation of the fundamental right of every human person to life.

7) 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 the last few years “a dangerous trend.” Her campaign complained,

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

8) Clinton has pledged to appoint to the Supreme Court only people “who believe that *Roe v. Wade* is settled law.” The next president will nominate as many as three, possibly four women and men to fill vacancies on our nation’s highest court. The prospect of those jurists being chosen by an abortion extremist like Hillary

Clinton is frightening.

9) Clinton will defend Planned Parenthood no matter what and work to steer even more federal money into PPFA’s coffers.

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.”

10) Clinton likened pro-life Americans to terrorists “Now, extreme views about

women, we expect that from some of the terrorist groups, 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 who want to be the president of the United States,” Clinton said at a campaign event in Ohio on August 27, 2015.

When you combined “legal only in a few circumstances” (37%) with illegal in all circumstances (19%)—you have 56% who say abortion should not be legal at all or (to quote Gallup) “should generally be rare, occurring in only a few circumstances.” Significantly, only 29% support abortion under any circumstances.

Abortion “under any circumstance” is Hillary Clinton’s position.

## Planned Parenthood 2010-2016: Fewer centers, but more abortion clinics, and later abortions

From page 10

Each of those four new clinics not only added chemical abortions, they also added a week to their surgical abortion offerings-- from 17 weeks, 6 days to 18 weeks, 6 days.

Florida had one fewer clinic in 2016, 22 versus 23, but more than doubled those offering abortion, from seven to 15. And while none of the five clinics performing surgical abortions performed abortions at more than 14 weeks in 2010, five of the ten surgical centers did in 2016; two performing abortions at up to 22 weeks, 6 days, and three at 15 weeks, 6 days.

Only two of Florida's clinics offered chemical abortions in 2010, but 15 did by 2016.

New Jersey had three fewer clinics in 2016 than 2010, but the number offering abortions jumped from two to 23. That increase was totally in new clinics offering chemical abortions.

Interesting things happened in Michigan. In 2010, there were four different affiliates in the state, with only one clinic among them all offering abortions. Since then, the four affiliates have merged into one statewide affiliate, Planned Parenthood of Michigan, and the number of abortion clinics has risen to six. Two offer surgical abortions at 18 weeks or later.

### Final Impact of Funding Cuts Unclear

Several states tried to reprioritize or cut funding for Planned Parenthood after the release of the Center for Medical Progress videos in 2015, but it is a little early to pick up patterns in the data just yet.

Many of the larger states attempting these cuts only passed legislation to that effect

earlier this year (e.g., Arizona, Florida, Ohio, Missouri) and some of these are currently tied up in the courts. And states that passed cuts last year did not necessarily have many Planned Parenthood clinics in the beginning (e.g., Alabama, Arkansas, Kansas).

Despite dire predictions from Planned Parenthood, the few clinics that operate in those states have generally remained open, just without funding from the state's taxpayers.

Texas, much in the news of late with the Supreme Court's recent *Hellerstedt* case, took action a few years before the video scandal, and has seen a significant drop in both Planned Parenthood's abortion clinics and clinics overall since the state initiated a series of legislative moves in 2011 to redirect family planning funding to entities that did not perform abortion.

Planned Parenthood's 93 clinics in 2010 shrunk to 34 in 2016. The number of abortion clinics in Texas decreased from 15 to 5.

Clinics in Texas shut down for a number of reasons, as we have pointed out elsewhere. Funding probably played a significant role, as did other clinic and abortion regulations later passed by state. But as we have explained in detail, clinics also close because they get old, the abortionists retire, there is financial mismanagement, or just because there is a reduced demand.

One thing that has happened in Texas, like many other places, is that smaller, older clinics in smaller towns are closing and sending their abortion business to giant new metropolitan mega-clinics set up to handle higher volume and perform later surgical abortions.

In 2010, there was just one

clinic, in Austin, performing abortions after 20 weeks. In 2016, there were two, the one in Austin, at 21 weeks, 6 days, and now one in Houston that offers surgical abortions up to 23 weeks, 6 days.

A big new clinic in Dallas performs abortions up to 17 weeks and one in Fort Worth offers second-trimester surgical abortions up to 15 weeks, 6 days.

Abortion numbers in Texas did indeed fall with the reduction in the number of clinics. The clinics that remain seem more than capable of handling the state's current caseload. With the court handing abortion advocates a victory in *Hellerstedt* in June, however, there is talk that some clinics could reopen. Thus neither the analysis or the story is complete.

### The Killings, not the Closings, are the Issue

Clinics have been closing at a significant rate at Planned Parenthood, closing by more than 25% over the past six years. But the number of Planned Parenthood clinics offering abortion is actually up. As noted above, this explains how abortion numbers and overall revenues at Planned Parenthood have managed to remain stable in time when abortion in the U.S. have been falling.

Planned Parenthood has adapted its strategy to fit the times. It has broadened its reach by adding chemical abortions to many of its smaller centers, building larger surgical centers so that they can handle more referrals from smaller clinics, and beefing up their ability to offer second-trimester abortions.

What is clear from the numbers is that while it is

pruning operations, Planned Parenthood is maneuvering nevertheless to strengthen its core abortion business.

And that is why, though we might note the latest clinic closing, we are saving our celebration for the day the killing stops.

### Footnotes

[1] Though we will provide the numbers that we have, the reader should understand that these are constantly fluctuating and often fuzzy. Some affiliates appear to have set up separate organizations, sometimes with identical addresses, to handle their abortion business. It is unclear whether Planned Parenthood or the law treats these as different affiliates or not.

Also, clinics disappear all the time, sometimes staying listed as "temporarily closed" with no clear indication of future relocation or reopening, while others we know are being built are not yet listed. Our own count for both years, therefore, is at best merely a snapshot of what the Planned Parenthood website was publishing at a couple of given moments in time.

[2] These include Kentucky, Louisiana, Mississippi, North Dakota, Oklahoma, West Virginia, and Wyoming, though it should be noted that unborn babies are not as safe from Planned Parenthood as it might seem. The Planned Parenthood clinic in Louisville, for example, got authorization from Kentucky's previous governor to begin performing abortions there last year (since stopped by the present pro-life governor), and a giant new megaclinics has recently opened in New Orleans and is expected to attempt to get a license to perform abortions.

## When Women Don't Have a Choice

From page 15

*"How can you trust this? I mean, how would you know you are going to a good place that will really take care of your child and not traffic it or something?" Another said, "Yeah, but also it costs a lot to even carry a baby. Who is paying for all those doctor visits and the delivery and the maternity clothes for the mother?"*

These questions brought up more questions, many of which they didn't have answers to. They kept looking at me for answers that I wasn't giving them yet. I wanted to make my point.

**"OK, what if you chose to have the child. What all is involved here?" I asked.**

*"Well," one woman answered, "you just have the baby. You have to have the money for all those appointments we talked about and have clothes, and basically support them financially and emotionally for the next 18 years."*

I wanted this to sink in a bit before I dug in with questions. **"Let's say that you don't have this kind of money. What do you do?"**

A student from the back replied, *"Have an abortion."* I reminded them that they were choosing to keep the child, so this wasn't an option. *"I guess quit school and get a full-time job with insurance,"* one student suggested. An older student then explained that insurance more than likely wouldn't cover this, given the set of circumstances.

*"So, how do you pay for this?"* Most of the students looked lost, and my older students sat quietly. Finally, one spoke up. *"You swallow your pride and ask for help. Can family help you? Can friends help? Even getting government assistance for short period of time might help. There are programs out there that will give you car seats and help with your medical checkups."*

I looked around at my students and asked them if they were aware of these assistance programs. Most shook their heads or said "no."

To cap off the discussion, I summarized, **"So, what you all are showing me is that you know a pregnant woman has three choices, but you really only seem to know the most about one of these. Why don't you know as much about adoption as you do abortion?"**

No one answered for a while; however, one student offered an idea, *"We just don't learn or even talk about it as much. We hear about abortion all the time in the media and how people are either for or against it."*

Another student chimed in, *"The focus is on abortion – when does life occur, what about rape victims, are they harvesting stem cells, and all that. Sure, that other information may be out there, but that's not the focus."* I could see them processing the information.

*"Yeah,"* a student said, *"it's like have an abortion or don't, but no one is really talking about what*

*to do if you need help carrying the kid. That stuff isn't on the billboards or picket signs."*

They were getting the point, so I broke in. **"Imagine a woman without supportive people or without all the information there is out there. What choice will she make?"**

Most answered, *"Abortion."* I looked at my student who began this discussion and asked her, **"So, why would a woman choose to have the abortion?"** She looked up at me and then looked at the class before answering, *"I guess because she thinks she knows about abortion but doesn't feel that she really has a choice. But she does! She really does have a choice to have her child!"*

They all agreed that women do have these choices, but they are often far more informed on abortion than the other options. I explained a few things I hadn't earlier and gave them some websites to reference if they so desired. I didn't want this to be a situation where I was on my soapbox telling them my views, but I did want them to know information is out there. I wanted them to know that just because it isn't as easy to research, it is still available.

As a test, I later checked online. A person only needs to type in "A-B-O" before "abortion" is a suggested topic. However, when looking up adoption, "A-D-O-P" is needed before adoption shows, but the primary suggestion is for adopting pets. After selecting adoption, most sites are aimed

at those wanting to adopt rather than for the woman wanting to put her child up for adoption.

Finally, when looking for assistance programs if pregnant, the searches get muddled even more. Yes, the information is out there and can be found by those looking. I only add this to show that one is searched more often and is easier to find than the other "choices."

It wasn't until later that it struck me how little they knew. I thought back to when I was the typical college age (20+ years ago). Would I have known my options – the full extent of all my options?

I am sure I didn't.

Why hasn't this changed over time? Why are we, by and large, discussing "choices" and the freedom of making our own independent choices when we don't have ready access or even complete foreknowledge of ALL of the choices?

How can we even call it a choice when one has the spotlight and the other two are somewhere in the shadows? How is this empowering women? How is any form of making an uninformed decision empowering?

This, ultimately, isn't about being pro-choice or anti-abortion. It's about making fully educated decisions. We need to make sure ALL the information is out there and is easily accessible.

*Deborah Muse is an English Instructor at Crowder College in Webb City, Missouri.*

## INTERVIEW: Israel Stinson's mom on battle with hospital that turned off toddler's life support against her wishes

*From page 16*

mistaking his situation or the family's intent in bringing him there.

While Children's Hospital Los Angeles had initially indicated they would perform their own EEG and treat Israel, this changed within a few days of his arrival. Not only did the hospital refuse to do the test, they disregarded his two EEGs in Guatemala showing brain activity, Snyder said, refused to perform their own EEG, and insisted on deferring to Kaiser for Israel's "brain death" declaration.

Fonseca said the hospital expressed unwillingness to conflict with Kaiser or suggest in any way they were wrong, and asked her to sign something apparently agreeing to the hospital's concurrence with Kaiser.

"They told me, 'We can't go back in time and undo what Kaiser has done,'" Fonseca said. "They said right in front of Israel, 'Your son is dead.'"

One doctor insisted on telling her each time he saw her that her son was dead.

"I got so mad, I said, 'I don't want you to say that to me ever again.'"

### Things had turned quickly

After saying it would help the day Israel arrived, the hospital stopped feeding him the next day, and three days in to his stay they began telling Fonseca that Israel was dead. It also took three days for the hospital to tell her they would stop treating him, Fonseca said, "and all this time I'm waiting for them to tell me they're going to work with me."

Instead, she was given three days to find another facility, and each time she contacted one, they would refuse to take Israel after talking with the hospital.

Fonseca and Stinson got a court order to keep Israel's life support in place and allow an independent doctor to perform another EEG, but were then informed in an email from the hospital of its intent to dissolve the order and remove life support.

### A quick ruling

At the hearing, the judge took no time to make a decision, Fonseca recalled. "She didn't give it any thought."

Snyder then asked for time for the rest of the family to get into town.

Fonseca said the judge looked at the hospital's attorney, who said, "No, she's already had that."

Then there was the actual handling of removing Israel's life support.

Back at the hospital, Fonseca continued to implore the staff for more time while Snyder filed their appeal.

"They told me, 'You have to let him go, your son has been gone since April 14,'" (the date of Kaiser's declaration of "brain death"), she stated. "I told them, 'You're going against my spiritual beliefs to keep saying he's dead.'"

The couple's family members called during this time, asking the hospital not to pull Israel's life support.

"The hospital questioned me, 'Who are you calling? What are you doing?'" Fonseca said. "I

explained we were appealing for another injunction and they told me, 'We can't have that, we have to get this done today.'"

And despite the court order having no mention of timing, she said, the hospital insisted the judge had ruled for Israel's life support to be disconnected immediately.

### Compassion?

"Why won't you give me that time?" Fonseca asked them, to which she was told to produce something from her lawyer to stop them.

Fonseca got Snyder on speaker phone while Snyder was awaiting a judge. Snyder asked the hospital for more time, but they refused.

And Fonseca swears Israel was aware of what was coming, appearing restless about it.

"Israel was grabbing at our hands. He started taking breaths off the ventilator," she said. "I feel like he knew exactly what was going on. I feel like he knew what was about to happen."

Fonseca wasn't allowed near her son when the hospital pulled him from his life support.

"They blocked me from him," she said.

"They wouldn't even let me hold his hand," Fonseca continued, with both hospital security and a doctor physically pushing her hand away from her son as he died. "I tried to run up to Israel to hold his hand."

After the machines were unhooked, Fonseca said Israel took another breath.

"I started to scream, 'Look! He's trying to breath!'" with

Snyder still listening on the phone.

After Israel's life support was disconnected, she was allowed near him again. She began to perform CPR, but she then watched his body change color.

Fonseca and Stinson were told they had a few minutes with Israel before he was to be taken to the morgue. But that was it. They wouldn't be allowed more time with him.

"That's when I knew it was all so real," she said. "That's when I knew they took him in front of my own eyes. All in a big rush."

"They treated us like we were criminals," Fonseca said, "like we had done something wrong."

"There was no respect for the family," Snyder told LifeSiteNews. "And no respect for this little boy."

### How did this happen?

With Israel gone, questions remain for Fonseca.

"What was so bad about keeping him on life support?" she asked. "Why were they so adamant about taking him from me? ... They said, 'We can't undo what Kaiser did, so why did they even take him?'"

"They're going to be fine," she continued. "No one will be held accountable."

Having been through months of fighting for Israel's life, leaving their home, jobs, and school to be with him in Guatemala, the family is holding up, she said, though sometimes she's uncertain how.

*See "Interview," page 37*

## Reno Maternity Home Celebrates 30 Years Serving Women

*From page 20*

board president, said. “As our world has changed, so has Casa de Vida. But, we remain committed to our original mission of confirming the God-given dignity of motherhood.”

When the women are finished with their classes and work for the day, they sit down together for dinner each night. The goal, Vogel says, is to help the residents develop family expectations and social skills. They each also contribute to the household chores, working together to keep the home

clean. In essence, they become the family that each of them needs.

Casa de Vida will take in women at any point during their pregnancy, even the third trimester. Young women often find Casa de Vida on their own or are referred to the home by social services, the court system, a hospital, their school, or a local pregnancy help center.

Each year, an average of 25 women will find a home at Casa de Vida.

“I think we’re always most proud of helping these women get on their feet and gain some very important skills so they can be productive mothers,” said Vogel.

Looking ahead to the future, Casa de Vida hopes to begin providing transitional housing services while expanding its outpatient services to become a resource center for mothers and their children from birth through age five.

“It has become apparent to us that, while we still have young

women in need of residential services, there is also a great need for continued support of these same young women after their children are born and before they head off to school,” Sullivan Pierce said.

*Editor’s note. This appeared at Pregnancy Help News [https://pregnancyhelpnews.com/reno-maternity-home-celebrates-30-years-serving-women].*

## INTERVIEW: Israel Stinson’s mom on battle with hospital that turned off toddler’s life support against her wishes

*From page 36*

“I really don’t know. It’s hard,” Fonseca told LifeSiteNews. “I really thought he was going to wake up. I thought we were going to make it.”

“Someone in the hospital decided he was gone. Now he’s in heaven.”

### Picking up the pieces

Thinking of her daughter and how she keeps their spirits up, Fonseca said she

wants to work now to change laws for other families in this situation.

So many people have reached out to them, she said. So many people have gone through the same thing.

“I want parents to have their rights back to say when to let go,” Fonseca told LifeSiteNews. “I want to make sure he didn’t die in vain.”

The family was to have a

private service for Israel on September 13.

“He was honestly the most loving kid I’ve ever met,” she said of her son.

“Anyone would tell you that he was so sweet. Any time he would give someone a hug, he wouldn’t let go until they did,” Fonseca said. “Israel left an imprint on anyone he would meet. Everyone loved him and he always made a new friend

anywhere we went. All you’d have to do is look into his big beautiful brown eyes and you’d fall in love with him.”

*Editor’s note. This appeared at LifeSiteNews [www.lifesitenews.com/news/mothers-anguish-hospital-turned-off-life-support-again-family-wishes] and is reposted with permission.*

## Eugenics—has Non-Invasive Prenatal Testing for Down Syndrome brought us full-circle?

*From page 31*

Down syndrome detected before birth are ‘terminated’.

We don’t hear people openly saying that we should kill babies with Down syndrome before birth because of the burden they create for society. We don’t use that language. But the sentiments are strongly and deeply felt and the issue has been debated in medical journals for many years.

Most recently we see it in evidence given by medical bodies to the UK National Screening Committee’s (UKNSC) recent consultation on screening for fetal DNA (cfDNA) in pregnancy.

The National Health Service (NHS) is close to introducing a new test for pregnant women that will make it much easier to detect and search out any babies with Down syndrome (DS).

NIPT (non-invasive prenatal screening) involves taking a sample of blood from the pregnant woman which is then examined for abnormal fetal DNA. It is called ‘non-invasive’ because it doesn’t involve ‘invading’ the mother’s womb, as chorion villus screening and amniocentesis do. It, therefore, carries no risk of miscarriage or a ‘normal’ pregnancy.

In their evidence to the UK National Screening Committee, the Royal College of Obstetricians and Gynaecologists (RCOG)

addressed the cost-benefit issue as follows (emphasis mine):

**‘The UKNSC is consulting on offering [NIPT] to women with a 1 in 150 or greater risk of trisomy. The decision NOT to offer [NIPT] to all women is based upon the cost (“the UKNSC were concerned that this represented a large opportunity cost and that these resources might be better used by the NHS”). If the decision has been made primarily on cost grounds, then a more rigorous economic analysis has to be made that includes the lifetime costs of caring for children and adults with Down’s syndrome (bearing in mind that cfDNA testing as a primary screen test will identify approximately 289 more babies with trisomies). Such an economic analysis may (or may not) suggest that cfDNA testing for all is cost-effective.’**

In other words, NIPT will be cost-effective if it costs less to detect and kill babies with Down syndrome than it does to provide them with a lifetime of

care and support.

In a similar vein, the British Maternal & Fetal Medicine Society (BMFMS) asks (p. 20), *‘Why isn’t the cost of caring for a child with T21 included in the analysis?’*

One might argue that we are different—we not dragging adults and children with Down syndrome to the gas chamber—and clearly that is true.

But my point is that our reasoning is the same reasoning that the Nazis used – that if the cost of care is higher than the cost of killing, then homicide is justifiable on economic grounds.

The reason that we fail to see the link is that our society attributes little if any value to life before birth. In other words, we view a baby in the womb as Hitler viewed Jewish people—as a drain on resources, not real people. Human ballast.

So, if we have the technology, and we can make it safe for the mother –and she wants it—then what’s wrong with it? The baby’s life has no moral value but it does nevertheless carry an economic cost.

Autonomy says, “We can choose.”

Technology says, “We can do it.”

Moral relativism says, “Why not?”

The ‘Don’t screen us out’ campaign (DSUO) is trying

to change these perceptions. DSUO describes itself ‘as a grass-roots initiative supported by a collection of people with Down syndrome, families, and Down syndrome advocate groups led by Saving Downs Syndrome’.

They argue that NIPT does harm to babies with Down syndrome and the Down syndrome community, violates the Convention of the rights of persons with disabilities and enables eugenic discrimination.

These are strong charges indeed. But if we look at it logically – their argument does make sense. Why are our attitudes to disabled people outside the womb so different to our attitudes to those inside? Different to the extent that we are quite happy for doctors to apply Nazi cost-benefit thinking?

The key question is this: should the weak be sacrificed for the strong or should the strong make sacrifices for the weak? The Christian answer is clear—bearing one another’s burdens is at the very heart of the Gospel. We walk in the steps of the all-powerful creator who laid aside everything and entered this world at great personal cost to rescue, care and serve.

*Editor’s note. This appeared on Dr. Saunders’ blog.*